STUDENT ACCIDENT INSURANCE
Standard Group Plan
Policy Form GA-2200(KS)Ed.11-16

This group plan provides insurance benefits for medical expense arising from a school related accidental bodily injury. This insurance plan is designed to protect school boards, administrators, faculty and staff from claims that may be made by parents should their child be injured while under school supervision.

Administrators look upon this insurance plan as a public relations tool. Parents benefit when their other health insurance plan includes a deductible or copay, the out-of-pocket portion of any medical bill may be paid by this insurance plan. If there is no other health insurance at home, this insurance plan becomes primary. The Medical Benefits and Exclusions below apply to the Coverage Options below.

COVERAGE OPTIONS

1. **GROUP SCHOOL-TIME COVERAGE (ALL PUPIL) - Maximum Benefit $25,000 per Injury**

Protects the student while:

a) Attending regular school sessions.
b) Participating in or attending school-sponsored and supervised extracurricular activities.
c) Traveling by way of biking or walking directly to and from school for regular school sessions; and while traveling in school-provided transportation to or from any school-sponsored and supervised extracurricular activity. Excludes non-school provided motorized transportation of any kind.
d) Coverage does not include participation in KSHSAA interscholastic sports or activities - see Group KSHSAA Activities Coverage below.

2. **GROUP KSHSAA ACTIVITIES COVERAGE - Maximum Benefit $25,000 per Injury**

Protects the student or athlete while:

a) Practicing for, participating or competing in, all KSHSAA activities which are scheduled by the school, and while the student is under the direct supervision of a school employee.
b) Traveling to and from such practice, participation or competition in school-provided transportation.

OTHER PROVISIONS

1. Group rates specific to the School District are submitted as part of the cover letter.
2. This brochure is an illustration of coverage available.
3. Group KSHSAA Activities Coverage becomes effective the first day of state authorized interscholastic sports or activities and expires the last day of state authorized interscholastic sports or activities of the current school year. Group All Pupil Coverage becomes effective the first day of the regular school session and coverage expires on the selected expiration date of the annual term policy.

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 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.



ADMINISTERING AGENT

STUDENT ASSURANCE SERVICES, INC. is an agency specializing in student accident insurance. The agency is owned by Mark Desch who has specialized exclusively in student insurance for over 50 years. We have over 1,600 school districts using our coverages.

UNDERWRITING COMPANY

Ameritas

Ameritas Life Insurance Corp.
Lincoln, Nebraska

MEDICAL BENEFITS

When injury covered by the Policy results in treatment by a licensed physician within 60 days from the date of injury, the Company will pay the usual and customary charges (U&C) incurred for covered services listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit per injury as shown under Coverage Options.

The Company's liability for benefits payable on account of expense incurred, for any hospitalization, medical, surgical, and other services resulting from covered Injury of the covered person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid). If one or more of the other policies, plans or service contracts provides benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

Unless otherwise stated all amounts listed below are per injury.

PHYSICIAN'S SERVICES

a) **Surgical Care** (surgeon, assistant surgeon, anesthesia) - 80% U&C, up to $2,000

b) **Nonsurgical Care** (other than physiotherapy) - U&C, up to $50 per visit, maximum 10 visits

PHYSIOTHERAPY

(for any form of therapeutic or manual treatment provided by a physician, including but not limited to: physical or mechanical therapy, diathermy, ultrasonic, whirlpool or heat treatments, EMS, or manipulation , includes office visit) - U&C, up to $50 per visit, maximum 5 visits

HOSPITAL CARE

a) **Inpatient Care**
- Hospital Semi-private Room - U&C, up to $450 per day
- Hospital Miscellaneous Services (includes charges for registered nurse) - 80% U&C, up to $3,000

b) **Outpatient Care** (includes facility charges for day surgery and emergency room) - 80% U&C, up to $1,000

Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled elsewhere under medical benefits

RADIOLOGY SERVICES

(includes x-ray, MRI, CT scan, bone scan, and charges for reading) - 80% 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

AMBULANCE SERVICES

80% U&C, up to $400

ORTHOPEDIC APPLIANCES

(when prescribed by a physician for healing; includes charges for durable medical equipment) - U&C, up to $200

PRESCRIPTION DRUGS

(take home) - U&C, up to $200

REPLACEMENT EYEGLASSES, CONTACT LENSES, AND HEARING AIDS

(when medical treatment is required for a covered injury) - U&C, up to $200

LABORATORY SERVICES (Outpatient) - U&C, up to $200

SHOTS AND INJECTIONS (Outpatient, in lieu of physician non-surgical care) - U&C, up to $200

MOTOR VEHICLE INJURY EXPENSES

Same as any injury

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.

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

EXCLUSIONS

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. 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.

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.