



## CONTRACT RENEWAL

**DATE:** June 15, 2023

**CONTRACT TITLE:** Athletic Injury Insurance w/Full Excess Coverage

**CONTRACT NO:** C0001298

**LEGACY CONTRACT NO:** N/A

**NEW START DATE:** 7/1/2023

**NEW END DATE:** 6/30/2024

**RENEWAL NUMBER:** Two (2) of Five (5)

**CONTRACTOR:** McGriff Insurance Services Inc

### PRICING:

Select one of the options below.

- Pricing remains the same as the previous contract period.
- Attached is the revised pricing in accordance with the contract terms.

### CERTIFICATE OF INSURANCE:

- By signing and submitting this contract renewal letter Contractor certifies that it will maintain the insurance coverages required at the time the contract was awarded. At renewal, Contractor shall have a new Certificate of Insurance listing Virginia Commonwealth University as the "Additional Insured", citing the contractor's name and contract number, emailed to [sbkessinger@vcu.edu](mailto:sbkessinger@vcu.edu).

All other terms and conditions shall remain unchanged and in full force and effect.

**RESPONSE:**

McGriff Insurance Services Inc

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Name of Firm



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Signature

Dan Nunnery

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Name Printed

Senior Vice President, Education Risk Specialist

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Title

6/21/2023

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Date

# Virginia Commonwealth University

## 2023/2024 Accident Renewal

Intercollegiate Athletic Accident (ICS)

ISP Trail Blazer International Plan

(REVISED: 6/8/23)



McGriff Insurance Services, LLC

Dan Nunnery | 47 Airpark Court | Greenville, SC 29607 | [McGriff.com](http://McGriff.com)

## ICS RENEWAL

- Census
- Benefit Summary
- Premium History
- Claims Analysis

# 2023/2024 Virginia Commonwealth University

## ICS ATHLETIC ACCIDENT CENSUS

The plan covers all eligible applicants (defined in the Schedule of Benefits) for bodily injury sustained during an athletic event or other activity with is authorized by, organized by, or directly supervised by an official representative of the Applicant, including practices, games, off-season conditioning, and related covered travel.

SPORT	MEN	WOMEN	<i>Write "NEW" for NEW SPORT in 2023/2024</i>
Band	40	35	
Baseball	41		
Basketball	15	15	
Cheerleading	10	25	
Cheer (Competitive)			
Cross Country			
Dance		20	
Diving			
Drill Team			
eSports			
Field Hockey		25	
Football (Fall)			
Football (Spring)			
Golf	7		
Gymnastics			
Ice Hockey			
Lacrosse		31	
Rodeo			
Rowing/Crew			
Rugby			
Skiing			
Soccer	37	33	
Softball			
Swimming			
Tennis	10	8	
Track & Field (combined with Cross Country)	40	40	
Volleyball		17	
Water Polo			
Wrestling			
Student Managers	5	5	
Student Trainers	2	2	
OTHER:			
<b>TOTALS =</b>	<b>207</b>	<b>256</b>	

# 2023/2024 Virginia Commonwealth University

## ICS ATHLETIC ACCIDENT BENEFIT OVERVIEW

**ELIGIBILITY:** All intercollegiate student athletes, student trainers, student managers, student coaches, part-time coaches, volunteer coaches, athletic trainers, ball-boys/ball-girls, band members and guest recruits of the Policyholder.

**COVERAGE:** While participating in the scheduled, sponsored and approved intercollegiate sports activities of the Policyholder. This coverage includes while traveling directly and uninterrupted to and from such activities. Coverage for guest recruits is while participating in on-campus evaluations, including and participating in play, practice, drills and other similar activities as governed by the NCAA.

Claims will be paid in EXCESS of all other insurance for eligible injuries incurred during the policy period of the related expenses incurred within the benefit period.

<b>Plan Limits:</b>	ICS Accident Medical Maximum Benefit Amount	\$90,000
	Accidental Death & Dismemberment	\$10,000
	AD&D Aggregate Limit	\$1,000,000
	Policy Type	Full Excess
	Deductible	\$0
	Dental for injury for Maximum Benefit Amount	100% URC
	Heart/Circulatory Benefit	Included
	Expanded Medical Benefit	Included
	Coordination with HMO/PPO	Included
	Re-injury Benefit	Included
	Benefit Period	104 Weeks/2 Years
	Incurring Period for First Expense	90 Days
	Current Coverage Term	8/1/23 – 8/1/24
	Proposed Effective Date	8/1/23

