

## Camps & Clinics Accident Insurance

The University of Wisconsin System Camps & Clinics  
Participant Accident Insurance

**Covered Insured's:** All registered participants of the Policyholder's camps and clinics programs.

**Covered Activities:** While participating in scheduled, sponsored, and supervised Camps and Clinics activities of the Policyholder, including direct sponsored travel to and from such activities.

### Schedule of Benefits:

**Accident Medical Expense:** \$25,000 per injury

**Benefit Period:** 52 weeks from the date of a covered accident

**Deductible:** \$0

**Scope of Coverage:** Excess Coverage

Sickness Medical Expense: \$2,500 per incident

### Definitions

The terms listed below have the following meanings stated.

**Covered Accident** means an unexpected and unintended event, independent of sickness and all other causes, which: causes Injury to an Insured; and, occurs within the Scope of Coverage.

**Benefit Period** means the period of time, as stated in the Schedule, from the date of Injury within which benefits will be paid.

**Medically Necessary** means cares that is ordered, prescribed, or rendered by a Physician or Hospital, and is determined to be consistent with the diagnosis and treatment of the loss; appropriate with the standards of good medical practice, not solely for the convenience of the Insured; the most appropriate supply or level of service which can be safely provided; and, not considered experimental or investigative.

**Usual and Customary Charge** means the normal charge, in absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area; 1) for a life service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.

### Exclusions

- War or any act of war, whether declared or not;
- Commission of, or attempt to commit, a felony, an assault, or other illegal activity;
- Commission of or active participation in a riot, insurrection, or civil disturbance;
- Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice;
- The covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurred;
- The covered person being intoxicated or under the influence of any drugs or narcotics unless administered by or upon the advice of a physician;
- Any poison, chemical compound, gas or fumes voluntarily taken, administered, absorbed, or inhaled by a covered person;
- Any loss arising out of terrorism or terrorist acts;
- Injury covered by workers' compensation, employer's liability laws, or similar occupational benefits, or while engaging in activity for monetary gain from sources other than the Policyholder;
- A covered accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 days;
- Travel in, flight in, boarding, or alighting from an aircraft or aerial device or any craft designed to fly above the Earth's surface;
- Travel in any aircraft owned, leased, or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
- Travel in or on any on-road and off-road two or three wheeled motorized vehicle not requiring licensing as a motor vehicle including snowmobiles;
- Travel or activity outside the United States, and its territories;
- Practice or play in any sports activity, including travel to and from the activity and practice, except as specifically provided in the policy;
- Aggravation, during a covered activity, of an injury the covered person suffered before participating in that covered activity, unless we receive a written medical release from the covered person's physician;
- Treatment by persons employed or retained by a Policyholder, or by any immediate family member or member of the covered person's household;
- Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an injury;
- Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices (except as specifically provided in the policy);
- Orthopedic appliances used mainly to protect an injury, so the covered person can participate in a covered activity;
- Expenses for which the covered person would not be responsible for in the absence of this policy;
- Expenses paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.)
- Treatment or service provided by a private duty nurse (except as specifically provided in the policy);
- Replacement of artificial limbs, eyes, or other prosthetic appliances;
- Routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits;
- Overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjures or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion injury, except as specifically provided in the policy;
- Expenses incurred that are in excess of reasonable charges, or expenses that are not medically necessary; or

**This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by Great American Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on the Policyholder's master policy.**

## Accident Medical Expense Benefits

Accident Medical Expense Benefits are only payable for reasonable charges that are medically necessary; for charges incurred within 52 weeks after the date of the covered accident; provided the first covered expense is incurred within 60 days after the date of the covered accident. No benefits will be paid for any expenses incurred that are in excess of reasonable charges.

**Covered Expenses Include:** 1) Hospital Room and Board, 2) Ancillary Hospital Expenses, 3) Daily Intensive Care Unit Expenses, 4) Registered Nurse Services, 5) Emergency Care (room and supplies) Expenses, 6) Diagnostic X-rays, laboratory procedures and tests, 7) Free Standing Ambulatory Surgical Center / Medical Center Expenses, 8) Physician's Non-Surgical Expenses, 9) Physician's Surgical Expenses, 10) Anesthesiologist Expenses, 11) Physiotherapy Expenses prescribed by a physicians, 12) Diagnostic Imaging (MRIs and CAT Scans), 13) Dental Expenses for repair or treatment to an injured tooth that is whole, sound and natural at the time of the accident, 14) Ambulance Expenses for transportation from emergency site to a hospital, 15) Rental of Durable Medical Equipment\*, 16) Prescription Drug Expenses (for injuries only), 17) Medical Services and Supplies, and 18) Artificial limbs, eyes, or other prosthetic appliances for initial acquisition and fitting. 19) Heart & Circulatory Conditions (such as heat exhaustion or stroke) if it occurs during a Covered Activity.

## Accidental Death and Dismemberment

**Covered Loss:** if injury to the covered person results in any one of the covered losses specified below, within the incurral period shown in the schedule of benefits, we will pay the percentage of the principal sum shown below for that covered loss. If more than one covered loss is sustained by a covered person as a result of the same covered accident, only one amount, the largest, will be paid.

## AD&D Principal Sum: \$10,000

(Must occur within 365 days of the Covered Accident)

Loss	Benefit Amount
Loss of Life	100% Principal Sum
Two or more Members	100% Principal Sum
One Member	50% Principal Sum
Thumb and Index Finger of the Same Hand	25% Principal Sum

## Claim Procedures

An Injury Claim Form should be filed with Gallagher as soon as possible. Claim forms not filed within 90 days from the date of accident may result in denial of benefits.

In addition, every claim must be authorized by a Policyholder representative before medical claims are eligible.

The benefits under this policy are payable on an excess basis.

Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills to A-G Administrators directly. If you have already been to the doctor/hospital and did not know about this coverage, or present the policy information, you are responsible for sending all of the itemized bills to A-G Administrators at the address shown below.

Please be advised that A-G Administrators cannot issue payment off of a balance due statement received in the mail. If you send a balance due bill, a request will be made to the treating doctor/hospital to submit the itemized medical claim (HCFA1500 or UB04) which includes the diagnostic codes and procedure codes necessary to process a claim along with the primary insurance company's Explanation of Benefits (EOB).

Claims Company: **A-G Administrators**  
Mailing Address: **PO Box 21013**  
**Eagan, MN 55121**  
Phone Number: **(610) 933-0800**  
Fax Number: **(610) 935-2860**  
Policy Number: **BSRE897166-00**  
Email: [claims@agadm.com](mailto:claims@agadm.com)

*This brochure provides general information for UW System's Participant Accident Insurance and does not guarantee coverage.*

# Participant Accident Insurance Program

## University of Wisconsin System Camps & Clinics

**Policy Number: BSRE897166-00**

*This program is underwritten by:*  
**Great American Insurance  
Company**

*This program's Insurance Broker is:*



Insurance | Risk Management | Consulting

*Claims are managed by:*

