

MEDICAL BENEFITS (What the Insurance Plan Pays) - When injury covered by this policy results in treatment by a licensed physician within 180 days from the date of injury, the Company will pay the usual and customary (U&C) charges incurred for covered services as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of \$25,000 per injury. This policy will pay benefits regardless of Other Valid Coverage.

All Amounts Listed Below are Per Injury

A. INPATIENT BENEFITS			
1. Hospital Room and Board	Semi-private Room Charges		
2. Intensive Care (in lieu of Hospital Room and Board)	1.5 X Semi-private Room Charges		
3. Hospital Miscellaneous Services (all charges except Room and Board)	U&C, up to \$1,000 per day; maximum \$5,000		
4. Physician's Non-Surgical Visits (does not include physiotherapy; not paid day of surgery)	U&C, up to \$50 per visit; maximum 10 visits		
5. Physiotherapy	Included in Hospital Misc. Services		
6. X-ray and Radiology Services	Included in Hospital Misc. Services		
7. Registered Nurse	U&C		
B. OUTPATIENT SURGERY BENEFITS			
1. Day Surgery (facility charge; includes room supplies and all other expenses for outpatient surgery)	U&C, up to \$2,000		
C. OTHER OUTPATIENT BENEFITS			
1. Hospital Emergency Room Charges	U&C, up to \$300		
2. X-ray Services	U&C, up to \$250 Facility; \$50 Reading		
3. Diagnostic Imaging (CT scan, MRI and bone scan)	U&C, up to \$750 Facility; \$50 Reading		
4. Laboratory Services	U&C, up to \$250		
5. Physician's Non-Surgical Visits (not paid day of surgery)...	U&C, up to \$50 per visit, maximum 10 visits		
6. Physician's Non-Surgical Visits (treatment for concussion)	U&C, up to \$80, first 2 visits; then paid \$50 per visit, up to 10 additional visits		
7. Emergency Room Physician's Non-Surgical Care	U&C, up to \$150		
8. Orthopedic Appliances (when prescribed by a physician for healing)	U&C, up to \$500		
9. Shots and Injections (within 24 hours of an injury)	U&C, up to \$250		
10. Prescription Drugs	U&C, up to \$250		
11. Physiotherapy (includes office visits)	U&C, up to \$50 per visit; maximum 5 visits		
12. Ambulance Service (air or ground)	U&C, up to \$1,000		
13. Eyeglass Replacement (if medical treatment is also received for a covered injury)	U&C, up to \$250		
14. Durable Medical Equipment (post-surgical only)	U&C, up to \$100		
D. OTHER PHYSICIAN SERVICES			
1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth)	U&C, up to \$1,000		
2. Physician's Surgical Care (inpatient or outpatient)	U&C, up to \$3,000		
3. Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgery Allowance		
4. Anesthesia Charges (inpatient or outpatient)	25% of Surgery Allowance		
E. MOTOR VEHICLE INJURY			
U&C, up to \$1,000, as scheduled above			
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.			
G. 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	\$2,000	Single Dismemberment	\$ 2,000

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 payable under Workers' Compensation or Employer's Liability Laws.
- 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.
- Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
- The participation, practice or play of UIL activities including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.

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.

WHY SHOULD MY STUDENT BE COVERED BY THIS INSURANCE?

As a service to its students, your school is offering an opportunity to enroll in a student accident insurance plan administered by Student Assurance Services, Inc. Participation in this plan is voluntary. This brochure describes several coverage and premium options. Please review the entire brochure before making a decision to purchase this insurance or contact us directly with your questions.

WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?

Students are particularly susceptible to accidental injury. This plan will help provide coverage for expenses that are not covered by your family medical or dental coverage.

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?

- 1. All families with no other health coverage.
- 2. Families with other medical or dental coverage having deductibles or copays. You can benefit because there are no deductibles or copays in our policy.

HOW TO FILE A CLAIM

- 1. Report school related injuries immediately to the school office.
- 2. Obtain a claim form from the school or from the website www.sas-mn.com select "Find My School."
- 3. Follow ALL claim form instructions, attach the student's itemized bills and send to:
STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196 • STILLWATER, MN 55082-0196
- 4. Questions about claims will be answered immediately by calling (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.

NOTE: Student must be treated by a licensed physician within 180 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 a reasonable time thereafter not to exceed one year. We are responsible only for expenses incurred within 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-2200 Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance 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 may be obtained on the website www.sas-mn.com.

**HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 366-4810 OR (210) 366-4800**