**Plan Administration:** A-G Administrators

# 2023/2024 Virginia Commonwealth University

## ICS ATHLETIC PREMIUM & CLAIMS ANALYSIS – REVISED 6/8/23

ATHLETICS INSURANCE PREMIUM & LOSS HISTORY							REVISED RENEWAL 2023/24
YEAR	2018/19	2019/20	2020/21	2021/22	CURRENT 2022/23	RENEWAL 2023/24	
TPA/CARRIER	A-G	A-G	A-G	A-G	A-G/AIG	A-G/AIG	A-G/AIG
SIR/AGG. DEDUCTIBLE	\$313,500	\$285,000	\$285,000	\$283,000	\$283,000	\$312,000	\$304,500
STOP LOSS PREMIUM	\$47,300	\$43,000	\$43,000	\$42,958	\$42,958	\$46,800	\$45,000
ADMIN FEE	\$34,950	\$32,000	\$32,000	\$32,000	\$32,000	\$36,000	\$35,000
WORST CASE SCENARIO LOSSES As Of 05.05.2023 CLAIMS/AP LOSS RATIO							

ICS CLAIMS ANALYSIS						
As Of Date:	2018/19	2019/20	2020/21	2021/22	2022/23	
4.26.2018						
4.26.2019						
4.26.2020	\$230,505.00					
4.26.2021	\$293,610.00	\$216,419.00				
4.26.2022	\$297,115.00	\$274,143.00	\$151,903.00			
05.01.2023	\$298,096.00	\$291,604.00	\$211,873.73	\$238,510.62		

ICS CLAIMS PAID BY STOP LOSS (Excess of Aggregate Deductible)						
As Of Date:	2018/19	2019/20	2020/21	2021/22	2022/23	
4.26.2018						
4.26.2019		\$6,604.00				

CLAIMS FUND HISTORY					
DEPOSIT YEAR	2018/19	2019/20	2020/21	2021/22	2022/23
SIR/AGG DEDUCTIBLE	\$313,500	\$285,000	\$285,000	\$283,000	\$283,000
FUNDING 6.21.19	\$75,000				
FUNDING 9.25.19		\$75,000			
FUNDING 2.6.20		\$75,000			
FUNDING 6.9.20		\$75,000			
FUNDING 8.4.20			\$75,000		
FUNDING 8.26.20			\$75,000		
FUNDING 3.18.21			\$75,000		
FUNDING 9.24.21				\$141,500	
FUNDING 4.1.22				\$75,000	
FUNDING 6.3.22				\$50,000	
FUNDING 8.15.22					\$141,500
FUNDING 12.8.22					\$75,000
FUNDING 3.9.23					\$25,000
FUNDING 4.20.23					\$25,000
INVOICE SENT 5/5/23					\$80,000
<b>TOTAL CLAIMS FUNDING</b>	<b>\$75,000</b>	<b>\$225,000</b>	<b>\$225,000</b>	<b>\$266,500</b>	<b>\$346,500</b>
<i>Difference b/t Fund and Agg Ded</i>	<i>Closed</i>	<i>-\$60,000</i>	<i>-\$60,000</i>	<i>-\$16,500</i>	<i>\$63,500</i>
<b>Claims Fund Balance As of 5.1.23:</b>					<b>\$964.60</b>



