



2025/2026

# Adrian College Primary Accident Insurance Plan

## Schedule of Benefits:

- Deductible Amount - \$0 (First Dollar Coverage)
- Benefit Maximum - \$5,000 per claim
- Benefit Period – 104 weeks
- Co-insurance Percentage – 100% of Usual, Reasonable & Customary (URC) Charges
- Type of Coverage – Intercollegiate Sports Accident Coverage Only
- Cost - \$1,100 for the entire school year

## QUESTIONS & ANSWERS

**Q:** Will this policy cover accidents that are NOT related to a sponsored/supervised intercollegiate sport activity?

**A:** No. Only accidents occurring in sponsored/supervised games, practices and team travel are covered.

**Q:** Will this policy cover participation in organized activities such as club and intramural sports?

**A:** No.

**Q:** Will this policy provide coverage if a student-athlete is sick?

**A:** No. This is accident only coverage. Benefits are not payable for loss due to sickness.

**Q:** Can student-athletes receive a refund if they withdraw from school, or quit the team?

**A:** No. The policy is underwritten on a blanket basis and only applies to actively enrolled students and only during the period of coverage.

An Insured must seek initial treatment for an Injury within 90 days of an Accident. Expense must be incurred within 104 weeks of an Accident.

## COVERED CHARGES:

1) Treatment, services, or supplies incurred for Hospital room and board and general nursing care; 2) Intensive Care; 3) Inpatient and Outpatient miscellaneous Hospital charges; 4) Doctor's charges for surgery; 5) Administration of anesthesia; 6) Assistant surgeon charge; 7) Inpatient Doctors' visits; 8) Outpatient Doctors' visits; 9) Hospital Emergency care, excluding professional charges; 10) Outpatient imaging procedures and interpretation of MRI/CAT Scan; 11) Outpatient X-ray and laboratory services; 12) Ambulance charges; 13) Urgent Care Center charges – does not include professional surgical charges; 14) Durable Medical Equipment, including orthopedic appliances; 15) Replacement expense for broken eyeglasses, lenses, contact lenses, hearing aids resulting from an Injury requiring medical treatment; 16) Ambulatory Surgical Facility; 17) Prescription Drugs; 18) Dental treatment for Injury to Sound Natural Teeth; 19) Outpatient Physical Therapy rendered by a Doctor; 20) Treatment of heat exhaustion and heat stroke; (21) Treatment of a Concussion and Post Injury Concussion Testing; 22) Re-aggravation or re-injury of a Pre-existing Condition; 23) Treatment for Heart and Circulatory malfunction resulting from participation in a Covered Activity; 24) Treatment of Repetitive Motion Sports Injuries, strains, hernia, tendinitis, bursitis, spondylolysis, osteochondritis dissecans.

## EXCLUSIONS:

1) Treatment, services, or supplies which are not Medically Necessary; or are not prescribed by a Doctor as necessary to treat an Injury; or are determined to be Experimental/Investigational in nature; or are received without charge or legal obligation to pay; or are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; or are not specifically listed as Covered Charges in this Policy; 2) Intentionally self-inflicted Injury; 3) Injury received while violating or attempting to violate any duly enacted law; 4) Injury by acts of war, whether declared or not; 5) Injury covered by Workers' Compensation or the Occupational Disease Law; 6) Treatment of Osgood-Schlatter's disease; appendicitis; osteomyelitis; pathological fractures; congenital weakness; TMJ; fainting; headaches; boils; detached retina unless directly caused by Injury; or Mental or Nervous Disorders not caused by Injury; 7) Suicide or attempted suicide; 8) Charges incurred for the use of orthotics, unless used exclusively to promote healing; 9) Dental treatment, except as specifically stated; 10) Routine eye exams; 11) Injury sustained fighting, except as an innocent victim; 12) Injury resulting from participation in or practice for any activity which is not supervised and sponsored by the Policyholder or school; 13) Treatment of illness, disease or infections, except infections which result from an accidental Injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance; 14) Charges for treatments, services or supplies which exceed reasonable and customary charges; 15) Losses directly or indirectly arising out any chemical or biological release and/or contamination which results from Terrorist Activity; 16) Any loss as the result of Terrorist Activity and/or non-detonating weapons of mass destruction; 17) Any loss directly or indirectly arising out of any nuclear explosion, detonation, release and/or contamination whether in time of peace or war, and regardless of any other causes or events contributing concurrently or in any other sequence thereto.

**ADMINISTRATOR & CLAIMS OFFICE:** A-G Specialty Insurance of Eagan, MN will process claims for the Primary Accident Insurance Plan.

Claims will be sent to:

A-G Specialty Insurance, PO Box 21013, Eagan, MN 55121

Phone: (610) 933-0800

Fax: (610) 933-4122

E- Mail: [claims@agadm.com](mailto:claims@agadm.com)

Blanket Accident insurance is issued on Form Series GP-2030, GP-2020 or GP-1200 by Guarantee Trust Life Insurance Company, Glenview, IL. This product, and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. This brochure is a brief description of the coverage. The exact provisions governing the insurance are contained in the Policy issued to the school and certain provisions may be administered to conform to state requirements. The Policy shall control in the event of any conflict. For complete details of coverage please contact the agent administering the program.