



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 an 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: www.sas-mn.com

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

STUDENT ACCIDENT INSURANCE COVERAGE
POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)(SD)
Premiums & Coverage Options - One Time Policy Year Premiums

BASIC PLAN

PREMIER PLAN

Grades PK-12 \$95	Full-Time Coverage AND All Interscholastic Sports Coverage (Does NOT include Football Coverage) Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers participation in interscholastic sports for students in grades 7-12. Does NOT cover participation in, or travel to and from Football for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football.	Grades PK-12 \$160
Grades PK-8 \$19	School-Time Coverage AND All Interscholastic Sports Coverage (Does NOT include Football Coverage) Covers the student while: a) attending regular school sessions; b) participating in or attending school-sponsored and supervised extracurricular 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 extracurricular activities and interscholastic sports in school provided transportation. Does NOT cover participation in, or travel to and from Football for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football.	Grades PK-8 \$34
Grades 9-12 \$55		Grades 9-12 \$98
\$125	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.	\$240
Grades PK-12 \$9	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 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.	Grades PK-12 \$9

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?

- All families with no other health coverage.
- 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)

- HOW TO ENROLL**
- Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
 - 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 an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
 - Complete the enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
 - 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.

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 postmarked by the U.S. Postal Service; 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 selected expiration date of the annual term policy.

- HOW TO FILE A CLAIM**
- 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.
 - Parents complete Part B of the claim form. **Answer all questions.**
 - 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)
 - Send the completed claim form, copies of student's itemized bills and EOB to:
 STUDENT ASSURANCE SERVICES, INC.
 PO BOX 196 • STILLWATER, MN 55082
 - 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.
 J-1538



ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

	COVERAGE PLANS		One Time Policy Year Premiums	
	BASIC PLAN	PREMIER PLAN		
<input type="checkbox"/> Full-Time Coverage PK-12 AND All Sports (except Football Coverage)	\$95	\$160	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School-Time Coverage PK-8 AND All Sports (except Football Coverage)	\$19	\$34	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School-Time Coverage 9-12 AND All Sports (except Football Coverage)	\$55	\$98	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Football Coverage Grades 10-12 and Grades 7-9 practicing or participating in 10-12 Football	\$125	\$240	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extended Dental Coverage Grades PK-12	\$9	\$9	<input type="checkbox"/>	<input type="checkbox"/>

DO NOT SEND CASH **TOTAL PREMIUM**

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
 *Please write student's name on the front of check. **NO REFUNDS**
 J-1538

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.
 Please Print

Address (Street)

(City) (State) (Zip)

Email Address

Name of School

Name of District

Student's Age _____ Grade _____ Phone _____

X _____
 (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 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 coverage is primary in MT and NC after the deductible and in ID, IL)

	BASIC PLAN	PREMIER PLAN
Unless otherwise stated all amounts listed below are per injury		
INPATIENT BENEFITS		
Hospital Room and Board (R&B).....	Semi-private room charges, up to \$300 per day	Semi-private room charges up to \$1,000 per day
Intensive Care (in lieu of R&B).....	U&C, up to \$300 per day	U&C, up to \$1,000 per day
Hospital Miscellaneous Services (all charges except R&B or Intensive Care).....	U&C, up to \$1,000 per day	U&C, up to \$2,000 per day
Physician's Non-Surgical Visits (does not include physiotherapy).....	U&C, \$50 per visit; maximum 10 visits	U&C, \$100 per visit; maximum 10 visits
Physiotherapy (includes office visits).....	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
X-rays and Radiology (includes charges for reading).....	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
Registered Nurse.....	70% U&C	80% U&C

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
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OTHER OUTPATIENT BENEFITS

Hospital Emergency Room Charges.....	U&C, up to \$250	U&C, up to \$500
X-rays Services (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 Consultation (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) (In KS, \$1,000 limit does not apply).....	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	Double Dismemberment.....	\$10,000
Loss of an Eye.....	\$5,000	Single Dismemberment.....	\$ 5,000

EXCLUSIONS (What the Plan DOES NOT Pay)

- 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)
- 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)
- Replacement contact lenses, or prescriptions or examinations thereof.
- The practice or play of football, including travel to or from such activity, practice, or play for students in grades 10-12, or students in grades 7-9 practicing and participating in grades 10-12 Football unless coverage is purchased.
- 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 - 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)

Administered by
STUDENT ASSURANCE SERVICES, INC.
 PO Box 196 • Stillwater MN 55082-0196
 Toll Free 800-328-2739 - (651) 439-7098
 www.sas-mn.com