Virginia Commonwealth University

Athletics Insurance Program

Claims by Body Part

Data as of: 5/5/2023

Body Part	2018		2019		2020		2021		2022		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Knee	36	\$ 126,916	35	\$ 114,923	29	\$ 65,763	32	\$ 139,112	7	\$ 5,441	139	\$ 452,156	21%	40%
Foot & Ankle	28	\$ 53,197	25	\$ 27,271	31	\$ 28,225	25	\$ 19,649	8	\$ 44,946	117	\$ 173,288	18%	15%
Hip/Groin/Core Muscle	12	\$ 46,297	8	\$ 24,275	7	\$ 17,072	6	\$ 3,802	3	\$ 2,897	36	\$ 94,342	5%	8%
Wrist & Hand	19	\$ 10,184	20	\$ 35,786	15	\$ 16,739	13	\$ 10,221	6	\$ 5,228	73	\$ 78,157	11%	7%
Shoulder	6	\$ 13,387	11	\$ 35,867	8	\$ 16,349	9	\$ 7,163	-	-	34	\$ 72,766	5%	6%
Head & Face	13	\$ 7,216	10	\$ 8,795	10	\$ 9,428	8	\$ 19,604	4	\$ 281	45	\$ 45,324	7%	4%
Elbow	3	\$ 2,621	3	\$ 4,362	7	\$ 24,909	3	\$ 6,098	4	\$ 733	20	\$ 38,723	3%	3%
Lower Back	14	\$ 10,147	9	\$ 8,218	7	\$ 4,803	11	\$ 13,409	1	\$ 42	42	\$ 36,619	6%	3%
Upper Leg	9	\$ 5,962	5	\$ 8,996	1	\$ 2	5	\$ 7,294	2	\$ 769	22	\$ 23,023	3%	2%
Lower Leg / Shin	8	\$ 2,539	10	\$ 8,418	7	\$ 8,656	8	\$ 2,429	-	-	33	\$ 22,043	5%	2%
Neck	3	\$ 8,585	-	-	3	\$ 6,216	-	-	-	-	6	\$ 14,801	1%	1%
Cardiac	1	\$ 4,102	3	\$ 881	-	-	-	-	2	\$ 4,344	6	\$ 9,326	1%	1%
Eye	1	\$ 153	1	\$ 5,134	1	\$ 1,068	1	\$ 74	-	-	4	\$ 6,428	1%	1%
Medical Screening	-	-	1	\$ 278	6	\$ 1,747	5	\$ 2,656	1	\$ 442	13	\$ 5,124	2%	0%
Thoracic	-	-	1	\$ 1,487	-	-	2	\$ 3,422	1	\$ 67	4	\$ 4,976	1%	0%
Multiple Sites	-	-	1	\$ 584	1	\$ 320	1	\$ 1,199	1	\$ 2,391	4	\$ 4,494	1%	0%
Chest	1	\$ 298	1	\$ 1,583	2	\$ 1,026	1	\$ 387	1	\$ 415	6	\$ 3,710	1%	0%
Leg	1	\$ 268	4	\$ 1,711	3	\$ 1,669	1	\$ 47	-	-	9	\$ 3,696	1%	0%
Back	6	\$ 2,058	3	\$ 653	1	\$ 114	2	\$ 576	-	-	12	\$ 3,401	2%	0%
Achilles Tendon	-	-	3	\$ 321	1	\$ 2,934	-	-	-	-	4	\$ 3,256	1%	0%
Clavicle	-	-	-	-	-	-	-	-	1	\$ 3,250	1	\$ 3,250	0%	0%
Arm	2	\$ 1,321	1	\$ 154	1	\$ 713	1	\$ 904	-	-	5	\$ 3,092	1%	0%
Hernia	-	-	1	\$ 1,886	-	-	-	-	-	-	1	\$ 1,886	0%	0%
Internal	5	\$ 3,210	2	\$ 413	6	\$ 2,663	4	\$ 1,382	4	\$ 5,167	21	\$ 12,836	3%	1%
Hamstring	2	\$ 870	-	-	1	\$ 736	-	-	-	-	3	\$ 1,606	0%	0%
Skin	-	-	1	\$ 1,097	-	-	-	-	-	-	1	\$ 1,097	0%	0%
Ribs	-	-	-	-	2	\$ 699	1	\$ 279	1	\$ 117	4	\$ 1,095	1%	0%
Testes	1	\$ 365	-	-	-	-	-	-	-	-	1	\$ 365	0%	0%
Mental	-	-	-	-	-	-	1	\$ 103	-	-	1	\$ 103	0%	0%
Heart	-	-	-	-	1	\$ 23	-	-	-	-	1	\$ 23	0%	0%
<b>Aggregate</b>	<b>171</b>	<b>\$299,695</b>	<b>159</b>	<b>\$293,094</b>	<b>151</b>	<b>\$211,874</b>	<b>140</b>	<b>\$239,811</b>	<b>47</b>	<b>\$76,531</b>	<b>668</b>	<b>\$ 1,121,005</b>		





Virginia Commonwealth University

Athletics Insurance Program

Claims by Procedure - Top 10

Data as of: 5/5/2023

Procedure	2018		2019		2020		2021		2022		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Phys. Therapy	36	\$ 46,359	26	\$ 45,528	33	\$ 23,341	35	\$ 60,837	7	\$ 7,118	137	\$ 183,184	8%	16%
Medical Treatment	149	\$ 37,799	135	\$ 32,053	127	\$ 38,524	128	\$ 43,449	39	\$ 11,908	578	\$ 163,733	33%	15%
Surgery Center	24	\$ 61,182	24	\$ 40,162	4	\$ 8,885	3	\$ 22,456	-	-	55	\$ 132,686	3%	12%
MRI	32	\$ 29,114	39	\$ 37,040	35	\$ 29,777	33	\$ 24,963	8	\$ 8,822	147	\$ 129,715	9%	12%
Surgery	25	\$ 27,902	19	\$ 36,012	24	\$ 29,139	12	\$ 8,290	12	\$ 22,875	92	\$ 124,217	5%	11%
X-Ray, Radiology	109	\$ 31,767	98	\$ 25,223	72	\$ 16,107	87	\$ 18,756	24	\$ 4,774	390	\$ 96,627	23%	9%
Medical Equipment	14	\$ 19,179	17	\$ 42,511	6	\$ 5,416	8	\$ 14,642	3	\$ 3,128	48	\$ 84,876	3%	8%
Dr. Visit-Emerg Room	4	\$ 590	2	\$ 100	8	\$ 25,807	5	\$ 8,118	1	\$ 1,106	20	\$ 35,720	1%	3%
Orthopedic Appliance	15	\$ 25,592	5	\$ 1,028	9	\$ 6,307	5	\$ 1,707	1	\$ 77	35	\$ 34,711	2%	3%
Anesthesia	11	\$ 6,480	10	\$ 7,837	6	\$ 7,777	6	\$ 2,527	6	\$ 2,240	39	\$ 26,862	2%	2%



