

K-12 Voluntary Student Accident Insurance up to \$250,000

2016-2017



Administrative Office
A-G Administrators, Inc.
PO BOX 979 Valley Forge, PA 19482
Phone (610)933-0800
www.agadministrators.com

Plans are Underwritten by
United States Fire Insurance Company



K-12 Accident Insurance

Unexpected Accidents Can Happen

This brochure explains how you can help guard against certain unexpected events. Our plans are designed to help supplement any insurance you have by satisfying deductibles or co-insurance requirements, or limiting the possible financial impacts of an injury if you have no other insurance. Remember that the more active your child is, the more valuable this coverage can be.

Choose Your Coverage Plan

24 Hour Coverage (Accident Only) – This plan provides around the clock coverage to your child 24 hours a day, while he or she is in school, at home or away. Coverage is provided from the effective date of the insured student’s coverage for which premium has been received by A-G to the opening of the next school term. **Includes interscholastic sports excluding senior high football. (\$115.00)**

School Time Coverage (Accident Only) – This plan provides coverage to your child while he or she is on school premises, during school hours/days, attending school sponsored and supervised activities including travel directly without interruption between the student’s residence and school/activity with transportation furnished by the school. Coverage is provided from the effective date of the insured student’s coverage for which premium has been received by A-G to the end of the regular school term. **Includes interscholastic sports excluding senior high football. (\$30.00)**

Description of Benefits

Benefit	24 Hour Coverage/School Time Coverage
Benefits provided for all enrolled students of the Policyholder including interscholastic sports other than senior high football for whom premium is paid.	
Maximum Benefit:	\$250,000; \$15,000 payable as shown below, excess of \$15,000 payable at 100% Usual, Reasonable and Customary Charges
Deductible:	\$0
Benefit Period:	52 Weeks
Hospital Services	
Daily Room & Board: Semi Private Room	\$300 per day
Miscellaneous Hospital Services: During hospital confinement	\$3,000
Intensive Care: When confined to a Hospital Intensive Care Unit	\$700 per day, not to exceed 10 days
Emergency Room Charges: When hospital confinement is not required	\$400 Maximum
Emergency Room Charges: If out-patient surgery is required, the maximum is increased to (The benefits are payable in addition to the X-rays and surgeon's services shown below.)	\$1,500 Maximum
Physician Services	
Surgery: including pre- and post-operative care*	\$170 Unit Value
Anesthesia:	40% of the Surgery Benefit Paid
Assistant Surgeon:	40% of the Surgery Benefit Paid
Doctor's Visit: other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% UCR
Non-Surgical doctor's charges in the emergency room	\$70 per visit
Second Surgical Opinion, Consultation and Specialists	\$150 aggregate benefit
Laboratory and X-Ray Services	
(Other than Dental and including fee for interpretation and/or reading of X-rays.)*	\$20 Unit Value
Lab and X-Ray: (when no fracture is demonstrated)	\$400 Maximum
Additional Services	
Physiotherapy or similar treatment: including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	\$50/Treatment Maximum of \$500
Registered Nurse:	100% UCR
Ambulance Transportation: (Ground Only)	\$300 Maximum
Orthopedic Appliances: When ordered by attending physician	\$500 Maximum
Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription	100% UCR
Dental (including X-rays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	\$200 per tooth
Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	\$100 maximum
Accidental Death Benefit	\$2,500
Accidental Dismemberment, Loss of Sight	\$20,000
* In accordance with the 1974 Revised California Relative Values Studies, 5th Addition, using a conversation factor.	

Policy Exclusions

Benefits will not be paid for a Covered Person's loss which:

- (1) Is caused by or results from the Covered Person's own:
 - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
 - (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
 - (c) Commission or attempt to commit a felony;
 - (d) Participation in a riot or insurrection;
 - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
 - (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- (2) Is caused by or results from:
 - (a) Declared or undeclared war or act of war;
 - (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
 - (c) Aviation, except as specifically provided in this Certificate;
 - (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (ii) The Covered Person was within a 25-mile radius of the site of the release either:
 - 1) At the time of the release; or
 - 1) Within 24 hours of the start of the release.

