



# 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 a 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
- ◆ Interscholastic Sports Coverage
- ◆ 24-Hour/Full-Time Coverage
- ◆ Football Coverage  
(Grades 9-12 for the football season)

- ◆ Extended Dental Coverage

*Choose from Two Affordable Plans*

*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 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 Service's 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*

**STUDENT ACCIDENT INSURANCE COVERAGE**  
**POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)(SD)**  
**Premiums & Coverage Options - One Time Policy Year Premiums**

**BASIC PLAN**

**PREMIER PLAN**

<p>Grades PK-12 <b>\$95</b></p>	<p><b>Full-Time Coverage AND All Sports Coverage (Does NOT include Football Coverage Grades 9-12)</b> Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers participation in sports for students in grades PK-12. Does NOT cover participation in, or travel to and from Football for students in grades 9-12.</p>	<p>Grades PK-12 <b>\$160</b></p>
<p>Grades PK-8 <b>\$19</b></p>	<p><b>School-Time Coverage AND All Sports Coverage (Does NOT include Football Coverage Grades 9-12)</b> Covers the student while: a) attending regular school sessions; b) participating in or attending school-sponsored and supervised extracurricular activities; c) practicing for or competing in sports which are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities and sports in school provided transportation. Does NOT cover participation in, or travel to and from Football for students in grades 9-12.</p>	<p>Grades PK-8 <b>\$34</b></p>
<p>Grades 9-12 <b>\$55</b></p>		<p>Grades 9-12 <b>\$98</b></p>
<p><b>\$125</b></p>	<p><b>Football Coverage Grades 9-12</b> - Covers the student while practicing for or participating in school-sponsored and school-supervised interscholastic Football, including travel in school-provided transportation.</p>	<p><b>\$240</b></p>

**Extended Dental Coverage Grades PK-12** - 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 and dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.

**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?**

- All families with no other health coverage.
- Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after the deductible, and in ID, IL)

- HOW TO ENROLL**
- Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
  - Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
  - Complete the enrollment form online at the Student Assurance Services, Inc. website [www.sas-mn.com](http://www.sas-mn.com). The online form is available under the K-12 School Look-up.
  - Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

**EFFECTIVE AND EXPIRATION DATES**

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the first day of school next year.

- HOW TO FILE A CLAIM**
- Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
  - Parents complete Part B of the claim form. **Answer all questions.**
  - Submit copies of the student's *itemized bills* to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after the deductible, and in ID, IL) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
  - Send the completed claim form, copies of student's itemized bills and EOB to:  
 STUDENT ASSURANCE SERVICES, INC.  
 PO BOX 196 • STILLWATER, MN 55082
  - No claim can be completed until all of the above documents have been provided.

**NOTE:** Student must be treated by a Licensed Physician within 60 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 reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills must be submitted within 180 days from the date of treatment, not to exceed 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-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). 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 (where applicable) may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com). I-1539



**ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE**

		COVERAGE PLANS		One Time Policy Year Premiums	
				BASIC PLAN	PREMIER PLAN
<p>↑ STUDENT'S LAST NAME ↑ (one letter in each box)</p>		Full-Time Coverage PK-12 AND All Sports (except Football Coverage)	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	
<p>STUDENT'S FIRST NAME M.I.</p> <p>Please Print Address (Street)</p>		School-Time Coverage PK-8 AND All Sports	<input type="checkbox"/> \$19	<input type="checkbox"/> \$34	
<p>(City) (State) (Zip)</p>		School-Time Coverage 9-12 AND All Sports (except Football Coverage)	<input type="checkbox"/> \$55	<input type="checkbox"/> \$98	
<p>Email Address</p>		Football Coverage Grades 9-12	<input type="checkbox"/> \$125	<input type="checkbox"/> \$240	
<p>Name of School</p>		Extended Dental Coverage Grades PK-12	<input type="checkbox"/> \$9	<input type="checkbox"/> \$9	
<p>Name of District</p>		<b>DO NOT SEND CASH TOTAL PREMIUM</b>			
<p>Student's Age _____ Grade _____ Phone _____</p>		<p>Make Checks payable to: <b>STUDENT ASSURANCE SERVICES, INC.</b>                  *Please write student's name on the front of check. <b>NO REFUNDS</b>                  I-1539</p>			
<p>X _____</p> <p>GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)</p>					

**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 (U&C) Charges incurred for covered services listed below, for charges actually incurred within one year from the date of injury up to the Maximum Medical Benefit of \$50,000 per injury. (In MT and NC, benefits are payable after the deductible is satisfied, the deductible is the amount paid or payable for the same injury by other valid coverage).

