



Student Athletic Injuries Can Happen

Offered to Families of Student Athletes - Grades 7-12

Approved By Your School District

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student athlete sustains an accidental bodily injury during a covered event.

Why Consider Student Accident Insurance For Your Student Athlete?

- ◆ Your Student participates in an interscholastic sport where an unexpected injury is more likely to occur.
- ◆ There's a High Deductible to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ Football Coverage (Grades 9-12) - \$280.00 per student/football season
- ◆ All other Interscholastic Sports (Including football Grades 7-8) - \$90.00 per student

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**
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**
(fillable form when enrolled student sustains injury)

***Athletic Injuries Can Happen and Medical Expenses are One of
the Biggest Financial Hardships for Families Every Year.***

For Questions, Call (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

InHouse/Voluntary Sports Online Form 3505



Los estudiantes pueden sufrir lesiones durante las actividades deportivas

Ofrecido a las familias de estudiantes atletas de 7.º a 12.º grado
Aprobado por su distrito escolar

¿Qué es el seguro estudiantil contra accidentes?

- ♦ Es una cobertura que le proporciona asistencia financiera con sus gastos médicos de bolsillo si su estudiante atleta sufre una lesión corporal accidental durante un evento cubierto.

Tener un seguro estudiantil contra accidentes para su estudiante atleta le resultaría conveniente si:

- ♦ Su estudiante participa en un deporte interescolar que suele provocar lesiones imprevistas
- ♦ El seguro de salud principal de su familia tiene un deducible alto
- ♦ Su estudiante no tiene un seguro de salud
- ♦ Su estudiante es propenso a sufrir lesiones

Opciones de cobertura disponibles a través de su escuela

- ♦ Cobertura de fútbol americano (de 9.º a 12.º grado): \$280.00 por estudiante por temporada de fútbol americano
- ♦ Todos los demás deportes interescolares (incluido el fútbol americano de 7.º a 8.º grado): \$90.00 por estudiante

La prima se paga una vez por año escolar

Para inscribir a su estudiante y revisar los beneficios médicos

Visite: www.sas-mn.com

*o escanee este código QR
con su teléfono inteligente
para ir a nuestro sitio web*



Busque "K-12 Students & Parents" (Padres y estudiantes de preescolar a 12.º grado) en nuestra página de inicio. Dentro de esta división, podrá buscar el distrito escolar de su estudiante. Una vez que lo encuentre, tendrá acceso a la siguiente información:

♦ Adquisición de cobertura

(Administrada en línea o mediante la impresión o el envío por correo del formulario de inscripción y la prima)

♦ Folleto

(Detalla los beneficios médicos, las exclusiones y las opciones de cobertura)

♦ Formulario de reclamación

(formulario que debe completarse cuando un estudiante sufre una lesión)

Las lesiones durante actividades deportivas pueden ocurrir y los gastos médicos representan una de las mayores dificultades financieras para las familias cada año.

Si tiene preguntas, llame al (800) 328-2739.



Especialistas en seguros estudiantiles contra accidentes desde 1971.

La información anterior es solo una breve descripción del seguro estudiantil contra accidentes de Student Assurance Services. Para obtener más información, incluidos costos, beneficios, fechas de entrada en vigencia, exclusiones y limitaciones, visite www.sas-mn.com. Los estudiantes pueden adquirir la cobertura solo si su distrito escolar es titular de una póliza de la compañía de seguros.

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 for online purchases, 12:01am following the date the online transaction was completed; 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



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

PROOF OF CLAIM

There is a timely filing period of one year and ninety days. Do not wait to send information as this may result in claim denial.

Email, Fax or Mail completed form to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MINNESOTA 55082

NOTICE: Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment.

CLAIM PROCEDURE:

1. A school official must complete and sign PART A*.
2. The student's parent or guardian must complete PART B.
3. See Page 2 for important claim procedures.