**HAVE QUESTIONS?
 CALL US TOLL FREE AT
 (800) 328-2739 OR (651) 439-7098**

Underwritten by
Ameritas
 Ameritas Life Insurance Corp.
 Lincoln, Nebraska

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)
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

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

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

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

Telephone Number (_____) _____ - _____

STUDENT ACCIDENT INSURANCE INFORMATION & FACT SHEET

1. Extended Dental Accident Option: can be purchased by itself, or in addition to the School-Time, Full-Time or Football coverages.
2. Football (Grades 10-12) Coverage: can be purchased by itself, or in addition to the School-Time, Full-Time or Extended Dental Accident Coverage.
3. Interscholastic Sports Coverage: The School-Time or Full-Time Coverages will cover all interscholastic sports; except football grades 10-12, and grades 7-9 practicing or participating in grades 10-12 football. The Interscholastic Sports coverage will expire at the end of the regular sports season of the current school year.
4. Coverage for sport camps and off season conditioning (including football) is available to the parents by purchasing School-Time coverage if the activity is sponsored and supervised by the school or Full-Time coverage if the activity is not school sponsored and supervised. Football coverage expires on December 31 of the current year, spring and summer football are covered as explained above.
5. Students may enroll anytime during the year and coverage will become effective at 12:01 a.m. following the date the envelope containing the enrollment form and premium is postmarked by the U.S. Post Office but not prior to August 1.
6. Insurance remains in effect when students move to another District; however, if they then have a claim, families should write on the claim form the District's name at which they purchased the insurance.
7. We will enter the names of all students that have purchased coverage into our system. Schools are given an administrative access code to the Student Assurance Services, Inc. website at www.sas-mn.com. Because of privacy issues this information should not be shared with the general public. This website will contain: Master Policy, roster of Insured students, claim status. A downloadable version of your brochure in English and Spanish along with a claim form is available under the parent section of the website.

Website: www.sas-mn.com

Student Accident Insurance

Policy Identification Form and Claim Procedures

Claims Administrator:

Student Assurance Services, Inc. (SAS)
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739
Monday-Friday 8:00am to 4:30pm CST

Website: www.sas-mn.com

- 1) Under K-12 Students/Parents select "Find My School"
- 2) Select State where the school is located
- 3) Search and select school name

Provides:
Plan Summary of Benefits
Claim Form

Policyholder Name: _____

Policy School Year: _____

Policy Number: _____

NOTICE TO PARENTS/STUDENTS AND PROVIDERS: Using this Policy ID form is **NOT** a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when an accident claim is submitted for payment.

A completed SAS claim form must be submitted prior to or along with itemized bills. Only one claim form for each accident needs to be submitted.

Use either the student's social security number or date of birth as a personal member ID.

Parents or providers must first submit copies of itemized bills to the student's other medical and dental insurance plan. This plan pays second or after other insurance coverage. (Coverage is primary in ID and primary if parent-paid in IL) Also, this plan does not cover penalties imposed by the student's other insurance coverage for failure to use a preferred provider. (In KS penalty does not apply)

Submitting the accident claim and related expenses are parents/student's responsibility. DO NOT rely on the provider or school to send information.

To File an Accident Claim

- a) Download and print a claim form on the website www.sas-mn.com under school look-up.
- b) Notify the school immediately if the injury is school related, the school administrator must complete Part A of the claim form.
- c) Parents must complete Part B of the claim form. Answer all questions. If this injury is NOT school-related, then you may complete both Part A and Part B of the claim form.
- d) Parents or providers must submit itemized bills (often called UB04 or CMS 1500) that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor. Balance due statements can not be processed.
Note: You can leave a COPY of the claim form and this form with the provider or facility. Providers may submit itemized bills directly to SAS on the student's behalf. However, some providers may require payment at the time service is provided or may send the bill directly to the parent.
- e) Parents or providers must submit explanation of benefits (EOBs) from the student's primary insurance coverage showing write-offs, copays, coinsurance, deductibles and payments. This plan pays second to other dental or health insurance coverage. (Coverage is primary in ID and primary if parent-paid in IL)
- f) Mail the completed claim form, itemized bills, and other insurance EOBs to:

**Student Assurance Services, Inc.
P.O. Box 196
Stillwater, MN 55082**

Please allow 30 days after submitting the accident claim before calling to check claim status at (800)328-2739. The SAS claim office is available for calls between 8:00 a.m. to 4:30 p.m. Central Standard Time, Monday - Friday. Providers that receive electronic payments through **Instamed** must status claims with them.

There is a timely filing deadline of one year and ninety days to submit proof of loss. Do not wait to send information as this may result in claim denial. (Timely filing is one year and 180 days in North Carolina and does not apply in Utah)

