

Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- High Deductible/Copayments to your Family's Primary Health Insurance
- No Health Insurance for your Student
- Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- Your Student is prone to injuries

Coverage Options Available Through Your School

- **School Time Coverage**
- **Interscholastic Sports Coverage**
- 24-Hour/Full-Time Coverage
- **Football Coverage** (Grades 9-12 for the football season)
- **Extended Dental Coverage** Choose from Two Affordable Plans

Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

or scan this QR code with your smart phone to be directed to our website



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

Purchase Coverage

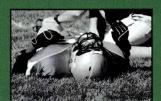
(Managed Online or by Printing/Mailing Enrollment Form and premium)

Brochure (English & Spanish) (Explains medical benefits, exclusions and coverage options) Claim Form

(fillable form when enrolled student sustains injury)

For Questions, Call Student Assurance Services at (800) 328-2739









Specializing in Student Accident Insurance Since 1971.
The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

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BASIC

STUDENT ACCIDENT INSURANCE COVERAGE POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)(SD)

PREMIER

PLAN	Premiums & Coverage Options - One Time Policy Year Premiums	PLAN		
Grades PK-12 \$95	Full-Time Coverage AND All Sports Coverage (Includes SPRING Football Season. Does NOT include FALL Football Coverage Grades 9-12) Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers participation in sports for students in grades PK-12. Does NOT cover participation in, or travel to and from FALL Football for students in grades 9-12.	Grades PK-12 \$160		
Grades PK-8 \$19	School-Time Coverage AND All Sports Coverage (Does NOT include FALL or SPRING Football Coverage Grades 9-12) Covers the student wh attending regular school sessions; b) participating in or attending school-sponsored and supervised extracurricular activities; c) practicing for or competing in switch are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for responsored and supervised extracurricular activities; c) practicing for or competing in switch are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for responsored and supervised extracurricular activities; c) practicing for or competing in switch are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for responsored and supervised extracurricular activities; c) practicing for or competing in switch are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for responsored and supervised extracurricular activities; c) and school for responsored and supervised extracurricular activities; c) practicing for or competing in switch and school for responsored and supervised extracurricular activities; c) practicing for or competing in switch and school for responsored and supervised extracurricular activities; c) practicing for or competing in switch and school for responsored and supervised extracurricular activities; c) practicing for school for responsored and supervised extracurricular activities; c) practicing for school for scho			
9-12 \$55				
\$125	FALL Football Coverage Grades 9-12 - Covers the student while practicing for or participating in school-sponsored and school-supervised interscholastic Football, including travel in school-provided transportation. DOES NOT INCLUDE SPRING FOOTBALL SEASON.	\$240		
	Extended Dental Coverage Grades PK-12 - Provides benefits up to a maximum of \$5,000 for any dental Injury. Covers the student 24 hours a			

PK-12 \$9

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day until school starts next year. Treatment must begin within 60 days from the date of the Injury and must be performed within one year from the date of Injury. However, if within the one year period following the date of Injury the student's attending dentist certifies that dental treatment and/ or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses include, but are not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics and dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

Grades

WHAT KIND OF INSURANCE IS THIS?

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

- All families with no other health coverage.
- Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after the deductible, and in ID, IL) 2

HOW TO ENROLL

- Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
- Complete the enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the selected expiration date of the annual term policy.

HOW TO FILE A CLAIM

- Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury. Parents complete Part B of the claim form. **Answer all questions.**
- Submit copies of the student's *itemized bills* to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after the deductible, and in ID, IL) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)

Send the completed claim form, copies of student's itemized bills and EOB to: STUDENT ASSURANCE SERVICES, INC.

PO BOX 196 • STILLWATER, MN 55082

(Signature of Parent or Guardian)

(Date)

No claim can be completed until all of the above documents have been provided.

NOTE: Student must be treated by a Licensed Physician within 60 days of the date of the injury. Proof of claim should be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills must be submitted within 180 days from the date of treatment, not to exceed one year)

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable) may be obtained on the website www.sas-mn.com.

Ameritas ENROLLMENT ENVELOPE	FOR STUDENT ACCIDENT INSURANCE	
meritas Life Insurance Corp. incoln, Nebraska		cy Year Premiums I PREMIER PLAN
↑ STUDENT'S LAST NAME ↑ (one letter in each box)	Full-Time Coverage PK-12 AND All Sports (except FALL Football Coverage)	□ \$160
STUDENT'S FIRST NAME M.I.	School-Time Coverage PK-8 AND All Sports	□ \$34
Please Print Address(Street)	School-Time Coverage 9-12 AND All Sports (except ALL Football Coverage)	□ \$98
(City) (State) (Zip)	FALL Football Coverage Grades 9-12	□ \$240
Email AddressName of School	Extended Dental Coverage Grades PK-12	□ \$9
Name of District	DO NOT SEND CASH TOTAL PREMIUM	
Student's Age GradePhone	Make Checks payable to: STUDENT ASSURANC *Please write student's name on the front of chec	

