

## Summary of Coverage

The school is participating in a medical insurance policy that will provide benefits for accidental bodily injury incurred while:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>a. attending regular school sessions,</li> <li>b. participating in or attending school-sponsored and supervised extracurricular activities,</li> <li>c. participating in school-sponsored and supervised interscholastic sports, and</li> </ul> | <ul style="list-style-type: none"> <li>d. 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.</li> </ul> |
|--|---|

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to a maximum of \$10,000 per injury.

The Company's liability for benefits payable on account of expense incurred, for any hospitalization, medical, surgical, and other services resulting from covered Injury of the covered person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid). If one or more of the other policies, plans or service contracts provides benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

### SCHEDULE OF COVERED SERVICES AND LIMITATIONS (unless otherwise stated all amounts are per injury)

#### PHYSICIAN'S SERVICES -

- a) for surgical operations (Surgeon, Assistant Surgeon, Anesthesia) - 80% of the U&C charges incurred not to exceed \$2,000 per injury.
- b) for nonsurgical care (other than physiotherapy treatments) - the U&C up to \$50.00 for each treatment not to exceed 10 treatments per injury.

**PHYSIOTHERAPY** - the U&C charge for any form of therapeutic or manual treatment provided by a physician, including but not limited to: physical or mechanical therapy, diathermy, ultrasonic, whirlpool or heat treatments, EMS, or manipulation - up to \$50.00 for each treatment and/or office visit connected therewith, not exceed 5 visits per injury.

#### HOSPITAL CARE -

- a) Inpatient Care - the usual daily charge for the hospital's semi-private room not to exceed \$450.00 per day, plus 80% of U&C miscellaneous charges incurred not to exceed \$3,000.00 per injury. Benefits for miscellaneous charges are limited to services not scheduled elsewhere under Covered Services and Limitations.
- b) Outpatient Care (includes Day Surgery Facility and Emergency Room) - 80% of the U&C miscellaneous charges incurred not to exceed \$500.00

per injury. Benefits for miscellaneous charges are limited to services not scheduled elsewhere under Covered Services and Limitations.

**RADIOLOGY SERVICES (includes x-ray, MRI, CAT scan, bone scan, and charges for reading)** - are limited to 80% of the U&C charges incurred, not to exceed \$400.00 per injury.

**DENTAL TREATMENT (in lieu of all other medical benefits)** - benefits are limited to the U&C charges up to \$100 for repair and/or replacement of each sound and natural tooth.

**AMBULANCE SERVICES** - 80% of the U&C charges incurred not to exceed \$400 per injury.

**ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing)** - the U&C charges up to \$50 per injury.

**PRESCRIPTION DRUGS (take home)** - the U&C charges up to \$50.

**EYEGLASSES AND HEARING AIDS (Replacement when broken as the result of a covered injury when medical treatment is required)** - the U&C charges up to \$100.

**MOTOR VEHICLE INJURY EXPENSES** - same as any injury.

### EXCLUSIONS - The policy does not provide benefits for:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>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.</li> <li>2. Injuries for which benefits are payable under Worker's Compensation or Employer's Liability Laws.</li> <li>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.</li> <li>4. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.</li> </ul> | <ul style="list-style-type: none"> <li>5. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law; Injuries resulting from use of alcohol, drugs or narcotics, unless administered on the advice of physician.</li> <li>6. Treatment for re-Injury, EXCEPT when the Insured is treatment free for a period of 180 days prior to the Policy Effective Date.</li> <li>7. Replacement of contact lenses, or prescriptions or examinations thereof.</li> <li>8. 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.</li> </ul> |
|---|---|

### 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	\$2,000	Single Dismemberment	\$ 2,000	Double Dismemberment	\$10,000
--------------	---------	----------------------	----------	----------------------	----------

**Benefits are payable for expenses actually incurred within one year from the date of injury.**

FORM U-5636(17)

STUDENT ASSURANCE SERVICES, INC.  
P.O. BOX 196  
STILLWATER MN 55082-0196



## CLAIM PROCEDURE

Filing of the claim is the parent's responsibility.

