

CLAIM PROCEDURES

Always keep a copy of all documents submitted for claims.

If you are a student with an accidental injury related to participating in a school sponsored activity:

- Notify security when an accident or injury occurs
- Any medical bills incurred must first be submitted to the student's primary health insurance
- Claim form must be filed with AG
- All itemized medical bills and primary insurance EOB's must be submitted in order to be considered for payment.
- Itemized bills (HCFA 1500 or UB04) are required from medical providers. A-G cannot make payment with any type of balance due statement from provider.
- An Explanation of Benefits (EOB) from the student's primary insurance carrier must be submitted with an itemized bill if there is a balance due after primary.

CLAIMS ADMINISTRATOR



Please submit claims to:

A-G Specialty Insurance

Electronic: A-G (EDI# 11370)

**Mailing:
A-G Specialty - Claims Dept.
PO Box 21013
Eagan, MN 55121**

Phone: (610) 933-0800

Fax: (610) 933-4122

PLAN MANAGER



CBIZ Borden Perlman Sports
Ewing, NJ 08628
Toll Free (800) 932-4476
Fax (609) 895-1468

INSURANCE CARRIER



Fully Insured and Underwritten by:

AIG (National Union Fire Insurance Co. of
Pittsburgh, PA)

This information is a brief description of the important benefits and features of the Accident Medical Insurance underwritten by National Union Fire Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth within the policy form. Any policy issued is subject to the laws of the jurisdiction in which it is issued.



**ALLEGANY
COLLEGE**
of
MARYLAND

2025-2026

Student Accident Insurance

Policy #: SRG 0009164076

STUDENT ACCIDENT INJURY INSURANCE PROCEDURES

This is a general description of procedures that should be followed in the event medical expenses are incurred due to an accidental injury.

GENERAL SUMMARY

Allegany College of Maryland is providing each registered campus student with a Student Accident Insurance Plan. The intent of this plan is to help absorb the medical costs resulting from an accidental injury that is incurred while participating in educational and recreational on and off campus activities sponsored and supervised by the College. Recreational activities do include Club or Intramural activities, but does NOT include participation in Intercollegiate Sports.

Coverage is provided on an “excess or secondary” basis. That means, should an injury occur that requires medical attention, claims for reimbursement of medical expenses must first be submitted to your primary health insurance.

If a balance remains after your primary insurance has processed the bill, or if the claim is denied, obtain copies of all itemized bills and the Explanation of Benefits (EOB) from your insurance company, or a copy of the denial letter, and forward to A-G.

DESCRIPTION OF BENEFITS

Eligible medical expenses must be incurred within 2 years of the date of the accident; with the first eligible expense incurred within one hundred eighty (180) days of the accident. Accident Medical and Dental Expense Benefits are payable for eligible Covered Injuries which result directly and independently of all other causes, from a Covered Accident, while coverage is in effect, up to the plan maximum. Covered Expenses must be Medically Necessary and are subject to Usual and Customary Charges.

Needlestick and/or Splatter Exposure coverage means (A) being accidentally pricked by a medical syringe or other sharp medical instrument, resulting in abrasion, cut or penetration of skin; (B) having blood splashed in the eyes, nose, other mucous membrane or open wound; or (C) other contact with blood or bodily fluids and is limited to (1) cutaneous through abraded skin; or (2) percutaneous exposure.

A needlestick and/or splatter exposure incident must be reported no later than 72 hours following the incident. A screening test must be performed within 7 days of the incident. If a student is diagnosed by a physician as having contracted a medical condition within 26 weeks of the date of the incident and such condition is a result of the needlestick/splatter, the carrier will pay the Indemnity benefit listed below.

Schedule of Benefits

Benefit Maximum for all Eligible Covered Accidents

Medical:	\$10,000 per injury
Deductible:	\$0 per injury
Loss Period:	180 days (first expense incurred period after the Covered Accident)
Benefit Period:	2 years
Benefit Percentage:	100% U&C
Terms of Payment:	Full Excess
Dental Benefit:	Included in Med Max

Accidental Needlestick and/or Splatter Exposure

Screening Test:	Up to \$5,000 per incident
Indemnity:	\$10,000

Accidental Death and Dismemberment Benefits

Principal Sum:	\$10,000
Time Period for Loss:	365 days

NOTABLE EXCLUSIONS

- Medical expenses due to sickness or illness, unless it is a direct result of a covered injury or it is a needlestick/splatter incident.
- Students being under the influence of intoxicants.
- Students being under the influence of drugs unless taken under advice of and as specified by a physician.
- Injuries that result from participation in Intercollegiate Sports.
- Experimental or investigative treatment or procedures.
- Mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures.
- Charges that are payable under motor vehicle medical benefits.
- Online and distance education is excluded from this coverage.