

“Where do I get the claim form?”

- The claim form can be downloaded from the following sites:

lmu.edu/studentinsurance
OR

<https://bus.lmu.edu/risk/insurance/studenthealthinsurance/studenthealthinsuranceplan/>

“How do I get reimbursed for payments of services up front?”

- In order to receive reimbursement for expenses incurred related to valid claims, you will need to submit the following information to A-G:
 - Itemized bills (i.e. HCFA/UB)
 - Copies of payment receipts
 - Copy of canceled check or credit card transaction (please note that credit card numbers should be redacted)
 - The name and address of the person to whom reimbursement should be issued

“Who do I contact for questions or assistance?”

A-G Administrators LLC
Claims Department
P.O. Box 21013
Eagan, MN 55121
610.933.4122 (Fax)
610.933.0800 (Phone)

IMPORTANT DEFINITIONS AND 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 another insurance. Bills showing only “Balance forward” or “Balance due” are not sufficient.

IMPORTANT DEFINITIONS AND KEY TERMS CONTINUED

- 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 student'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?

An 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, they are utilized exclusively by hospitals and outpatient surgical facilities.



**Loyola
Marymount
University**

Loyola Marymount University

Mandatory Student Accident/Injury Insurance Plan Excess Accident/Injury Medical Expense Plan 2021-2022

IMPORTANT NOTE

This Reference Guide provides a general summary of your coverage and key information about the program.

A complete description of the benefits and full terms and conditions may be found in the Master Policy issued to Loyola Marymount University. If any discrepancy exists between the Reference Guide and the Policy, the Master Policy will govern and control. The Master Policy may be viewed by request at the Office of Risk Management, University Hall 4900, during business hours.



Claims administered by A-G Administrators LLC.
Plan management and brokerage services are provided by
Mercer Health & Benefits LLC
Plan is underwritten by QBE Insurance Corporation

Welcome to Loyola Marymount University's Excess Accident/Injury Medical Expense Plan administered by A-G Administrators LLC on behalf of QBE Insurance Corporation. Please take a few moments to read this brief overview of the policy details. Further information can be found on-line at <http://studentaffairs.lmu.edu/wellness/studenthealthservices/formsresources/>

This policy is designed to provide benefits as secondary, or excess, in coordination with your primary health plan. Please see the following schedule of benefits, frequently asked questions and instructions for submitting a claim. Additional terms, conditions and limitations also apply.

“What are the benefits of this plan?”

- If you suffer a covered accidental injury, the insurance plan will pay up to \$150,000 per covered injury after your primary insurance benefits have been exhausted.
- If the eligible accidental injury is related to an intercollegiate athletic accident, the insurance plan will pay up to \$90,000 per covered injury after your primary insurance benefits have been exhausted. The benefit period for this plan is two years from the date of injury.

FREQUENTLY ASKED QUESTIONS

“What do I do if I am injured in an accident?”

If you are on campus and injured and it is an emergency, you should contact the Dept. of Public Safety at 310.338.2893.

If you are not on campus, call 911. For non-emergency medical problems due to accidental injury, you should seek medical care and may contact the Student Health Services at 310.338.2881 for an appointment if you are currently enrolled as a full time student.

If this is an intercollegiate sport related accident, notify the Athletic Training Department.

“How do I file a claim?”

- A-G Administrators, Inc. (“A-G”) is the plan administrator for the Loyola Marymount University's Secondary Injury Medical Expense Program. A-G is secondary to all other valid medical coverage held by the LMU students. All charges must be submitted to the student's primary insurance carrier for processing, prior to any payments made by A-G on behalf of the student. To make payment for an outstanding charge on student's claim, A-G must receive the following three pieces of information to be considered a valid claim.

“Who is covered?”

All graduate and undergraduate students enrolled in 7 or more units who have purchased the policy.

“What is covered?”

THIS PROGRAM PROVIDES BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY. IT DOES NOT PAY BENEFITS FOR SICKNESS. A Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss that occurs while an eligible person is insured under the program; and is not contributed to by disease, sickness, or mental or bodily infirmity; and is not otherwise excluded under the terms of the Master Policy.

Required Documentation

Completed and signed claim form - Submitted from the student or LMU Athletics - see claim form at the end of the brochure.

HCFA/UB Forms - Submitted from the student, primary insurance carrier or medical provider. For detailed information regarding HCFAs and UB Forms please refer to the Important Definitions and Key Terms section of the brochure.

Explanation of Benefits - Submitted from the student primary medical insurance plan or their insurance company.

SCHEDULE OF BENEFITS		
Maximum Accident Medical Expense Benefits		
LMU Student	\$150,000 per Injury	Deductible: \$0
LMU Intercollegiate Sports Athlete	\$90,000 per Injury	Deductible: \$0
Benefit Period: 2 Years from the date of the Covered		
Covered Medical Expense	Benefit Amount	
Daily ICU or CCU Inpatient	100%, up to two times the semi-private room rate	
Daily In-Hospital Inpatient	100% of the average semi-private room rate	
Miscellaneous Services	100%	
Ambulatory Medical Center	100%	
Emergency Room Treatment	100%	
Physician Services	100%	
Surgery Benefit	100%	
Assistant Surgeon	100%	
Physician's Surgical Facilities	100%	
Second Opinion or Consultation	100%	
Physicians Assistant	100%	
Anesthesia Benefit	100%	
Inpatient Visits	100%	
Office Visits	100%	
Outpatient X-Ray, CT Scan, MRI & Laboratory Tests	100%	
Outpatient Physiotherapy	100%	
Outpatient Nursing Services	100%	
Ambulance Services	100%	
Medical Equipment Rental	100%	
Medical Services & Supplies (Initial artificial limbs, eyes & larynx, including fitting; & replacement or repair of damaged eyeglasses, contact lenses or hearing aids.	100%	
Dental Services	100% up to \$10,000	
Prescription Drug Benefit	100% up to \$10,000	
Accidental Death & Dismemberment	100% up to \$25,000	
Short-Term Emergency Sickness Benefit	\$250	
Concussion Extended Benefit Period	Additional 52 Weeks	
Crisis Death Benefit per Covered Person	\$10,000	
Crisis Death Benefit per Incident Maximum	\$100,000	
Insurance Carrier Information		
Loyola Marymount University's Student Accident Medical Program is administered by A-G Administrators & Underwritten by QBE Insurance Corporation. When referencing the plan, please use the following two identification numbers:		
Policy Number	JHH000221-901	
LMU Group Number	042649	
Policy Term	August 1, 2021 - July 31, 2022	