

## 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 **2024-25** Academic year provided by Palomar College.

<b>Carrier:</b>	Crum and Forster / Claim Administrator A-G Specialty Insurance
<b>Policy Year:</b>	August 1, 2024 – July 31, 2025
<b>Policy Number:</b>	US2150048
<b>Plan Maximum:</b>	Students: \$50,000   Athletes: \$25,000
<b>Benefit Period:</b>	52 weeks from the date of the Covered Accident
<b>Treatment Window:</b>	The first covered expense must be incurred within 90 days of the covered accident.
<b>Deductible:</b>	\$0
<b>Percentage Payable:</b>	<b>100% of Reasonable and Customary Charges:</b> <ul style="list-style-type: none"> <li>Hospital and ICU Confinement</li> <li>Emergency Room / Outpatient Surgical Center / Ambulance</li> <li>Physician Visits (per visit)</li> <li>Durable Medical Equipment (up to \$2,000 per covered accident)</li> <li>Radiology / Outpatient Laboratory Tests</li> <li>Prescription Drugs</li> <li>Physical and Occupational Therapy (up to 24 days, one treatment per day)</li> <li>Chiropractic Care</li> <li>Dental (up to \$2,000 max.)</li> </ul>
<b>Excess Plan:</b>	Secondary plan to primary insurance (except government-issued medical, Medicare, or Tricare)
Who do I contact with claims questions or follow-up: <b>Phone: (610) 933-0800</b> <b>Email: <a href="mailto:customerservice@agadm.com">customerservice@agadm.com</a></b>	

*\*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 adequately bill the carrier in case of a claim.

If you still need assistance, **Student Insurance** can help.  
Call 800-367-5830 or email [claims@studentinsuranceusa.com](mailto:claims@studentinsuranceusa.com).



**SPECIALTY INSURANCE**

**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](https://upload.agadministrators.com)  
Alternatively, submit documents to [claims@agadm.com](mailto:claims@agadm.com).

For **questions**, however, please contact  
A-G Specialty Insurance: [customerservice@agadm.com](mailto: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.



**A-G SPECIALTY INSURANCE, LLC**

PO Box 21013, Eagan, MN 55121

Ph: (610) 933-0800 Fx: (610) 933-4122 Email: [claims@agadm.com](mailto:claims@agadm.com)

## 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.

**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 (5,000) 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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### Palomar College- Athlete/Student FAQs:

1. What if I have Primary, Military, or government-issued insurance? Which insurance will be primary vs. secondary?
  - ✚ If you have private insurance or coverage under a parent policy, this insurance will be primary. Student Insurance coverage will be secondary.
  - ✚ Student Insurance coverage is primary to all government programs such as Medi-Cal, Tricare, or Medicare.
2. Should I go to urgent care or the emergency room for an X-ray? Will the X-ray be covered if my insurance denies the claim?
  - ✚ In a non-emergency, visiting an urgent care is preferable. If a physician's order requires an X-ray, it should be covered.
  - ✚ In emergency situations, X-rays are part of the visit.
3. Does Student Insurance cover emergency dental work (if the injury is a mouth injury)?
  - ✚ Student Insurance covers 100% of Reasonable and Customary Charges, up to \$2,000 in case of a mouth injury.
4. How long after the injury can I submit the claim?
  - ✚ Claims must be filed within 120 days of the injury date. It is preferred that the claim is filed as soon as the injury occurs.
5. Can I visit any provider?
  - ✚ You can visit a provider of choice. Each campus has commonly used providers, and Student Insurance has contacted them to advise them on the new coverage and claims process.
  - ✚ You are responsible for providing your private insurance (if applicable) and Student Insurance ID card when visiting your provider. Your Student insurance ID card will be provided when a claim is filed.
6. When will my claim be processed, and I get reimbursed for out-of-pocket expenses?
  - ✚ Claim processing and reimbursements depend on the timeliness and proper documentation for the claim submission. We do not guarantee full reimbursement. For the status of your claim and portion of the claim responsibility, contact A-G Customer Service at (610) 933-0800 or email [customerservice@agadm.com](mailto:customerservice@agadm.com)
7. Can I get coverage for a previous or recurring injury?
  - ✚ Athletes are covered for recurring injuries. A new claim form will be required for any new injuries.
8. Does Student Insurance cover my physical therapy due to my injury?
  - ✚ Student Insurance covers up to 24 visits for physical therapy with a physician's order; otherwise, it may result in a claim denial.

**9. Who should I contact if I haven't received my reimbursement?**

- + For claims incurred after 8/1/24, contact A-G customer service at (610) 933-0800 or email [customerservice@agadm.com](mailto:customerservice@agadm.com)
- + For claims incurred before 8/1/24, contact Student Insurance for assistance.

**10. How long can I wait to see a provider once a claim has been filed?**

- + You have 90 days to see a provider. On the 91st day, your claim is voided.

**11. Who can I contact when I get bills in the mail? Why do I continue receiving billing after I submitted the information to the provider?**

- + For claims incurred after 8/1/24, contact A-G Customer Service at (610) 933-0800 or email [customerservice@agadm.com](mailto:customerservice@agadm.com)
- + For claims incurred before 8/1/24, Anthem Blue Cross is responsible for any open outstanding billing issues, claims, or Rx reimbursements- contact Student Insurance for assistance.

**12. Is an Ambulance ride covered?**

- + Ambulance rides are covered at 100% of Reasonable and Customary charges from the injury site to the hospital.

**13. How long do I have to seek treatment for my injury?**

- + Treatment benefits are covered for 52 weeks from the injury date. Any expenses after that period will be denied.

If you have any questions or need assistance, please call Student Insurance at (800) 367-5830.