

2024-2025

STUDENT ACCIDENT INSURANCE SUMMARY OF COVERAGE

Policy GA-2200Ed.11-16 (TX)

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

- a. Participating in, practicing for or competing in UIL activities which are exclusively sponsored and supervised by the school, as a representative of the Policyholder and under the direct and immediate supervision of an employee of the Policyholder.
- b. Traveling directly to or from such participation, practice or competition in a vehicle designated by the Policyholder and under the supervision of an employee of the Policyholder.
- c. Off-season conditioning, when under the direct supervision of a qualified employee of the Policyholder, including Interscholastic athletes taking physical education for grade, vocational classes, ROTC, FFA, band, cheerleading, drill team, power lifting, and other UIL activities which are exclusively sponsored and immediately supervised by an authorized employee of the Policyholder.

The Medical Benefits and Exclusions below apply to the coverage options above.

MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for covered services listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury, less a \$500 deductible per injury**. This policy will pay benefits only after all Other Valid Coverage has been paid.

Unless stated otherwise, all amounts listed below are per injury.

A. INPATIENT BENEFITS

- 1. Hospital Room and Board - Semi-private Room Charges
- 2. Intensive Care - Included in Hospital Room and Board Benefit
- 3. Hospital Miscellaneous Services (all charges except Room and Board) - U&C, up to \$250 per day, maximum \$5,000
- 4. Physician's Non-Surgical Visits (other than physiotherapy, 1 visit per day, not paid day of surgery) - U&C, up to \$40 per day
- 5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) - Included in Hospital Misc. Benefit
- 6. X-ray and Radiology Services - Included in Hospital Misc. Benefit
- 7. Registered Nurse - Included in Hospital Misc. Benefit

B. OUTPATIENT SURGERY BENEFITS

- 1. Day Surgery (facility charge, room supplies and all other expenses for outpatient surgery) - U&C, up to \$2,000

C. OTHER OUTPATIENT BENEFITS

- 1. Hospital Emergency Room Charges - U&C, up to \$175
- 2. X-ray and Radiology Services - U&C, up to \$250
- 3. Diagnostic Imaging (CAT scans, MRI and bone scans) - U&C, up to \$560
- 4. Laboratory Services - U&C, up to \$50
- 5. Physician's Non-Surgical Visits (not paid day of surgery, other than emergency room or concussion, includes Tele-Doc Visits (RediMD) - U&C, up to \$40 per day
- 6. Physician's Non-Surgical Visits (treatment for concussion, includes Tele-Doc Visits (RediMD) - U&C, up to \$50 per day, maximum 10 visits
- 7. Emergency Room Physician's Non-Surgical Care (other than treatment for concussion) - U&C, up to \$50 per day
- 8. Orthopedic Appliances (when prescribed by a physician for healing) - U&C, up to \$500
- 9. Shots and Injections (within 24 hours of an injury) - U&C, up to \$60
- 10. Prescription Drugs - Charges Incurred

C. OTHER OUTPATIENT BENEFITS (continued)

- 11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) - First visit up to \$50, subsequent visits up to \$25, maximum 8 visits
- 12. Ambulance Service (air or ground) - U&C, up to \$1,000
- 13. Replacement Eyeglasses, Contact Lenses and Hearing Aids (if medical treatment is also received for a covered injury) - Charges Incurred
- 14. Durable Medical Equipment (post-surgical only) - U&C, up to \$175

D. OTHER PHYSICIAN SERVICES

- 1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) - U&C, up to \$5,000
- 2. Physician's Surgical Care (inpatient or outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession - 75% U&C, up to \$2,000
- 3. Assistant Surgeon Charges (inpatient or outpatient) - 25% of Surgery Allowance
- 4. Anesthesia Charges (inpatient or outpatient) - 25% of Surgery Allowance

E. MOTOR VEHICLE INJURY - U&C, up to \$5,000, as scheduled above

F. **OTHER BENEFITS** - Heat Stroke and Heat Exhaustion will be covered as any other accident.

G. **FIELD TRIP COVERAGE** - all students will be covered for one day field trips, with no overnight stay. Basic benefits apply up to \$1,000 per injury.

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.

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	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

EXCLUSIONS - The Policy Does Not Provide Benefits For:

- 1. Any sickness, disease, infection (unless caused by an open cut or wound), 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 involving bone cysts or dental implants.
- 2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
- 3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits as listed under the Schedule of Covered Services.
- 4. 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.
- 5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
- 6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.
- 7. Services provided by any person employed or retained by the Policyholder.

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.

CLAIM PROCEDURE

Please contact the school trainer or administrator before seeking medical treatment or services.

STEPS TO FOLLOW WHEN FILING A CLAIM:

1. A school official must complete Part A of the claim form for all school-related accidents. The parent/guardian must complete all questions in Part B – Parent Statement of the claim form. If the accident is not school-related, the parent/guardian may complete both Part A and Part B. This claim form or a copy of the claim form must be presented to the physician or facility in order to obtain the LONESTAR preferred provider discount.
2. Send the copies of the student's itemized bills. These are the original billings you receive, not monthly statements. These itemized bills (often called UB-04 or CMS-1500) must contain the provider's address, date of service, procedure code, diagnosis code, and the provider's federal tax ID and NPI numbers. Providers can submit itemized bills directly to claim administrator at the address below.
3. Submit copies of itemized bills to your primary family and/or group insurance first, even if you have a large deductible or copay. This plan is supplemental to all other valid coverage (Blue Cross, Group Health, Prudential Insurance, etc.). This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage.
4. After you have received payment or copies of "Explanation of Benefits" (EOB) from your primary insurance plan, mail, fax or email the completed claim form, copies of student's itemized bills and other insurance EOBs to:

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196 • STILLWATER, MN 55082-0196
WEBSITE: www.sas-mn.com
FAX: (651) 439-0200
EMAIL: CLAIMS@SAS-MN.COM

**IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO SUBMIT A COMPLETED CLAIM FORM AND ITEMIZED BILLS
NO CLAIM CAN BE PROCESSED UNTIL ALL OF THE ABOVE DOCUMENTS ARE PROVIDED**

PREFERRED PROVIDER DISCOUNT PROGRAM

Student Assurance Services, Inc. has contracted for fee discounts for services received from physicians and facilities participating in the LONESTAR network which is part of the USA Managed Care Organization Network (USAMCO). Please note that benefits are payable as described whether you use a LONESTAR preferred provider or not. However, it is to your advantage to use a LONESTAR preferred provider since your costs may be reduced. A directory of LONESTAR preferred physicians and facilities is available at the USAMCO Network website www.usamco.com/lonestar.

NOTE: Student must be treated by a licensed physician within 180 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 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 may be obtained on the website www.sas-mn.com.

<p>Underwritten by</p>  <p>Ameritas Life Insurance Corp. Lincoln, Nebraska</p>	<p>Marketed by</p> <p>David Cates - Texas Representative The Brokerage Store 4091 De Zavala Road, Suite #3 San Antonio, TX 78249</p>	<p>Administered by</p> <p>STUDENT ASSURANCE SERVICES, INC. PO BOX 196 STILLWATER, MN 55082 (800) 328-2739 - (651) 439-7098</p>
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