

Business Office Memorandum

TO: All Parents, Students
FROM: Belinda M. Wallen, Business Manager
DATE: May 22, 2025
RE: Student Accident Group Insurance



This is a reminder to parents with a child or children attending school in Gettysburg Area School District that we do not carry medical insurance on students, but do provide parents with the opportunity to select a primary group insurance plan for students. Student accident insurance can help you eliminate the possibility of out-of-pocket expenses, since many group insurance policies no longer pay full hospital and medical expenses and may require a deductible or coinsurance. There are two plans available for your consideration:

- **Plan #1 - School Time Coverage** – Costs \$22.50 per student – School Time Coverage (Accident Only) – This plan provides coverage to your child while he or she is on school premises, during school hours/days, attending school sponsored and supervised activities including travel directly without interruption between the student's residence and school/activity with transportation furnished by the school. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the end of the regular school term. Excludes all interscholastic sports.
- **Plan #2 - 24 Hour Coverage** – Costs \$90 per student – 24-Hour Coverage (Accident Only) – This plan provides around the clock coverage to your child 24-hours a day, while he or she is in school, at home or away. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the opening of the next school term. Excludes all interscholastic sports.

Please note that the plans should be considered in conjunction with any other family medical insurance you may have.

This coverage does not apply to interscholastic sports, marching band, or cheerleading. The Gettysburg Area School District provides these coverages, at its expense, for these activities in grades 4 through 12. You are not required to purchase this coverage in order to participate in interscholastic sports, marching band or cheerleading. We also provide accident coverage for most field trips.

Please see the brochure on the district website (www.gettysburg.k12.pa.us) look under For Parents, then Important Forms) for a complete description of the plans and the various coverage options. If you do not have Internet access, call your school's office for a printout of the brochure. If you have any questions, please call an Insurance Broker at A-G Administrators LLC, directly at (610) 933-0800.

PLEASE DO NOT SEND CASH!! Completed applications (found on page six of the brochure) should be returned by mail with a check or money order for the correct premium, directly to:

A-G Administrators LLC
P.O. Box 824936
Lock Box #824936
Philadelphia, PA 19182

DO NOT RETURN THE APPLICATION & PAYMENT TO YOUR STUDENT'S SCHOOL.

This insurance can be purchased anytime during the 2025-2026 school year.

Parents enrolling more than one child must fill out an application for each child/student, write a separate check or obtain a money order for each child/student being enrolled and mail in separate envelopes to the address above. Your cancelled check or money order receipt is your proof of payment. Thank you!

K-12 Voluntary Student Accident Insurance up to \$1,000,000

2025-2026



Administrative Office
A-G Specialty Insurance LLC
Berwyn, PA USA
Phone (610)933-0800
www.agspecialtyinsurance.com

Plans are Underwritten by
United States Fire Insurance Company

 **FAIRMONT SPECIALTY**
A member of the Crum & Forster Enterprise

Programs are handled by:

Christian|Baker COMPANY
Insurance & Bonding

K-12 Accident Insurance

Unexpected Accidents Can Happen

This brochure explains how you can help guard against certain unexpected events. Our plans are designed to help supplement any insurance you have by satisfying deductibles or co-insurance requirements, or limiting the possible financial impacts of an injury if you have no other insurance. Remember that the more active your child is, the more valuable this coverage can be.

Choose Your Coverage Plan

24-Hour Coverage (Accident Only) – This plan provides around the clock coverage to your child 24-hours a day, while he or she is in school, at home or away. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the opening of the next school term. **Excludes all interscholastic sports. (\$90.00)**

School Time Coverage (Accident Only) – This plan provides coverage to your child while he or she is on school premises, during school hours/days, attending school sponsored and supervised activities including travel directly without interruption between the student's residence and school/activity with transportation furnished by the school. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the end of the regular school term. **Excludes all interscholastic sports. (\$22.50)**

Description of Benefits

Benefit	24 Hour Coverage/School Time Coverage
Benefits provided for all enrolled students of the Policyholder excluding interscholastic sports for whom premium is paid.	
Maximum Benefit:	\$1,000,000; \$15,000 payable as shown below, excess of \$15,000 payable at 100% Usual, Reasonable and Customary Charges
Deductible:	\$0
Benefit Period:	52 Weeks
Hospital Services	
Daily Room & Board: Semi Private Room	\$500 per day
Miscellaneous Hospital Services: During hospital confinement	\$3,000
Intensive Care: When confined to a Hospital Intensive Care Unit	\$700 per day, not to exceed 10 days
Emergency Room Charges: When hospital confinement is not required	\$400 Maximum
Emergency Room Charges: If out-patient surgery is required, the maximum is increased to (The benefits are payable in addition to the X-rays and surgeon's services shown below.)	\$1,500 Maximum
Physician Services	
Surgery: including pre- and post-operative care*	\$170 Unit Value
Anesthesia:	40% of the Surgery Benefit Paid
Assistant Surgeon:	40% of the Surgery Benefit Paid
Doctor's Visit: other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% UCR
Non-Surgical doctor's charges in the emergency room	\$70 per visit
Second Surgical Opinion, Consultation and Specialists	\$150 aggregate benefit
Laboratory and X-Ray Services	
(Other than Dental and including fee for interpretation and/or reading of X-rays.)*	\$20 Unit Value
Lab and X-Ray: (when no fracture is demonstrated)	\$400 Maximum
Additional Services	
Physiotherapy or similar treatment: including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	\$50/Treatment Maximum of \$500
Registered Nurse:	100% UCR
Ambulance Transportation: (Ground Only)	\$300 Maximum
Orthopedic Appliances: When ordered by attending physician	\$500 Maximum
Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription	100% UCR
Dental (including X-rays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	\$400 per tooth
Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	\$100 maximum
Accidental Death Benefit	
	\$5,000
Accidental Dismemberment, Loss of Sight	
	\$20,000
* In accordance with the 1974 Revised California Relative Values Studies, 5 th Addition, using a conversion factor.	

