

WEST CHESTER AREA SCHOOL DISTRICT

August 2024

**TO: Student Athletes and Parents/Guardians
Secondary Principals
Athletic Directors
Coaches & Advisors**

2024-25 STUDENT ACCIDENT INSURANCE Coverage for Interscholastic Sports/Activities

The District provides accident insurance coverage for all students while participating in scheduled school-sponsored and school-supervised middle and high school Interscholastic Sports, Bands, Color Guards, and Cheerleaders, and while acting as student coaches, student trainers, and student managers. For the complete summary of benefits, please visit the District website at www.wcasd.net and click on the **Departments** drop-down tab and select **Athletic Program**. Information may be accessed by clicking on the **Interscholastic Student Accident Insurance** link.

*If accident insurance coverage is desired while **not a participant** in one of these activities, additional insurance may be purchased at the family's expense. (School-time only accident insurance: \$28 per school year or 24-hour accident insurance coverage: \$124 per school year.) To download the application form, please visit the District website at www.wcasd.net and click on the **Families & Students** drop down tab, and click on the **Insurance - Optional Student Accident Insurance** link. Families may also call AG Administrators at 610-933-0800 or email requests for information to customerservice@agadm.com. (All families will receive a separate communication from the District regarding this optional insurance.)*

INSTRUCTIONS FOR INTERSCHOLASTIC SPORTS/ACTIVITIES CLAIMS Use Policy #US2151580

Claims must be filed with the insurance company within 90 days from the date of injury. Claim forms are available on the District website. Please visit www.wcasd.net and click on the **Departments** tab, and select **Athletic Program**. The claim form and instructions for filing a claim may be accessed by clicking on the **Interscholastic Student Accident Insurance** link. The claim form and all bills must be forwarded to the claims administrator.

Submit a completed claim by uploading to secure portal upload.agadministrators.com
or email to claims@agadm.com

A-G Specialty Insurance LLC
Attn: Claims Department
P.O. Box 21013
Eagan, MN 55121
Phone (610) 933-0800

Email questions to customerservice@agadm.com

**If HELP IS NEEDED PRIOR TO FILING A CLAIM, call A-G Specialty Insurance LLC
using either the telephone number or email address listed above.**

8/2024

WEST CHESTER AREA SCHOOL DISTRICT
 ATHLETIC ACCIDENT COVERAGE
 SUMMARY OF BENEFITS

(Student Athletes while participating in supervised and sponsored Sports: Interscholastic Sports including Football, Band, Cheerleading, and Intramural Sports)

ACCIDENT MEDICAL EXPENSE BENEFIT

Hospital Room & Board Daily Maximum Benefit	100% of Semi-Private Room Rate per day
Intensive Care/Cardiac Care Room & Board	100% of URC
Hospital Miscellaneous Benefit	100% of URC
Pre-Admission Testing Benefit	100 % of URC
In-Patient Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount	100% of URC
Assistant Surgeon Benefit	100% of URC
Out-patient Surgery Benefits:	
Outpatient Primary Surgeons Maximum Benefit Amount	100% of URC
Outpatient Assistant Surgeon	100% of URC
Outpatient Surgical Facility Maximum Benefit	100% of URC
Emergency Room Benefit	100% of URC
Anesthesia Benefit	100% of URC
Physician's Visits:	
In-Hospital Maximum Benefit	100% of URC
Physician's Visits:	
Office Visits (Out-of-Hospital) Maximum Benefit	100% of URC
X-ray Benefit	100% of URC
Laboratory Benefit	100% of URC
Nursing Benefit Amount	100% of URC
Outpatient Physiotherapy Benefit	100% of URC
Ground Ambulance Benefit Amount	100% of URC
Dental Treatment for Injury Only Benefit Amount	100% of URC

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these Additional Accident Benefits shown below are paid in addition to any benefits payable, unless otherwise excluded or indicated under the terms, conditions, and exclusions of this Policy.

The total of all benefits payable under this Policy, including all Additional Accident Benefits paid for all Injuries caused by the same Covered Accident shall not exceed the Principal Sum indicated in the *Schedule of Benefits* unless otherwise excluded or indicated under the terms, conditions, and exclusions of this Policy.

HEART OR CIRCULATORY MALFUNCTION BENEFIT	100% of URC
EXPANDED MEDICAL TREATMENT BENEFIT	100% of URC
OUT-PATIENT PRESCRIPTION DRUG BENEFIT	

Benefit payable per prescription	100% of URC
DURABLE MEDICAL EQUIPMENT BENEFIT	100% of URC
HEAT EXHAUSTION BENEFIT	100% of URC
Replacement of Eyeglasses, Contacts, or Hearing Aid due to a covered injury	100% of URC
ACCIDENTAL DEATH AND DISMEMBERMENT	
Principal Sum:	\$10,000 Death / \$20,000 Double Dismemberment

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. 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;
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. 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 foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.

