

August 2016



Dear Athletes and Parents:

The School District of Greenville County has an insurance policy in place for all student athletes, cheerleaders and team managers participating in interscholastic sports/activities in Middle School and High School.

The program is an excess insurance policy that pays after any other coverage you may have, according to the schedule of benefits, to a maximum of \$25,000 per injury. If you have no other insurance coverage, this policy pays primary according to the schedule of benefits.

United States Fire Insurance Company through Specialty Risk Underwriters will be providing the coverage for this years program and AG Administrators will be handling the claims administration.

Local Administration for questions/issues will be provided by:

**BB&T Insurance Services (Barbara Moore-Client Services Representative)**

417 East First Avenue

Easley, SC 29640

(864) 442-4032 Direct Line

(888) 751-3016 Fax Number

The premium for High School students is \$40.00 and \$22.00 for Middle School students. A student athlete is only required to pay one premium per year regardless of how many sports they play. Checks should be made payable to the school where your son/daughter plays.

All Student Athletes are required to have this coverage. The coverage is for interscholastic sports play/practice only and is not 24 hour accident coverage. This plan is not a health insurance plan.

Coaches and Athletic Directors are responsible for completing their portion of the claim form in the event of an injury. Once the school has done so, parents are responsible for submitting and filling out the remainder and submitting the claim to AG Administrators. If you have other insurance, you will also need to submit copies of your Explanation of Benefits to AG Administrators as well.

If the medical provider does not bill AG Administrators directly, you will need to attach the itemized bills for services provided with the claim form. (Note: When taking your child to a doctor or health care provider, please provide them your personal family insurance information and this letter).

The Health Care Provider may also ask for your Policy Number for this plan. In that case, the Policy Number for this policy is: # **US735226**

Claim forms and documents are to be sent to:

**A-G Administrators, Inc.**

Attn: Claims Department

P.O. Box 979

Valley Forge, PA 19482

(610) 933-4122 Fax

(610) 933-0800 Phone

(800) 634-8628 (Toll Free)

claims@agadm.com

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**Accident Only Highlights (Greenville County School District)**

**\$25,000 Maximum per Injury/\$0 Deductible**

**INPATIENT**

Room & Board	100% of Reasonable and Customary Charges
Hospital Misc.	\$500 per day maximum
Nurse's Services	100% of Reasonable and Customary Charges
Physician's Visits	\$40 per visit

**OUTPATIENT**

Day Surgery Misc.	\$1500 maximum (including supplies, drugs and services in connection with that surgery)
Physician's Visits	\$40 per day/20 visits maximum
Physiotherapy	\$40 per day/10 days maximum
Emergency Room	\$500 maximum (treatment must be rendered within 72 hrs. from time of injury)
X-Rays	\$300 maximum
Lab Services	\$300 maximum
Diagnostic Imaging	\$600 maximum
Rx	100% of Reasonable and Customary Charges
Braces/Appliances	\$500 maximum

**INPATIENT/OUTPATIENT**

Surgeon's Fees	80% of Reasonable and Customary/ \$2500 maximum
Anesthetist	25% of Physician Surgical Maximum
Assistant Surgeon	25% of Physician Surgical Maximum
Dental	\$400 per tooth
Air Ambulance	\$1000 maximum
AD &D	\$10,000 maximum

- ***These are some example benefits of what the policy contains. For a full explanation of coverage as well as list of exclusions & limitations please contact BB&T Barnes Insurance Agency (864) 442-4032***