Benefits will not be paid for:

1. Normal health check ups
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - a. Employed or retained by the Certificateholder; or
 - b. Who is the Covered Person or a member of his immediate family;
4. Charges which:
 - a. The Covered Person would not have to pay if he did not have insurance; or
 - b. Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
 - a. An aircraft, except as a fare-paying passenger;
 - b. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - c. An ultra light, hang-gliding, parachuting or bungie-cord jumping;
6. Travel in or upon:
 - a. A snowmobile;
 - b. Any two or three wheeled motor vehicle;
 - c. Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;

8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
 - a. The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
 - a. Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational
22. disease law, or similar laws;
23. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
24. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
25. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
26. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or
27. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
28. Rest cures or custodial care;
29. Prescription medicines unless specifically provided for under the Certificate:
30. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;

How to Enroll

1. Determine which plan of coverage you would like to enroll your child in - **24 Hour Coverage or School Time Coverage.**
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to **A-G Administrators at P.O. Box 979 Valley Forge, PA 19482.**
3. Make Checks Payable to **UNITED STATES FIRE INSURANCE COMPANY c/o A-G Administrators, Inc.**
4. Return by mail to A-G Administrators, Inc. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check.

INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM UNITED STATES FIRE INSURANCE COMPANY STUDENT ACCIDENT COVERAGE		
STUDENT'S LAST NAME (one letter per box) <input type="text"/>	Individual Voluntary Student Accident Plans	
STUDENTS FIRST NAME <input type="text"/>		
Age: _____ Grade: _____ Phone #: _____	24 HOUR COVERAGE <input type="checkbox"/> \$115.00 per student	
Date of Birth: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Address _____	SCHOOL TIME COVERAGE <input type="checkbox"/> \$30.00 per student	
City _____ State _____ Zip _____		
Name of School _____		
School District _____		
X _____ Date: _____ Signature of Parent or Guardian		

Period of Coverage

Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24 Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.

Questions and Answers

Q. Is this Policy primary or secondary coverage?

A. This policy is Primary – meaning A-G will pay valid medical expenses payable without regard to any other valid and collectible insurance plan.

Q. May we purchase the policy at any time during the year?

A. Yes, coverage may be purchased at any point in time during the school year for your child. However, there is no pro-rating of premium for enrollment that occurs after the policy effective date. The earlier you enroll the more your child will maximize their coverage.

Q. Will this policy pay if our other insurance has a deductible?

A. Yes, benefits are paid without regard to other insurance.

How to File a Claim

1. Obtain an accident claim form through your school office or A-G Administrators, Inc. Please answer all questions and provide all necessary signatures.
2. Attach all itemized bill(s) and any explanation of benefits to the claim form and mail or fax to the Administrator's Address indicated on the claim form.
3. Claims for benefits must be filed within 90 days from the date of accident. Only one claim form is needed per accident.

Important Note

This brochure is a summary of the insurance plan as specified in the policy form (GA26932-002) on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. This coverage may not be available in all states and Policy terms and conditions may vary by state. In the event of a discrepancy, the Policy will prevail.

K-12 Student and Athletic Accident Insurance



A-G Administrators, Inc.

- **Sports Insurance Specialists**
- **Student Accident Insurance
since 1983**



**Phone: (610) 933-0800
www.agadministrators.com**

A-G Administrators K-12 Student Accident Program

A-G Administrators:

- **Sports Insurance Specialists**
- **Student Accident Insurance**
- **Since 1983**

All student and athlete injury claims are handled with personal attention and accountability. We take pride in giving you the service you need and deserve.

Choose the Plan to Match your Needs:

Compare the 4 plans. Coverage can be on a compulsory or voluntary basis.

Compulsory or Voluntary Coverage:

Compulsory Coverage

Can be purchased by the school to cover all students during school time activities or just student athletes during covered sports activities...or both.

1 School time accident medical coverage

Provides benefits for covered injuries sustained during the hours and days when school is in session and while insured students are attending or participating in school-sponsored and supervised activities on or off school premises.

- Participating in interscholastic sports, including interscholastic football, if elected
- Participating in summer recreational activities
- Traveling to and from school and other necessary travel

2 Interscholastic Sports

Provides benefits for covered injuries sustained during tryouts, pre-season and post-season play, travel to and from games and/or practice.

Voluntary Coverage

Is available to the student body and is paid for by each covered individual. Faculty coverage is also available.

1 Full time 24 hour accident medical coverage

Provides benefits for covered injuries around the clock and throughout the year including weekends, vacations and summers.