Virginia Commonwealth University

Athletics Insurance Program

Claims by Provider - Top 10

Data as of: 5/5/2023

Provider	2018		2019		2020		2021		2022		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
VCU Health System	113	\$ 161,005	104	\$ 124,792	101	\$ 91,320	102	\$ 122,805	31	\$ 29,359	451	\$ 529,282	32%	47%
MCV Associated Physicians	168	\$ 56,449	147	\$ 55,343	123	\$ 48,049	122	\$ 37,142	45	\$ 10,711	605	\$ 207,694	43%	19%
Zetroz Systems, LLC	12	\$ 28,029	10	\$ 38,272	4	\$ 10,712	2	\$ 6,482	-	-	28	\$ 83,495	2%	7%
VCU Health Ambulatory Surgery Center	-	-	-	-	-	-	1	\$ 5,074	3	\$ 26,526	4	\$ 31,599	0%	3%
DJO LLC	7	\$ 1,115	3	\$ 5,600	10	\$ 8,118	9	\$ 8,161	2	\$ 3,060	31	\$ 26,053	2%	2%
Vincera Core Physicians PM	1	\$ 9,750	1	\$ 9,750	-	-	-	-	-	-	2	\$ 19,500	0%	2%
Owens Recovery Science	-	-	-	-	1	\$ 4,811	2	\$ 10,115	-	-	3	\$ 14,926	0%	1%
David Altchek, Md	-	-	-	-	1	\$ 13,833	-	-	-	-	1	\$ 13,833	0%	1%
Sentara Norfolk General	-	-	-	-	-	-	1	\$ 13,550	-	-	1	\$ 13,550	0%	1%
Laser Sport & Spine	6	\$ 6,749	3	\$ 1,060	3	\$ 3,500	3	\$ 1,560	-	-	15	\$ 12,869	1%	1%



Virginia Commonwealth University  
Athletics Insurance Program  
Claims by Sport  
Data as of: 5/5/2023

Sport	2018		2019		2020		2021		2022		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	% Paid		
Women's Basketball	16	\$ 20,284	24	\$ 59,910	19	\$ 21,179	18	\$ 79,619	10	\$ 3,010	87	\$ 184,000	13%	16%
Men's Soccer	8	\$ 64,328	15	\$ 58,529	14	\$ 15,042	4	\$ 16,404	6	\$ 22,510	47	\$ 176,813	7%	16%
Women's Soccer	19	\$ 51,276	21	\$ 37,637	23	\$ 19,155	22	\$ 41,872	3	\$ 26,078	88	\$ 176,017	13%	16%
Men's Basketball	28	\$ 22,303	20	\$ 37,317	16	\$ 19,645	20	\$ 13,501	8	\$ 5,743	92	\$ 98,509	14%	9%
Women's Volleyball	9	\$ 32,012	11	\$ 25,230	9	\$ 33,494	6	\$ 5,427	-	-	35	\$ 96,163	5%	9%
Men's Baseball	23	\$ 21,717	18	\$ 11,948	15	\$ 33,504	12	\$ 11,887	9	\$ 7,837	77	\$ 86,893	12%	8%
Women's Lacrosse	22	\$ 12,018	18	\$ 12,629	18	\$ 36,103	14	\$ 14,195	3	\$ 3,615	75	\$ 78,559	11%	7%
Women's Track	18	\$ 45,548	5	\$ 1,066	5	\$ 3,181	13	\$ 15,447	2	\$ 120	43	\$ 65,362	6%	6%
Men's Track	16	\$ 13,456	-	-	9	\$ 7,960	11	\$ 18,391	1	\$ 4,089	37	\$ 43,897	6%	4%
Women's Field Hockey	4	\$ 6,095	3	\$ 5,654	6	\$ 13,162	7	\$ 1,976	-	-	20	\$ 26,886	3%	2%
Women's Tennis	4	\$ 3,321	6	\$ 19,004	4	\$ 1,577	-	-	1	\$ 2,391	15	\$ 26,293	2%	2%
Men's Golf	2	\$ 6,043	4	\$ 4,397	7	\$ 4,972	4	\$ 3,091	-	-	17	\$ 18,503	3%	2%
Men's Tennis	-	-	4	\$ 5,437	3	\$ 1,576	6	\$ 8,571	1	\$ 821	14	\$ 16,406	2%	1%
Women's Cross-Country	1	\$ 430	4	\$ 12,119	1	\$ 1,126	1	\$ 100	2	\$ 296	9	\$ 14,071	1%	1%
Student Trainers	-	-	-	-	-	-	1	\$ 9,233	-	-	1	\$ 9,233	0%	1%
Women's Cheerleading	1	\$ 866	4	\$ 1,309	-	-	-	-	-	-	5	\$ 2,176	1%	0%
Men's Cheerleading	-	-	1	\$ 840	-	-	-	-	-	-	1	\$ 840	0%	0%
Men's Cross-Country	-	-	1	\$ 69	2	\$ 197	1	\$ 97	1	\$ 22	5	\$ 385	1%	0%
<b>Aggregate</b>	<b>171</b>	<b>\$ 299,695</b>	<b>159</b>	<b>\$ 293,094</b>	<b>151</b>	<b>\$ 211,874</b>	<b>140</b>	<b>\$ 239,811</b>	<b>47</b>	<b>\$ 76,531</b>	<b>668</b>	<b>\$ 1,121,005</b>		



