

## EXCLUSIONS

The policy does not provide Benefits for expense 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, injuries involving bone cysts.
2. Injuries for which benefits are payable under Workers' 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. 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.
5. Intentionally self-inflicted Injuries; the Insured's commission of or attempt to commit a felony or being engaged in an illegal occupation; the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.
6. 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.

## DEFINITIONS

**Accident** means an unexpected, external and sudden event that is independent of any other cause.

**Covered Services** means the services and supplies which are: (1) Medically Necessary, (2) prescribed or performed by a Physician or Hospital, (3) not excluded by the Policy, and (4) listed or named in the Policy's Medical Benefits Schedule.

**Company** means Ameritas Life Insurance Corp.

**Durable Medical Equipment** means medical equipment or device which can be rented, leased, or purchased and which 1) is prescribed by a Physician; 2) is primarily and customarily used to serve a medical purpose; 3) can withstand repeated use; 4) generally is not useful to a person in the absence of Injury; and 5) is used exclusively by the Insured. Does not include non-prescription therapy devices or medical supplies, comfort and convenience items, corrective shoes or exercise and sport equipment. A written prescription must accompany the claim when submitted.

**Injury** means an accidental bodily injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under the Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under the Policy.

**Medically Necessary** means a Covered Service – Supply which is: 1) consistent with symptoms and diagnosis or treatment of an Injury; 2) in accordance with standards of generally accepted medical practice; 3) not primarily for the convenience of the patient or Physician; and 4) most appropriate supply or level of service which can be safely provided.

**Physician** means a doctor of medicine or osteopathy, or any other licensed health care provider that state law requires to

be recognized as a Physician, other than an Insured or an Insured's relative by blood or marriage, who is acting within the scope of such license.

**Sponsored and Supervised Activity** means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

**Usual and Customary Charges (U&C)** means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary Charges for Covered Services are determined by referencing the most current survey published by FAIR Health, Inc. for such Covered Service.

## CLAIM PROCEDURE

1. Student should notify the school and obtain a claim form immediately. The school completes Part A of the claim form if it is a school or sports injury.
2. Students complete Part B of the claim form. Answer all questions.
3. Students submit copies of the student's itemized bills to the your family medical or dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB).
4. Students send the completed claim form, copies of the student's itemized bills and the EOB to:  
STUDENT ASSURANCE SERVICES, INC.  
PO BOX 196 • STILLWATER MN 55082
5. The claim will be completed when all of the above documents have been provided. For claim questions, contact Student Assurance Services, Inc. at 1-800-328-2739, between 8am-4:30pm CST.

NOTE: Student must have been treated by a licensed physician within 180 days of the date of injury. Proof of claim must be submitted within 90 days from the date of accident, or a reasonable time thereafter 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 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).**

Policy Form GA-2200Ed.11-16

# STUDENT ACCIDENT INSURANCE PLAN

Mandatory Accident Plan  
Designed For



## DOANE UNIVERSITY

# 2022-2023

Administered by



College Division

333 N. Main St., Suite 300 • P.O. Box 196  
Stillwater, MN 55082-0196

Underwritten by



Servicing Agent

Cypress Risk Management  
6225 S Pinnacle Place, Suite 202  
Sioux Falls, SD 57108  
(605)271-1589  
[www.cypressriskmanagement.com](http://www.cypressriskmanagement.com)

H-023A-223A-NE(2022)

Dear Student,  
 GPAC is pleased to make available to all full-time registered students a plan of group student accident insurance underwritten by Ameritas Life Insurance Corp. The plan is designed to provide benefits for medical expenses arising from an accident which occurs during the plan's coverage period for which the premium has been paid. This is a general summary of the student accident insurance coverage. Retain this brochure for your records as no individual policy will be issued.

Any questions about the policy should be directed to:  
 Student Assurance Services, Inc.  
 P.O. Box 196 • Stillwater, MN 55082  
 Phone (800) 328-2739

**SCOPE OF ACCIDENT COVERAGE**

Coverage as described below is in force for each Insured student for whom the premium has been paid:

**24-Hour (Full-time) Coverage:** Covers the student 24 hours a day until the Policy ends. Includes coverage while at home, school, on weekends and on summer vacation. Does not include coverage for intercollegiate sports injuries.