The 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 coverage is primary in MT and NC after the deductible and in ID, IL)

Unless otherwise stated all amounts listed below are per injury

	BASIC PLAN	PREMIER PLAN
<b>INPATIENT BENEFITS</b>		
Hospital Room and Board (R&B).....	Semi-private room charges, up to \$300 per day	Semi-private room charges up to \$1,000 per day
Intensive Care (in lieu of R&B).....	U&C, up to \$300 per day	U&C, up to \$1,000 per day
Hospital Miscellaneous Services(all charges except R&B or Intensive Care).....	U&C, up to \$1,000 per day	U&C, up to \$2,000 per day
Physician's Non-Surgical Visits (does not include physiotherapy).....	U&C, \$50 per visit; maximum 10 visits	U&C, \$100 per visit; maximum 10 visits
Physiotherapy (includes office visits).....	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
X-rays and Radiology (includes charges for reading).....	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
Registered Nurse.....	70% U&C	80% U&C

**OUTPATIENT SURGERY BENEFITS**

Day Surgery (facility charge - includes room supplies and all other expenses for outpatient surgery).....	U&C, up to \$1,000	U&C, up to \$1,500
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**OTHER OUTPATIENT BENEFITS**

Hospital Emergency Room Charges.....	U&C, up to \$250	U&C, up to \$500
X-rays Services (including charges for reading).....	U&C, up to \$250	U&C, up to \$500
Diagnostic Imaging (MRI, CT scan, bone scan, includes charges for reading).....	U&C, up to \$400	U&C, up to \$800
Physician's Non-Surgical Visits (includes physiotherapy).....	U&C, \$50 per visit; maximum 10 visits	U&C, \$100 per visit; maximum 10 visits
Orthopedic Appliances (when prescribed by a physician for healing).....	U&C, up to \$250	U&C, up to \$500
Prescription Drugs.....	U&C, up to \$100	U&C, up to \$200
Ambulance Service.....	U&C, up to \$500	U&C, up to \$1,000
Laboratory Services.....	U&C, up to \$100	U&C, up to \$200

**OTHER PHYSICIAN SERVICES**

Dental Treatment (in lieu of all other medical benefits; includes x-rays of sound and natural teeth) (In SD, sound and natural is deleted).....	U&C, up to \$250 per tooth	U&C, up to \$500 per tooth
Physician Surgical Care (inpatient or outpatient).....	U&C, up to \$1,000	U&C, up to \$2,000
Assistant Surgeon Charges (inpatient or outpatient).....	25% of Surgeon's Allowance	25% of Surgeon's Allowance
Anesthesia Charges (inpatient or outpatient).....	25% of Surgeon's Allowance	25% of Surgeon's Allowance
Physician Consultation (when referred by attending physician).....	U&C, up to \$500	U&C, up to \$800

**MISCELLANEOUS SERVICES**

Motor Vehicle Injury (subject to covered services limits).....	Same as any injury, up to \$1,000	Same as any Injury, up to \$1,000
(In KS, \$1,000 limit does not apply)		
Replacement Eyeglasses and Hearing Aids (when medical treatment is required for a covered injury).....	U&C, up to \$100	U&C, up to \$300

**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.....	\$5,000	Single Dismemberment.....	\$ 5,000

**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, spondylosis, slipped femoral capital epiphysis, orthodontics.
- Injuries for which benefits are paid 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 final adjudication or settlement order under state law)
- 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, Insured must be participating as a professional)
- Replacement contact lenses, or prescriptions or examinations thereof.
- The practice or play of football, including travel to or from such activity, practice, or play for students in grades 9-12, unless coverage is purchased.
- 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.
- In Ohio - Reinjury if the insured participated in a covered activity against medical advice.