Virginia Commonwealth University

Athletics Insurance Program

High Dollar Claims (Top 15 over \$10,000 per policy year)

Data as of: 5/5/2023

Policy Year	Claim Number	Sport	Body Part	Amount Billed	Amount Paid
2018	AGA-0198091	Women's Track	Knee	\$ 77,159	\$ 36,123
2018	AGA-0183019	Men's Soccer	Knee	\$ 54,839	\$ 29,014
2018	AGA-0191641	Men's Soccer	Hip/Groin/Core Muscle	\$ 70,678	\$ 27,662
2018	AGA-0170667	Women's Soccer	Foot & Ankle	\$ 45,109	\$ 25,541
2018	AGA-0188649	Women's Volleyball	Shoulder	\$ 25,194	\$ 12,733
<b>2018</b>	<b>Policy Year Subtotal</b>			<b>\$ 272,979</b>	<b>\$ 131,073</b>
2019	AGA-0253936	Men's Soccer	Knee	\$ 64,802	\$ 33,429
2019	AGA-0214598	Women's Volleyball	Hip/Groin/Core Muscle	\$ 53,122	\$ 22,132
2019	AGA-0275778	Women's Basketball	Shoulder	\$ 27,282	\$ 15,726
2019	AGA-0247182	Women's Cross-Country	Knee	\$ 116,980	\$ 11,569
2019	AGA-0275793	Women's Basketball	Foot & Ankle	\$ 23,588	\$ 10,526
<b>2019</b>	<b>Policy Year Subtotal</b>			<b>\$ 285,775</b>	<b>\$ 93,383</b>
<b>2020</b>	<b>Policy Year Subtotal</b>			<b>\$ 119,487</b>	<b>\$ 47,612</b>
2021	AGA-0375668	Women's Basketball	Knee	\$ 107,741	\$ 53,051
2021	AGA-0347186	Women's Soccer	Knee	\$ 116,042	\$ 20,850
2021	AGA-0335380	Men's Soccer	Head & Face	\$ 31,866	\$ 15,812
2021	AGA-0356554	Women's Basketball	Knee	\$ 40,348	\$ 11,486
<b>2021</b>	<b>Policy Year Subtotal</b>			<b>\$ 295,996</b>	<b>\$ 101,200</b>
2022	AGA-0444023	Women's Soccer	Foot & Ankle	\$ 72,235	\$ 23,687
2022	AGA-0411634	Men's Soccer	Foot & Ankle	\$ 31,617	\$ 16,396
<b>Aggregate</b>	<b>18</b>			<b>\$ 1,078,089</b>	<b>\$ 413,349</b>



Virginia Commonwealth University

Athletics Insurance Program

Claims Paid and Discount Analysis

Data as of: 5/5/2023

Policy Year	Claims	Billed	Primary Insurance	Pri Ins Contrib	A-G Discounts	Total Paid	Pay % of Billed
2018	171	\$ 1,180,660	\$ 664,075	56%	\$ 216,890	\$ 299,695	25%
2019	159	\$ 1,147,846	\$ 576,243	50%	\$ 278,510	\$ 293,094	26%
2020	151	\$ 866,586	\$ 520,151	60%	\$ 134,562	\$ 211,874	24%
2021	140	\$ 1,032,855	\$ 620,168	60%	\$ 172,876	\$ 239,811	23%
2022	47	\$ 286,084	\$ 130,050	45%	\$ 79,503	\$ 76,531	27%
<b>Aggregate</b>	<b>668</b>	<b>\$4,514,032</b>	<b>\$ 2,510,687</b>	<b>54%</b>	<b>\$ 882,340</b>	<b>\$1,121,005</b>	<b>25%</b>