20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health check ups.
24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person.
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
28. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
29. Travel or activity outside the United States.
30. Participation in any motorized race or speed contest.
31. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
32. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
33. Treatment of a hernia whether or not caused by a Covered Accident.
34. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
35. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
36. Expense incurred for 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; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
37. 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 Policy, and rendered within 6 months of the Accident.
38. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
39. 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.
40. Travel in or upon: a. A snowmobile; b. A water jet ski; c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel; d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
41. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or b. While being used for any test or experimental purpose; or c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or f. an ultralight hang-gliding, parachuting, or bungi-cord jumping (Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.)

42. Treatment for an Injury that is caused by or results from a 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:
 - a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
 - b. The Covered Person was within a 25-mile radius of the site of release either:
 - i. At the time of the release; or
 - ii. Within 24 hours of the start of the release.
43. Practice or play in any amateur, club sport, intercollegiate, or professional sports contest or competition.
44. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
45. Rest cures or custodial care.
46. Prescription medicines unless specifically provided for under this Policy.
47. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
48. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
49. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.



How to File a Claim

To process your claim please submit the following three pieces of information:

1. Completed and Signed Claim Form
2. Itemized Bills
3. Explanation of Benefits from student's Primary Insurance Carrier

These documents should be sent through our secure portal:

upload.agadministrators.com

Alternatively they can be mailed, emailed or faxed to:

A-G Specialty Insurance LLC
Claims Department
P.O. Box 21013
Eagan, MN 55121

Claims@agadm.com
(610) 933-4122 Fax

Contact us with questions at (610) 933-0800 or customerservice@agadm.com

1. **The Claim Form** enables us to open a claim for the treatment of your injury. To avoid delays in claim processing please be sure the "other insurance" portion of the claim form is completed in full. The claim form must be signed by a school official.
2. **Itemized Bills:** Please ensure parents are instructed to send us copies of all medical bills, showing the name and address of the provider of service, date of service, type of service and the charges. Account statements or "balance due" statements are helpful, but do not usually contain all the information needed to process the charges.
3. **Explanation of Benefits:** If the student has other medical insurance, all medical bills must be first submitted to the student's primary health insurance for their determination of eligibility. If the charges are not paid in full by the other medical insurance carrier we will need to see a copy of the "Explanation of Benefits" from that carrier prior to issuing benefits from this office. Please ensure parents are instructed to also send us these documents, if applicable.



K-12 STUDENT

ACCIDENT CLAIM FORM

Please complete and submit to A-G Administrators with itemized medical bills **AND primary insurance explanation of benefits.**

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com
Alternatively, submit documents to claims@agadm.com.

For **questions**, however, please contact A-G Administrators: customerservice@agadm.com.

YOUR INFORMATION

First Name: _____ Last Name: _____
Title: _____ School/Organization Name: _____
Email Address: _____ Phone Number: _____

POLICYHOLDER INFORMATION

Policyholder (School): _____
School Address: _____
STREET CITY STATE, ZIP

STUDENT INFORMATION

Student's Name: _____
FIRST NAME MIDDLE INITIAL LAST NAME
Date of Birth: _____ Sex: M F Social Security #: _____
Student's Phone Number (or Parent's if minor): _____
Student's EMAIL (or Parent's if minor): _____
Student's Home Address: _____
STREET CITY STATE, ZIP

ACCIDENT INFORMATION

Circumstance: Game Practice Conditioning Other (Please explain in Nature of Injury section.)
Type of Activity: Club Sport Intramural Interscholastic Non-Athletic
Activity/Sport (if athletic related): _____ Accident Date: _____
Body Part Injured: _____ Place of Accident: _____
Nature of Injury (Details of what happened.): _____

INSURANCE INFORMATION

Does the claimant have primary insurance? Yes No (Attach separate documents if necessary.)
Insurance Company Name: _____
Insurance Company Address: _____
STREET CITY STATE, ZIP
Policy Number: _____ ID#: _____
Is the student eligible for Medicaid or TriCare Benefits? ___ YES ___ NO
If yes, please file for benefits under the Student Accident Plan before submitting expenses to Medicaid or TriCare.

AUTHORIZATION

AFFIDAVIT: I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

WARNING: New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SCHOOL OFFICIAL SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony. Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person, who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison