

NEISD 2019-2020

PRIMARY VOLUNTARY STUDENT ACCIDENT PLANS

AT SCHOOL COVERAGE PLAN \$30

Voluntary Grades PK-12

- (a) while on the School premises: during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the Insured Person is participating in or attending any Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9), if they practice or play with Senior High School; and
- (b) while away from the School premises: other than traveling, if participating in a Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above Senior High School) and Junior High students, if they practice or play with Senior High School; and
- (c) while traveling directly to or from the Insured Person's residence and School: for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9), if they practice or play with Senior High School).

24 HOUR COVERAGE PLAN \$98

Voluntary Grades PK-12

Coverage is in force for each person for whom the 24-Hour Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, except for interscholastic high school football for students in the 10th grade or above (Senior High School) and Junior High students, if they practice or play with Senior High School.

EXCESS FOOTBALL COVERAGE 10-12 PLAN \$225 EXCESS FRESHMAN FOOTBALL (GRADE 9) PLAN \$125

Grades 10-12 and Freshman Football (grade 9) (Maximum \$25,000)

- (a) while practicing for or competing in football which is a Supervised and Sponsored Sports Activity under the supervision of the Policyholder; and
- (b) while traveling directly to or from such practice or competition in School designated vehicle.

EXTENDED DENTAL COVERAGE \$9

Supplemental Coverage for accidental dental injuries to Sound, Natural Teeth is extended to students with School, 24 Hour or Football Coverage. Dental Coverage cannot be purchased without other coverage. Coverage is limited to the Insured Person's policy effective dates and accident only coverage option selected. Dental benefits from a covered accident are as follows: a) Usual and Customary charges for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000, b) Dental expenses toward cost of bridge, denture or replacement in kind of previous dental repairs with a maximum limit of \$250, c) Extended Dental Coverage does not cover orthodontics (braces) for any reason, or damage to or loss of orthodontics.

MEDICAL PAYMENTS

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits of \$25,000 for each Covered Accident. Medical treatment must be provided by a qualified, licensed physician and must begin within 180 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within 365 days from the date of the Covered Accident up to the maximum Benefit Amount per service, as shown on the Schedule of Benefits of the Policy.

Schedule of Benefits for Voluntary Student Accident Plans

MEDICAL BENEFITS (What the Insurance Plan Pays) - 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 (U&C) charges 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. 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.

All Amounts Listed Below are Per Injury

A. INPATIENT BENEFITS

- 1. Hospital Room and Board Semi-private Room Charges, up to \$500 per day
- 2. Intensive Care (in lieu of Hospital Room and Board) 1.5 X Semi-private Room Charges up to \$750 per day, 7 days maximum
- 3. Hospital Miscellaneous Services (all charges except Room and Board) U&C, up to maximum \$3,000
- 4. Physician's Non-Surgical visits (does not include physiotherapy, not paid day of surgery) U&C, first day of treatment up to \$55, then subsequent visits up to \$30
- 5. Physiotherapy (includes office visits) Included in Hospital Miscellaneous Services
- 6. X-ray and Radiology Services Included in Hospital Miscellaneous Services
- 7. Registered Nurse U&C

B. OUTPATIENT SURGERY BENEFITS

- 1. Day Surgery (facility charge; includes 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 \$350
- 2. X-ray Services U&C, up to \$350 Facility; \$50 Reading
- 3. Diagnostic Imaging (CT scan, MRI and bone scan) U&C, up to \$450 Facility; \$50 Reading
- 4. Laboratory Services U&C, up to \$175
- 5. Physician's Non-Surgical Visits (not paid day of surgery) U&C, up to \$55 first visit, then subsequent visits up to \$30
- 6. Physician's Non-Surgical Visits (treatment for concussion) U&C, up to \$50 first 2 visits; then paid \$30 per visit, up to 10 additional visits
- 7. Emergency Room Physician's Non-Surgical Visits (other than treatment for concussion) U&C, up to \$50
- 8. Orthopedic Appliances (when prescribed by a physician for healing) U&C, up to \$500
- 9. Prescription Drugs U&C, up to \$200
- 10. Physiotherapy (includes office visits) U&C, up to \$50 per visit, maximum 5 visits
- 11. Ambulance Service (air or ground) U&C, up to \$800
- 12. Eyeglass Replacement (if medical treatment is also received for a covered injury) U&C, up to \$200
- 13. Durable Medical Equipment (post-surgical only) U&C, up to \$500

