

## Camps & Clinics Participant Accident Insurance

### 2023 The University of Wisconsin System Camps & Clinics Participant Accident Insurance

The University of Wisconsin System provides a Blanket Accident Insurance policy for their camps and clinics programs to provide coverage in the event that a participant is injured during a covered activity and will require outside medical treatment. An Injury Claim form must be submitted **A-G Administrators**, the Claims Company for the accident insurance policy before benefits are available.

Please be advised that the benefits under this policy are excess to all other valid and collectable health insurance plans. An injured participant can present the Identification Card below with policy information as they receive care for a covered injury. This policy is designed to cover up to 100% of Usual and Customary charges for eligible medical bills not covered by primary insurance up to the plan maximum.

If a balance due statement is received in the mail, we would recommend calling the billing department phone number listed on the statement, and request that the facility add the Accident Insurance information below to be billed directly by submitting their HCFA1500 or UB04 (itemized medical bill) and Explanation of Benefits (EOB) from primary insurance – *if applicable*.

Camps & Clinics Participant Accident  
Excess Coverage

#### The University of Wisconsin System

Policy Effective Date: 1/1/2023

Benefits become eligible on the Date of Injury

**Accident Medical Expense Limit:** \$25,000 per  
injury (\$2,500 for emergency sickness)

**Deductible:** \$0

**Policy #: BSRE897166-00**

Insurance Policy is underwritten by:  
Great American Insurance Company

#### Front of Card

Questions? Call: 1-800-634-8628 or email: [claims@agadm.com](mailto:claims@agadm.com)

Eligibility is subject to change. This card is for  
identification purposes only and does not  
guarantee benefits.

This plan is excess to all other valid and collectable  
insurance plans. For electronic submission use

**Payor ID: 11370**

Send all claim forms and billing statements to:

**A-G Administrators**

**PO Box 21013**

**Eagan, MN 55121**

**Fax: 610-933-4122**

#### Back of Card



**Gallagher** | Student Health & Special Risk