



August 2018

2018-2019 Athletic Insurance and Injury

PLEASE READ THOROUGHLY!

Dear Parents/Guardians of Secondary Students Participating in:

- Interscholastic Athletics
- Marching Band
- Cheerleading

Your son/daughter has indicated a desire to participate in a program sponsored by the Bethlehem Area School District (BASD) through our secondary schools. The BASD, as approved by the Board of School Directors, provides insurance coverage for students while participating in interscholastic athletics, cheerleading, and marching band rather than requiring the purchase of an individual student insurance policy.

It is our desire to provide each parent/guardian a description of the coverage and procedures to be used in the event of an injury. The policy provided does have *limited coverage*. Under no circumstances should it be concluded, and is definitely NOT meant to be implied to student athletes, cheerleaders, and marching band members that there is a 100% coverage in the event of all injuries. This coverage IS NOT intended to replace the Major Medical coverage provided by parents/guardians through group insurance on their plans. This provides coverage for students only while participating in interscholastic sports, cheerleading, or marching band. A similar policy covering the student during the school day, or optional 24-hour coverage, is made available for purchase by the parent/guardian at the beginning of the school year and is available throughout the year. For families with limited coverage or high deductible health plans, this is a very low cost policy that warrants strong consideration.

Attached please find a benefit page for sports coverage that indicates covered charges, describes an excess policy that is provided to the student athlete, and indicates exclusions and limitations of the policy. If an athlete or other covered student is injured, the policy pays for the first \$100 of Usual, Reasonable and Customary (URC) charges. In most cases where a minor injury has occurred and the claim is less than \$100, the entire bill will be paid by A-G Administrators, Inc. In the event that the bills resulting from the injury are in excess of \$100, the parent/guardian must complete necessary insurance forms with their own insurance carrier. Once covered expenses have been paid by the parent/guardian's insurance carrier, the remaining excess bills should then be resubmitted for any further payments to the District's Student Athletic Insurance Company, A-G Administrators, Inc. for reimbursement less any applicable copay or coinsurance per the policy limits attached. On the reverse side are directions concerning the above outlined procedure.

Parents/Guardians will be required to provide their medical insurance information prior to participation in the athletic program for the primary safety and care of our athletes. Please note that in the case where the parent/guardian of an athlete or other covered student does not have any private medical insurance, information will be shared to address alternatives. Information related to athletic insurance plans is also available through A-G Administrators, Inc. at 610-933-0800.

I would again reiterate that this information should be read carefully and thoroughly by you the parent/guardian of the student athlete. Thank you!

Sincerely,

Stacy M. Gober
Chief Financial Officer

**DESCRIPTIONS OF BASIC COVERAGES PROVIDED BY BASD
UNDER INTERSCHOLASTIC SPORTS ACCIDENT PLAN**

The District provides a policy where benefits may be eligible for any injury that occurs to high school and middle school interscholastic athletes, marching band members and cheerleaders while they are practicing, participating in or traveling to any school sponsored and school supervised interscholastic sports function. Coverage commences on the first day of practice for each sport, continuing through play-off and post-season championships.

Coverage	\$1,000,000	Maximum Benefit Period
	\$10,000	Accidental Death

For student athletes, cheerleaders, or marching band members who need to file a claim due to an injury that occurs during the season through the District's athletic insurance plan, the parent/guardian must mail the claim form to A-G Administrators, Inc. **within 90 days** after the date of injury.

Trainer/School Nurse

- a) He/She will complete the "Accident Information" section and sign as the "Authorized Policyholder Representative" on the claim form.
- b) He/She will give the claim form for the parent/guardian to complete and submit.

Parent/Guardian

- a) Complete the rest of the claim form and sign under "Student Signature."
- b) Mail claim form with itemized bills to A-G Administrators, Inc., P.O. Box 797, Valley Forge PA 19482.

