



# 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 a 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](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

(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](http://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

**STUDENT ACCIDENT INSURANCE**  
**Voluntary Interscholastic Athletic Plan**  
**Policy GA-2200Ed.11-16(ID)(KS)(LA)(MT)(NC)(ND)(OH)(SD)**

<b>PREMIUMS - Each Athlete - One time policy year premiums</b>	
<b>All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football Grades 9-12.....</b>	<b>\$ 90</b>
<b>All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football Grades 9-12 .....</b>	<b>\$370</b>
<b>Senior High Football Grades 9-12 .....</b>	<b>\$280</b>

**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:

- practicing for or competing in interscholastic sports while under the supervision of a school employee, and
- 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**

- Surgical Care** (surgeon, assistant surgeon, anesthesia) - U&C, up to \$2,500
- Nonsurgical Care** (including physiotherapy performed other than in a hospital) - U&C, up to \$100 per visit, maximum 10 visits

**HOSPITAL CARE:**

- Inpatient Care:**
    - Semi-Private Room - U&C, up to \$700 per day
    - Hospital Miscellaneous Services - U&C, up to \$2,000
  - Outpatient Care:**
    - Facility Charges for Day Surgery - U&C, up to \$2,000
    - 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:

- 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. (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)
- 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)
- 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 THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM.** Are-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](http://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](http://www.sas-mn.com).

Underwritten by

**Ameritas**  
Ameritas Life Insurance Corp.  
Lincoln, Nebraska


J-3505(SP)



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

*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

**ENROLLMENT FORM FOR INTERSCHOLASTIC ATHLETIC COVERAGE**

**Ameritas**  ☐ \$ 90 ..... All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football (Grades 9-12)  
☐ \$370 ...All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football (Grades 9-12)  
☐ \$280 ..... 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 \_\_\_\_\_ Student's Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of School \_\_\_\_\_ Name of School Dist. \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_ Date Received by School \_\_\_\_\_

# 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:** Richland School District

**Policy School Year:** 2024-2025

**Policy Number:** 48-26-3694-300-316-4

**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, a school official 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 cannot 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 coverages 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 claims 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)