

**STUDENT INSURANCE**  
**Voluntary Interscholastic Athletic Plan**  
 Policy GA-2200Ed.11-16 (MN)

<b>PREMIUMS - Each Athlete - One Time Policy Year Premium</b>	
All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football Grades 9-12 .....	\$ 65
All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football Grades 9-12.....	\$250
Senior High Football Grades 9-12.....	\$185

**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.

**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 necessary services as listed below, for charges actually incurred within one year from the date of injury up to the maximum benefit of \$50,000 per injury. 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 plan does not cover penalties imposed for failure to use providers preferred or designated by primary coverage.

**PHYSICIAN'S SERVICES**

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

**HOSPITAL CARE**

- a) **Inpatient Care**
  - 1) **Semi-private Room** - U&C, up to \$500 per day
  - 2) **Hospital Miscellaneous Services** - 80% U&C, up to \$1,000
- b) **Outpatient Care**
  - 1. **Facility Charges for Day Surgery** - U&C, up to \$1,000
  - 2. **Emergency Room and Hospital Miscellaneous** - 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 \$200
- 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) - U&C, up to \$200 for repair and/or replacement of each sound and natural tooth
- AMBULANCE SERVICES** - U&C, up to \$500
- ORTHOPEDIC APPLIANCES** (when prescribed by a physician) - U&C, up to \$200
- PRESCRIPTION DRUGS** (take home) - U&C, up to \$100
- MOTOR VEHICLE INJURY** - U&C, up to \$1,000

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.
- 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. Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.

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.

**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.....	\$ 2,000
Loss of Both Hands, Both Feet or Sight of Both Eyes .....	\$10,000
Loss of One Hand, One Foot or Sight of One Eye.....	\$ 2,000

**OTHER PROVISIONS**

**EFFECTIVE DATE** is the later of: the Master Policy effective date; or 12:01AM following the date the enrollment form and premium are received by the School, the Company or its authorized agent.

**EXPIRATION DATE** is the earlier of: (a) the last day of the authorized season of the current school year; or (b) the Master Policy expiration date.

**TO FILE A CLAIM** - Notify the school officials immediately. Obtain a claim form from the school. Submit the completed claim form along with the student's bills to Student Assurance Services, Inc.

**TO ENROLL** - Complete the enrollment form below. Make the check payable to Student Assurance Services, Inc. and return the completed enrollment form and premium to the School. Retain this brochure for your records.

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. 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 and Certificate of Coverage may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).

Underwritten by



C-3512(SP)(2017)



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

**ENROLLMENT FORM FOR INTERSCHOLASTIC ATHLETIC COVERAGE**

- \$ 65 ..... All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football (Grades 9-12)
- \$250 ...All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football (Grades 9-12)
- \$185 .....Senior High Football (Grades 9-12)



One time policy year premiums. Attach the check made payable to Student Assurance Services, Inc. and return this form and premium to the School. No Refunds.

Name of Student \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_ Soc Sec#

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Name of School \_\_\_\_\_ Name of School Dist. \_\_\_\_\_

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

Date Received by School \_\_\_\_\_