STUDENT ACCIDENT INSURANCE

Parents & Guardians

- *Does your child have adequate insurance?*
- *Do you have a deductible or co-pay with your current coverage?*
- *Protect your child with one of our affordable plans designed to meet your needs.*

STUDENT ASSURANCE SERVICES INCORPORATED

1-800-328-2739
www.sas-mn.com

Premiums & Coverage

POLICY FORMS GH-2200 **Annual Premiums**

School-Time Coverage (Grades PK-12)

Covers the student while:

a) attending regular school sessions;
b) participating in or attending school-sponsored and supervised extra-curricular activities;
c) practicing for or competing in interscholastic 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 activities in school provided transportation.

DOES NOT cover participation in, or travel to and from Football for students in the 10th grade or above, or students in grades 7-9 practicing or participating in grades 10-12 Football. See the Medical Benefits and Exclusions.

BASIC
$12.00

PREFERRED
$ 20.00

PREMIER
$ 58.00

Full-Time Coverage (Grades PK-12)

Covers the student 24 hours per day until school starts next year. Includes coverage while at home, at school, weekends, summer vacation. Covers participation in interscholastic sports for Students in the 7th grade or above, except for Football for students in grades 10-12, or students in grades 7-9 practicing or participating in grades 10-12 Football. See the Medical Benefits and Exclusions.

BASIC
$68.00
PREFERRED
$98.00
PREMIER
$225.00

Football Coverage (Grades 10-12, and grades 7-9 practicing or participating in grades 10-12 football)

Covers the student while practicing for or participating in school-sponsored and school-supervised interscholastic football — including travel in school-provided transportation. The Medical Benefits and Exclusions shown in this Illustration apply to this coverage.

BASIC
$95.00
PREFERRED
$160.00
Premier N/A

Extended Dental Coverage (Grades PK-12)

Provides up to $5,000 in benefits for any dental accident and covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not to exceed $200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prosthesis are limited to $500 per Injury including procedures performed to install them. Dental prosthesis includes, but is not limited to crowns, dentures, bridges, and implants.

$ 7.00

NOTE: THIS IS A BLANKET TERM NON-RENEWABLE ACCIDENT POLICY — IT IS A LIMITED BENEFIT POLICY.

Medical Benefits (What the plan pays)

When accidental bodily Injury covered by the policy results in treatment by a Physician within 60 days from the date of Accident, the Company would pay the Usual and Customary Charges for Medical Services which are received within one year from the date of Accident up to the specified Maximum Medical Benefit of $50,000 for School-Time or Full-Time Coverages and $25,000 for Football Coverage.
This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than $200.00. If the covered claim expense exceeds $200.00, benefits shall be paid first by Other Valid Coverage.

	BASIC	PREFERRED	PREMIER
INPATIENT BENEFITS			
Hospital Room and Board (R&B)	Semi-private room charges up to $300 per day	Semi-private room charges up to $400 per day	Semi-private room charges
Hospital Miscellaneous Services (All charges except R&B)	Up to $1,500 per injury	Up to $3,500 per injury	Up to a $5,000 per injury
Physician Nonsurgical Visits (other than Physical Therapy)	Up to $25 per visit, maximum of 10 visits	Up to $30 per visit, maximum of 10 visits	Up to $40 per visit, maximum of 10 visits
Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
X-ray and Related Services (including charges for reading)	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
Registered Nurse	U & C	U & C	U & C
OUTPATIENT SURGERY BENEFITS			
Day Surgery (Facility Charge - includes room supplies and all other expenses for outpatient surgery)	Up to $1,000 per injury	Up to $2,000 per injury	80%, up to a $5,000 per injury
OTHER OUTPATIENT BENEFITS			
Hospital Emergency Room Charges	Up to $300 per injury	Up to $500 per injury	Up to $500 per injury
X-ray and Radiology Services (including charges for reading)	Up to $150 per injury	Up to $250 per injury	Up to $300 per injury
Diagnostic Imaging (including charges for reading - MRI, CAT scan, bone scans)	Up to $200 per injury	Up to $300 per injury	Up to $350 per injury
Physician Nonsurgical Visits (other than Physical Therapy)	Up to $25 per visit, maximum of 10 visits	Up to $30 per visit, maximum of 10 visits	Up to $40 per visit, maximum of 10 visits
Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith)	Up to $30 per visit, maximum of 10 visits	Up to $40 per visit, maximum of 10 visits	Up to $40 per visit, maximum of 10 visits
Orthopedic Appliances (when prescribed by a physician for healing)	Up to $100 per injury	Up to $200 per injury	Up to $200 per injury
Prescription Drugs	Up to $25 per injury	Up to $25 per injury	Up to $50 per injury
Ambulance Services	Up to $200	Up to $300	One trip by ground in full
Outpatient Lab Services	Up to 50 per injury	Up to $50 per injury	Up to $50 per injury
OTHER PHYSICIAN SERVICES			
Dental Treatment (in lieu of all other medical benefits; including X-rays of sound and natural teeth)	Up to $100/tooth	Up to $200/tooth	Up to $300/tooth
Physician Surgical Care (Inpatient or Outpatient; includes pre-operative and post-operative care, limited to primary procedure per surgery)	50% of U & C Charges	70% of U & C Charges	70% of U & C Charges
Assistant Surgeon Charges (Inpatient or Outpatient)	20% of surgeon's allowance	20% of surgeon's allowance	20% of surgeon's allowance
Anesthesia Charges (Inpatient or Outpatient)	20% of surgeon's allowance	20% of surgeon's allowance	20% of surgeon's allowance
MISC. SUPPLIES, SERVICES, LIMITATIONS			
Motor Vehicle Injury (subject to Covered Service limits)	Up to $500 per injury	Up to $500 per injury	Up to $500 per injury
Eyeglasses Replacement (if medical treatment is also received for a covered injury)	Up to $75 per injury	Up to $75 per injury	Up to $100 per injury

