

## Student Insurance Information and Waiver

The school district **does not** provide any type of health or accident insurance for injuries incurred by your child at school.

**REASONS TO PURCHASE THIS COVERAGE:**

1. Deductibles and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No Insurance

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay. If you have no other insurance this will become your primary accident plan.

The options are:

Coverage Options	Annual Premium
<b>School Time Coverage (Not including Interscholastic Sports)</b> Provides benefits for accidents during school hours ONLY	<b>\$16.00</b>
<b>School Time Coverage Includes Interscholastic Sports</b> Provides benefits for accidents during school hours as well as participating in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	<b>\$91.00</b>
<b>Football Coverage Grades 9-12</b> Provides benefits to athletes when practicing and competing during the football season	<b>\$250.00</b>
<b>Full time Coverage (Not including Interscholastic Sports)</b> Provides benefits for students 24 hours a day, 7 days a week	<b>\$99.00</b>
<b>Full Time Coverage Includes Interscholastic Sports</b> Provides benefits for students 24/7 as well as when they participate in interscholastic sports (Grades 7-12 Except Football Grades 9-12)	<b>\$174.00</b>
<b>Extended Dental Coverage</b> Provides additional benefits for students 24 hours a day for any dental accident	<b>\$9.00</b>

In making application for coverage, please read the attached brochure explaining coverage options carefully.

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to- STUDENT ASSURANCE SERVICE, INC. or complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to the school within 10 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated by the school.
5. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please answer the following question with **YES** on the online registration if you already have adequate insurance:

**Does your son or daughter have adequate insurance to protect them in case of an accident?**

Thank you,



Superintendent

### WHY SHOULD MY STUDENT BE COVERED BY THIS INSURANCE?

As a service to its students, your school is offering an opportunity to enroll in a student accident insurance plan administered by Student Assurance Services, Inc. Participation in this plan is voluntary. This brochure describes several coverage and premium options. Please review the entire brochure before making a decision to purchase this insurance or contact us directly with your questions.

### WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. This plan will help provide coverage for expenses that are not covered by your family medical or dental coverage.

### 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, SD)

### HOW TO ENROLL

1. Select the desired coverage(s) from the options listed on the reverse page. Premium cannot be prorated. There are two enrollment and payment options.
2. 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 the attached envelope; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website [www.sas-mn.com](http://www.sas-mn.com). The online form is available under the K-12 School Look-up.
4. 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.

**You can purchase this insurance anytime between the master policy effective and expiration dates during the current school year. It is to your advantage to enroll early.**

### 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, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics. 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 ID, Insured must be participating as a professional)
4. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in grades 7-12, unless such premium is paid.
5. 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.
6. In Ohio - Re-injury if the insured participated in a covered activity against medical advice. **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. (In OH, this provision does not apply)

### 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 received and dated by the School, the Company, or its authorized agent; 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 first day of school next year.

### 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, SD) 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

5. 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](http://www.sas-mn.com).



Administered by  
**STUDENT ASSURANCE SERVICES, INC.**  
PO BOX 196, STILLWATER, MN 55082  
(800) 328-2739 - (651) 439-7098

Underwritten by  
**Ameritas.**  
Ameritas Life Insurance Corp.  
Lincoln, Nebraska

**HAVE QUESTIONS?**

**CALL US TOLL FREE AT**

**(800) 328-2739 OR (651) 439-7098**

**or view the website [www.sas-mn.com](http://www.sas-mn.com)**

# Premium & Coverage Options

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

One Time Policy Year Premiums



**Full Time Coverage Grades PK-12**  
(Does NOT include Interscholastic Sports Coverage Grades 7-12)

**\$99**

Covers the student 24 hours a day until school starts next year. Includes coverage while at home and school, on weekends and during summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.



**Full Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12**  
(Does NOT include Football Grades 9-12)

**\$174**

In addition to the Full-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing or competing in school-sponsored and supervised interscholastic sports including travel in school-provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.



**School Time Coverage Grades PK-12**  
(Does NOT include Interscholastic Sports Coverage Grades 7-12)

**\$16**

Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extracurricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.



**School Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12**  
(Does NOT include Football Grades 9-12)

**\$91**

In addition to School-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.



**Football Coverage Grades 9-12**

**\$250**

Protects the student while practicing for or competing in school-sponsored and school supervised interscholastic football including travel in school-provided transportation.



**Extended Dental Coverage Grades PK-12**

**\$9**

Provides benefits up to a maximum of \$5,000 for any dental injury. Covers the student 24 hours a 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, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

The Medical Benefits and Exclusions apply to the Coverage Options listed above.

