

2022-2023 VOLUNTARY COVERAGE

# Student Accident Insurance



- **SPECIALIZING IN STUDENT INSURANCE FOR OVER 50 YEARS**
- **MULTIPLE COVERAGE OPTIONS AND RATES**

*See Details Inside*

## ADMINISTERING AGENT



STUDENT ASSURANCE SERVICES, INC. is an agency specializing in student accident insurance. The agency is owned by Mark Desch who has specialized exclusively in student insurance for over 50 years. We have over 1,600 school districts using our coverages.

## UNDERWRITING COMPANY



Ameritas Life Insurance Corp.  
Lincoln, Nebraska

Ameritas Life Insurance Corp. is a part of the Ameritas Mutual Holding Company. The company is domiciled in Lincoln, Nebraska and has been in business for over 100 years. The company is rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's. The Best's Rating Report and Standard and Poor's full analysis report are available in the insurance ratings section of [ameritas.com](http://ameritas.com). Ameritas Life is licensed in all states except New York.

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

G-(B)1511/1513(2022)

# STUDENT ACCIDENT INSURANCE - VOLUNTARY COVERAGE PLAN

## Coverage Options

**Medical Benefits and Exclusions apply to the Coverage Options listed below.**

### FULL-TIME COVERAGE

Covers the student 24 hours a day until school starts next year. Students are covered while at home or school, on weekends, and during summer vacation.

### SCHOOL-TIME COVERAGE

Covers the student while:

- attending regular school sessions;
- participating in or attending school-sponsored and supervised extracurricular activities;
- 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.

School-Time and Full-Time Coverage DOES NOT include participation in interscholastic sports for students in grades 7-12.

### INTERSCHOLASTIC SPORTS COVERAGE GRADES 7-12 AND FOOTBALL COVERAGE GRADES 9-12

Covers the student while:

- 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
- traveling to and from such practices or competition in school provided transportation.

### EXTENDED DENTAL ACCIDENT COVERAGE

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 and dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

## Effective and Expiration Dates

Coverage becomes effective the later of: the Master Policy Effective Date; or for "school return enrollment" forms, 12:01AM following the date the envelope containing the enrollment form and premium is received by the School, the Company or its authorized agent; or for "the mail-back enrollment" form, 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.

**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 may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).**



# STUDENT ACCIDENT INSURANCE - VOLUNTARY COVERAGE PLAN

## Medical Benefits - unless otherwise stated all amounts listed below are per injury

When injury covered by this 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 primary in ID, IL, SD) (In NC, other valid coverage does not include automobile or third party liability coverage)

### PHYSICIAN'S SERVICES

- a) **Surgical Care (surgeon, assistant surgeon, anesthesia)** ..... 80% U&C, up to \$2,500
- 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 \$2,500
- b) **Outpatient Care**
  - 1) **Facility Charges for Day Surgery** ..... U&C, up to \$2,500
  - 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 (MRI, CT scan, bone scan, includes charges for reading)** ..... U&C, up to \$500

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

**AMBULANCE SERVICES** ..... U&C, up to \$500

**ORTHOPEDIC APPLIANCES (when prescribed by a physician)** ..... 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 a 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)

### 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	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,500	Single Dismemberment	\$ 2,500

## Exclusions

This Policy does not provide benefits for expenses resulting from:

- 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 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 final adjudication or settlement order under state law)
- 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)
- The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.
- 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.
- 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)

**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.**



## The Voluntary Coverage Plan

This plan allows the School District to offer student accident insurance coverage to parents on a voluntary basis. Each student in the District is provided with plan information to take home to their parents.

- For school return enrollment form (1511), the parents are to either sign a "Waiver" indicating that they have adequate insurance, or purchase the student accident insurance by returning the enrollment form and premium to the school. (Waiver does not apply in SD)
- For mailback enrollment form (1513), the parents will mail the enrollment form and premium directly to our office.

This plan will give the School Board and Administration a method to inform parents that the District is not responsible to pay for medical expenses caused by a school injury.

## Common Questions Answered

1. The Full-Time and School-Time Coverage does not include participation in interscholastic sports for students in grades 7-12.
2. Interscholastic sports coverage must be purchased with either Full-Time Coverage or School-Time Coverage. It covers all sports injuries except football for students in the 9-12th grades. A separate one time policy year premium payment of \$250.00 is required for 9-12th grade football coverage. Football for 7th and 8th grade students is included in the Interscholastic Sports Coverage.
3. Extended Dental Coverage may be purchased separately.

## How To Apply for Coverage

1. **FOR IMMEDIATE QUESTIONS PLEASE CALL** Student Assurance Services, Inc. at (800) 328-2739 or (651) 439-7098.
2. Complete the enclosed application and mail to:  
**STUDENT ASSURANCE SERVICES, INC.**  
**PO BOX 196 • STILLWATER, MN 55082**

3. Only one student accident plan will be offered by the School District.
4. A billing for group premium will be made in July.
5. A supply of claim forms, solicitation envelopes and other materials will be sent to the School District in July.

## Claims Handling Procedure

1. When selecting an insurance plan, the availability to promptly settle claims is essential. School Administration will benefit by having the same agents who sell the coverage and staff who service the claims in the same office location.
2. For claim questions, contact Student Assurance Services, Inc. at (800) 328-2739 or (651) 439-7098.
3. A supply of claim forms and return envelopes will be sent to the School District in July.
4. When a student is injured, a School official (coach, secretary, nurse, etc.) must complete Part A of the claim form.
5. Next the claim form must be sent home to the parents for completion of Part B.
6. Parents must attach the student's medical bills and other insurance plan EOBs (if applicable) to the completed claim form and send to:

**STUDENT ASSURANCE SERVICES, INC.**

**PO BOX 196**

**STILLWATER, MN 55082**

## Internet Access

Access to plan information is available at [www.sas-mn.com](http://www.sas-mn.com). School Official will be given an administrator website access code and will have immediate access to:

Master Policy  
Roster  
Claim Status  
Claim Forms

## PREMIUMS

### One time policy year premium

#### **Full-Time Coverage** (Grades PK - 12)

Does NOT Include Interscholastic Sports Coverage .....\$ **99.00**

#### **Full-Time Coverage** (Grades 7 - 12)

Includes Interscholastic Sports Coverage Except Football Grades 9 - 12 .....\$ **174.00**

#### **School-Time Coverage** (Grades PK - 12)

Does NOT Include Interscholastic Sports Coverage .....\$ **16.00**

#### **School-Time Coverage** (Grades 7 - 12)

Includes Interscholastic Sports Coverage Except Football Grades 9 - 12 .....\$ **91.00**

**Football Coverage** (Grades 9 - 12) .....\$ **250.00**

**Extended Dental Coverage** (Grades PK - 12) .....\$ **9.00**