2 School time accident medical coverage

Provides benefits for covered injuries sustained during the hours and days when school is in session and while insureds are attending or participating in school sponsored and supervised activities on or off the school premises:

- Participating in summer recreational activities
- Traveling to and from school and other necessary travel
- Interscholastic sports (with or without football) can be elected

Accidental Death/Dismemberment/Loss of Sight Benefits:

Included in all plans. If within one year of the date of the accident a covered injury results in any of the losses specified, we will pay these benefit amounts in addition to the medical expense benefits:

Loss of life	\$10,000
Loss of both hands, both feet or loss of sight in both eyes	\$20,000
Loss of one hand and one foot	\$20,000
Loss of one hand and the sight of one eye	\$20,000
Loss of one foot and the sight of one eye	\$20,000
Loss of one hand or one foot or the sight in one eye.	\$10,000

How Benefits are Paid:

Benefits can be paid on a **Full Excess, Primary Excess or Primary Basis.**

Full Excess: Benefits are paid for eligible medical expenses that are in excess of benefits paid to the insured by any other health care plan.

Pennsylvania Primary Excess: Benefits are paid for the first eligible medical expenses incurred up to \$100. Additional eligible expenses will be payable only when they exceed the amounts paid by any other health care plan. In the event no other health insurance exists, benefits will be payable on a primary basis.

Primary Basis: Benefits are paid for the first eligible medical expenses incurred regardless of any other health care plan the covered person may have.



Up to \$5,000,000 in Catastrophic Accident Insurance for K-12 Students and Student Athletes!

Choose The Plan That Suits Your Needs

Interscholastic Athletics Coverage:

This plan covers all interscholastic athletic competitions which are officially authorized, sanctioned and scheduled by the participating school and governed by the rules and regulations of the appropriate state high school athletic/activities association, or related governing body. Also included are pre-competition activities and practice sessions which are authorized and supervised by the participating school. Your school has the choice to include or not include interscholastic football. With this plan, your school can help protect its participating student athletes, managers, trainers, cheerleaders and participants of other related activities from the high cost of catastrophic injuries.

Student Coverage:

This plan covers intramural sports, physical education classes, regular school sessions, on and off campus group activities that are school sponsored and supervised, and travel directly to and from these activities. With this plan, your school can help protect its students participating in school sponsored and supervised activities other than interscholastic athletic competitions from the high cost of catastrophic injuries.

Catastrophic Cash Benefit up to \$500,000 Per Covered Accident:

If a covered person suffers paralysis, coma, or brain death as a result of a covered accident, a catastrophic cash benefit will be paid in accordance with the option you select and in addition to the medical expense benefits.

Option A:

Up to a \$500,000 benefit: A lump-sum benefit of up to \$100,000 for any of the conditions in the Table of Losses. Thereafter, a yearly benefit of \$40,000 to be paid for up to ten years as long as the covered person remains paralyzed, in a coma or brain death has occurred.

Option B:

Up to \$250,000 benefit: A lump sum benefit of up to \$50,000 for any of the conditions in the Table of Losses. Thereafter, a yearly benefit of \$20,000 to be paid up to ten years, as long as the covered person remains paralyzed, in a coma, or brain death has occurred.



Create Your Program:

Choose up to \$5,000,000 in excess accident medical expense benefit for covered accidental injuries with a ten year benefit period or \$1,000,000 with a lifetime benefit. K-12 catastrophic programs have a \$25,000 deductible. Benefits paid under the base plan are applied to the deductible of the catastrophic plan.

The first eligible expense must be incurred within 26 weeks of the date of the covered accident. The deductible must be satisfied within two years of the date of the accident. Once the deductible is satisfied, benefits will be payable for usual, reasonable and customary charges for eligible medical expenses in excess of those paid by any other health care plan up to the maximum benefit amount and benefit period chosen.

Eligible Accident Medical Expenses:

- Hospital bills, including semi-private room and board
- Intensive care room and board charges
- Medical or surgical treatment by a licensed doctor including anesthesia
- X-rays and laboratory tests
- Outpatient charges for emergency room treatment
- Physiotherapy treatment during a hospital stay or on an outpatient basis

The covered person must be under the care of a doctor when the expenses are incurred. Eligible medical expenses are listed in the policy. For a copy of the policy, please contact A-G Administrators.

