



# 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 - \$16.00
  - ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
  - ◆ 24-Hour/Full-Time Coverage - \$99.00
  - ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)
  - ◆ Extended Dental Coverage - \$9.00
- 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 an 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 Services 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*



# Los estudiantes pueden sufrir lesiones

Los gastos médicos pueden ser una dificultad financiera ante situaciones imprevistas  
Aprobado por su escuela o distrito escolar - Disponible para todos los estudiantes de preescolar a 12.º grado

## ¿Qué es el seguro estudiantil contra accidentes?

- ◆ Es una cobertura que le proporciona asistencia financiera con sus gastos médicos de bolsillo si su estudiante sufre una lesión corporal accidental.

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

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

## Opciones de cobertura disponibles a través de su escuela

- ◆ Cobertura de tiempo escolar: \$16.00
- ◆ Cobertura de tiempo completo (24 horas): \$99.00
- ◆ Cobertura de deportes interescolares (con cobertura de tiempo escolar por \$91.00 o cobertura de 24 horas por \$174.00)
- ◆ Cobertura de fútbol americano: \$250.00 (De 9.º a 12.º grado para la temporada de fútbol americano)

- ◆ Cobertura dental extendida: \$9.00

*La prima se paga una vez por año escolar*

## Para inscribir a su estudiante y revisar los beneficios médicos

**Visite:** [www.sas-mn.com](http://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 (en inglés y español)

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

#### ◆ Formulario de reclamación

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

**Si tiene preguntas, llame a Student Assurance Services 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](http://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 COVERAGE**  
POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)

**Premiums & Coverage Options**

**One Time Policy Year Premiums**

<b>School Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12)</b> Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extracurricular activities, c) 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. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	<b>\$16</b>
<b>Full Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12)</b> Covers the student 24 hours a day until school starts next year. Includes coverage while at home and school, on weekends and during summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	<b>\$99</b>
<b>School Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12)</b> In addition to School-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	<b>\$91</b>
<b>Full Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12)</b> In addition to the Full-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing or competing in school-sponsored and supervised interscholastic sports including travel in school-provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	<b>\$174</b>
<b>Football Coverage Grades 9 - 12</b> Protects the student while practicing for or competing in school-sponsored and supervised interscholastic football including travel in school-provided transportation for grades 9-12.	<b>\$250</b>
<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, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.	<b>\$9</b>

**The Medical Benefits and Exclusions below apply to the Coverage Options listed above.**

**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 Charges (U&C) incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury. (In MT and NC benefits are payable after the 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 this coverage is primary in MT and NC after deductible, and in ID, IL)

**All Amounts Listed Below are Per Injury**

**PHYSICIAN'S SERVICES**

- a) **Surgical Care** (surgeon, assistant surgeon, and anesthesia) .....80% U&C, up to \$2,500
- b) **Nonsurgical Care** (includes physiotherapy performed other than in a hospital, 1 visit per day).....U&C, up to \$50 per visit, maximum 6 visits

**HOSPITAL CARE**

- a) **Inpatient Care**
  - 1) **Hospital Semi-Private Room** .....U&C, up to \$500 per day
  - 2) **Hospital Miscellaneous Services** .....80% U&C, up to \$2,500

b) **Outpatient Care**

- 1) **Facility Charges for Day Surgery** .....U&C, up to \$2,500
- 2) **Emergency Room** .....80% U&C, up to \$500

**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 \$250

**LABORATORY SERVICES** .....U&C, up to \$250

**DIAGNOSTIC IMAGING** (includes MRI, CT scan, bone scan and 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 \$250 per tooth (In SD, sound and natural is deleted)

**AMBULANCE SERVICES** .....U&C, up to \$500

**ORTHOPEDIC APPLIANCES** (when prescribed by a physician for healing) .....U&C, up to \$250

**PRESCRIPTION DRUGS** (take home) .....U&C, up to \$250

**REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS**

(when medical treatment is required for covered injury) .....U&C, up to \$250

**MOTOR VEHICLE INJURY** .....Same as any injury, up to \$2,500 (In KS, \$2,500 limit does not apply)

**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      Loss of an Eye ..... \$2,500      Double Dismemberment ..... \$10,000      Single Dismemberment ..... \$2,500

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

J-1511/1513(2024)



**ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE**

**COVERAGE PLANS**

**One Time Policy Year Premiums**

↑ 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 \_\_\_\_\_

	<b>Full Time Coverage (Does NOT include Interscholastic Sports Coverage)</b>	<input type="checkbox"/> <b>\$ 99</b>
	<b>Full Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)</b>	<input type="checkbox"/> <b>\$174</b>
	<b>School Time Coverage (Does NOT Include Interscholastic Sports Coverage)</b>	<input type="checkbox"/> <b>\$ 16</b>
	<b>School Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)</b>	<input type="checkbox"/> <b>\$ 91</b>
	<b>Football Coverage (Grades 9-12)</b>	<input type="checkbox"/> <b>\$250</b>
	<b>Extended Dental Coverage (Grades PK-12)</b>	<input type="checkbox"/> <b>\$ 9</b>

**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**

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

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