

# Tredyffrin/Easttown School District

940 West Valley Road, Suite 1700, Wayne, PA 19087

Phone: 610-240-1801

Fax: 610-240-1881

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## Sports Insurance for 2015-2016 School Year

Dear Parents:

The School District has purchased insurance to cover most medical expenses for injury due to interscholastic sports including football, band, cheerleading, intramurals, gym classes, special activities, school time field trips, recess and volunteer activities as related to a covered activity for all Tredyffrin/Easttown schools.

Benefits are provided for accidental injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital services, ground ambulance services, or x-rays are rendered. The initial treatment must be rendered within 90 days of the date of accident, and benefits are limited to \$25,000 for two years. If the \$25,000 benefit is reached within two years, there is a separate catastrophic policy which extends the benefit to ten years and a maximum of \$5,000,000.

Listed below are accidental medical expense benefits covered for 100% of Usual, Reasonable & Customary Charges:

Hospital Room & Board – Daily

Intensive Care Room & Board – Daily

Hospital Miscellaneous

Outpatient pre-Admission Testing

Outpatient Hospital Emergency Room Treatment

Surgical:

Primary Surgeons, Assistant Surgeons, Second Surgical Opinion, Anesthesia and Surgical Facility

Doctor's Visits:

In-Hospital and Office Visits

X-ray and Laboratory

Nursing

Physiotherapy

Ground Ambulance

Medical Equipment Rental Charges

Medical Services and Supplies

Expanded Medical Benefit for Covered Sports Conditions

Covered: repetitive motion injuries, strains, sprains, hernia, tennis elbow, tendonitis, bursitis and muscle tears

Heart and Circulatory Conditions

Covered: heart attack, stroke, brain circulatory malfunctions and heat exhaustion

Dental Treatment for Injury Only

Out-Patient Prescription Drug

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Eyeglasses, Contact Lenses, Hearing Aids – Related to a Covered Accident Only –  
Replacement Only

Accidental Death Benefit: \$10,000

Accidental, Dismemberment, Loss of Sight: \$20,000

## **If your son or daughter is injured:**

1. Report the claim to your hospitalization carrier (as primary) and to A-G Administrators, Inc. (as excess). For A-G Administrators, Inc. you may obtain a claim form from the school office or our webpage at [www.tesd.net/studentaccident](http://www.tesd.net/studentaccident). There will be a link on the webpage: *Student Accident Form – School's Report of Accident*. Complete this form, print out and send to the address below. Please have the section pertaining to the school completed by a school official.

A-G Administrators, Inc.  
PO Box 979  
Valley Forge, PA 19482  
Phone: 610.933.0800

2. If possible, attach medical bills to the Claim Report when it is submitted to A-G Administrators, Inc. This should be done within 90 days from the date of injury. If medical bills must be sent at a later date, be sure to indicate School District name, student's name and the date of injury.
3. If A-G Administrators, Inc. requests additional information, please respond immediately to expedite the prompt handling of your claim.
4. Any questions may be referred to the A-G Administrators, Inc. at 610.933.0800.