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 would be payable.

Loss of Life	$3,000	Double Dismemberment	$12,000
Loss of Sight in One Eye	$3,000	Single Dismemberment	$ 3,000

The Exclusions (What the Plan DOES NOT pay) are listed on the reverse side of this illustration.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

EXCLUSIONS The Policy does not provide benefits for:

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, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics. For Policies issued in West Virginia - Hernia of any kind unless caused by an accident.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
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.
4. Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
5. The practice or play of tackle football, including travel to or from such practice or play for students in the 10th grade or above or students in grades 7-9 practicing or participating in grades 10-12 Football (unless such coverage would be purchased).)

WHEN AND WHERE WILL MY STUDENT BE COVERED BY THIS INSURANCE?

The choice is yours! This Insurance offering describes several enrollment options designed to fit your individual needs. Please review this entire brochure, especially the coverage descriptions, before making your selections.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. Your school district does not carry insurance to pay for X-rays, stitches, ambulances, etc.

WHAT KIND OF INSURANCE IS THIS?

This is supplemental accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Illnesses such as measles, sore throats, etc. are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no health insurance.
   - (A) If you have no insurance, we will be your primary carrier.
2. Families with policies having deductibles or co-pays.
   - (A) Most family health insurance plans contain a deductible or co-pay provision (often 80%-20%) and we will apply our benefits to the 20%, and/or to the deductible.
   - (B) The larger the deductible or co-pay percentage, the more you can benefit. There is no deductible in our plan.

WHEN AND HOW CAN I ENROLL?

ENROLL ANYTIME! It is to your advantage to enroll early. The premium cannot be prorated. Make check payable to: **Student Assurance Services, Inc.**, and enclose in the attached envelope. Write the student's name on the check. Save this illustration with your insurance papers, you will not receive a policy or ID card!

HAVE QUESTIONS?
CALL US TOLL FREE AT
(877) 476-2424 OR (304) 781-2424
or STUDENT ASSURANCE SERVICES, INC at 1-800-328-2739

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Postal Service. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.

HOW DO I FILE A CLAIM?

1. Notify the school and obtain a claim form immediately. They will fill out Part A if it's a school injury.
2. Parents complete Part B. **Answer all questions.**
3. Submit copies of your *itemized bills* to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB). This Plan is supplemental to all other valid coverage. You must file a claim with your other coverage first! This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by your primary coverage.
4. Send our claim form, copies of itemized bills and the EOB to:
   STUDENT ASSURANCE SERVICES, INC.
   PO BOX 196 • STILLWATER, MN 55082
5. No claim can be completed until all of the above documents have been provided.
6. Questions about claims can be answered by calling (800) 328-2739, 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

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. We are responsible only for expenses incurred within one year.

This plan will pay benefits in accordance with any applicable state law. These benefits are found in the master policy.

Administered by
Harry Simmons
P.O. Box 2447, Huntington, WV 25725-2447
(304) 781-2424

Underwritten by
Security Life
INSURANCE COMPANY OF AMERICA
MINNETONKA, MINNESOTA

This brochure is a summary of the master insurance policy issued to the educational institution. If there is a discrepancy between this brochure and the master policy, the master policy language will govern.

NOTICE - THE POLICY CONTAINS A PROVISION LIMITING COVERAGE TO USUAL AND CUSTOMARY CHARGES. THIS LIMITATION MAY RESULT IN ADDITIONAL OUT-OF-POCKET EXPENSES FOR THE INSURED