Coverage
This policy provides coverage for all registered Students/Athletes who incur a loss from bodily injuries:

- While taking part in a covered activity described below, sponsored and supervised by the policyholder; or
- Traveling straight to or from the activity as a member of a group under the policyholder’s supervision.

Covered Persons
Registered and enrolled students including:
- Athletes on intercollegiate team rosters
- Student Managers/Trainers
- Guest Recruits

Covered Activity
Coverage is provided for a Covered Person while he/she is:
- Taking part in a regularly scheduled athletic game or competition; or a practice session for an athletic team or club;
- Traveling to or from such a game, competition or practice session provided he/she is traveling with the athletic team or club; and under the direct and immediate supervision of the athletic team or club; or an adult authorized by the athletic team or club;
- Traveling directly, without interruption between home and a scheduled game, competition or practice session; in a vehicle which is designated or furnished by the athletic team or club; operated by a properly licensed, adult driver; or under the direct supervision of the athletic team or club; or in a vehicle other than that described in above when operated by a properly licensed driver; and travel time does not exceed an hour each way.

Description of Benefits
When, as the result of injury incurred while insured under the Master Policy, the Student/Athlete receives covered necessary medical treatment, service or supplies, the Company will pay the eligible Usual, Reasonable & Customary expenses actually incurred within 52 consecutive weeks following the date of injury.

The Maximum Accident Medical Expense benefit is $25,000.

Non-Duplication of Benefits
The Company will not duplicate benefits that are covered by any other valid and collectible medical, health or accident insurance or prepayment plan. The Company’s liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by other valid and collectible insurance on an expense incurred or provision of service basis.

BENEFITS PAYABLE UNDER THE PLAN WILL BE EXCESS AND SECONDARY TO SUCH OTHER COVERAGE.

Re-Aggravation of Prior Sports Injury
During play or practice of intercollegiate sports, benefits are payable for re-aggravation of a sports Injury suffered prior to the Effective Date of a covered person’s coverage under the Master Policy. For the purposes of this Re-aggravation of Prior Sports Injury benefit only, such re-aggravation will be considered an “Injury” if the re-injury occurs under circumstances which would have otherwise been covered under the Master Policy. Any exclusion for congenital conditions, sickness, or disease remains in force.

How to Report an Accident
Immediately report an accident to the instructor, coach or trainer. All accidents must be reported to a school authority within 72 hours.
An Accident Report is necessary to substantiate insurance claim. Contact the Athletic Trainer for insurance reporting forms and information.
Time is of the essence! DO NOT DELAY REPORTING.

Accidental Death or Dismemberment
If within one year from the date of an Accident covered by the Master Policy, Injury from such Accident results in loss listed below, the Company will pay the benefit listed. However, if the insured sustains more than one loss, the Company will only pay one amount, the largest to which entitled.

Accidental Death Benefits: $15,000
Accidental Dismemberment:
- Single $7,500
- Double $15,000

NOTE: ALL MEDICAL EXPENSES ARE PAYABLE IN EXCESS OF ANY OTHER VALID AND COLLECTIBLE HEALTHCARE PLANS.

IMPORTANT NOTICE
This is just a brief description of your benefits. For information regarding the full Master Policy (which includes details of the provisions, limitations, and exclusions) please visit Risk & Safety Management, 111 Southwest 4th Street, College Place, WA or call (509) 527-2250.
Schedule of Benefits
The Company will pay the eligible Usual, Reasonable and Customary expenses up to the maximum Benefit subject to the Deductible Amount and Coinsurance Percentage, if any for the eligible medical services listed below if injuries, which directly and independently of any other cause first occur while the Student/Athlete is covered by the Master Policy.

- Hospital Room and Board
- Intensive Care Room and Board
- Hospital Miscellaneous Charges
- Outpatient Hospital Expenses
- Emergency Room Treatment
- Surgical Benefits
- Doctor’s Visits
- X-Ray and Laboratory
- Nursing Services
- Physiotherapy, limited to $1,500 per injury for chiropractic care
- Ambulance
- Medical Equipment Rental
- Medical Services and Supplies
- Dental Treatment
- Prescription Drugs or Medication

Definitions
Accident means an event which (a) causes Injury to one or more Covered Persons; and (b) occurs while coverage is in effect for the Covered Person.

Coinsurance means the percentage amount of covered expenses for which you are responsible for any medical service or supply. The coinsurance is shown in the Schedule. We will pay the remaining amount of covered expenses, subject to the maximum amount for specific services and the maximum benefit for all services.