Table Of Losses:

Brain Death or Coma100% of option A or B
Paralysis of:	
Both Upper and Lower Limbs100% of option A or B
Both Lower Limbs100% of option A or B
One Lower and One Upper Limb100% of option A or B
One Lower or One Upper Limb50% of option A or B

*Note: Paralysis, coma or brain death must occur within 180 days from the date of the covered accident; must continue for six consecutive months; and must be diagnosed by a doctor to be complete and not reversible. Payment of this benefit is in addition to and without regard to other insurance.

Exclusions:

Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection; bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles; declared or undeclared war or act of war; flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline; travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized race or contest of speed; an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learners permit and the covered person is receiving instruction from a driver's education instructor; sickness, disease, bodily or mental infirmity, 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; release of nuclear energy radiation, including sickness or disease resulting from such release; travel or activity outside the United States; the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred; voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage; injuries compensable under workers' compensation law or any similar law; occupational injuries for which benefits are not paid under the workers' compensation law or any similar law; a cardiovascular accident or stroke resulting, directly and independently of all other causes, from exertion, as verified by a physician, while the covered person participates in a covered activity; operating any type of vehicle while under the influence of any alcohol or drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. For purposes of this exclusion, under the influence of alcohol, means intoxicated, as defined by the law of the state in which the accident occurred. In addition, benefits will not be paid for services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household or provided by a parent, sibling, spouse or child of either the covered person or the covered person's spouse; an injury resulting from participation in or practice in Interscholastic Sports, including travel to and from games and practice, unless specifically provided for in the policy.

ACCIDENT MEDICAL LIMITATIONS AND EXCLUDED EXPENSES:

Cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury; any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that are deemed by us to be experimental or investigational and are not recognized and generally accepted medical practice in the United States; blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood; treatment in any Veteran's Administration, federal, or state facility, unless there is a legal obligation to pay; services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay; rest cures or custodial care; initial eyeglasses, contact lenses, or hearing aids, repair or replacement of existing dentures, partial dentures, braces or bridgework; personal services such as television and telephone or transportation; orthopedic appliances used mainly to protect an injury so that the covered person can take part in interscholastic sports; expenses payable by any automobile policy without regard to fault; services or treatment provided by an infirmary operated by the policyholder; 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; treatment or service provided by a private duty nurse; repair or replacement of existing artificial limbs, eyes and larynx; treatment of hernia or any kind; charges for any article of clothing intended for use more than once.

TERMS OF COVERAGE:

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the plan maximum. The first eligible medical expense must be incurred within 90

days of the date of the covered accident. One or two year benefit period available on Compulsory plans; one year on all Voluntary plans.

Eligibility - All day students who attend Kindergarten, Elementary, Junior or Senior High School (public or private) are eligible for this coverage. Boarding students may purchase the 24-hour coverage. Faculty, administrative personnel and other school employees are eligible for coverage.

Effective Date - Coverage becomes effective on the date requested provided the premium and the enrollment form are received and accepted by United States Fire Insurance Company or A-G Administrators.

General Definitions:

Accident - A sudden, unforeseeable external event which causes injury to one or more insured students and occurs during a covered activity while coverage is in effect. (In Missouri, Accident means a sudden unforeseeable event which causes injury to one or more insureds and occurs during a covered activity while coverage is in effect.)

Health Care Plan - Any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A health care plan includes group, blanket, franchise, family or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans; medical benefits provided by "fault" and "no-fault" -type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan; or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services.

Injury - Bodily harm which results, directly and independently of all other causes, from an accident. All injuries sustained in one accident, including all related conditions and recurring symptoms of the injuries will be considered one injury. (In Florida, Injury means bodily harm from an accident which is the direct cause, independent of disease or bodily infirmity, of the covered loss.)

School Travel - Transportation on a school bus or private passenger automobile driven by a member of the faculty or staff of the school, a parent of the covered person, or other adult with a valid drivers' license whom the school has specifically designated to transport covered persons to a school supervised and sponsored activity.

Usual, Reasonable and Customary - All benefits will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent. Where appropriate, Usual, Reasonable and Customary Charge will be based on a relative value schedule appropriate to the area and type of service provided.

