



# Tredyffrin/Easttown School District

Administration Offices, West Valley Business Center  
940 West Valley Road, Suite 1700, Wayne, PA 19087

Phone: 610-240-1801

## Office of the Business Manager

Arthur J. McDonnell

### Sports Insurance for 2024-2025 School Year

Dear Parents:

The District has purchased insurance to cover most medical expenses from 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, maximum of 30 visits

  - 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 LLC (as excess). For A-G Administrators LLC 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 LLC  
PO Box 21013  
Eagan, MN 55121  
Phone: 610.933.0800  
Email: [claims@agadm.com](mailto:claims@agadm.com)

2. If possible, attach medical bills to the Claim Report when it is submitted to A-G Administrators LLC 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 LLC 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 LLC at 610.933.0800.