



# University of Oregon Camps Accident Insurance Program

## 2023-2024

Welcome to the University of Oregon Camp Accident/Injury Medical Expense plan administered by A-G Administrators on behalf of QBE Insurance. This policy is designed to provide primary accident medical benefits. Please see the following schedule of benefits, frequently asked questions and instructions for submitting a claim. Additional terms, conditions and limitations may apply.

### Schedule of Benefits

<b>Accident Medical Expense Benefits</b>	<b>\$25,000</b>
<b>Benefit Period</b>	26 weeks from the date of the covered accident
<b>Deductible applies to each covered accident</b>	\$0
<b>Covered Expense</b>	<b>Benefit Amount, Percentage, Other Limits</b>
<b>In-Patient Hospital Services</b>	
Daily ICU or CCU Benefit	100%, up to two times the average semi-private room rate
Daily In-Hospital Benefit	100% of the average semi-private room rate
Miscellaneous Services	100%
<b>Ambulatory Medical Center</b>	
Emergency Room Treatment	100%
<b>Physician Services</b>	
Surgery Benefit	100%
Assistant Surgeon	100%
Physician's Surgical Facilities	100%
Second Opinion or Consultation	100%
Physician's Assistant	100%
Anesthesia Benefit	100%
Inpatient Visits	100%
Office Visits	100%
<b>Outpatient X-Ray, CT Scan, MRI and Laboratory Tests</b>	
MRI and Laboratory Tests	100%
Outpatient Physiotherapy	100%
Outpatient Nursing Services	100%
Ambulance Services	100%
Medical Equipment Rental	100%
Medical Services and Supplies	100%
Covered Services include:	
(a) initial artificial limbs, eyes and larynx, including fitting; and	
(b) replacement or repair of damaged eyeglasses, contact lenses or hearing aids.	
Dental Services	100%
Prescription Drug Benefit	100%
<b>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS</b>	
Principal Sum	\$10,000
Loss must occur within	365 days of the Covered Accident
<b>Schedule of Covered Losses</b>	
<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing in Both Ears	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
<b>SHORT-TERM EMERGENCY SICKNESS BENEFIT</b>	
Short-Term Covered Activity	Overnight Sport and Non Sport Camps
Period of Covered Activity	Duration of any overnight Camps
Benefit Period	180 days
Emergency Sickness Benefit Limit	\$1,000
Deductible	\$250
Benefit Percentage	100%
Scope of Coverage	Primary

### Frequently Asked Questions:

#### “What do I do if I am injured during a UO Camp or Clinic?”

Seek appropriate medical care and notify the UO camp or clinic representative of the incident.

#### “Who is covered?”

All Campers registered for sports camp activities and activities other than sports

#### “What is Covered?”

Covered Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: occurs while the Covered Person is insured under this Policy; and is not otherwise excluded under the terms of the Policy.

#### “What are the benefits of this plan”

If you suffer a covered accident injury, the insurance plan will pay up to \$25,000 per covered injury.

#### “How do I file a claim?”

A-G Administrators (A-G) is the plan administrator for the University of Oregon Camps injury medical expense program. All charges must be submitted to A-G on behalf of the camper. To be considered a valid claim and in order to make payment for a charge on a camper’s claim, A-G must receive the following three pieces of information:

1. Completed and signed claim form;
2. HCFA/UB Forms- submitted from the camper, primary insurance carrier or medical Provider; and,
3. Explanation of Benefits – submitted from the camper’s primary medical insurance plan or their insurance company.

In order to receive reimbursement for expenses incurred related to a valid claim you will need to submit the following information to A-G:

- An itemized bill
- Copy of payment receipt
- Copy of canceled check or credit card transaction (please note credit card #'s should be redacted)
- The name and address of the person to whom reimbursement should be issued

#### “Where do I get a claim form?”

Contact the camp or clinic organizer to obtain a copy of the claim form.

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## Frequently Asked Questions Cont.:

“What is A-G Administrators LLC contact information?”



A-G Administrators Claims Department PO  
Box 21013  
Eagan, MN 55121  
Phone: 610.933.0800 Fax: 610.933.4122  
Email: [claims@agadm.com](mailto:claims@agadm.com)  
Web: [agadministrators.com](http://agadministrators.com)

## Important Definitions & Key Terms:

### Medical Bills (industry standard forms HCFA1500 or UB04)

- Attach itemized copies of all applicable bills, including those bills under any deductible your plan may have. Also, include those bills paid partially or in full by other insurance. Bills showing only "Balance forward" or "Balance due" are not sufficient.
- An itemized bill indicates the provider of service's full name and mailing address, type of service, date of service, fee charged and diagnosis. Missing information will be requested from the medical service provider.
- To assure quick processing, please be sure that the bill and the insurance statements submitted are for the same item.
- Copies of any correspondence can/will be sent to those you identify as responsible.
- If any or all benefits are denied by other insurance, please provide a copy of the denial showing the reason charges were denied (include front and back of explanation of benefits when necessary).

### Explanation of Benefits (EOB from the camper's primary insurance if applicable):

What is an EOB? EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it be payment, denial, or pending) to a medical claim processed on your behalf. Often, this item is requested if we are processing a claim for you and you have any other insurance. EOBs are necessary to properly adjudicate excess insurance benefits.

What is a HCFA, UB04? A HCFA is a specific medical billing form that is utilized by physician and outpatient offices to bill medical charges to insurance carriers or Third-Party Claim Administrators. A UB04 is also a specific billing form; however, it is utilized exclusively by hospitals and outpatient surgical facilities.

### Insurance Carrier Information:

University of Oregon Camp accident & injury plan is administered by  
A-G Administrators and Underwritten by QBE Insurance Corporation.

**POLICY # IHH000285-944 EFFECTIVE DATES: 1/1/2023 – 1/1/2024**