**Intercollegiate Sports Coverage:** Covers student athletes, managers, trainers and coaches while:

- a) practicing for or participating or competing in intercollegiate sports which are exclusively sponsored by the Policyholder, as a representative of the School, and while under the direct and immediate supervision of an employee of the Policyholder; and
- b) traveling directly to or from such practice, participation or competition in a vehicle designated by the Policyholder while under the supervision of an employee of the Policyholder.
- c) conditioning and training for an intercollegiate sport during the official season of the sport, and during the "off-season" of the sport while under the direct and immediate supervision of an employee of the Policyholder. 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 and under the supervision of an employee of the Policyholder.

**EFFECTIVE AND EXPIRATION DATES**

Your coverage becomes effective on the Policy effective date 08-01-2022. All coverage expires on the Policy expiration date 07-31-2023.

**TO ENROLL FOR COVERAGE**

All students will be automatically covered for the accident insurance benefits.

**BENEFITS FOR MEDICAL EXPENSES**

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 (U&C) expenses incurred for covered services as listed below, for expenses actually incurred within two years from the date of injury up to the maximum benefit per injury.

<b>Maximum Benefit</b>	\$35,000 per sports injury; \$5,000 per non-sports injury
<b>Deductible (per injury)</b>	\$1,000 per sports injury; No deductible for non-sports injury
<b>Co-insurance (plan pays)</b>	100% of Usual & Customary charges
<b>Terms of Payment</b>	Policy pays after other valid insurance coverage

**SCHEDULE OF COVERED SERVICES (Unless stated otherwise all amounts listed below are per injury)**

**A. INPATIENT BENEFITS**

- 1. Hospital Room and Board ..... U&C
- 2. Intensive Care (in lieu of hospital room and board)..... U&C
- 3. Hospital Miscellaneous Services (all charges except room and board or intensive care)..... U&C
- 4. Physician's Non-Surgical Visits (does not include physiotherapy) ..... U&C
- 5. Physiotherapy (includes office visits) ..... U&C
- 6. X-ray and Radiology Services (includes charges for reading) ..... U&C
- 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

**C. OTHER OUTPATIENT BENEFITS**

- 1. Hospital Emergency Room Charges ..... U&C
- 2. X-ray Services (includes charges for reading) ..... U&C
- 3. Diagnostic Imaging (includes CT scans, MRI, bone scans and charges for reading)..... U&C
- 4. Physician's Non-Surgical Visits ..... U&C
- 5. Physiotherapy..... U&C
- 6. Orthopedic Appliances (when prescribed by a physician for healing, includes charges for Durable Medical Equipment ..... U&C
- 7. Prescription Drugs ..... U&C
- 8. Ambulance Service (air or ground)..... U&C
- 9. Laboratory Services ..... U&C
- 10. Replacement Eyeglasses, Contacts, and Hearing Aids (when medical treatment is required for a covered Injury) ..... U&C
- 11. Shots and Injections (within 24 hours of an injury)..... U&C

**D. OTHER PHYSICIAN SERVICES**

- 1. Dental Treatment (in lieu of all other medical benefits, includes x-rays, for the repair and replacement of sound and natural teeth) ..... U&C
- 2. Physician's Surgical Care (inpatient or outpatient; includes pre-operative and post-operative care) ..... U&C
- 3. Assistant Surgeon Services (inpatient or outpatient) ..... U&C
- 4. Anesthesia Services (inpatient or outpatient)..... U&C
- 5. Consultant Physician (inpatient or outpatient; when requested by the attending physician) ..... U&C

**E. MOTOR VEHICLE INJURY**

..... Same as any injury

**F. HEAT STROKE & HEAT EXHAUSTION (for sport injury only)**

..... Same as any injury

**G. OVER-EXERTION BENEFIT (for sports injury only)**

..... Same as any injury

**H. HEART/CIRCULATORY BENEFIT (for sports injury only)**

..... Same as any injury

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When Injury covered by this Policy results in the following specific Losses within 180 days from the date of Accident, the Company shall pay the benefit amount below listed opposite to the specific Loss, and shall be in addition to any other benefits payable under this Policy for such Accident. If the Insured sustains more than one Loss as a result of one Accident, the Company shall pay only one amount, the largest to which the Insured is entitled. Loss of a Hand or Foot means loss by severance at or above the wrist or ankle joint. Loss of Sight must be entire and irrecoverable.

Loss of Life .....	\$10,000
Loss of both Hands, both Feet or Sight of both Eyes .....	\$10,000
Loss of one Hand, one Foot or Sight of one Eye.....	\$ 5,000