

Monroe-Gregg School District

135 South Chestnut Street
Monrovia, IN 46157
Phone (317) 996-3720
Fax (317) 996-2977

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

REASON'S TO PURCHASE THIS COVERAGE:

1. Deductibles and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No insurance.

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or co-pay.

If you have no other insurance this will become your primary accident plan.

To purchase coverage:

1. Print names, addresses and other information clearly.
2. Please enclose a check or money order made payable to- STUDENT ASSURANCE SERVICES, INC. or Complete the credit card payment form.
3. Print Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the envelope to the school within 10 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated by the school.
5. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free 1-800-328-2739.

Please sign and return the information below if you already have adequate insurance.

Thank you,

_____ (title)

PARENTAL INSURANCE WAIVER

Student's Name _____

We have adequate insurance to protect our son/daughter in case of an accident.

Parent's Signature _____

The program is underwritten by Security Life Insurance Company of America located in Minnetonka, Minnesota and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.

2011-2012 VOLUNTARY COVERAGE

Student Accident Insurance

- SPECIALIZING IN STUDENT INSURANCE FOR OVER 40 YEARS
- MULTIPLE COVERAGE OPTIONS
- LOW PREMIUMS



See Details Inside

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 forty years. We currently have over 1,700 school districts using our coverages.

UNDERWRITING COMPANY

Security Life

INSURANCE COMPANY OF AMERICA

SECURITY LIFE INSURANCE COMPANY OF AMERICA is an old line legal reserve life insurance company. Security Life's home office is in Minnetonka, Minnesota 55343. The Company was organized in 1956. Security Life is one of the largest writers of student insurance in the United States.

Policy Form GH-2200 (MN)

Coverage Options

FULL-TIME COVERAGE

Covers the student 24 hours a day until school starts next year. Students are covered while at home, or school, on weekends, and during summer vacation.

MAJOR EXPENSE BENEFIT

After the maximum benefit has been paid under the Full-Time Coverage or All Sports Coverage (if purchased), and the non-covered expenses exceed \$3,500, the Company will then pay 70% of the remaining Usual and Customary charges up to a maximum of \$15,000 per injury. The Exclusions apply to this benefit. The Major Expense Benefit does NOT apply to motor vehicle injuries.

SCHOOL-TIME COVERAGE

Covers the student while:

- a) attending regular school sessions;
- b) participating in or attending school-sponsored and supervised extra-curricular activities;
- c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised activities in school provided transportation.

School-Time and Full-Time Coverage DOES NOT cover participation in interscholastic sports for students in the 7th grade or above.

See Medical Benefits and Exclusions.

EXTENDED DENTAL ACCIDENT COVERAGE

Provides benefits up to a maximum of \$5,000 for any dental accident. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of accident. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits are allowed for orthodontics or dental disease. Benefits for prosthesis are limited to \$500 per injury, including procedures performed to install them. Dental prosthesis includes, but is not limited to: crowns, dentures, bridges, and implants.

ALL SPORTS COVERAGE GRADES 7-12 AND FOOTBALL COVERAGE GRADES 9-12

Covers the student while:

- a) practicing for or competing in interscholastic sports, which are scheduled by the school, and while the student is under the direct supervision of a school employee; and
- b) traveling to and from such practices or competition in school provided transportation.

See Medical Benefits and Exclusions.

Effective and Expiration Dates

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium is received by the School, the Company or its authorized agent. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.



VOLUNTARY COVERAGE PLAN

Medical Benefits

When injury covered by this 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 incurred for necessary Services and Supplies 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.

This policy will pay benefits regardless of Other Valid Coverage if the covered claim expense is less than \$200.00. If the covered claim expense exceeds \$200.00, benefits shall be paid first by Other Valid Coverage.

PHYSICIAN'S SERVICES -

- a) for surgical operations (Surgeon, Assistant Surgeon, Anesthesia) - 80% of the charges incurred not to exceed \$1,500 per injury.
- b) for nonsurgical care (including Physical Therapy) - up to \$50.00 for each treatment (1 treatment per day) not to exceed 6 treatments per injury.

