

# 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](http://www.agadministrators.com)

Plans are Underwritten by  
United States Fire Insurance Company

 **FAIRMONT SPECIALTY**  
A member of the Crum & Forster Enterprise

# Description of Benefits

Benefit	24 Hour Coverage/School Time Coverage
<b>Benefits provided for all enrolled students of the Policyholder excluding interscholastic sports for whom premium is paid</b>	
<b>Maximum Benefit:</b>	\$250,000
<b>Deductible:</b>	\$0
<b>Benefit Period:</b>	52 Weeks
<b>Hospital Services</b>	
<b>Daily Room &amp; Board:</b> Semi Private Room	100% UCR
<b>Miscellaneous Hospital Services:</b> During hospital confinement	100% UCR (not to exceed \$10,000)
<b>Intensive Care:</b> When confined to a Hospital Intensive Care Unit	100% UCR
<b>Emergency Room Charges:</b> When hospital confinement is not required	\$500 Maximum
<b>Emergency Room Charges:</b> 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.)	\$2,500 Maximum
<b>Physician Services</b>	
<b>Surgery:</b> including pre- and post-operative care	100% UCR
<b>Anesthesia:</b>	45% of the Surgery Benefit Paid
<b>Assistant Surgeon:</b>	100% UCR
<b>Doctor's Visit:</b> other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% UCR
<b>Non-Surgical doctor's charges in the emergency room</b>	100% UCR
<b>Second Surgical Opinion, Consultation and Specialists</b>	100% UCR
<b>Laboratory and X-Ray Services</b>	
(Other than Dental and including fee for interpretation and/or reading of X-rays.)*	\$28 Unit Value
<b>Lab and X-Ray:</b> (when no fracture is demonstrated)	\$700 Maximum
<b>Additional Services</b>	
<b>Physiotherapy or similar treatment:</b> including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	\$60/Visit up to 12 Visits Maximum of \$720
<b>Registered Nurse:</b>	100% UCR
<b>Ambulance Transportation:</b> (Ground Only)	100% UCR
<b>Orthopedic Appliances:</b> When ordered by attending physician	\$700 Maximum
<b>Out-Patient Drugs and Medication:</b> Administered in Doctor's office or by prescription	100% UCR
<b>Dental (including X-rays):</b> For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	\$300 per tooth
<b>Eyeglasses, Contact Lenses:</b> Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	100% UCR
<b>Accidental Death Benefit</b>	
	\$2,500
<b>Accidental Dismemberment, Loss of Sight</b>	
	\$20,000
* In accordance with the 1974 Revised California Relative Values Studies, 5 <sup>th</sup> Addition, using a conversion factor.	

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;

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## *Questions and Answers*

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Q. Is this Policy primary or secondary coverage?

A. This policy is Primary Excess – meaning A-G will pay the first \$100 in valid medical expenses payable without regard to any other valid and collectible insurance plan. Once expenses have exceeded \$100, A-G will make payments in excess of any other valid and collectible insurance.

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, this policy does not have deductible. You should submit expenses in excess of \$100 to your other insurance carriers and forward a copy of the itemized bill and explanation of benefits showing the amount of the deductible.

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## *How to File a Claim*

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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.

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## *Important Note*

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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. In the event of a discrepancy, the Policy with prevail.