Please keep a copy of the claim form, all bills and primary insurance Explanations of Benefits for your own records. The first \$100 of usual and customary charges are reviewed for eligibility by the school district's athletic accident insurance. Thereafter, payments are made on an excess basis to any other valid and collectible insurance. There is a two (2) year benefit period for payments of claims. If denied or partially paid by your private carrier, evidence of denial/partial payment for each unpaid bill is to be sent to A-G Administrators, Inc. at the address indicated below. Once the company receives this confirmation along with the corresponding itemized bill, the excess coverage will be applied to open balances up to the policy limits subject to any applicable copays or coinsurance. If the insured has no other coverage, the excess provision shall not apply, and once non-coverage is confirmed, benefits will be payable to the limits described in the policy.

Underwritten By: United States Fire Insurance
(Rated A, Excellent)

Administered By: A-G Administrators, Inc.
P.O. Box 979
Valley Forge, PA 19482
610-933-0800

Attached is the Schedule of Benefits for interscholastic sports, marching band and cheerleading.

**SCHEDULE OF BENEFITS
 INTERSCHOLASTIC SPORTS/MARCHING BAND/CHEERLEADING**

COVERAGE PROVIDED BY: United States Fire Insurance Company

POLICY HOLDER: Bethlehem Area School District

POLICY NUMBER: US749034

CERTIFICATE EFFECTIVE DATE: August 1, 2018

CERTIFICATE EXPIRATION DATE: August 1, 2019

BENEFIT PERIOD: Provided treatment begins within 90 days from the date of Injury, Benefits are payable for 104 weeks from the date of an Injury. The Injury must occur after the Effective Date and prior to the Expiration Date and care must be Medically Necessary.

DEDUCTIBLE AMOUNT: \$500 per Covered Injury
 Deductible is waived for in network care at St. Luke's Health Network

COINSURANCE PERCENTAGE: 100% of Usual, Reasonable & Customary Charges (URC)

MAXIMUM BENEFIT AMOUNT: \$1,000,000 per Covered Injury (Base Plan + Cat)

CLASSES OF ELIGIBLE PERSONS:

A person may be covered only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Class 1

Policyholder registered and enrolled Students and Students Athletes while participating in Policyholder supervised and sponsored Sports: Interscholastic Sports including Football, Band, Cheerleading, Intramural Sports, Gym Classes and Recess

MEDICAL EXPENSE BENEFIT

Hospital Room & Board Daily Maximum Benefit Amount:	URC per day
Intensive Care Room & Board Daily Maximum Benefit:	URC per day
Hospital Miscellaneous Maximum Benefit Amount:	URC, Max \$7,500
Outpatient Pre-Admission Testing Benefit Amount:	URC
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	URC
Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount:	URC
Assistant Surgeon Maximum Benefit:	URC
Second Surgical Opinion, Consultation Maximum Benefit:	80% of URC
Anesthesia Maximum Benefit:	URC
Surgical Facility Maximum Benefit per Operating Session:	URC, Max \$7,500

Doctor's Visits	
In-Hospital Maximum Benefit:	80% of URC
Office Visits Maximum Benefit:	80% of URC
Maximum for All In-Hospital and Office Doctor's Visits:	N/A
MRI Maximum Benefit Amount:	\$600 per procedure
X-ray Maximum Benefit Amount:	\$300 per procedure
Laboratory Maximum Benefit Amount	\$150 per injury
Nursing Maximum Benefit Amount:	URC per Injury
Physiotherapy Benefit	
(Hospital Inpatient & Outpatient):	
Initial Consolation:	100% URC
Maximum Benefit Amount:	\$100 Per Day
Maximum Visits:	5 Sessions
Ambulance Maximum Benefit Amount:	URC
Medical Equipment Rental Charges Maximum Benefit Amount:	\$750 per injury
Medical Services and Supplies Maximum Benefit Amount (Blood, Blood Transfusions, Oxygen):	URC
Dental Treatment For Injury Only Maximum Benefit Amount:	\$1,000 per injury
OUT-PATIENT PRESCRIPTION DRUG BENEFIT	
Maximum Benefit Amount:	URC
Eyeglasses, Contact Lenses, Hearing Aids Related to a covered Accident Only For replacement only	URC
ACCIDENTAL DEATH BENEFIT	
Principal Sum:	\$10,000
ACCIDENTAL, DISMEMBERMENT, LOSS OF SIGHT	
Principal Sum:	\$20,000