

Benefit Highlights

Palomar Community College District

Students and Student-Athletes can rest assured that they are covered if they have an accident or injury on campus or while participating in an intercollegiate sport. The Student Insurance accident plans give you access to the care you need to recover properly and return to school and sports.

This Schedule of Benefits* is for the **2025-26** Academic year provided by Palomar College.

Carrier / TPA:	Crum and Forster / Claim Administrator A-G Specialty Insurance
Policy Year:	August 1, 2025 – July 31, 2026
Policy Number:	US2150048
Plan Maximum:	Students: \$50,000 Athletes: \$25,000
Benefit Period:	52 weeks from the date of the Covered Accident
Treatment Window:	The first covered expense must be incurred within 90 days of the covered accident.
Deductible:	\$0
Percentage Payable:	<p>100% of Reasonable and Customary Charges:</p> <ul style="list-style-type: none"> • Hospital and ICU Confinement • Emergency Room / Outpatient Surgical Center / Ambulance • Physician Visits (per visit) • Durable Medical Equipment (up to \$2,000 per covered accident) • Radiology / Outpatient Laboratory Tests • Prescription Drugs • Physical and Occupational Therapy (up to 24 days, one treatment per day) • Chiropractic Care • Dental (up to \$2,000 max.)
Catastrophic Coverage:	\$1,000,000 / 10-year benefit period
Excess Plan:	Secondary plan to primary insurance (except government-issued medical, Medicare, or Tricare)
<p>Who do I contact with claims questions or follow-up: Phone: (610) 933-0800 Email: customerservice@agadm.com</p>	

**This is a brief outline of the Student-Athlete Accident Program. For a comprehensive list of coverage, plan provisions, and conditions, please review the master policy.*

When seeking care, provide a copy of any additional insurance along with your student-athlete ID card to the provider. This will ensure that the provider can accurately bill the carrier in the event of a claim.

If you still need assistance, your Student Insurance Team is here to help. Please contact your Account Manager: Dashaye Clarke – dclarke@studentinsuranceusa.com or call **(310) 405-0676**.



How to File a Claim

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

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 all fields are completed on this form and include the policyholders policy number. In addition, the claim form must be signed by a school or event official.
2. **Itemized Bills:** Please ensure we are sent copies of all medical bills related to an injury, 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.

These documents should be sent through our secure portal for submission purposes only:

<https://upload.agadministrators.com>

Alternatively they can be mailed or faxed to:

A-G Specialty Insurance, LLC
Claims Department
P.O. Box 21013 Eagan, MN 55121
Phone: (610)-933-0800
Fax: (610)-933-4122
Payor ID# 11370

For claim questions or status updates, please email customerservice@agadm.com

If you need further information or have any questions, please call 610-933-0800 to speak to one of our highly qualified Customer Service Representatives between the hours of 8:30 a.m. and 6:00 p.m. E.S.T. Monday-Friday



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Ph: (610) 933-0800 Fx: (610) 933-4122

Customer Service Inquiries: customerservice@agadm.com

Payor ID# 11370

AGspecialtyinsurance.com



COLLEGIATE

ACCIDENT CLAIM FORM

Please complete and submit to A-G Specialty Insurance 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 Specialty Insurance: 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 Intercollegiate 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.



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AUTHORIZATION

AFFIDAVIT: I verify the statement regarding 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 Specialty Insurance to the extent for which A-G Specialty Insurance 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, or any family member 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 Specialty Insurance and its designees. I also authorize A-G Specialty Insurance to release medical and billing information to any family member or health care provider if necessary to facilitate any potential payments.

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.

STUDENT/PARENT APPROVAL: I certify that approval has been granted from the student to submit this claim.

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.

[Empty signature box for Authorized Policyholder / School Representative]

[Empty signature box for Date]

AUTHORIZED POLICYHOLDER / SCHOOL REPRESENTATIVE 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 (10,000) 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



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Student Insurance accident plans give you access to the care you need to recover properly and return to school and intercollegiate sports. Please review your school's plan documents and resources via our Student Insurance website for additional plan coverage and limitations.

Visit: [Student-Athlete Accident Plan](#)

- 1. I have Primary (through myself or parents). Military, or Medi-Cal/ Medicare? Which insurance will be primary vs. secondary?**
 - Private insurance (under myself or parents), this insurance must pay first. The Palomar Student Insurance coverage will pay secondary for excess charges or any out-of-pocket expenses. If you seek treatment not covered by your primary insurance a denial must be obtained before Palomar Insurance can review for payment.
- 2. I have a government issued plan (Military- Tricare, Medi-Cal/ Medicare). Which insurance will be primary vs. secondary?**
 - Palomar student insurance will be your primary (pays first) to all government programs.
- 3. I have a Kaiser plan under my parents or myself. How does this work?**
 - You must visit your Kaiser provider first. If treatment is outside of the Kaiser network, the provider must bill and obtain a denial before the Palomar insurance can review for payment.
- 4. I have no other insurance.**
 - Palomar student insurance will be your primary coverage.
- 5. Does Student Insurance cover emergency dental work (if the injury is a mouth injury)?**
 - Palomar Student Insurance covers 100% Reasonable and Customary Charges, up to \$2,000 in case of mouth injury.
- 6. Does Student Insurance cover my physical therapy due to my injury?**
 - Palomar Insurance covers up to twenty-four visits for physical therapy with a physician's order; otherwise, it may result in a claim denial.
- 7. How long do I have after the injury to file a claim? How long do I have to seek treatment?**
 - All injury claims must be filed within 120 days of injury. All injury claims should be as soon as the injury occurs to avoid any delays.
 - You have 90 days to seek the first treatment and 365 days to be treated for your injury.
- 8. Can I visit any provider?**
 - You do have the flexibility to visit any provider. However, if you have other insurance (Private through yourself or parents or a government issued plan) as noted above- you will be responsible for providing any other insurance to your providers at time of service.
- 9. Should I go to Urgent Care or the emergency room for an x-ray or imaging?**
 - In a non-emergency, visiting an urgent care is preferable. If a physician orders an x-ray or imaging within the urgent care visit it will be covered up to the plan limits.
- 10. Can I get coverage for recurring injury?**
 - Athletes are covered for recurring injuries. A new injury claim is required for any new injuries and treated the same as any other injury.