[www.sas-mn.com](http://www.sas-mn.com)

D-1511



[www.sas-mn.com](http://www.sas-mn.com)



# Medical Benefits (What the 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 Charges (U&C) incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury. (In MT and NC, benefits are payable after the deductible per injury is satisfied, the deductible is the amount paid or payable for the same injury by Other Valid Coverage)

This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage. (This coverage is excess in KS, and this coverage is primary in MT and NC after the deductible, and in ID, IL, SD)

All Amounts Listed Below are Per Injury

## PHYSICIAN'S SERVICES

- a) Surgical Care (surgeon, assistant surgeon, and anesthesia)..... 80% U&C, up to \$1,500
- b) Nonsurgical Care (includes physiotherapy performed other than in a hospital, 1 visit per day)..... U&C, up to \$50 per visit, maximum 6 visits

## HOSPITAL CARE

- a) Inpatient Care
  - 1) Hospital Semi-Private Room..... U&C, up to \$500 per day
  - 2) Hospital Miscellaneous Services..... 80% U&C, up to \$1,000

## Outpatient Care

- 1) Facility Charges for Day Surgery..... U&C, up to \$1,000
- 2) Emergency Room..... 80% U&C, up to \$500

Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Medical Benefits.

## X-RAY SERVICES

(includes charges for reading)..... U&C, up to \$250

## LABORATORY SERVICES

..... U&C, up to \$250

DIAGNOSTIC IMAGING (includes MRI, CT scan, bone scan and charges for reading)..... U&C, up to \$500

## DENTAL TREATMENT

(in lieu of all other medical benefits; for the repair and/or replacement of each sound and natural tooth)..... U&C, up to \$250 per tooth (In SD, sound and natural is deleted)

## AMBULANCE SERVICES

..... U&C, up to \$500

ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing)..... U&C, up to \$250

PRESCRIPTION DRUGS (take home)..... U&C, up to \$250

## REPLACEMENT OF EYEGLASSES, CONTACT LENSES, HEARING AIDS

(when medical treatment is required for covered injury)..... U&C, up to \$250

## MOTOR VEHICLE INJURY

..... Same as any injury, up to \$2,500 (In KS, \$2,500 limit does not apply)

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

## 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..... \$2,500  
 Double Dismemberment..... \$10,000  
 Single Dismemberment..... \$ 2,500

# Student Accident Insurance

## Policy Identification Form and Claim Procedures

**Company:** Student Assurance Services, Inc.  
P.O. Box 196  
Stillwater, MN 55082  
800-328-2739  
**www.sas-mn.com**  
Monday-Friday 8:00am to 4:30pm Central

**Website:** **www.sas-mn.com**  
K12 Students/Parents  
Find My School

**Provides:** List of the states (choose yours)  
List of schools (choose yours)  
Summary of Benefits  
Claim Form

Policyholder Name: \_\_\_\_\_  
Policy School Year: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**Using this Policyholder ID is NOT a guarantee of benefits or confirmation of coverage under the plan. Benefits will be evaluated when a claim is submitted for payment.**

**Completed Student Assurance Services, Inc. claim form must be submitted prior to or along with itemized bills.**

**Student may use either a social security number or date of birth as personal member ID.**

### To File a Claim

- Claim form is available at school or website **www.sas-mn.com**
- School must complete Part A for school related injuries.
- Parents complete Part B. Answer all questions.
- Submit copies of itemized bills to other medical and dental coverage first, the student insurance plan pays after other insurance (primary in Idaho, South Dakota).

**Submitting the claim and related expenses are parent responsibility. DO NOT rely on your medical provider or school to send information.**

### Parents send:

- Completed claim form
- Providers can bill us directly. You may give them a **COPY** of the claim form which includes the school district name and our mailing address.
- Explanation of benefits (EOB) from your primary insurance showing write-off, co-pay, co-insurance, deductible and/or payment.
- If providers will not bill Student Assurance Services, Inc. directly please send Itemized bills, **not statements**, that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor often called (UB-04 hospital and CMS 1500 doctor). Balance due statements can not be processed.
- Send above information directly to: **Student Assurance Services, Inc.**

**P.O. Box 196  
Stillwater, MN 55082**

**Please allow 30 days before calling to check the status of your claim. If you have not heard from us within 30 days of submission, please contact us at 1-800-328-2739**

**There is a timely filing window of one year and ninety days. Do not wait to send information as this may result in claim denial.**