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: [https://bit.ly/3JZzdRq](https://bit.ly/3JZzdRq) 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.
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.

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?

1. All families with no other health coverage.
2. 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)

Please print:

Student's name

Street

City, State, Zip

Email Address

Name of School

Name of District

Student's Age

Grade

Phone

Signature of Parent or Guardian

Date

Ameritas Life Insurance Corp.
Lincoln, Nebraska

HOW TO FILE A CLAIM

1. 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.
2. Parents complete Part B of the claim form. Answer all questions.
3. 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)
4. Send the completed claim form copies of student’s itemized bills and EOB to:

STUDENT ASSURANCE SERVICES, INC.
PO BOX 196 • STILLWATER, MN 55082

NOTICE: DO NOT SEND CASH

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 day until school sessions start 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 following the date of the 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 prosthetic maximum benefit limit.

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

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. 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.

School-Time Coverage AND All Sports Coverage (DOES NOT include FALL or SPRING Football Coverage Grades 9-12)

Covers the student while attending regular school sessions; b) participating in or attending school-sponsored and supervised extracurricular activities; c) practicing for or competing in sports which 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 regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities and sports in school provided transportation. Does NOT cover participation in, or travel to and from FALL or SPRING Football for students in grades 9-12.

School-Time Coverage Grades 9-12 - Covers the student while practicing or participating in school-sponsored and supervised interscholastic Foot- ball, including travel in school-provided transportation. DOES NOT INCLUDE SPRING FOOTBALL SEASON.

ENROLLMENT ENVELOPE  FOR  STUDENT  ACCIDENT  INSURANCE

Full-Time Coverage PK-12 AND All Sports (except FALL Football Coverage)

$95

School-Time Coverage PK-8 AND All Sports

$19

School-Time Coverage 9-12 AND All Sports (except ALL Football Coverage)

$55

FALL Football Coverage Grades 9-12

$125

Extended Dental Coverage Grades PK-12

$9

DO NOT SEND CASH

TOTAL PREMIUM

$240

One Time Policy Year Premiums

BASIC PLAN

PREMIER PLAN

Full-Time Coverage PK-12 AND All Sports (except FALL Football Coverage)

$95

$160

School-Time Coverage PK-8 AND All Sports

$19

$34

School-Time Coverage 9-12 AND All Sports (except ALL Football Coverage)

$55

$98

FALL Football Coverage Grades 9-12

$125

$240

Extended Dental Coverage Grades PK-12

$9

$240

Make Checks payable to: STUDENT ASSURANCE SERVICES, INC.

*Please write student’s name on the front of check. NO REFUNDS

Signature of Parent or Guardian

Date

GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)
**MEDICAL BENEFITS (What the Insurance Plan Pays)** - When injury covered by the policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary (U&C) Charges incurred for covered services listed below, for charges actually incurred within one year from the date of injury up to the Maximum Medical Benefit of $50,000 per injury. (In MT and NC, benefits are payable after the 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 claim expense exceeds $200. If the covered claim expense exceeds $200, benefits shall be paid first by Other Valid Coverage. (This coverage is excess in KS and coverage is primary in MT and NC after the deductible and in ID, IL)

**Unless otherwise stated all amounts listed below are per injury**

<table>
<thead>
<tr>
<th>BASIC PLAN</th>
<th>PREMIER PLAN</th>
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</thead>
<tbody>
<tr>
<td><strong>INPATIENT BENEFITS</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital and Room and Board (R&amp;B)</td>
<td>Semi-private room charges, up to $300 per day</td>
</tr>
<tr>
<td>Intensive Care (in lieu of R&amp;B)</td>
<td>U&amp;C, up to $300 per day</td>
</tr>
<tr>
<td>Hospital Miscellaneous Services (all charges except R&amp;B or Intensive Care)</td>
<td>U&amp;C, up to $1,000 per day</td>
</tr>
<tr>
<td>Physician’s Non-Surgical Visits (does not include physiotherapy)</td>
<td>U&amp;C, $50 per visit; maximum 10 visits</td>
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<tr>
<td>Physiotherapy (includes office visits)</td>
<td></td>
</tr>
<tr>
<td>X-rays and Radiology (includes charges for reading)</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
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</tbody>
</table>

**OUTPATIENT SURGERY BENEFITS**

| Day Surgery | | |
| | Facility charge - includes room supplies and all other expenses for outpatient surgery | U&C, up to $1,000 | U&C, up to $1,500 |

**OTHER OUTPATIENT BENEFITS**

| Hospital Emergency Room Charges | U&C, up to $250 | U&C, up to $500 |
| Primary X-rays (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 $400 | U&C, up to $800 |
| Physician’s Non-Surgical Visits (includes physiotherapy) | U&C, $50 per visit; maximum 10 visits | U&C, $100 per visit; maximum 10 visits |
| 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 |
| Ambulance Service | U&C, up to $500 | U&C, up to $1,000 |
| Laboratory Services | U&C, up to $100 | U&C, up to $200 |

**OTHER PHYSICIAN SERVICES**

| Dental Treatment (in lieu of all other medical benefits; includes x-rays of 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 |
| Physician Surgical Care (inpatient or outpatient) | U&C, up to $1,000 | U&C, up to $2,000 |
| 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 |
| Physician Care (when referred by attending physician) | U&C, up to $500 | U&C, up to $800 |

**MISCELLANEOUS SERVICES**

| Motor Vehicle Injury (subject to covered services limits) | Same as any injury, up to $1,000 | Same as any injury, up to $1,000 |
| Replacement Eyeglasses and Hearing Aids (when medical treatment is required for a covered injury) | U&C, up to $100 | U&C, up to $300 |

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

| Loss of Life | $2,500 |
| Loss of an Eye | $5,000 |
| Double Dismemberment | $10,000 |
| Single Dismemberment | $5,000 |

**EXCLUSIONS (What the Plan DOES NOT Pay)**

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, herna of any kind, mental or physical injury, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylosis, slipped femoral capital epiphysis, orthodontics.

2. Injuries for which benefits are paid under Workers’ Compensation or Employer’s Liability Laws. (In NC, benefits are excluded if the employee, employer, or carrier is responsible or liable according to final adjudication or settlement order under state law).

3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In OH, Insured must be participating as a professional).

4. Replacement contact lenses, or prescriptions or examinations thereof.

5. The practice or play of football, including travel to or from such activity, practice, or play for students in grades 9-12, unless coverage is purchased.

6. In Kansas - No benefits are payable for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.

7. In Ohio - Re-injury if the insured participated in a covered activity against medical advice.

**IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy. (In OH, this provision does not apply)**

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**STUDENT ACCIDENT INSURANCE 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®, [ ] MasterCard®, or [ ] Discover®

Credit Card Number ____________________________

Security Code (on back of card, 3 digits) ________

Card Expiration Date (Month) / (Year) ________

Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name ____________________________ Date ___ / ___ / ___

Cardholder Signature ____________________________

Cardholder Address (Street) ____________________________ (City) ____________________________ (State) ____________________________ (Zip) ____________________________

Telephone Number ____________________________

GAA-2203E11-16

DETACH - Place inside envelope

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