Policy Exclusions

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

- (1) Is caused by or results from the Covered Person's own:
 - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (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 or accidental food poisoning.
 - (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:
 - 1) At the time of the release; or
 - 1) Within 24 hours of the start of the release.

Benefits will not be paid for:

1. Normal health check ups
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
 - a. 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 Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. 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;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
24. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
25. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or
26. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
27. Rest cures or custodial care;
28. Prescription medicines unless specifically provided for under the Certificate;
29. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;

How to Enroll

1. Determine which plan of coverage you would like to enroll your child in - **24 Hour Coverage or School Time Coverage**
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to **A-G Specialty Insurance LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936**
3. Make Checks Payable to **UNITED STATES FIRE INSURANCE COMPANY c/o A-G Specialty Insurance LLC**
4. Return by mail to A-G Specialty Insurance LLC. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check).

**INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM
UNITED STATES FIRE INSURANCE COMPANY
STUDENT ACCIDENT COVERAGE**

STUDENT'S LAST NAME (one letter per box)

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STUDENTS FIRST NAME

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Age: _____ Grade: _____ Phone #: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Home Address _____

City _____ State _____ Zip _____

Name of School _____

School District _____

X _____ Date: _____

Signature of Parent or Guardian (Required)

**Individual Voluntary
Student Accident Plans**

24-HOUR COVERAGE

☐ \$90.00 per student per year

SCHOOL TIME COVERAGE

☐ \$22.50 per student

Period of Coverage

Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24-Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.

Questions and Answers

Q. Is this Policy primary or secondary coverage?

A. This policy is Primary – meaning A-G will pay valid medical expenses payable without regard to any other valid and collectible insurance plan.

Q. May we purchase the policy at any time during the year?

A. Yes, coverage may be purchased at any point in time during the school year for your child. However, there is no pro-rating of premium for enrollment that occurs after the policy effective date. The earlier you enroll the more your child will maximize their coverage.

Q. Will this policy pay if our other insurance has a deductible?

A. Yes, benefits are paid without regard to other insurance.

How to File a Claim

1. Obtain an accident claim form through your school office or A-G Specialty Insurance LLC. Please answer all questions and provide all necessary signatures.
2. Attach all itemized bill(s) and any explanation of benefits to the claim form and mail or fax to the Administrator's Address indicated on the claim form.
3. Claims for benefits must be filed within 90 days from the date of accident. Only one claim form is needed per accident.

Important Note

This brochure is a summary of the insurance plan as specified in the policy form (BA-50000P-USF) on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. This coverage may not be available in all states and Policy terms and conditions may vary by state. In the event of a discrepancy, the Policy will prevail.

Preguntas y respuestas

P. ¿Esta póliza es de cobertura primaria o secundaria?

R. Esta póliza es primaria, lo que significa que A-G pagará los gastos médicos válidos sin considerar cualquier otro plan de seguro válido y cobrable.

P. ¿Podemos comprar la póliza en cualquier momento durante el año?

R. Sí, usted puede contratar la cobertura para su hijo(a) en cualquier momento durante el año escolar. Sin embargo, no se realizará el prorrateo de la prima para la inscripción que efectúe después de la fecha de vigencia de la póliza. Cuanto antes se inscriba, más aprovechará su hijo(a) la cobertura.

P. ¿Esta póliza realizará pagos si nuestro otro seguro tiene un deducible?

R. Sí, los beneficios se pagan sin tener en cuenta su otro seguro.

Cómo presentar un reclamo

1. Obtenga un formulario de reclamo por accidente a través de la oficina de su escuela o A-G Specialty Insurance LLC. Responda todas las preguntas y firme todos los campos requeridos.
2. Adjunte todas las facturas desglosadas y la explicación de los beneficios al formulario de reclamo y envíelos por correo o por fax a la dirección del Administrador indicada en el formulario de reclamo.
3. Los reclamos por beneficios se deben presentar en un plazo de 90 días a partir de la fecha del accidente. Se necesita solamente un formulario de reclamo por accidente.

Nota importante

Este folleto es un resumen del plan de seguro tal como se especifica en el formulario de la póliza (BA-50000P-USF) que se conserva en el archivo de la escuela. Este folleto está sujeto a los términos y las condiciones de la Póliza, que contiene todos los beneficios, limitaciones y exclusiones suscritos por United States Fire Insurance Company. Esta cobertura puede no estar disponible en todos los estados y los términos y las condiciones de la Póliza pueden variar según el estado. En caso de una discrepancia, prevalecerá la Póliza.

