

Summary of Coverage

\$100 DEDUCTIBLE

The school is participating in a medical insurance policy that will provide benefits for accidental bodily injury incurred while:

- a. attending regular school sessions,
- b. participating in or attending school-sponsored and supervised extracurricular activities,
- c. participating in school-sponsored and supervised interscholastic sports, and
- d. traveling directly to and from school for regular school session; and while traveling to and from school sponsored and supervised extracurricular activities in school-provided transportation.

THIS PLAN IS SECONDARY TO ALL OTHER VALID COVERAGE. YOU MUST FILE A CLAIM WITH YOUR OTHER COVERAGE FIRST! THIS PLAN DOES NOT COVER PENALTIES IMPOSED FOR FAILURE TO USE PROVIDERS PREFERRED OR DESIGNATED BY YOUR PRIMARY COVERAGE.

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to a maximum of \$25,000 per injury, less a \$100 deductible per injury. The deductible is subtracted from covered expenses.

MEDICAL BENEFITS

PHYSICIAN'S SERVICES -

- a) for surgical operations (Surgeon, Assistant Surgeon, Anesthesia) - 100% of the U&C charges incurred. Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession. Assistant Surgeon and Anesthesia services are payable at 25% of the surgery allowance.
- b) for nonsurgical care (including Physiotherapy) - up to \$50 of the U&C charge for each treatment (1 treatment per day) not to exceed 10 treatments per injury.

HOSPITAL CARE -

- a) Inpatient Care - the charges incurred for the hospital's most common semi-private room rate, plus 100% of the miscellaneous U&C charges incurred. Benefits for Miscellaneous charges are limited to services not scheduled under Medical Benefits.

- b) Outpatient Care (includes Day Surgery Facility and Emergency Room) - 100% of the U&C miscellaneous charges incurred. Benefits for miscellaneous are limited to services not scheduled under Medical Benefits.

RADIOLOGY SERVICES (includes x-ray, MRI, CAT scan, bone scan, and charges for reading) - 100% of the U&C charges incurred.

DENTAL TREATMENT - (in lieu of all other medical benefits) - the U&C up to \$5,000 per accident.

AMBULANCE SERVICES - 100% of the U&C charges incurred for a ground ambulance.

ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing) - the U&C charges incurred not to exceed \$200 per injury.

PRESCRIPTION DRUGS (take home) - the U&C charges up to \$25 per injury.

MOTOR VEHICLE INJURY - up to \$1,000 per injury as scheduled above.

EXCLUSIONS - No Benefits Will Be Allowed For:

- 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 Worker' 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.

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	\$2,000	Single Dismemberment	\$ 2,000	Double Dismemberment	\$10,000
--------------	---------	----------------------	----------	----------------------	----------

Benefits are payable for expenses actually incurred within one year from the date of injury.

FORM W-5677(12D100)

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER MN 55082-0196



IS YOUR CHILD PROTECTED?

CLAIM PROCEDURE

Filing of the claim is the parent's responsibility.

1. Parents notify the school and obtain a claim form immediately. The school will fill out Part A if it's a school injury.
2. Parents complete Part B. Answer all questions.
3. Dental accidents are often covered by health insurance, please submit charges for all dental accidents to your family health insurance first.
4. Parents submit copies of your itemized bills to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB).
5. Parents send the claim form, copies of itemized bills and the EOB to:
STUDENT ASSURANCE SERVICE, INC.
PO BOX 196
STILLWATER MN 55082
6. The claim will be completed when all of the above documents have been provided. Should you have a question as to the status of a claim, you can contact Student Assurance Services, Inc. at 1-800-328-2739.

NOTE: Student must have been treated by a licensed physician within **60 days** of the date of 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. The company is responsible only for expenses incurred within one year.

THIS BROCHURE IS A SUMMARY OF THE MASTER INSURANCE POLICY ISSUED TO AN EDUCATIONAL INSTITUTION. IF THERE IS A DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY, THE MASTER POLICY LANGUAGE WILL GOVERN.

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.

NOTICE: 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.

Underwritten by

SECURITY LIFE INSURANCE
COMPANY OF AMERICA
MINNETONKA, MN

Administered by

www.sas-mn.com
STUDENT ASSURANCE SERVICES, INC.
PO BOX 196
STILLWATER, MN 55082
(800) 328-2739 - (651) 439-7098

PARENTS: Now you may extend this valuable school-time protection.

24-HOUR ACCIDENT COVERAGE--provides benefits for doctor, hospital and dental expenses (same as explained on the reverse side) and covers your child 24 hours a day, any time, anywhere until school starts next year.

HOW TO ENROLL ●

Complete the attached enrollment form, enclose with your check and mail to: **Student Assurance Services, Inc.** (DO NOT SEND TO SCHOOL).
Coverage becomes effective when the premium is received by the Company.

FORM W-5677(12D100)

ENROLLMENT FORM

24-HOUR COVERAGE \$85

Name of Student _____ Age _____ Grade _____
(Please Print)

Address _____ Phone _____
(Street)

City _____ State _____ Zip _____

Name of School _____ Name of District _____

Signature of Parent/Guardian _____ Date _____

Form W-5677(12D100)

Attach Premium Check - NO REFUNDS - Premium cannot be prorated