1. Parents notify the school and obtain a claim form immediately. The school will fill out Part A if it's a school injury.
2. Parents complete Part B. Answer all questions.
3. Dental accidents are often covered by health insurance, please submit charges for all dental accidents to your family health insurance first.
4. Parents submit copies of your itemized bills to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB).

5. Parents send the claim form, copies of itemized bills and the EOB to:

STUDENT ASSURANCE SERVICE, INC.  
PO BOX 196  
STILLWATER MN 55082

6. The claim will be completed when all of the above documents have been provided. Should you have a question as to the status of a claim, contact Student Assurance Services, Inc. at 1-800-328-2739 - 8:00am - 4:30pm Central Time..

**NOTE:** Student must be treated by a licensed physician within **60 days** of the date of injury. Proof of claim must be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills must be submitted within 90 days from the date of treatment or a reasonable time thereafter not to exceed one year. The company is responsible only for expenses incurred within one year from the date of injury.

THIS BROCHURE IS A SUMMARY OF THE MASTER INSURANCE POLICY ISSUED TO AN EDUCATIONAL INSTITUTION. IF THERE IS A DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY, THE MASTER POLICY LANGUAGE WILL GOVERN.

**NOTICE: 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.**

**This is a Limited Benefit Policy. Accident Only Insurance. Non-Renewable.**  
**The certificate of coverage is available at our website: [www.sas-mn.com](http://www.sas-mn.com)**

### Underwritten by

SECURITY LIFE INSURANCE  
COMPANY OF AMERICA  
MINNETONKA, MN

### Administered by

STUDENT ASSURANCE SERVICES, INC.  
PO BOX 196 • STILLWATER, MN 55082  
(800) 328-2739 - (651) 439-7098  
[www.sas-mn.com](http://www.sas-mn.com)

## PARENTS: Now you may extend this valuable school-time protection. You have two options:

- A) **24-HOUR ACCIDENT COVERAGE**--provides benefits for doctor, hospital and dental expenses (same as explained on the reverse side) and covers your child 24 hours a day, any time, anywhere until school starts next year.
- B) **EXTENDED DENTAL ACCIDENT COVERAGE**--provides up to \$5,000 in benefits for any dental accident and covers the student 24 hours a day until school starts next year. Treatment must begin 60 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prosthesis are limited to \$500 per injury, including procedures performed to install them. Dental prosthesis includes, but is not limited to: crowns, dentures, bridges, and implants.

**HOW TO ENROLL:** Complete the attached enrollment form, enclose with your check and mail to: **Student Assurance Services, Inc.** (DO NOT SEND TO SCHOOL). Coverage becomes effective when the premium is received by the Company.

FORM U-5636(17)

## ENROLLMENT FORM

☐ **24-HOUR COVERAGE \$85**

☐ **EXTENDED DENTAL COVERAGE \$7**

☐ **24-HOUR and DENTAL COVERAGE \$92**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_ Name of District \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Form U-5636(17)

**Attach Premium Check - NO REFUNDS - Premium cannot be prorated**

## **SUMMARY OF COVERAGE**

Policy Form GH-2200  
\$10,000 DEDUCTIBLE / Maximum Benefit \$15,000

The school is participating in a medical insurance policy that will provide benefits for accidental bodily injury while:

- I. Practicing for or competing in interscholastic sports which is exclusively Sponsored and Supervised by the School, as a representative of the Policyholder and under the direct and immediate supervision of an employee of the Policyholder.
- II. Traveling directly to or from such practice or competition in a vehicle designated by the Policyholder and under the supervision of an employee of the Policyholder.

### **MEDICAL BENEFITS**

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of injury, the Company will pay the Usual and Customary Expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$25,000 per injury, less a \$10,000 deductible per injury. The deductible is subtracted from covered expenses.