This information is a brief description of the important benefits and features of the K-12 Accident Medical Insurance provided by United States Fire Insurance Company and Administrated by A-G Administrators. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions are set forth on policy form GAC26932.



A-G Administrators, Inc.

P.O. Box 979
Valley Forge, PA 19482
Phone: (610) 933-0800
Fax: (610) 935-2860
Email: info@agadm.com

Claim forms available at www.agadministrators.com

K-12 Student / Athletic Accident Medical Expense Insurance Plans with No Deductibles



Coverage:	Plan 1.	Plan 2.	Plan 3.	Plan 4.
1. Compulsory	\$10,000-\$1,000,000	\$10,000-\$1,000,000	\$10,000-\$1,000,000	\$10,000-\$1,000,000
2. Voluntary	N/A	N/A	\$250,000	\$250,000
Hospital Services:				
1. Daily Room & Board: Semi-Private	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Average Semi-private up to \$250 / day	Average Semi-private up to \$75 / day
2. Intensive Care Room & Board	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$350 / day for 7 days	100% of Usual, Reasonable and Customary Expenses Not to exceed \$125 / day for 7 days
3. Miscellaneous Services when hospital confined or when surgery is performed	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$2500	100% of Usual, Reasonable and Customary Expenses Not to exceed \$1,000
4. Emergency Room (outpatient)	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses not to exceed \$200	100% of Usual, Reasonable and Customary Expenses not to exceed \$100
Physician Services:				
1. Surgery, including pre- and post-operative care	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses, up to the value listed in the 1974 California Relative Value schedule multiplied by \$150	100% of Usual, Reasonable and Customary Expenses, up to the value listed in the 1974 California Relative Value schedule multiplied by \$100
2. Anesthetic (including administration) and assistant surgeon	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	30% of surgery Benefit	20% of surgery Benefit
3. Physician Visits other than physiotherapy and similar treatment when no surgery benefit is paid	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	\$40 / first visit, \$20 / additional visits	\$25 / first visit, \$10 / additional visits
4. Consultants (when required by attending physician for confirming or determining a diagnosis, but not a treatment.) and second opinions	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses not to exceed \$100	100% of Usual, Reasonable and Customary Expenses not to exceed \$50
Laboratory & X-Ray Services:				
Including reading and interpretation *dental x-rays are payable under dental services benefits	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses maximum x-ray \$300 maximum laboratory \$150	100% of Usual, Reasonable and Customary Expenses maximum x-ray \$150 maximum laboratory \$75
Additional Services:				
1. Physiotherapy or similar treatment -In hospital -Out of hospital	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Included in Hospital Misc. \$30 / visit Maximum 5 visits	Included in Hospital Misc. \$20 / visit Maximum 5 visits
2. Registered or Licensed Nurse	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
3. Ambulance to initial treatment facility	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
4. Medical Equipment Rental of crutches or wheelchair - In Hospital - Out of Hospital	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Included in Hospital Misc. 100% of Usual and Customary Expenses Not to exceed \$250	Included in Hospital Misc. 100% of Usual and Customary Expenses Not to exceed \$50
5. Prescribed Drugs and Medicines	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$100	100% of Usual, Reasonable and Customary Expenses Not to exceed \$25
6. Glasses, contact lenses, hearing-aids: replacement when damaged in conjunction with a covered injury requiring medical treatment	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$125	100% of Usual, Reasonable and Customary Expenses Not to exceed \$25
Dental Services:				
Treatment, repair or replacement of injured natural teeth. Includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery, and treatment for gingivitis resulting from trauma.	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$250/tooth	100% of Usual, Reasonable and Customary Expenses Not to exceed \$100/tooth

All benefits shown are maximum benefits payable per covered person as long as initial treatment is received within 90 days after the date of the covered accident. One or two year benefit payment available on Compulsory plans; one year benefit available on Voluntary plans. There is no sickness coverage provided under any of these plans.

