

STUDENT ACCIDENT INSURANCE
Voluntary Interscholastic Athletic Plan
Policy GA-2200Ed.11-16(ID)(KS)(LA)(MT)(NC)(ND)(OH)(SD)

PREMIUMS - Each Athlete - One time policy year premiums	
All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football Grades 9-12.....	\$ 90
All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football Grades 9-12	\$370
Senior High Football Grades 9-12	\$280

COVERAGE OPTIONS

This insurance plan provides benefits for covered medical expenses resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the student is:

a) practicing for or competing in interscholastic sports while under the supervision of a school employee, and

b) traveling to or from such practice or competition in school provided transportation.

The Medical Benefits and Exclusions below apply to Coverage Options above.

MEDICAL BENEFITS - Unless otherwise stated all amounts below are per Injury

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 below, for charges actually incurred within one year from the date of injury up to the maximum benefit of **\$50,000** per injury. (In MT, NC benefits are payable after 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 primary in MT, NC after the deductible and in ID, IL) This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage. (Penalties do not apply in KS)

PHYSICIAN'S SERVICES

- a) **Surgical Care** (surgeon, assistant surgeon, anesthesia) - U&C, up to \$2,500
- b) **Nonsurgical Care** (including physiotherapy performed other than in a hospital) - U&C, up to \$100 per visit, maximum 10 visits

HOSPITAL CARE:

- a) **Inpatient Care:**
1. Semi-Private Room - U&C, up to \$700 per day
2. Hospital Miscellaneous Services - U&C, up to \$2,000
- b) **Outpatient Care:**
1. Facility Charges for Day Surgery - U&C, up to \$2,000
2. Emergency Room and Hospital Miscellaneous - 80% U&C, up to \$1,000
- 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 \$300

LABORATORY SERVICES - U&C, up to \$400

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

DENTAL TREATMENT (in lieu of all other medical benefits; for repair and/ or replacement of each sound and natural tooth) - U&C, up to \$200 per tooth (In SD, sound and natural is deleted)

AMBULANCE SERVICES - U&C, up to \$700

ORTHOPEDIC APPLIANCES (when prescribed by a physician) - U&C, up to \$200

PRESCRIPTION DRUGS (take home) - U&C, up to \$400

REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS (when medical treatment is required for covered injury) - U&C, up to \$500

MOTOR VEHICLE INJURY - U&C, up to \$2,500 (In KS, \$2,500 limit does not apply)

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.

EXCLUSIONS

This Policy does not provide benefits for expenses resulting from:

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.
2. Injuries for which benefits are payable 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 the final adjudication or a 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, an insured must be participating as a professional)
4. 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.
5. In Ohio - Reinjury 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)

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

When injury covered by this policy results in the following specific losses within 180 days from the date of accident, the Company will pay indemnity in the amount (the largest applicable thereto) as specified below for any one injury, and shall be in addition to any other benefits for such accident. Loss of a Hand or Foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable.

Loss of Life	\$ 2,500
Loss of Both Hands, Both Feet or Sight of Both Eyes	\$10,000
Loss of One Hand, One Foot or Sight of One Eye	\$ 2,500

OTHER PROVISIONS

EFFECTIVE DATE is the later of: the Master Policy effective date; or 12:01 am following the date the enrollment form and premium are received by the School, the Company or its authorized agent.

TO FILE A CLAIM - Notify the school officials immediately. Obtain a claim form from the school or website www.sas-mn.com. Submit the completed claim form along with the student's bills to **Student Assurance Services, Inc.**

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 endorsements. 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 may be obtained on the website www.sas-mn.com.

Underwritten by



I-3505(SP)



Administered by:
Student Assurance Services, Inc.
P.O. Box 196
Stillwater, Minnesota 55082

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ENROLLMENT FORM FOR INTERSCHOLASTIC ATHLETIC COVERAGE



- ☐ \$ 90 All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football (Grades 9-12)
- ☐ \$370 ...All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football (Grades 9-12)
- ☐ \$280 Senior High Football (Grades 9-12)

One time policy year premiums. Attach the check made payable to Student Assurance Services, Inc. and return this form and premium to the School. No Refunds.

Name of Student _____ Student's Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Name of School _____ Name of School Dist. _____

Signature of Parent/Guardian _____ Date _____

Email _____ Date Received by School _____