



## K-12 Student and Athletic Accident Insurance

### CHOOSE THE PLAN THAT SUITS YOUR NEEDS

#### 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

# 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 10 years as long as the covered person remains paralyzed, in a coma or brain death has occurred.

## Option B:

Up to a \$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 for up to 10 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 10-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 [trustinfo@psba.org](mailto:trustinfo@psba.org).

## Table of Losses:

Brain Death or Coma	100% of option A or B
Paralysis of:	
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	\$10,000
Loss of one hand or one foot or the sight in one eye	\$10,000

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

2021-2022



Administrative Office  
A-G Administrators LLC  
Berwyn, PA USA  
Phone (610)933-0800  
[www.agadministrators.com](http://www.agadministrators.com)

Plans are Underwritten by  
United States Fire Insurance Company



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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. **Includes all interscholastic sports excluding senior high football.** (\$150.00)

**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 all interscholastic sports excluding senior high football.** (\$70.00)

## *Description of Benefits*

Benefit	24 Hour Coverage/School Time Coverage
<b>Benefits provided for all enrolled students of the policyholder including interscholastic sports other than senior high football 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 postoperative 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>	
<b>Accidental Dismemberment, Loss of Sight</b>	\$2,500 \$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
      - 2) 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 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 disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
24. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
25. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or
26. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
27. Rest cures or custodial care;
28. Prescription medicines unless specifically provided for under the Certificate;
29. 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 LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936
3. Make Checks Payable to UNITED STATES FIRE INSURANCE COMPANY c/o A-G Administrators LLC
4. Return by mail to A-G Administrators LLC. 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.

<b>INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM UNITED STATES FIRE INSURANCE COMPANY STUDENT ACCIDENT COVERAGE</b>		
<b>STUDENT'S LAST NAME (one letter per box)</b>		
<input type="text"/>		
<b>Individual Voluntary Student Accident Plans</b>		
<b>STUDENTS FIRST NAME</b>		
<input type="text"/>		
Age: _____	Grade: _____	Phone #: _____
<b>24 HOUR COVERAGE</b>		
<input type="checkbox"/> <b>\$150.00 per student</b>		
<b>Date of Birth: _____      Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></b>		
<b>Home Address _____</b>		
City _____	State _____	Zip _____
<b>Name of School _____</b>		
<b>School District _____</b>		
X _____	Date: _____	
<b>Signature of Parent or Guardian (Required)</b>		

## *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.

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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 LLC 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 with prevail.