Voluntary Student Plans



Coverage:	Primary Excess (over \$100)	Primary
Coverage Including Sports Other than Senior High School Football	School time \$36 24-hour \$125	School time \$30 24-hour \$115
Coverage Excluding All Interscholastic Sports	School time \$28 24-hour \$124	School time \$22.50 24-hour \$90

Hospital Services:		
1. Daily Room & Board: Semi-Private Room Rate per day, maximum of	100% of Usual, Reasonable and Customary Expenses	\$300 per day
2. Miscellaneous Hospital Services: During hospital confinement, including X-rays	100% of Usual, Reasonable and Customary Expenses (not to exceed \$10,000)	100% of Usual, Reasonable and Customary Expenses (not to exceed \$3,000)
3. Intensive Care: When confined to a Hospital Intensive Care Unit, additional benefit provided in coverage No.1 not to exceed 10 days	100% of Usual, Reasonable and Customary Expenses	\$700 per day
4. Emergency Room Charges: When hospital confinement is not required, maximum of If out-patient surgery is required, the maximum is increased to (The benefits are payable in addition to the X-rays and surgeon's services shown below.)	\$500 \$2,500	\$400 \$1,500

Doctor's Services:		
1. Surgery, including pre- and post-operative care, Usual, Reasonable and Customary Expenses in accordance with the 1974 Revised California Relative Value Studies, 5th Addition, having a conversion factor of	100% of Usual, Reasonable and Customary Expenses	\$170 Unit Value
2. Anesthesia: Percentage of Surgical Allowance	45%	40%
3. Doctor's Visit other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
4. Non-Surgical doctor's charges in the emergency room	100% of Usual, Reasonable and Customary Expenses	\$70
5. Consulting Fee: When requested by the attending physician	100% of Usual, Reasonable and Customary Expenses	\$150

X-Ray Services:		
1. (Other than Dental and including fee for interpretation and/or reading of X-rays.) When not hospital confined, not to exceed the allowance under the 1974 Revised California Relative Value Studies, 5th Edition, using a conversion factor of	\$28 Unit Value	\$20 Unit Value
2. X-Ray Maximum, when no fracture is demonstrated	\$700	\$400

Additional Services		
1. Physiotherapy or similar treatment, including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	\$60 / Treatment (maximum \$720)	\$50 / Treatment (maximum \$500)
2. Registered Nurse: In or out of hospital	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
3. Ambulance Transportation: (Ground Only) To and from hospital, maximum of	100% of Usual, Reasonable and Customary Expenses	\$300
4. Orthopedic Appliances: When ordered by attending physician- in or out of hospital	\$700	\$500
5. Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
6. Dental* (including X-rays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	\$300	\$200
7. Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	100% of Usual, Reasonable and Customary Expenses	\$100

Pennsylvania schools electing one of our programs will have automatic coverage for in state field trips shorter than 24 hours.

Coverage will be shown on the primary plan, up to \$2,500 per student. Coverage is also available for overnight or out of state field trips. Call A-G Administrators for a quotation.



A-G ADMINISTRATORS, INC. AT-A-GLANCE

Who We Are

A-G Administrators, Inc. is a national leader in the sports and student insurance industry.

Our focus:

- K-12, Collegiate, & Amateur Sports insurance
- Unsurpassed personal client attention & service
- Industry leader: generating savings on medical expenses
- Innovators: building sustainable sports insurance programs

Our products and services:

- K-12, Camp, Special Risk Insurance
- Intercollegiate Athletics Insurance
- Claims Administration Services
- Mandatory Student Accident Insurance
- Catastrophic Accident Insurance

Who We Work With

We currently serve over 500 K-12, over 2,000 youth sports & special risk, and over 325 Colleges and Universities as the plan administrator, third-party claims administrator (TPA), managing general agent, and trusted advisor:

- K-12
 - Exclusively endorsed PSBA administrator
 - Small Private Schools
 - Entire school Districts
- Youth Sports & Special Risk
 - Camps & Clinics
 - Youth & Amateur leagues & organizations
- NCAA, NAIA, NJCAA
 - Small individual schools
 - Large State System Consortiums
 - California State University System
 - Texas A&M System
 - University System of Maryland

How We Are Different

- Unique approach to claims discounting by contracting directly with many providers
- Industry leader in medical expense savings
- Direct contracting withstands the challenges presented by the Affordable Care Act
- Fully-electronic claims management system
- State-of-the-art claims administration application
- Superior reporting
- Unsurpassed personal client attention & service

Company Background

- Family owned & operated since 1983
- Focused on sports insurance since our inception
- All claims managed in-house
- Dedicated customer service team
- Trusted advisors in the ever-changing sports insurance industry

Contact Information

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