



2018-2019

Claims Administrator:



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#### ADDITIONAL EXCLUSIONS CONTINUED

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
  - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
  - b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine treatment, surgery, health treatment or examinations.
4. Examination or prescriptions for, or purchase of, eyeglasses, contact lenses or hearing aids.
5. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone, or transportation.
10. Expenses payable by any automobile insurance policy without regard to fault.
11. Services or treatment provided by an infirmary operated by the Policyholder.
12. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the Covered Activity.
13. Treatment or service provided by a private duty nurse.
14. Treatment of hernia of any kind.
15. Treatment of injury resulting from a condition that a Covered Person knew existed on the date of a Covered Accident, unless we have received a written medical release from his Physician.

#### IMPORTANT DEFINITIONS

**Usual, Reasonable and Customary** means the normal charge, in the absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area:

1. for a like service by a provider with similar training or experience; or
2. for a supply that is identical or substantially equivalent.

**Supervised or Sponsored Activity** means a Covered Activity that:

1. takes place:
  - a. On a Sports Organization's premises during scheduled hours;
  - b. at another site at which the Covered Activity is scheduled; and
2. is sponsored, organized or otherwise provided by the Sports Organization; and
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the Sports Organization.



## Intercollegiate Athletic and Student Accident Insurance Plans

2018-2019

This brochure is a brief description of the benefits provided under the policy. The master policy contains complete details of the provisions, limitations, and exclusions. The master Policy is on file at Texas College.

Underwritten By: Berkley Life and Health Insurance

## COVERED PERSONS

All traditionally enrolled students and student-athletes, student-mangers, and student-trainers of Texas College. Any medical costs not covered under these plans are the financial responsibility of student.

## SCHEDULE OF BENEFITS

- Hospital Room and Board
- Intensive Care Room and Board
- Hospital Miscellaneous Charges
- Outpatient Hospital Expenses
- Surgical Benefits
- Doctors Visits
- X-Ray and Laboratory
- Nursing Services
- Physiotherapy Benefits
- Ambulance Services
- Medical Equipment Rentals
- Medical Services and Supplies
- Dental Treatment (Injury Only)
- Prescription Drugs

**Student Accident Plan:** \$3,000 per Covered Injury

**Intercollegiate Sports Plan:** \$25,000 per Covered Injury

**Expenses are Paid at** 100% Usual, Reasonable, and Customary Charges (URC)

*Note: All medical expenses are payable in excess of any other valid and collectible healthcare plans.*



## COVERED ACTIVITIES

**Student Athlete:** means taking part in one of the following Sports Covered Activities:

1. regularly-scheduled practice or training;
2. regularly-scheduled competition or exhibition game;
3. a scheduled tryout, workout session or team meeting;
4. a Supervised and Sponsored Sports Activity; or
5. Covered Sports Travel. Covered Sports Travel includes travel only within the United States and only directly and without interruption:
  1. between home and the premises of the Sports Organization;
  2. between home and another meeting place designated by the Sports Organization;
  3. between home and another site designated by the Sports Organization, where a Supervised and Sponsored Sports Activity is scheduled;
  4. between the premises of the Sports Organization or other meeting place it designates and another site where a Supervised and Sponsored Sports Activity is scheduled.

**Student:** One school premises; while School is in session, or while School is not in session, if the Covered Person is involved in a Supervised or Sponsored Activity.



## EXCLUSIONS

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. Commission or attempt to commit a felony or an assault;
4. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. Declared or undeclared war or act of war;

## EXCLUSIONS CONTINUED

6. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed;
9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Travel or activity outside the United States or Canada;
12. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
13. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;



## ADDITIONAL EXCLUSIONS

14. Injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

15. Services or treatment rendered by a Physician, Nurse or any other person who is:
  - a. Employed or retained by the Policyholder;
  - b. Living in the Covered Person's household;
  - c. Who is a parent, sibling, spouse or child of the of the Covered Person;

16. any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.

17. A Covered Person's Covered Loss if:

- a. He was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
- b. He was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