HOSPITAL CARE -

- a) Inpatient Care - the usual daily charge for the hospital's semi-private room not to exceed \$500.00 per day, plus 80% of miscellaneous charges incurred not to exceed \$1,000.00 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.
- b) Outpatient Care (includes Day Surgery Facility and Emergency Room) - 80% of the miscellaneous charges incurred not to exceed \$500.00 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.

RADIOLOGY SERVICES (includes x-ray's, MRI's, CAT scans, bone scans, and charges for reading)-
up to \$300 per injury.

DENTAL TREATMENT (in lieu of all other medical benefits) -
benefits are limited to \$200 for repair and/or replacement of each sound and natural tooth.

AMBULANCE SERVICES -
up to \$500 per injury.

ORTHOPEDIC APPLIANCES (when prescribed by a Physician) -
up to \$200 per injury.

PRESCRIPTION DRUGS (take home) -
up to \$100 per injury.

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

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

Exclusions

This Policy does not provide benefits for expenses resulting from:

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.
5. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in the 7th grade or above, unless such premium is paid.

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.

This is a Limited Benefit Policy. Accident Only Insurance. Non-Renewable.

The Voluntary Coverage Plan

This plan allows the school to offer student insurance coverage to parents on an optional basis. Each student in the District is required to take the information home to their parents. The parents are to either sign a "Waiver" indicating that they have adequate insurance, or purchase the student accident insurance by returning the enrollment form and check to the school. This plan will give the School Board and Administration a method to inform parents that the District is not responsible to pay for medical expenses caused by a school injury.

Common Questions Answered

1. The Full-Time and School-Time Coverage does not cover participation in interscholastic sports in the 7th grade or above.
2. Interscholastic sports coverage (All Sports Coverage) must be purchased with either Full-Time Coverage or School-Time Coverage. It covers all sports injuries except football for students in the 9-12th grades. The cost for 9-12th grade football is an additional \$158.00. Football for 7th and 8th grade students is included in the All Sports Coverage.
3. The Major Expense Benefit can be purchased only with the Full-Time Coverage. However, if the parents also purchase Full-Time with All Sports and/or Football (\$158) Coverage, the Major Expense Benefit will extend to these activities.
4. Extended Dental Coverage may be purchased separately.

How To Enroll In The Program

1. IF YOU HAVE IMMEDIATE QUESTIONS PLEASE CALL 1-800-328-2739 or 651-439-7098.
2. Complete the enclosed enrollment form and mail to:
STUDENT ASSURANCE SERVICES, INC.
PO BOX 196
STILLWATER, MN 55082

3. Only one student accident plan will be offered by the district.
4. A billing for Group premium will not be made until July.
5. A supply of claim forms, solicitation envelopes and other materials will be sent to the school in July.

This plan will pay benefits in accordance with any applicable state law. These benefits are found in the master policy.

Claims Handling Procedure

1. In the final analysis and selection of any insurance plan, the availability of a means to promptly settle claims is essential. We believe that by having the same people who sell the coverage, service the claims, the School Administration benefits since they have only one office to deal with.
2. Questions about claims will be answered immediately by calling (800) 328-2739 or 651-439-7098.
3. A supply of claim forms and return envelopes will be sent to the school in July.
4. When a student is injured, a school official (coach, secretary, nurse, etc.) should complete Part A of a claim form.
5. The form should then be sent home to the parents for completion of Part B. The dentist must complete the back of the form for dental accidents.
6. Parents should attach all medical bills to the form and send to:

STUDENT ASSURANCE SERVICES, INC.
PO BOX 196
STILLWATER, MN 55082

Internet Access

Available at www.sas-mn.com. You will be given an administrator access code. You will have immediate access to your:

- Master Policy
- Roster
- Claim Status
- Claim Forms

PREMIUMS

		With Major Expense Benefit
Full-Time Coverage (PK - 12)	\$ 79.00	\$ 144.00
Full-Time Coverage (7 - 12) with All Sports Coverage except Football Grades (9 - 12)	\$ 134.00	\$ 199.00
School-Time Coverage (PK - 12)	\$ 14.00	
School-Time Coverage (7 - 12) with All Sports Coverage except Football Grades (9 - 12)	\$ 69.00	
Football (Grades 9 - 12)	\$ 158.00	
Extended Dental (PK - 12)	\$ 8.00	