# INSURANCE CONFIRMATION

# 2023/2024 Virginia Commonwealth University

## ACCIDENT INSURANCE CONFIRMATION – **REVISED 6/8/23**

*Please initial the coverage elected, sign and date below.*

ICS Self-Insured Plan	
CARRIER	AIG
TPA/CLAIMS ADMINISTRATOR	A-G Administrators, LLC
AGGREGATE DEDUCTIBLE	\$304,500
STOP LOSS PREMIUM	\$45,000
ADMIN FEE	\$35,000
Fixed Cost Total	\$80,000 (Due on 8/1)
Initially Fund ½ of Agg. Ded.	\$152,250 (Due on 8/1)
<b>TOTAL DUE August 1<sup>st</sup></b>	<b>\$232,250</b>
Total Worst-Case Scenario	\$384,500
<b>Initial to Bind Coverage:</b>	

*\*Per our conversation, we are in communication with UHCSR and Geo-Blue Direct regarding the International coverage options.*

**Dan Nunnery**

DNunnery@McGriff.com

864.442.4005

**Email Signed Form To:** [Gail.Gray@McGriff.com](mailto:Gail.Gray@McGriff.com)

# ISP TRAIL BLAZER INTERNATIONAL PLAN





# 2023/2024 Virginia Commonwealth University

## ISP TRAIL BLAZER INTERNATIONAL PLAN

The benefits will remain the same as the 2022/23 Plan Year. Please refer to the attached brochure as a reference. The 2023/24 brochures are in production.

### Expiring 2022/23 Premium Per Month:

2022/23 TRAIL BLAZER			
	Trail Blazer Basic	Trail Blazer Elite (\$100 DED)	Trail Blazer Elite (\$500 DED)
Age 24 and Under	\$81	\$117	\$110
Age 25-29	\$92	\$131	\$122
Age 30-40	\$173	\$240	\$224
Age 41-65	\$371	\$503	\$467
Dependent (Spouse)	\$555	\$714	\$665
Dependent (Each Child)	\$371	\$573	\$533

2022/23 ENROLLMENT: 62

TOTAL ANNUAL PREMIUM: \$57,291.00

### Confirmed 2023/24 Premium Per Month:

2023/24 TRAIL BLAZER			
	Trail Blazer Basic	Trail Blazer Elite (\$100 DED)	Trail Blazer Elite (\$500 DED)
Age 24 and Under	\$94	\$135	\$127

*\*They have not released the other age bands, however, they should be released next week and we will forward upon receipt.*



# Trail Blazer

## Plan Summary

Accident & Sickness Insurance Plan  
for International Students & Scholars in the U.S.



**Underwritten by:**  
Crum & Forster SPC

**Policy Number:**  
CC004925

*Revised 05/20/2022 10:43 AM*

# Important Contact Information and Resources



## Plan Administration

### Enrollment & Eligibility

International Student Protection  
PO Box 350919  
Brooklyn, New York 11235  
**(877) 738-5787**  
[www.coverage2u.com](http://www.coverage2u.com)  
Monday–Friday, 9:00 a.m. to 6:00 p.m. Eastern Time

### Benefits & Claims

For questions regarding benefits or claims status, contact the claims and benefits administrator at the number listed.

**(800) 476-4802**  
Monday–Friday, 7:00 a.m. to 8:00 p.m. Eastern Time

For submitting claims, complete the claim form, provide a copy of the provider billing statement(s) (HCFA or UB), and mail or fax to the following address within 90 days.

Administrative Concepts, Inc.  
PO Box 4000  
Collegeville, PA 19426  
Fax: **(610) 293-9299**



## PPO Network

To locate PPO Physicians and facilities, visit the website, or call the number listed.

First Health  
[www.myfirsthealth.com](http://www.myfirsthealth.com)  
**(800) 226-5116**



## Pharmacy Benefits Manager

Prescription benefits are provided by Express Scripts. To locate a pharmacy, visit their website, or call the number listed.

Express Scripts  
[www.express-scripts.com](http://www.express-scripts.com)  
**(800) 400-0136**

Pharmacy Help Desk  
**(800) 922-1557**



## Non-Insurance Travel Assistance Services

Contact this company when you are traveling away from home and you need assistance with things such as transfer of medical records, legal referrals, transfer of funds, and information on travel conditions.

Scholastic Emergency Services  
**(877) 488-9833** (in the U.S.)  
Call collect +1 **(609) 452-8570** (outside U.S.)  
Email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)  
Reference Number: 01-SES-SUM-08123  
Available 24/7/365

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## Notice

By purchasing this insurance provided by Crum & Forster, SPC, you become a member of the ITA Global Trust, LTD. Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable at the option of the insurer.

This is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster, SPC.

This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain U.S. citizens or U.S. residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

## Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through the Participating Organization or by calling toll-free at **(877) 738-5787** or by visiting <https://coverage2u.com/privacy-policy/>.

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# General Information

## Eligibility

### Students

All international students and scholars age 65 and under with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities. International students enrolled in and attending classes on a full-time basis in a high school, undergraduate school, graduate school and English as a Second Language program are eligible to enroll.

OPT participants, Dual Citizens or permanent residents of the United States are not eligible.

