



Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs

Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in an interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
 - ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
 - ◆ 24-Hour/Full-Time Coverage - \$99.00
 - ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)
 - ◆ Extended Dental Coverage - \$9.00
- Premium Paid Once a School Year**

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

or scan this QR code with your smart phone to be directed to our website



Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- ◆ **Purchase Coverage**
(Managed Online or by Printing/Mailing Enrollment Form and Premium)
- ◆ **Brochure (English & Spanish)**
(Explains medical benefits, exclusions and coverage options)
- ◆ **Claim Form**
(Fillable form when enrolled student sustains an injury)

For Questions, Call Student Assurance Services at (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Services student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

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.
J-1511/1513(2024)



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)

J-1511/1513(2024)

EXCLUSIONS (What the Plan DOES NOT Pay)

- 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 paid under Workers' Compensation or Employer's Liability Laws. (In NC, benefits are excluded if the employee, employer, or carrier is responsible or liable according to final adjudication or settlement order under state law)
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. (In ID, Insured must be participating as a professional)
4. The practice or play of interscholastic sports including travel to or from such activity, practice, or play for students in grades 7-12, unless such premium is paid.
5. In Kansas - 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.
6. In Ohio - Reinjury if the insured participated in a covered activity against medical advice.

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. (In OH, this provision does not apply)

WHAT KIND OF INSURANCE IS THIS?

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

- 1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (This coverage is primary in MT and NC after deductible, and in ID, IL)

HOW TO ENROLL

- 1. Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in an envelope and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082-0196; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the first day of school next year.

HOW TO FILE A CLAIM

- 1. Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. Answer all questions.
3. Submit copies of the student's itemized bills to the student's family medical and dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). This plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is excess in KS, primary in MT and NC after deductible, and in ID, IL) This Plan DOES NOT cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
4. Send the completed claim form, copies of student's itemized bills and EOB to:

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

- 5. No claim can be completed until all of the above documents have been provided.

NOTE: Student must be treated by a Licensed Physician within 60 days of the date of the 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 reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills must be submitted within 180 days from the date of treatment, not to exceed 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 (except in ID) 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 (where applicable) may be obtained on the website www.sas-mn.com

J-1511/1513(2024)

Administered by

STUDENT ASSURANCE SERVICES, INC.
PO Box 196 • Stillwater MN 55082-0196
Toll Free 800-328-2739 - (651) 439-7098



HAVE QUESTIONS?
CALL US TOLL FREE AT
(800) 328-2739 OR (651) 439-7098

Underwritten by



www.sas-mn.com

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.
There is a \$5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to IN, NC residents)

Please charge \$ _____ + \$5.00 Processing Fee = \$ _____ to the following credit card: VISA®, MasterCard®, or Discover®

Credit Card Number

Security Code (on back of card, 3 digits)

Card Expiration Date (Month) (Year)

Grid for entering credit card number

Grid for entering security code

Grid for entering card expiration date

Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name _____ Date ____ / ____ / ____

Cardholder Signature _____

Cardholder Address _____

(Street)

(City)

(State)

(Zip)

Telephone Number (_____) _____ - _____

GAA-2203Ed.11-16

DETACH - Place inside envelope

J-1511/1513(2024)

CATASTROPHIC ACCIDENT INSURANCE

2024 – 2025 School Year



BENEFIT SUMMARY

- Provides Accident Medical Expense Benefits with a maximum benefit of \$5,000,000 per Insured per Covered Accident. Accident Expense Benefits are payable:
 - (a) after \$25,000 of covered expenses have been incurred within two years after the date of the Covered Accident; and
 - (b) after benefits have been paid under other Health Care Plans; and
 - (c) for Covered Expenses incurred within 10 years from the date of the Covered Accident.
- Provides an Accidental Death benefit of \$10,000, and a Dismemberment benefit of up to \$20,000.

CLASS DESCRIPTION & COVERAGE

- CLASS 1: All student athletes, student managers, student trainers, student coaches, cheerleaders and band members who participate in school sponsored and supervised interscholastic athletic activities.
- CLASS 2: All students, from pre-kindergarten through the twelfth grade, while they are attending regularly scheduled classes and taking part in all school-sponsored and supervised activities including off-season athletic training and conditioning, except interscholastic athletics. (Includes Class 3 students, if Class 2 students are covered under the Policy)
- CLASS 3: All students who participate in all school-sponsored and supervised extracurricular non-athletic activities and clubs.

PREMIUM

- CLASS 1: \$3.25 per student
- CLASS 2: \$1.20 per student
- CLASS 3: \$0.40 per student

100% participation is required - Minimum Policy Premium - \$500.00

HOW TO ENROLL

- Please complete the attached APPLICATION
- Include your check with the APPLICATION made payable to Student Assurance Services, Inc.
- Please send the APPLICATION and check to:

STUDENT ASSURANCE SERVICES, INC.
P.O. BOX 196
STILLWATER, MN 55082-0196

CONTACT INFORMATION

- Marketed by: Student Assurance Services, Inc.
333 North Main Street
P.O. Box 196
Stillwater, MN 55082-0196
Phone (651) 439-7098 – Toll Free 1-800-328-2739
- Underwritten by: Great American Insurance Group
Cincinnati, Ohio 45202

This brochure provides a summary of the coverage to be provided and is not intended to substitute for or duplicate policy provisions. It is subject to the provisions of the policy of insurance to be issued by Great American Insurance Company. You will need to contact us for exact policy language, as well as for any limitations and restrictions that may be applicable. The policy is the only contract between the Policyholder and us. It contains the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between this quote and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms and conditions of the policy as issued.

- **Description of Coverage**
This plan provides benefits for Covered Expenses incurred for treatment of injuries resulting directly, and independently of all other causes, from a Covered Accident. The Covered Accident must occur while the student is taking part in the activity described in the Covered Activity(ies), or while traveling, via transportation provided by the school, directly to or from an activity as a member of a group supervised by the school.
- **General Limitations**
Benefits are payable only for Covered Losses incurred as a result of participation in Covered Activities.
LIMITATION ON MULTIPLE COVERED ACTIVITIES: If an Insured suffers a Covered Loss while participating in more than one Covered Activity, We will pay only one benefit, the largest benefit unless there is a specific written exception in this Policy. **LIMITATION ON MULTIPLE BENEFITS:** If an Insured can recover benefits under more than one of the Benefits stated in the Schedule, as a result of the same Accident, We will pay only one benefit, the largest benefit.

• **Accident Medical Expense Benefits**

If, as a result of a covered Injury, the Insured, requires care and treatment rendered by a doctor, the Company will pay the Usual and customary charges which are deemed medically necessary provided the first expense is incurred no later than 180 days after the date of the Covered Accident. This Benefit is payable subject to the Benefit Maximum per Covered Accident, the Deductible, and the Maximum Benefit Period shown in the Application.

The benefit amount for this benefit is payable in excess of any In Force Policy and its applicable deductible. In the event and only in the event of the reduction or exhaustion of the limit of insurance of the In Force Policy solely as the result of actual payment of benefits covered thereunder, this Policy shall pay excess of the reduced limit of insurance of the In Force Policy and its applicable deductible. This Policy shall only pay pursuant to the terms and conditions of this Policy and no other policy. We will pay the Usual and Customary amount, reduced by the payment by any other insurance plan. This Policy will recognize payment by any other insurance plan as reducing or satisfying the deductible amount of this Policy.

• **Accidental Death and Dismemberment Benefit**

If an Insured suffers a loss of life as a result of a Covered Injury, We will pay the applicable amount shown in the Schedule. The death must occur within 365 days of the Covered Injury.

• **Accidental Dismemberment Benefit**

If a Covered Injury to an Insured results in any of the following Covered Losses, We will pay the percentage shown below. The Covered Loss must occur within 365 days of the Covered Accident. The benefit amount is based on the maximum amount shown in the Schedule for the person suffering the Covered Loss.

Covered Loss	Percentage of Maximum Amount	Covered Loss	Percentage of Maximum Amount
Both Hands or Both Feet	100%	Sight of Both Eyes	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%	Speech and Hearing	100%
One Hand; One Foot; or Sight of One Eye	50%	Hearing in One Ear	25%
Thumb and Index Finger of the same Hand	25%		

• For purposes of this Benefit, DEFINITIONS is amended to include the following: Covered Loss means:

1. For a foot or hand, actual severance through or above the ankle or wrist joint;
2. For thumb and index finger, complete severance through or above the metacarpophalangeal joint of Both digits;
3. Total and permanent loss of sight;
4. Total and permanent loss of speech; or
5. Total and permanent loss of hearing.

• **General Exclusions** - A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. Sickness, disease, mental infirmity, emotional or psychological trauma, or bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
2. Suicide, self-destruction, attempted suicide or self-destruction, or intentional self-inflicted injury, while sane or insane;
3. War or any act of war, whether declared or not;
4. Commission of, or attempt to commit, a felony, an assault, or other illegal activity;
5. The covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurred
6. The covered person being intoxicated or under the influence of any drugs or narcotics unless administered by or upon the advice of a physician.
7. Any loss arising out of terrorism or terrorist acts.
8. Injury covered by workers' compensation, employer's liability laws, or similar occupational benefits, or while engaging in activity for monetary gain from sources other than the Policyholder;
9. A covered accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 days;
10. Travel in any aircraft owned, leased, or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
11. Practice or play in any sports activity, including travel to and from the activity and practice, except as specifically provided in the policy;
12. Aggravation, during a covered activity, of an injury the covered person suffered before participating in that covered activity, unless we receive a written medical release from the covered person's physician;
13. Participation in covered activities not sponsored by or under the supervision of the Policyholder.
14. The covered person riding or driving in any kind of race.

• **Accident Medical Exclusions:** In addition to the General Exclusions stated in the Policy, We will not cover expenses under this additional benefit for:

1. Pre-existing conditions occurring within the first 12 months of coverage (except as specifically provided by the policy);
2. Treatment by persons employed or retained by a Policyholder, or by any immediate family member or member of the covered person's household;
3. Pregnancy, childbirth, or miscarriage;
4. Elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
5. Mental and nervous disorders (except as specifically provided in the policy);
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the policy);
7. Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an injury;
8. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of artificial limbs, orthopedic braces, or orthotic devices (except as specifically provided in the policy);
9. Expenses for which the covered person would not be responsible for in the absence of this policy;
10. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the covered activity;
11. Treatment or service provided by a private duty nurse (except as specifically provided in the policy);
12. Replacement of artificial limbs, eyes, or other prosthetic appliances;
13. Routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits;
14. Overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjures or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion injury, except as specifically provided in the policy;
15. Expenses due to an aggravation or re-injury of a pre-existing condition (except as specifically provided in the policy);
16. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration (except as specifically provided in the policy);
17. Repair, replacement, examinations for prescriptions, or the fitting of eyeglasses or contact lenses;
18. Medical expenses and disability for which the covered person is entitled to benefits under any Worker's Compensation Act;
19. Expenses incurred that are in excess of reasonable charges, or expenses that are not medically necessary; or
20. Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than an injury.

• **Definitions**

Accident means a sudden, abrupt, and unexpected event. **Covered Accident** means an accident that occurs directly and independently of all other causes while coverage is in effect for a covered person resulting in a covered loss or injury under the policy for which benefits are payable. **Contributory** means the Insured is required to pay all or a portion of the premium. Whether the benefits are Contributory or Non-Contributory is stated in the Schedule. **Covered Activity** means those activities set out in the Covered Activities section of the schedule of benefits, with respect to which covered persons are provided accident insurance under the policy. **Covered Loss or Covered Losses** means an accidental death, dismemberment or other injury covered under the policy. **Covered Person** means an eligible person, who enrolls for coverage, if required, and for whom the required premium is paid. **Eligible Person** means a person in a Class of Eligible Persons, as shown in the schedule of benefits. **Injury** means bodily injury sustained by a covered person caused by a covered accident that:

1. Occurs while this policy is in effect as to the person whose injury is the basis of claim;
2. Occurs while the covered person is participating in a covered activity; and
3. Results directly and independently of all other causes in a covered loss.

Physician means a provider or practitioner who:

1. Is properly licensed or certified to provide care or treatment under the laws of the state where he or she practices;
2. Provides services that are within the scope of his or her license or certificate; and
3. Is neither the covered person nor a member of the covered person's household or an immediate family member.

Schedule of Benefits means the benefits, benefit amounts, terms, limitations and provisions of coverage selected by the Policyholder which is attached to and made a part of this policy. **Spouse** means an adult person with whom the covered person enters into a marriage, civil union, or comparable relationship in a state or nation in which the marriage, civil union or comparable relationship is sanctioned by law and legally valid at the time it is entered into by the parties. **Policy** means the contract issued by us to the Policyholder for the benefit of a covered person.