The Company's liability for benefits payable on account of expense incurred, for any hospitalization, medical, surgical, and other services resulting from covered Injury of the covered person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid). If one or more of the other policies, plans or service contracts provides benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

#### **PHYSICIAN'S SERVICES -**

- a) for surgical operations (Surgeon, Assistant Surgeon, Anesthesia) - the usual and customary charges incurred.
- b) for nonsurgical care (other than physiotherapy treatments) - the usual and customary charges incurred.

**PHYSIOTHERAPY** - the U&C charge for any form of therapeutic or manual treatment provided by a physician, including but not limited to: physical or mechanical therapy, diathermy, ultrasonic, whirlpool or heat treatments, EMS, or manipulation - up to \$50.00 for each treatment and/or office visit connected therewith, not exceed ten visits per injury.

#### **HOSPITAL CARE - (Except Physiotherapy)**

- a) Inpatient Care - the usual and customary charges incurred.
- b) Outpatient Care - the usual and customary charges incurred.

**RADIOLOGY SERVICES** - the usual and customary charges incurred.

**DENTAL TREATMENT** - the usual and customary charges incurred for the repair and/or replacement of each sound and natural tooth.

**AMBULANCE SERVICES** - the usual and customary charges incurred.

**ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing)** - the usual and customary charges incurred.

**PRESCRIPTION DRUGS (take home)** - the usual and customary charges up to \$200.

**EYEGLASSES AND HEARING AIDS (Replacement when broken as the result of a covered injury when medical treatment is required)** - the usual and customary charges up to \$200.

**MOTOR VEHICLE INJURY EXPENSES** - same as any injury.

### **EXCLUSIONS - No Benefits Will Be Allowed For:**

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 Worker's Compensation or Employer's Liability Laws.
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.
4. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
5. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law; Injuries resulting from use of alcohol, drugs or narcotics, unless administered on the advice of physician.
6. Treatment for re-Injury, EXCEPT when the Insured is treatment free for a period of 180 days prior to the Policy Effective Date.
7. Replacement of contact lenses, or prescriptions or examinations thereof.
8. 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.

**NOTICE: 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.**

**This is a Limited Benefit Policy. Accident Only Insurance. Non-Renewable.**  
**The certificate of coverage is available at our website: [www.sas-mn.com](http://www.sas-mn.com)**

### **CLAIM PROCEDURE**

Filing of the claim is the parent's responsibility.

1. Parents notify the school and obtain a claim form immediately. The school will fill out Part A if it's a school injury.
2. Parents complete Part B. Answer all questions.
3. Dental accidents are often covered by health insurance, please submit charges for all dental accidents to your family health insurance first.
4. Parents submit copies of your itemized bills to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB).
5. Parents send the claim form, copies of itemized bills and the EOB to:

**STUDENT ASSURANCE SERVICE, INC.**  
**PO BOX 196 • STILLWATER MN 55082**

6. The claim will be completed when all of the above documents have been provided. Should you have a question as to the status of a claim, you can contact Student Assurance Services, Inc. at 1-800-328-2739, between 8:00am - 4:30pm C.S.T..

**NOTE:** Student must have been treated by a licensed physician within **60 days** of the date of injury. Proof of claim must 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 a reasonable time thereafter not to exceed one year. The company is responsible only for expenses incurred within one year from date of injury.

**THIS BROCHURE IS A SUMMARY OF THE MASTER INSURANCE POLICY ISSUED TO AN EDUCATIONAL INSTITUTION. IF THERE IS A DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY, THE MASTER POLICY LANGUAGE SHALL GOVERN.**

Underwritten by  
**SECURITY LIFE INSURANCE**  
**COMPANY OF AMERICA**  
**MINNETONKA, MN**

Administered by  
**STUDENT ASSURANCE SERVICES, INC.**  
**PO BOX 196 • STILLWATER, MN 55082**  
**(800) 328-2739 - (651) 439-7098**  
**[www.sas-mn.com](http://www.sas-mn.com)**