Covered Person means you and your eligible spouse and dependents covered under the Plan. The proper premium payment must be made to be covered under the Plan.

Deductible means the amount of covered expenses paid on behalf of a covered person before benefits are payable under the Plan. The deductible amount is shown in the Schedule.

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

Policyholder means the entity to which the Plan is issued. The policyholder is shown on the first page of the brochure.

Prescription Drug means:
- A legend drug;
- A compound medication when at least one ingredient is a prescription legend drug;
- Any other drug which under applicable state law may only be dispensed by prescription, including injectable insulin; or
- Drugs and medications dispensed by a licensed pharmacist that are not specifically excluded by other provisions applicable to this coverage.

The Company means: United States Fire Insurance

Usual, Reasonable and Customary means:
1. With respect to fees or charges, fees for medical services or supplies which are; usually charged by the provider for the service or supply given; and the average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

How to File a Claim
1. First medical treatment must be rendered within 180 days from the accident date in order for benefit to be considered.
2. If you have health insurance, it is your responsibility to contact your physicians and insurance at once. If you are covered under a plan requiring an authorization or use of certain facilities/providers, you must attempt to obtain authorization or to use those facilities or providers. Benefits under this plan may be reduced if the requirements of your insurance carrier are not followed.
3. Written notice of claim must be given within 30 days or as soon as reasonably possible after covered loss begins. Claim forms are available from the Athletic Trainer. Fully complete and sign claim form. Send to:

   A-G Administrators
   P O Box 979
   Valley Forge, PA 19482
   Fax (610) 933-4122

4. All bills must first be submitted to any group hospital and/or medical plan for which you are eligible and that plan’s final Explanation of Benefits must accompany the itemized bill. Please mail all itemized bills and any insurer’s Explanation of Benefits to the above address.

NOTE: Statements for which benefits are to be paid must be submitted within 90 days from the date treatment was provided. For information after a claim is filed, contact the Claims Administrator at (800) 634-8628.
Exclusions & Limitations

Benefits will not be paid for a Covered Person’s loss which:

1. Is caused by or results from:
   a. Intentionally self-inflicted injury, suicide or any attempt threat. (In Missouri this applies only while sane.);
   b. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
   c. Commission or attempt to commit a felony;
   d. Participation in a riot or insurrection;
   e. Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
   f. Driving while Intoxicated. “Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
2. Is caused by or results from:
   a. Declared or undeclared war or act of war;
   b. An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
   c. Aviation, except as specifically provided in this Certificate;
   d. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury.
   e. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
      i. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
      ii. The Covered Person was within a 25-mile radius of the site of the release either:
         • At the time of the release; or
         • Within 24 hours of the start of the release.

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
   a. Employed or retained by the Certificateholder; or
   b. Who is the Covered Person or a member of his immediate family;
4. Charges which:
   a. The Covered Person would not have to pay if he did not have insurance; or
   b. Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
   a. An aircraft, except as a fare-paying passenger;
   b. A space craft or any craft designed for navigation above or beyond the earth’s atmosphere; or
   c. An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
   a. A snowmobile;
   b. Any two or three wheeled motor vehicle;
   c. Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator’s license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
   a. The result of the Covered Person being Intoxicated. (“Intoxicated” will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
   b. Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any Sickness, except infection which occurs directly from an Accident cut or wound or diagnostic tests or treatment;
11. Any Infection resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
13. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
14. Injury sustained while in the service of the armed forces of any country.
   When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
15. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
16. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
17. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crows, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
18. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
19. Any loss which is covered by state or federal worker’s compensation, employers liability, occupational disease law, or similar laws;
20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
21. Rest cures or custodial care;
22. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
23. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
24. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
25. Services and supplies furnished by the Policyholder’s infirmary, its employees, or doctors who work for the Policyholder.
**Important Contacts**

| CLAIMS ADMINISTRATOR: | A-G Administrators  
P O Box 979  
Valley Forge, PA 19482  
Customer Support **(800) 634-8628**  
Fax *(610) 933-4122* |
|-----------------------|-----------------------------------------------------------------|
| PLAN BROKERED BY:     | Wells Fargo Student Insurance  
**(888) 695-5553**  
Email: studentaccident@wellsfargo.com  
[https://studentinsurance.wellsfargo.com](https://studentinsurance.wellsfargo.com) |

*Wells Fargo Insurance Services receives compensation in connection with this insurance policy.*

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**WELLS FARGO INSURANCE PRIVACY INFORMATION**

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at [https://studentinsurance.wellsfargo.com](https://studentinsurance.wellsfargo.com).