

“Where do I get the claim form?”

- The claim form can be downloaded from the following site:
<https://agadministrators.com/ag-customer-contact/>

“How do I get reimbursed for payments of services up front?”

In order to receive reimbursement for expenses incurred related to valid claims, you will need to submit the following information to A-G:

1. Itemized bills (i.e. HCFA/UB)
2. Copies of payment receipts
3. Copy of canceled check or credit card transaction (please note that credit card numbers should be redacted)
4. The name and address of the person to whom reimbursement should be issued

“Who do I contact for questions or assistance?”



A-G Administrators LLC
Claims Department
P.O. Box 21013
Eagan, MN 55121
610.933.4122 (Fax)
610.933.0800 (Phone)

IMPORTANT DEFINITIONS AND KEY TERMS

Medical Bills (industry standard forms HCFA1500 or UB04)

Attach itemized copies of all applicable bills, including those bills under any deductible your plan may have. Also, include those bills paid partially or in full by another insurance. Bills showing only “Balance forward” or “Balance due” are not sufficient.

IMPORTANT DEFINITIONS AND KEY TERMS CONTINUED

An itemized bill indicates the provider of service’s full name and mailing address, type of service, date of service, fee charged and diagnosis. Missing information will be requested from the medical service provider.

To assure quick processing, please be sure that the bill and the insurance statements submitted are for the same item.

Copies of any correspondence can/will be sent to those you identify as responsible.

If any or all benefits are denied by other insurance, please provide a copy of the denial showing the reason charges were denied.
(Include front and back of explanation of benefits when necessary.)

Explanation of Benefits (EOB) from the student’s primary insurance, if applicable

What is an EOB?

EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it be payment, denial, or pending) to a medical claim processed on your behalf. Often, this item is requested if we are processing a claim for you and you have any other insurance. EOBs are necessary to properly adjudicate excess insurance benefits.

What is a HCFA, UB04?

An HCFA is a specific medical billing form that is utilized by physician and outpatient offices to bill medical charges to insurance carriers or Third Party Claim Administrators. A UB04 is also a specific billing form; however, they are utilized exclusively by hospitals and outpatient surgical facilities.



Participant Accident Plan

2023-2024

IMPORTANT NOTE

This Reference Guide provides a general summary of your coverage and key information about the program. A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to Cumberland County Schools. If any discrepancy exists between the Reference Guide and the Policy, the Master Policy will govern and control.



Claims administered by A-G Administrators LLC.
Plan management and brokerage services are provided by
Gallagher Special Risk
Plan is underwritten by QBE Insurance Corporation

Welcome to Cumberland County Schools' Participant Accident Plan administered by A-G Administrators LLC on behalf of QBE Insurance Corporation. Please take a few moments to read this brief overview of the policy details. This policy is designed to provide benefits as secondary, or excess, in coordination with your primary health plan.

Who is Eligible?

All students are automatically enrolled in the Cumberland County Schools Accident Only Plan.

Periods of Coverage	
Annual Term	July 1, 2023 -July 1, 2024

Participant Accident Scope of Coverage	
Full Excess Medical Maximum*	\$25,000 per Covered Accident
Schedule of Benefits	See next section
Benefit Period – <i>individual must be covered under this plan at the time of the accident.</i>	52 weeks from the date of the covered accident
Treatment Window – <i>the first covered expense must be incurred within</i>	365 days of the covered accident
<p>*Medical Maximum: \$25,000 If the insured person incurs eligible expense as the result of a covered injury, the company will pay the charges incurred for such expense within the benefit period, beginning on the date of the accident.</p> <p>Payment will be made for eligible expenses not to exceed the maximum medical benefit. The first such expense must be incurred within 365 days after the date of accident.</p>	

FREQUENTLY ASKED QUESTIONS

“What do I do if I am injured in an accident?”

If you are injured and it's a true emergency, please dial 911. Please also report the injury to a Cumberland official.

“Who is covered?”

Policyholder registered and enrolled Students

“What is covered?”

Policyholder supervised and sponsored interscholastic sports and football, District Band activities, before and after care activities, field trips and Policyholder assigned activities and school sponsored camps.

“What are the Accident Medical Expense Benefits?”

ACCIDENT MEDICAL EXPENSE BENEFITS	
In Patient Hospital Services	
Room and Board Expenses	
Daily ICU or CCU benefits	up to 100/day
Private/Semi Private Room	up to 100/day
Miscellaneous Services	\$250/day
Ambulatory Medical Center	\$250 maximum
Outpatients Hospital Miscellaneous Services (other than Physical Services or x-rays)	\$250 maximum
Emergency Room Treatment	\$75 maximum
Physician Services	
Surgery Benefit including per and postoper	\$500 maximum
Assistance Surgeon	20% of the Surgery Benefit
Anesthesia Benefit	20% of the Surgery Benefit
Consultant	\$100 maximum
Physician's treatment of Outpatient physiotherapy	\$50 maximum
Physician's Office Visits	\$25 first visit/\$15 subsequent visit up to 5 visits
Nursing Services	
Prescription Drugs	\$25 maximum
Outpatient Laboratory Tests	\$25 maximum
Outpatient X-Rays	\$100 maximum
Outpatient imaging CT scan, MRI	\$100 maximum
Air and Ground Ambulance Services	\$100 maximum
Medical Equipment Rental	
Medical Services and Supplies (Including Orthopedic braces Appliances)	\$50 Maximum
Dental Services	\$25/tooth;\$100 maximum

Eligible Expense means charges for the following treatments and services that are incurred and include but are not limited to the following as the result of a covered injury, not to exceed the usual and customary charges in the area where provided. 1. Medical and surgical care by a physician. 2. Hospital care and service in semi-private accommodations, or as an outpatient; 3. Radiology/Imaging(X-rays, Lab Tests); 4. Orthopedic appliances necessary to promote healing; 5. Ambulance service from the scene of the accident to the nearest hospital; 6. Dental treatment of sound natural teeth, not to exceed the Maximum Dental Benefit stated in the Policy Schedule as the result of one accident. 7. Rehabilitation services (Physical, Occupational and Speech Therapy). 8. Prescription Drugs, 9. Durable Medical Equipment including Prosthetics. The above is a sample of what coverage is provided. Please refer to the Certificate for a complete listing of eligible expenses and cost sharing.

“How to file a claim”

A-G Administrators, Inc. (“A-G”) is the plan administrator for the Cumberland County School's Secondary Injury Medical Expense Program. A-G is secondary to all other valid medical coverage held by Cumberland County Schools students. All charges must be submitted to the student's primary insurance carrier for processing, prior to any payments made by A-G on behalf of the student. To make payment for an outstanding charge on student's claim, A-G must receive the following three pieces of information to be considered a valid claim.

Required Documentation

Completed and signed claim form - Submitted from the student or Cumberland County Schools - see claim form at the end of the brochure.

HCFA/UB Forms - Submitted from the student, primary insurance carrier or medical provider. For detailed information regarding HCFAs and UB Forms please refer to the Important Definitions and Key Terms section of the brochure.

Explanation of Benefits - Submitted from the student primary medical insurance plan or their insurance company.