

# AG

SPORTS INSURANCE SPECIALISTS™

**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 AND SCHOOL TIME ACCIDENT MEDICAL 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.

## PEOPLE ARE OUR GREATEST ASSET

Family owned and operated since 1983, A-G Administrators is headquartered in Philadelphia's western suburbs and serves programs throughout the United States. An industry leader in medical expense savings, we have focused exclusively on sports insurances since inception. Managing all claims in house with a dedicated customer service team and a staff that knows your account, your teams and all sides of the sports insurance industry, A-G Administrators is on your team!

 *Achieve Greatness!*<sup>SM</sup>



**A-G ADMINISTRATORS LLC**  
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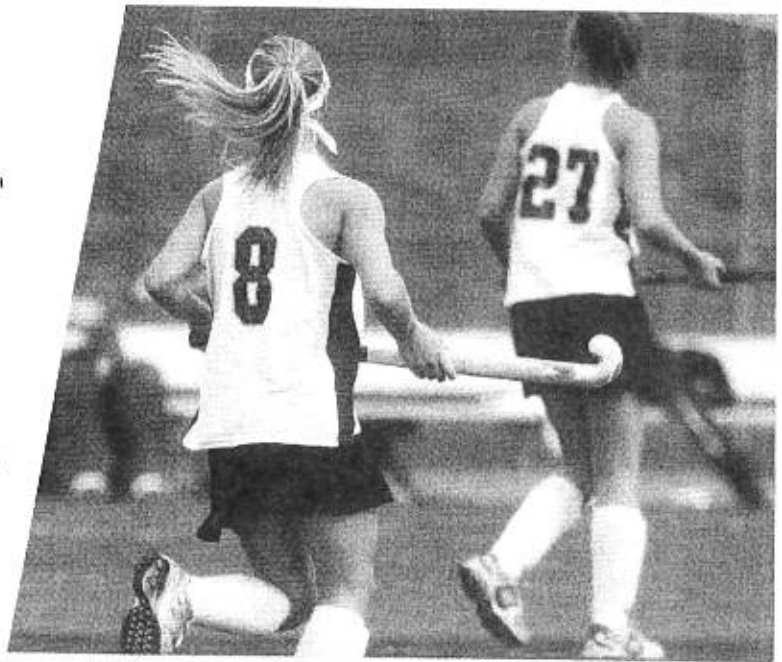
3001 Old Cassatt Rd., Suite 300, Berwyn, PA 19312

Ph: (610) 321-3838 Ex: (610) 705-1677 [AGadministrators.com](http://AGadministrators.com)

# 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.



**Up to \$5,000,000 in Catastrophic Accident Insurance for K-12 Students and Student Athletes: Catastrophic Cash Benefit up to \$1,000,000 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 \$1,000,000 Benefit

A lump-sum benefit of up to \$200,000 for any of the conditions in the Table of Losses. Thereafter, a yearly benefit of \$80,000 to be paid up to ten years, as long as the covered person remains paralyzed, in a coma, or brain death has occurred.

## TABLE OF LOSSES

Brain Death or Coma	100% of Option A or B
<b>PARALYSIS OF:</b>	
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 irreversible. Payment of this benefit is in addition to and without regard to other insurance.

Accidental Death/Dismemberment/Loss of Sight Benefits: Indicated 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

## 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



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## K-9 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
<b>Hospital Services:</b>				
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 \$2,500	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
<b>Physician Services:</b>				
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 treatment) and second opinion	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
<b>Laboratory &amp; X-Ray Services:</b>				
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
<b>Additional Services:</b>				
- 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/Medicines	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual and Customary Expenses not to exceed \$100	100% of Usual and Customary Expenses not to exceed \$25
6. Glasses, contact lenses, hearing-aids: replacement when damaged in conjunction with covered injury requiring medical treatment	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual and Customary Expenses not to exceed \$125	100% of Usual and Customary Expenses not to exceed \$25
<b>Dental Services:</b>				
Treatment, repair or replacement of injured natural teeth, includes initial braces when required for treatment of covered injury, as well as exam., 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 and Customary Expenses not to exceed \$250 per tooth	100% of Usual and Customary Expenses not to exceed \$100 per tooth

All benefits shown are maximum benefits payable per covered person as long as initial treatment is received within 90 days 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 COVERAGE

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

## 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

### COVERAGE

Coverage Including Sports Other than Senior High School Football

### FULL EXCESS

School Time \$70  
24-hour \$150

### PRIMARY

School Time \$50  
24-hour \$140

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 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

### 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 Additional Services:

\$700

\$400

### ADDITIONAL SERVICES:

1. Physiotherapy or similar treatment, including Diathermy, 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.



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