

# STUDENT ACCIDENT INSURANCE 2020-2021 MILLIKIN UNIVERSITY

Policy GA-2200Ed.11-16

## SUMMARY OF COVERAGE

Student athletes authorized by the policyholder to participate in practices or games of intercollegiate sports, and who are identified on rosters submitted by the policyholder prior to such activities, are eligible to enroll in the plan.

The Policy provides benefits for loss resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the student is:

- practicing for or competing in intercollegiate sports, which is exclusively sponsored and supervised by the policyholder and under the direct and immediate supervision of an employee of the policyholder; and
- traveling directly to or from such practice or competition in a vehicle designated by the policyholder and under the supervision of an employee of the policyholder; and
- while conditioning or training during the official season of the sport and during the "off-season" of the sport in which the insured is a participant. "Off season" of the sport means a physical conditioning activity or the play or practice of the sport that is officially scheduled and authorized by the policyholder.
- Coverage is provided for physical conditions or aggravation of physical conditions caused by prolonged over-exertion, stress or strain. Types of conditions include, but are not limited to tendonitis, bursitis or shin splints.

**The Medical Benefits and Exclusions below apply to the Summary of Coverage options above.**

## MEDICAL BENEFITS

When injury covered by the 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 necessary services as listed below, for expenses actually incurred within two years from the date of injury up to a Maximum Medical Benefit of **\$90,000 per covered injury**. Benefits shall be paid first by other valid coverage.

	Unless otherwise stated, all amounts below are per injury.
<b>1. INPATIENT BENEFITS</b>	
a. Hospital Room and Board .....	Semi-private Room Charge
b. Intensive Care (in lieu of 1.a.) .....	U&C
c. Hospital Miscellaneous Services (all other hospital charges except 1.a or 1.b).....	U&C
d. Physician's Non-Surgical Visits .....	U&C
e. Physiotherapy .....	U&C
f. X-ray and Radiology Services (includes charges for reading) .....	U&C
g. Registered Nurse .....	U&C
<b>2. OUTPATIENT SURGERY BENEFITS</b>	
a. Day Surgery (facility charge, includes room supplies and all other expenses for outpatient surgery) .....	U&C
<b>3. OTHER OUTPATIENT BENEFITS</b>	
a. Hospital Emergency Room Charges .....	U&C
b. X-ray Services (including charges for reading) .....	U&C
c. Diagnostic Imaging (includes CT scans, MRI and bone scans and charges for reading).....	U&C
d. Physician's Non-Surgical Visits .....	U&C
e. Physiotherapy .....	U&C, up to maximum \$5,000
f. Orthopedic Appliances (when prescribed by a physician for healing).....	U&C
g. Durable Medical Equipment .....	U&C
h. Prescription Drugs .....	U&C
i. Ambulance Service .....	U&C
j. Laboratory Services .....	U&C
k. Eyeglasses, Contacts, and Hearing Aids (replacement when broken as a result of a covered injury when medical treatment is required) .....	U&C
<b>4. OTHER PHYSICIAN SERVICES</b>	
a. Dental Treatment (in lieu of all other medical benefits, including x-rays for repair and replacement of sound and natural teeth).....	U&C
b. Physician's Surgical Care (inpatient or outpatient).....	U&C
c. Assistant Surgeon Charges (inpatient or outpatient).....	U&C
d. Anesthesia Charges (inpatient or outpatient).....	U&C
<b>5. Motor Vehicle Injury</b> .....	Same as any Injury
<b>6. Heat Stroke and Heat Exhaustion</b> .....	Same as any Injury
<b>7. Heart/Circulatory Conditions</b> .....	Same as any Injury

## EXCLUSIONS

The Policy does not provide benefits for:

- 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, dental implants.
- Injuries for 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.
- 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.
- Intentionally self-inflicted Injuries; Injuries to which the contributing cause was the Insured's commission of or attempt to commit a felony or being engaged in an illegal occupation; Injuries resulting from use of alcohol (as determined by the law of the jurisdiction where the loss incurred) or drugs or narcotics unless administered on the advice of physician.
- Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; of services covered or provided by the student health fee.

## EFFECTIVE DATES AND ENROLLMENT

**EFFECTIVE DATE** – is the later of (a) the date on which the premium is actually received by the University, the Company, or its authorized agent; or (b) the Master Policy effective date 08-01-2020.

**TO FILE A CLAIM** – notify the University officials immediately if the accident has occurred at the University. Obtain a claim form from the University. Submit the completed claim form with the student's itemized bills to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082.

**EXPIRATION DATE** – is the earlier of (a) the date on which the Insured ceases to be enrolled in the University; (b) the Master Policy expiration date 07-31-2021.

**TO ENROLL** – The University has enrolled each athlete in this coverage. Retain the summary as proof of insurance. You will not receive a policy or an ID card.

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 endorsements. 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. A copy of the Privacy Notice may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).

Plan Administered by: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082 Telephone: 800-328-2739