**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. (In OH, this provision does not apply)**

Administered by <b>STUDENT ASSURANCE SERVICES, INC.</b> PO Box 196 • Stillwater MN 55082-0196 Toll Free 800-328-2739 - (651) 439-7098 www.sas-mn.com	 <b>STUDENT ASSURANCE SERVICES</b> INCORPORATED	<b>HAVE QUESTIONS?</b> <b>CALL US TOLL FREE AT</b> <b>(800) 328-2739 OR (651) 439-7098</b>	Underwritten by  <b>Ameritas</b> Ameritas Life Insurance Corp. Lincoln, Nebraska
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**STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT**

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.  
*There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)*

Please charge \$ \_\_\_\_\_ + \$5.00 Processing Fee = \$ \_\_\_\_\_ to the following credit card:  VISA®,  MasterCard®, or  Discover®

Credit Card Number	Security Code (on back of card, 3 digits)	Card Expiration Date (Month) (Year)	Credit card billing will state: "Student Assurance Services, Inc."
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	

Print Cardholder Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

# Student Accident Insurance

## Policy Identification Form and Claim Procedures

### Claims Administrator:

Student Assurance Services, Inc. (SAS)  
P.O. Box 196  
Stillwater, MN 55082  
(800) 328-2739  
Monday-Friday 8:00am to 4:30pm CST

### Website: [www.sas-mn.com](http://www.sas-mn.com)

- 1) Under K-12 Students/Parents select "Find My School"
- 2) Select State where the school is located
- 3) Search and select school name

Provides:  
Plan Summary of Benefits  
Claim Form

Policyholder Name:	<u>Cobb County School District</u>
Policy School Year:	<u>2023 - 2024</u>
Policy Number:	<u>10-16-1539-470-100-3</u>

**NOTICE TO PARENTS/STUDENTS AND PROVIDERS:** Using this Policy ID form is **NOT** a guarantee of benefits or confirmation of coverage under the plan. Benefits and eligibility will be evaluated when an accident claim is submitted for payment.

**A completed SAS claim form must be submitted prior to or along with itemized bills. Only one claim form for each accident needs to be submitted.**

**Use either the student's social security number or date of birth as a personal member ID.**

**Parents or providers must first submit copies of itemized bills to the student's other medical and dental insurance plan. This plan pays second or after other insurance coverage. (Coverage is primary in ID and primary if parent-paid in IL) Also, this plan does not cover penalties imposed by the student's other insurance coverage for failure to use a preferred provider. (In KS penalty does not apply)**

**Submitting the accident claim and related expenses are parents/student's responsibility. DO NOT rely on the provider or school to send information.**

### To File an Accident Claim

- a) Download and print a claim form on the website [www.sas-mn.com](http://www.sas-mn.com) under school look-up.
- b) Notify the school immediately if the injury is school related, the school administrator must complete Part A of the claim form.
- c) Parents must complete Part B of the claim form. Answer all questions. If this injury is NOT school-related, then you may complete both Part A and Part B of the claim form.
- d) Parents or providers must submit itemized bills (often called UB04 or CMS 1500) that contain date of service, procedure code, diagnosis code, federal tax ID number, and NPI number of the hospital or doctor. Balance due statements can not be processed.  
**Note:** You can leave a COPY of the claim form and this form with the provider or facility. Providers may submit itemized bills directly to SAS on the student's behalf. However, some providers may require payment at the time service is provided or may send the bill directly to the parent.
- e) Parents or providers must submit explanation of benefits (EOBs) from the student's primary insurance coverage showing write-offs, copays, coinsurance, deductibles and payments. This plan pays second to other dental or health insurance coverage. (Coverage is primary in ID and primary if parent-paid in IL)
- f) Mail the completed claim form, itemized bills, and other insurance EOBs to:

**Student Assurance Services, Inc.  
P.O. Box 196  
Stillwater, MN 55082**

Please allow 30 days after submitting the accident claim before calling to check claim status at (800)328-2739. The SAS claim office is available for calls between 8:00 a.m. to 4:30 p.m. Central Standard Time, Monday - Friday. Providers that receive electronic payments through **Instamed** must status claims with them.

There is a timely filing deadline of one year and ninety days to submit proof of loss. Do not wait to send information as this may result in claim denial. (Timely filing is one year and 180 days in North Carolina and does not apply in Utah)