

Underwritten by:



STUDENT ACCIDENT INSURANCE 2021-2022 WILLIAMS BAPTIST

Policy GA-2200(AR) Ed.11-16

SUMMARY OF COVERAGE

FULL TIME COVERAGE (24-HOUR COVERAGE)

Coverage is in force for each insured for whom the Full Time Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour perday basis, including intramural sports. Coverage does not include the practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play.

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

MEDICAL BENEFITS

When injury covered by the Policy results in treatment by a licensed physician within 90 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 one year from the date of injury up to a Maximum Medical Benefit of **\$3,000 per covered injury**. The Policy will pay benefits regardless of other valid coverage if the covered claim expense is less than \$25. If the covered claim expense exceeds \$25, benefits shall be paid first by other valid coverage.

1. INPATIENT BENEFITS	Unless otherwise stated, all amounts below are per injury.
a. Hospital Room and Board.....	U&C
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 (does not include physiotherapy; not paid day of surgery).....	U&C
e. Physiotherapy.....	Paid under 1.c
f. X-ray and Radiology Services.....	Paid under 1.c
g. Registered Nurse.....	U&C
2. OUTPATIENT SURGERY BENEFITS	
a. Day Surgery (facility charge, includes room supplies and all other expenses for outpatient surgery).....	U&C
3. OTHER OUTPATIENT BENEFITS	
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).....	U&C
d. Physician's Non-Surgical Visits (not paid day of surgery).....	U&C
e. Physiotherapy (includes office visits).....	U&C
f. Orthopedic Appliances (when prescribed by a physician for healing).....	U&C
g. Durable Medical Equipment (post-surgical only).....	U&C
h. Prescription Drugs.....	U&C
i. Ambulance Service (ground only).....	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
4. OTHER PHYSICIAN SERVICES	
a. Dental Treatment (in lieu of all other medical benefits, including x-rays for repair and/or 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
5. Motor Vehicle Injury	Same as any Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by the Policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$ 10,000	Double Dismemberment	\$10,000	Single Dismemberment	\$ 10,000
--------------	-----------	----------------------	----------	----------------------	-----------

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.
- 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; or services covered or provided by the student health fee.

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.

EFFECTIVE DATES AND ENROLLMENT

EFFECTIVE DATE – is the later of (a) the date on which the premium is actually received by the College, the Company, or its authorized agent; or (b) the Master Policy effective date, 08-01-2021.

TO FILE A CLAIM – notify the College officials immediately if the accident has occurred at the College. Obtain a claim form from the College. 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 College; (b) the Master Policy expiration date 07-31-2022.

TO ENROLL – The College 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.

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