

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

2017-2018



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

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## *K-12 Accident Insurance*

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### **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.

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### *Choose Your Coverage Plan*

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**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. **Excludes all interscholastic sports. (\$90.00)**

**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. **Excludes all interscholastic sports. (\$22.50)**

## 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; \$15,000 payable as shown below, excess of \$15,000 payable at 100% Usual, Reasonable and Customary Charges
<b>Deductible:</b>	\$0
<b>Benefit Period:</b>	52 Weeks
<b>Hospital Services</b>	
<b>Daily Room &amp; Board: Semi Private Room</b>	\$300 per day
<b>Miscellaneous Hospital Services: During hospital confinement</b>	\$3,000
<b>Intensive Care: When confined to a Hospital Intensive Care Unit</b>	\$700 per day, not to exceed 10 days
<b>Emergency Room Charges: When hospital confinement is not required</b>	\$400 Maximum
<b>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.)</b>	\$1,500 Maximum
<b>Physician Services</b>	
<b>Surgery: including pre- and post-operative care*</b>	\$170 Unit Value
<b>Anesthesia:</b>	40% of the Surgery Benefit Paid
<b>Assistant Surgeon:</b>	40% of the Surgery Benefit Paid
<b>Doctor's Visit: other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit</b>	100%UCR
<b>Non-Surgical doctor's charges in the emergency room</b>	\$70 per visit
<b>Second Surgical Opinion, Consultation and Specialists</b>	\$150 aggregate benefit
<b>Laboratory and XRay Services</b>	
<b>(Other than Dental and including fee for interpretation and/or reading of X-rays.)*</b>	\$20 Unit Value
<b>Lab and XRay: (when no fracture is demonstrated)</b>	\$400 Maximum
<b>Additional Services</b>	
<b>Physiotherapy or similar treatment: including Datherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat</b>	\$50/Treatment Maximum of \$500
<b>Registered Nurse:</b>	100%UCR
<b>Ambulance Transportation: (Ground Only)</b>	\$300 Maximum
<b>Orthopedic Appliances: When ordered by attending physician</b>	\$500 Maximum
<b>Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription</b>	100%UCR
<b>Dental (including Xrays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury</b>	\$200 per tooth
<b>Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury</b>	\$100 maximum
<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.	

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## Policy Exclusions

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### 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 checkups
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 bungi-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;



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## Questions and Answers

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**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.

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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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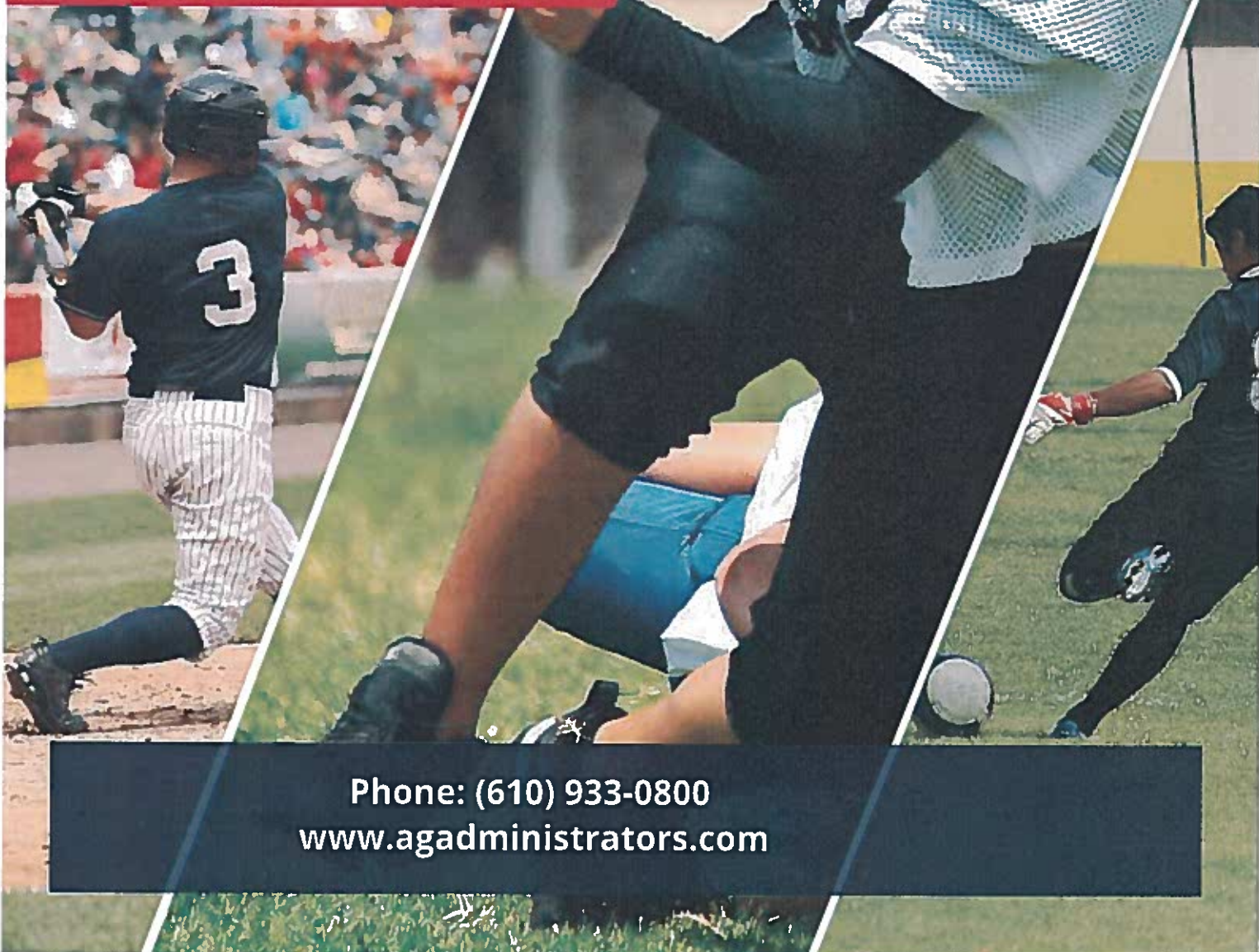
This brochure is a summary of the insurance plan as specified in the policy form (GA26932-002) on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. 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

