

STUDENT ACCIDENT INSURANCE COVERAGE
POLICY GA-2200Ed.11-16(ID)(KS)(LA)(MN)(MT)(NC)(ND)(OH)

Premiums & Coverage Options

One Time Policy Year Premiums

School Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12) Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extracurricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	\$16
Full Time Coverage Grades PK-12 (Does NOT Include Interscholastic Sports Coverage grades 7-12) Covers the student 24 hours a day until school starts next year. Includes coverage while at home and school, on weekends and during summer vacation. DOES NOT cover participation in interscholastic sports for students in grades 7-12.	\$99
School Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12) In addition to School-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing for or competing in school-sponsored and supervised interscholastic sports including travel in school provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	\$91
Full Time Coverage Grades PK-12 AND Interscholastic Sports Coverage Grades 7-12 (does not include Football grades 9-12) In addition to the Full-Time Coverage shown above, includes All Interscholastic Sports Coverage that protects the student while practicing or competing in school-sponsored and supervised interscholastic sports including travel in school-provided transportation for grades 7-12. DOES NOT cover Football for grades 9-12.	\$174
Football Coverage Grades 9 - 12 Protects the student while practicing for or competing in school-sponsored and supervised interscholastic football including travel in school-provided transportation for grades 9-12.	\$250
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, dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.	\$9

The Medical Benefits and Exclusions below apply to the Coverage Options listed above.

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 Charges (U&C) incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury. (In MT and NC benefits are payable after the 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 this coverage is primary in MT and NC after deductible, and in ID, IL)

All Amounts Listed Below are Per Injury

- PHYSICIAN'S SERVICES**
- a) **Surgical Care** (surgeon, assistant surgeon, and anesthesia)80% U&C, up to \$2,500
 - b) **Nonsurgical Care** (includes physiotherapy performed other than in a hospital, 1 visit per day).....U&C, up to \$50 per visit, maximum 6 visits
- HOSPITAL CARE**
- a) **Inpatient Care**
 - 1) **Hospital Semi-Private Room**U&C, up to \$500 per day
 - 2) **Hospital Miscellaneous Services**80% U&C, up to \$2,500
 - b) **Outpatient Care**
 - 1) **Facility Charges for Day Surgery**U&C, up to \$2,500
 - 2) **Emergency Room**80% U&C, up to \$500
- 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 \$250
 - LABORATORY SERVICES**U&C, up to \$250
 - DIAGNOSTIC IMAGING** (includes MRI, CT scan, bone scan and 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 \$250 per tooth (In SD, sound and natural is deleted)
 - AMBULANCE SERVICES**U&C, up to \$500
 - ORTHOPEDIC APPLIANCES** (when prescribed by a physician for healing)U&C, up to \$250
 - PRESCRIPTION DRUGS** (take home).....U&C, up to \$250
 - REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS** (when medical treatment is required for covered injury)U&C, up to \$250
 - MOTOR VEHICLE INJURY**Same as any injury, up to \$2,500 (In KS,\$2,500 limit does not apply)

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

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.
L-1511/1513(2026)



ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE

COVERAGE PLANS

One Time Policy Year Premiums

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.
Please Print
Address _____
(Street)

(City) (State) (Zip)

Email Address _____

Name of School _____

Name of District _____

Student's Age _____ Grade _____ Phone _____

	Full Time Coverage (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 99
	Full Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	<input type="checkbox"/> \$174
	School Time Coverage (Does NOT include Interscholastic Sports Coverage)	<input type="checkbox"/> \$ 16
	School Time Coverage AND Interscholastic Sports Coverage (Does not include Football Grades 9-12)	<input type="checkbox"/> \$ 91
	Football Coverage (Grades 9-12)	<input type="checkbox"/> \$250
	Extended Dental Coverage (Grades PK-12)	<input type="checkbox"/> \$ 9

DO NOT SEND CASH

TOTAL PREMIUM

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
*Please write student's name on the front of check. **NO REFUNDS**

X _____
GAA-2203Ed.11-16 (Signature of Parent or Guardian) (Date)