MEDICAL BENEFITS (What the Insurance Plan Pays) - When injury covere accident, the Company will pay the Usual and Customary (U&C) Charges into the date of injury up to the Maximum Medical Benefit of \$50,000 per injury.	ed by the policy results in treatment by a License curred for covered services listed below, for cha (In MT and NC, benefits are payable after the c	d Physician within 60 days from the date of rges actually incurred within one year from deductible is satisfied, the deductible is the					
amount paid or payable for the same injury by other valid coverage). The policy will pay benefits regardless of Other Valid Coverage, if the covered be paid first by Other Valid Coverage. (This coverage is excess in KS and cov Unless otherwise stated all amounts listed below are per injury	claim expense is less than \$200. If the covered verage is primary in MT and NC after the deduct BASIC PLAN	claim expense exceeds \$200, benefits shall ible and in ID, IL) PREMIER PLAN					
INPATIENT BENEFITS Hospital Room and Board (R&B)	Semi-private room charges.	Semi-private room charges					
Intensive Care (in lieu of R&B)	up to \$300 per day	up to \$1,000 per day					
Hospital Miscellaneous Services(all charges except R&B or Intensive Care)	U&C. up to \$1.000 per day	U&C, up to \$1,000 per day U&C. up to \$2.000 per day					
Physician's Non-Surgical Visits (does not include physiotherapy)	U&C, \$50 per visit;	U&C, \$100 per visit;					
Physiotherapy (includes office visits) X-rays and Radiology (includes charges for reading) Registered Nurse	maximum 10 visits Included in Hospital Miscellaneous Services Included in Hospital Miscellaneous Services 70% U&C	maximum 10 visits Included in Hospital Miscellaneous Services Included in Hospital Miscellaneous Services 80% U&C					
OUTPATIENT SURGERY BENEFITS Day Surgery (facility charge - includes room supplies and all other expenses for outpatient surgery)							
OTHER OUTPATIENT BENEFITS							
OTHER OUTPATIENT BENEFITS Hospital Emergency Room Charges X-rays Services (including charges for reading)	U&C, up to \$250	U&C, up to \$500					
Diagnostic Imaging (MRI, CT scan, bone scan, includes charges for reading)	U&C, up to \$250U&C, up to \$400	U&C, up to \$500 U&C, up to \$800					
Physician's Non-Surgical Visits (includes physiotherapy)	U&C, \$50 per visit;	U&C, \$100 per visit;					
Orthopedic Appliances (when prescribed by a physician for healing)	U&C. up to \$250	U&C. up to \$500					
Prescription Drugs	U&C, up to \$100	U&C, up to \$200					
Laboratory Services	U&C, up to \$500	U&C, up to \$1,000 U&C, up to \$200					
OTHED DUVSICIAN SEDVICES							
Dental Treatment (in lieu of all other medical benefits; includes x-rays of sound and natural teeth) (in SD, sound and natural is deleted) Physician Surgical Care (inpatient or outpatient) Assistant Surgeon Charges (inpatient or outpatient) Anesthesia Charges (inpatient or outpatient)							
sound and natural teeth) (In SD, sound and natural is deleted)	U&C, up to \$250 per tooth	U&C, up to \$500 per tooth					
Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgeon's Allowance	25% of Surgeon's Allowance					
Anesthesia Charges (inpatient or outpatient)	25% of Surgeon's Allowance	25% of Surgeon's Allowance					
	O&C, up to \$500	. O&C, up to \$800					
MISCELLANEOUS SERVICES Motor Vehicle Injury (subject to covered services limits)							
(when medical treatment is required for a covered injury)	U&C, up to \$100	U&C, up to \$300					
 Any sickness, disease, infection (unless caused by an open cut or wound), included mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteoch	ding but not limited to: aggravation of a congenital co ondritis dissecans, osteomyelitis, spondylolysis, slipployer's Liability Laws. (In NC, benefits are excluder state law) y motorized or engine driven vehicle not designed promotive in the participating as a prove, or play for students in grades 9-12, unless cover a motor vehicle accident to the extent such benefits ed by law) of any automobile policy.	ped femoral capital epiphysis, orthodontics, ded if the employee, employer, or carrier is imarily for use on public streets and highways, fessional) rage is purchased, are payable under any medical expense pay-					
Administered by STUDENT ASSURANCE SERVICES, INC. PO Box 196 • Stillwater MN 55082-0196 Toll Free 800-328-2739 - (651) 439-7098 www.sas-mn.com Administered by STUDENT STUDENT ASSURANCE SERVICES (8	HAVE QUESTIONS? CALL US TOLL FREE AT 00) 328-2739 OR (651) 439-70	Ameritas Ameritas Ameritas Life Insurance Corp. Lincoln, Nebraska					
OTHER ASSESSMENT							
STUDENT ACCIDENT INSU	JEANCE CREDIT CARD	PAYMENT					
INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM. There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)							
☐ Please charge \$ + \$5.00 Processing Fee = \$	to the following credit card: □VISA® □MasterCa	ard®. or □Discover®					
	Card Expiration	Date					
Credit Card Number Security Code (o	n back of card, 3 digits) (Month) (Year)						
		Credit card billing will state: "Student Assurance Services, Inc."					
Print Cardholder Name	Date/						
Cardholder Signature		<u> </u>					
Cardholder Address							
(Street)	(City) (State)	(Zip)					
Telephone Number ()		·					
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