Student Accident Insurance  
Since 1983



Phone: (610) 933-0800  
[www.agadministrators.com](http://www.agadministrators.com)



# 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.



## 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

Accident program management for school districts since 1983

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 Consortia

• 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

## Our Products and Services:

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



## 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

# Choose The Plan That Suits Your Need

## Interscholastic Sports 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.

## 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

## Interscholastic Sports Provides:

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





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

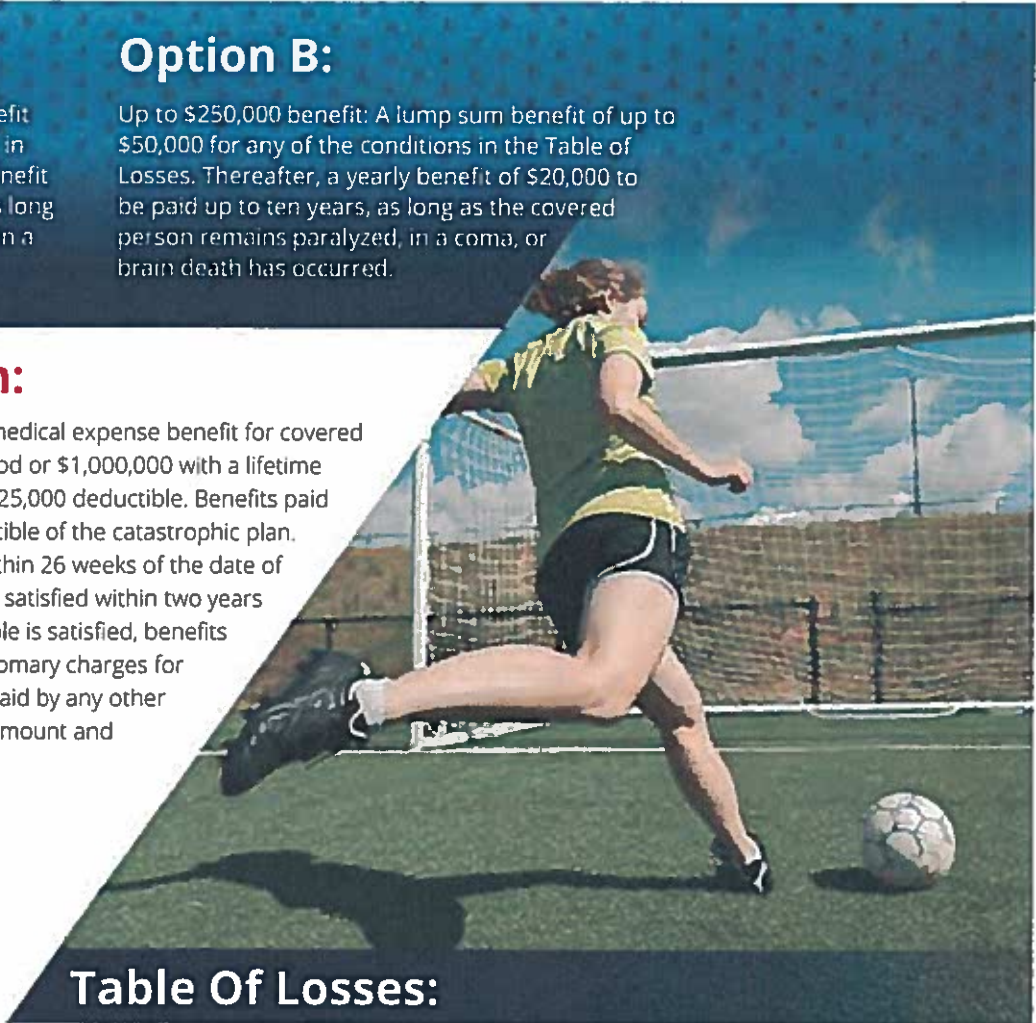
**Create Your Program:**

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, Inc.



**Table Of Losses:**

Brain Death or Coma	100% of option A or B
<i>Paralysis of:</i>	
Both Upper and Lower Limbs	100% of option A or B
Both Lower Limbs	100% of option A or B
One Lower and One Upper Limb	100% of option A or B
One Lower or One Upper Limb	50% 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.

**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

# 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 (without senior high football) can be elected

## 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
<b>Hospital Services:</b>		
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
<b>Doctor's Services:</b>		
1. Surgery, including pre- and post-operative care, Usual, Reasonable and Customary Expenses in accordance with the 1974 Revised California Relative Value Studies, 5th Edition, 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
<b>X-Ray Services:</b>		
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
<b>Additional Services:</b>		
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



**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 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 and administered by A-G Administrators.



## Contact Information

Located Just West of Center City Philadelphia  
in King of Prussia, Pennsylvania

Web: [www.agadministrators.com](http://www.agadministrators.com)

Tel: (800) 634-8628 • Fax: (616) 933-4122 • Email: [info@agadm.com](mailto:info@agadm.com)

Mailing Address:  
PO Box 979 Valley Forge, PA 19482