D. OTHER PHYSICIAN SERVICES

- 1. Dental Treatment (in lieu of all other medical benefits, includes x-rays of sound and natural teeth) U&C, up to \$500 per tooth
- 2. Physician's Surgical Care (inpatient or outpatient) U&C, using Fair Health 50th percentile
Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or an immediate succession
- 3. Assistant Surgeon Charges (inpatient or outpatient) 30% of Surgeon's Allowance
- 4. Anesthesia Charges (inpatient or outpatient) 30% of Surgeon's Allowance
- 5. Consultant to Primary Physician U&C, up to \$125

E. MOTOR VEHICLE INJURY

- Same as any Injury, up to \$1,000

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

G. 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

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Exclusions

- 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 which benefits are payable under Workers' Compensation or Employer's liability Laws.
- 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.
- Replacement of contact lenses, hearing aids or prescriptions or examinations thereof.
- The practice or play of Varsity Football including travel to and from practice or play for students in grades 10-12 and students in grade 9 if practicing or playing in grades 10-12 football, unless such premium is paid.

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.

Enrollment Options

- You can either enroll online or complete and detach this enrollment form.
- Make checks or money order payable to Student Assurance Services, Inc. Do not send cash. Credit card payment is also accepted.
- Clearly print the name of covered child on your check or money order.
- Send this enrollment form and correct payment to:
Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082-0196
- Your cancelled check, money order stub or credit card statement is your proof of purchase. Keep this form for your reference; you will not receive a policy.
- If you have questions about this coverage, please call The Brokerage Store, 1-800-366-4810.

Enrollment is available online at www.sas-mn.com

Accidental Death & Dismemberment Benefits (Within 180 Days)

Loss of Life	\$2,000
Loss of Sight of Both Eyes, or Loss of Two or More Hands or Feet	\$10,000
Loss of One Hand and One Foot and Sight in One Eye	\$10,000
Loss of One Hand and Foot \$10,000 Loss of Sight in One Eye	\$2,000
Exposure and Disappearance	Included

How to File a Claim

- This claim form should be fully completed and submitted within 90 days from the date of accident. Be sure to answer and complete the section regarding "OTHER INSURANCE STATEMENT".
- Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills. However, if you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to the address shown below.
- The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code). If this information is not on the bill, we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim.
- Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to:

Student Assurance Services, Inc., P.O. Box 196, Stillwater, MN 55082-0196

Offered by:



Underwritten by:



Enroll via smart phone
Download QR Reader App to scan



**Enrollment for the above plan opens on July 1, 2019
and coverage starts on August 1, 2019 and ends on July 31, 2020.
(no enrollment will be accepted prior to July 1, 2019)**

FOR OTHER OPTIONS AVAILABLE TO NORTH EAST INDEPENDENT SCHOOL DISTRICT PLEASE VISIT OUR WEBSITE AT: www.sas-mn.com

NORTH EAST ISD SCHOOL YEAR 2019-2020

Please go to www.sas-mn.com to enroll online for immediate service - or - complete and mail this form.

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 Street Address City State Zip Code Phone

⇒ Name of school: _____

Plan A		Plan A (\$25,000 Maximum)	
At School Coverage PK-12	<input type="checkbox"/> \$30	Football grades 10-12	<input type="checkbox"/> \$225
24-Hour Coverage PK-12	<input type="checkbox"/> \$98	Football grade 9	<input type="checkbox"/> \$125
Extended Dental PK-12	<input type="checkbox"/> \$9		

MASTERCARD/VISA ONLY - Cardholder's Name: Last Name □□□□□□□□□□□□□□□□ First □□□□□□□□□□□□□□□□

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Cardholder's Signature: _____ Security Code: □□□