The Company maintains its right to investigate student status, attendance records and Visa/Passport status to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is a refund of premium, less any claims paid.

### Dependents

Students may also insure their eligible Dependents (see *Dependent* definition in the **Insurance Definitions** section). A Plan Participant's Dependent(s), as applicable, are eligible on the latest of the date:

1. The Plan Participant is eligible, if the Plan Participant has Dependents on that date; or
2. The date the person becomes a Dependent.

If the Plan Participant is in a Class of Eligible Persons and is also eligible as a Dependent, He or She may be Covered only once under the Policy. In no event will a Dependent be eligible if the Plan Participant is not eligible. A person may not be covered as a Dependent and a Plan Participant at the same time.

### Newborn Children Coverage

Coverage for a newborn Child will begin from the moment of birth. The Plan Participant must give notice within 31 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate upon the expiration of the initial 31-day period.

## Enrollment

### Students

Visit [www.coverage2u.com](http://www.coverage2u.com) to enroll online with a credit card.

### Dependents

Eligible Dependents must be enrolled with the student, or within 31 days of birth, adoption, or marriage (proof of date of life event may be requested). Failure of the student to enroll for Dependent coverage within the 31-day enrollment period shall be construed as rejection of coverage. Dependents must be enrolled in the same term in which the student is enrolled. Dependents who have been approved for permanent residency are not eligible.

Students or Scholars who wish to enroll their eligible Dependent(s) may enroll through the online portal located at [www.coverage2u.com](http://www.coverage2u.com), using a credit or debit card. For questions regarding student or Dependent enrollment, please contact International Student Protection at **(877) 738-5787**.

## Terms of Coverage

### Plan Effective Date

The Plan is effective at 12:01 a.m. on July 1, 2022.

### Plan Participant's Effective Date

Coverage becomes effective 12:01 am on latest of:

1. the effective date of the plan; or
2. the date the enrollment form and premium are received by the underwriting company or its designated representative; or
3. the date requested on the enrollment form.

### Plan Termination Date

The Plan terminates at 11:59 p.m. on June 30, 2023.

### Plan Participant's Termination Date

Coverage terminates at 11:59 p.m. on the earliest of:

1. the last date which premium is paid; or
2. the date the plan participant is no longer eligible; or
3. the date of entry into active duty military service.

Dependent coverage will not be effective prior to that of the student or extend beyond that of the student. Eligibility requirements must be met each time premium is paid to continue coverage.

We do not send termination or enrollment notices. It is the Plan Participant's responsibility to enroll in coverage in a timely manner, subject to continuing eligibility. Eligibility requirements must be met each time premium is paid to enroll in coverage.

### Maximum Enrollment Term

The maximum total coverage period for any one Covered Person cannot exceed 364 days per policy period.

## General Information (continued)

### Insurance Costs and Important Dates

Rates are effective 07/01/2022 to 06/30/2023. Rates include medical insurance premium and administrative fees.

	Trail Blazer Basic		Trail Blazer Elite	
<b>Deductible</b>	\$ 350	\$ 100	\$ 500	
<b>Meets J1 Visa Requirements</b>	Yes	Yes	Yes	
Rate Tier	Monthly Rate		Monthly Rate	
<b>Age 24 and Under</b>	\$ 81	\$ 117	\$ 110	
<b>Age 25-29</b>	\$ 92	\$ 131	\$ 122	
<b>Age 30-40</b>	\$ 173	\$ 240	\$ 224	
<b>Age 41-65</b>	\$ 371	\$ 503	\$ 467	
<b>Dependent (Spouse)</b>	\$ 555	\$ 714	\$ 665	
<b>Dependent (Each Child)</b>	\$ 371	\$ 573	\$ 533	

Minimum Purchase requirement is three (3) months. Application fee of \$15 will be added at time of purchase. Full premium payment is required at time of enrollment.

### Extension of Benefits after Termination

If a Plan Participant is Hospital Confined on the Termination Date, benefits will continue to be paid until the earlier of either discharge from the Hospital they are confined to or until the Maximum Benefit has been paid, whichever occurs first. In no event will benefits continue beyond 90 days after the Termination Date of coverage.

### Premium Refunds

There are no premium refunds, except when the Plan Participant leaves school and permanently returns to his or her Home Country or enters the armed forces of any country in which case a pro rata refund (for the number of full months remaining in the term) will be issued only upon request and only if there are no claims on file. If eligible for a refund \$25 early termination fee will be applied.

### ID Card

Once you are enrolled in the plan, you will receive an e-mail notifying you that your ID card is available and to log in or create an account at [www.coverage2u.com](http://www.coverage2u.com) to download your id card. No other ID card will be mailed to you.

**Carry your ID card with you at all times!** You will need your card when you visit the campus health center, physician's office, urgent care, hospital, or pharmacy.

### Pre-Existing Conditions

Pre-Existing conditions are not covered under this plan of insurance. However, a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for six (6) months under the same ISP insurance plan.

