



## **Louisiana - Voluntary Student Accident Insurance**

Earlier this year, you should have received an email from **Risk Services of Louisiana, Inc.** with our updated **Online Forms & NEW video** explaining student accident insurance. If you have not received this email, please contact me immediately.

### **Requirements of the School System:**

- ***All families (PK-12) must be directly notified about the student accident insurance coverage before the start of the regular school year.***
- ***Athletic Department(s)/coaches need to directly notify families of student athletes prior to the start of each interscholastic sports season (fall, winter & spring).***

The most successful way of meeting these requirements is by sending a mass email out to all families during those timeframes. An email template should have been provided from your representing agency.

Remember, as much as this voluntary coverage is a benefit to students whose health insurance has a high deductible or are currently uninsured, please view this coverage as an important asset if your administration must resolve a student injury that occurs under the school's supervision. When directly notifying all families about this coverage, it serves as another layer of protection for your school system.

Enclosed are a few postcards should a family prefer to have a physical copy of our information. I have also included copies of our claim form and self-addressed return envelopes should an enrolled student sustain an accidental injury.

If you have any questions, please feel free to contact me at (800) 328-2739 or [sonnyh@sas-mn.com](mailto:sonnyh@sas-mn.com)

Sincerely,

Sonny Heinrich, Director of K-12 Operations  
Student Assurance Services, Inc.

*Specializing in Accident Coverage for Students while:*  
*Attending School – Playing Interscholastic Sports – Participating in Camps/Rec Programs/Youth Events*  
*Toll Free: (800) 328-2739 – Fax: (651) 439-0200 – Email: [sonnyh@sas-mn.com](mailto:sonnyh@sas-mn.com)*





# 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
- ◆ 24-Hour/Full-Time Coverage
- ◆ Interscholastic Sports 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](http://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)

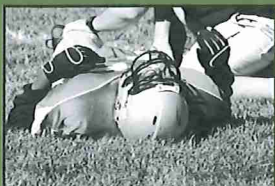
- ◆ Brochure (English & Spanish)

(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](http://www.sas-mn.com) Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company





# BASIC PLAN

## 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

# PREMIER PLAN

Grades PK-12 \$95	<b>Full-Time Coverage AND All Interscholastic Sports Coverage (Does NOT include Football Coverage)</b> 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	<b>School-Time Coverage AND All Interscholastic Sports Coverage (Does NOT include Football Coverage)</b> 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	<b>Football Coverage Grades 10-12 and Grades 7-9 Practicing or Participating in Grades 10-12 Football</b> - 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	<b>Extended Dental Coverage Grades PK-12</b> - 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
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### 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](http://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](http://www.sas-mn.com).

K-1538



## ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

### COVERAGE PLANS

### One Time Policy Year Premiums

#### BASIC PLAN PREMIER PLAN

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

### 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**  
K-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

GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)







# 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](http://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](http://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](http://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](http://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)