PART A: NOTICE OF INJURY

1. Name of School _____ School District Name _____
School Address _____ (City) _____ (State) _____ (Zip) _____

2. Name of Student _____ Grade _____

3. Date of Injury _____ ☒ AM ☐ PM

4. Under whose supervision? _____ Was he/she a witness? _____

5. The accident was incurred while the Insured was participating in:

INTERSCHOLASTIC SPORTS		NON-INTERSCHOLASTIC SPORTS	
<input type="checkbox"/> Practice	<input type="checkbox"/> Travel to/from Sport	<input type="checkbox"/> Travel to/from School	<input type="checkbox"/> Non-school activity
<input type="checkbox"/> Game		<input type="checkbox"/> In classroom	<input type="checkbox"/> Physical Education
What Sport? _____		<input type="checkbox"/> Other - Activity _____	
		<input type="checkbox"/> On school grounds	

6. Part of the body injured _____ ☐ Left ☐ Right

7. Describe in detail how and where the injury occurred _____

Reported by _____ (Signature of School Official) _____ (Title) _____ Date(mm/dd/yyyy)

(*Part A may be completed by the parent if Full-Time Coverage was purchased.)
IMPORTANT INFORMATION ON Page 2

PART B: PARENT STATEMENT

1. Students Name _____ Date of Birth _____
Students Social Security # _____ - _____ - _____
Parents Name _____ Relationship to Insured _____
Mailing Address _____ (Street, Route, or Box) _____ (City) _____ (State) _____ (Zip) _____

2. Home phone number _____

3. Father's Occupation _____ Employer _____
Mother's Occupation _____ Employer _____

4. Do you have insurance coverage? ☐ Yes ☐ No Is the student covered under your insurance plan? ☐ Yes ☐ No
Name of Insurance Company _____
☐ Group ☐ Individual ☐ Medicaid ☐ CHIP ☐ None

I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or other organization, institution, or person that has any records or knowledge of the claimant's physical or mental health, to give the information to STUDENT ASSURANCE SERVICES, INC. To facilitate rapid submission of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the insurance company to collect and transmit such information. A photocopy of this authorization shall be as valid as the original. This authorization expires one year from the date signed. By entering my name below, I am indicating my intent to sign this claim form and warrant that all of the information provided is true, complete, and accurate.

Date (mm/dd/yyyy) _____ (Print Name of Student/Patient) _____ (Signature of Parent or Guardian)

TO PARENT OR GUARDIAN:

STEPS TO FOLLOW WHEN FILING A CLAIM:

1. Only one Student Assurance Services, Inc. (SAS) completed claim form for each accident needs to be submitted. Students must be treated by licensed physician or facility within the required time as stated in the policy.
2. The claim form and benefit summary are available at SAS website: www.sas-mn.com. However, using this form is not a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when the claim is submitted, subject to all applicable terms, conditions, limitations and exclusions of the plan.
3. A school official **must** complete Part A of the claim form for all school related accidents. The parent or guardian must complete Part B – Parent Statement of the claim form. Answer all questions on the claim form. If the accident is not school related, the parent or guardian **may** complete both Part A and Part B.
4. Submit copies of the student's **itemized bills** with the completed claim form. **Balance due statements cannot be processed.** These itemized bills often called UB-04 or CMS-1500 provide the Address, Date of Service, Procedure Code, Diagnosis Code, Federal Tax ID Number and NPI number of the treating physician or facility. **This plan has a timely filing deadline, do not wait to send information.**

Note: A copy of the claim form can be given to the treating physician or facility. The provider may submit itemized bills directly to SAS on the student's behalf. However, do NOT depend on the provider to submit the claim form or itemized bills to SAS. It is the parent/guardian's responsibility to provide this information.

5. **Submit copies of the itemized bills to the student's primary family and/or group insurance company first**, even if the other insurance plan has a large deductible or copay. This plan pays second or is supplemental to all other valid coverage (does not apply to SAS primary plans). This plan does not cover penalties imposed for failure to use providers preferred or designated by the other primary insurance plan. The other insurance plan will provide an Explanation of Benefits (EOB) showing payment, write-off, deductible, copay, and coinsurance.
6. Mail, fax, or email the completed claim form, student's itemized bills and other insurance EOBs to:

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MN 55082-0196
Fax: (651) 439-0200
Email: claims@sas-mn.com

NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN PROVIDED TO SAS:

1. **Completed Claim Form**
2. **Itemized Bills (UB-04 or CMS-1500)**
3. **Explanation of Benefits (EOB) from the primary insurance plan**
4. **FOR DENTAL CLAIMS - American Dental Association Standardized itemized billing form**

PLEASE REFER TO THE MASTER POLICY ISSUED TO THE SCHOOL/SCHOOL DISTRICT FOR SPECIFIC DETAILS.