### Primary Medical Expense

If an Injury or Sickness to the Plan Participant results in his/her incurring Eligible Expenses for any of the services on the Schedule of Benefits, We will pay the applicable benefit, subject to any applicable Deductible Amount, Copay and Coinsurance Percentage.

Such benefits will be paid on a primary basis, regardless of any other coverage the Plan Participant may have.

# Seeking Medical Care

If you experience an Injury or Sickness:

1. You should go to the campus health center first, where the staff will either treat you or refer you to an off-campus provider.
2. If you need to seek medical treatment off-campus, using PPO providers that are part of the **First Health Network** could decrease your costs. For a complete listing of PPO physicians, hospitals, and other facilities, visit [www.myfirsthealth.com](http://www.myfirsthealth.com).
3. In case of an Emergency, go to the nearest hospital or call **911**.
4. If it is not an Emergency but you need to seek medical treatment right away, using an Urgent Care Center instead of a Hospital ER may decrease your out-of-pocket expenses.
5. After you receive treatment at a PPO provider, your provider will usually submit a claim to the insurance company. You will receive an Explanation of Benefits from Administrative Concepts, Inc., detailing what the insurance paid and what is your responsibility to pay. If you have questions about your Explanation of Benefits or what is your responsibility to pay, please call **(800) 476-4802**. **Do not ignore any medical bills you receive.**
6. If your provider bills you directly or asks you to pay up front, you will need to submit a claim. Please visit [www.coverage2u.com](http://www.coverage2u.com) for information about how to submit a claim.

## Campus Health Center

School on-campus health services are available to most members. The campus health center offers limited services for no or low cost to students. For other services, students must pay up front and then submit a claim for reimbursement by the insurance. Please contact your campus health center for further details. **Note that filing a claim does not guarantee reimbursement.**

## Preferred Provider Organization



This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through **First Health Network**. If you need to see a provider, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you use a PPO physician or facility, you will pay less money out-of-pocket.

Network access provides benefits nationwide for Eligible Expenses incurred at either:

1. 80% of the Preferred Allowance (PA) when treated by network providers (PPO). Benefits are provided worldwide for Eligible Expenses incurred at 60% of Usual, Reasonable, and Customary Expenses (URC) when treated by out-of-network providers under the Trail Blazer Basic plan; or
2. 90% of the Preferred Allowance (PA) when treated by network providers (PPO). Benefits are provided worldwide for Eligible Expenses incurred at 70% of Usual, Reasonable, and Customary Expenses (URC) when treated by out-of-network providers under the Trail Blazer Elite Plan. Note: Charges in excess of URC are still the responsibility of the Plan Participant.

Preferred Providers have contracted to provide specific medical care at negotiated prices. The availability of specific providers is subject to change without notice. The Plan Participant should always confirm that a Preferred Provider is participating at the time services are required by checking the Preferred Provider Network website or calling the Preferred Provider Network and by asking the provider when he or she makes an appointment for services. Out-of-network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are your responsibility. Please be aware that if you are treated at a PPO Hospital, it does not mean that all providers at that Hospital are PPO providers. If you are referred by a PPO provider to another provider or facility, it does not necessarily mean that the provider or facility to which you are referred is also a PPO provider. For example, when a network provider refers you to a lab for tests, be sure it is a network lab. This information can be found on the network website.

## Prescriptions / Medications EXPRESS SCRIPTS<sup>SM</sup>

The Pharmacy Benefits Manager (PBM) is Express Scripts.

Prescriptions filled at an Express Scripts pharmacy will be paid at 100% after Copay. Copay applies per prescription or refill, subject to dispensing limits. Copay applies to each 30-day supply. You must pay in full for prescriptions filled at an Out-of-Network pharmacy, then submit a claim for reimbursement. Some local Express Scripts pharmacies include CVS, Rite Aid, Safeway, Vons, Walgreens, and Walmart. To locate an Express Scripts pharmacy, call **(800) 400-0136** or visit [www.express-scripts.com](http://www.express-scripts.com).

# Filing a Claim

## If your provider files the claim on your behalf:

1. The claims administrator still requires certain information from you. You will need to fill out a form indicating whether or not you have other insurance coverage or provide additional details regarding the nature of your claim. You will need to do this per Accident or Sickness.
2. You will receive an Explanation of Benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.

**If the provider does not file a claim directly with the insurance company on your behalf,** you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:

1. Download a claim form from [www.coverage2u.com](http://www.coverage2u.com).
2. Include your policy number (as shown on your ID card) on the claim form.
3. Attach bills for X-rays, lab charges, etc.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

Administrative Concepts, Inc.  
PO Box 4000  
Collegeville, PA 19426  
Fax: **(610) 293-9299**

**Keep copies of all the documents you submit.** If you have questions about claims, contact Administrative Concepts at **(800) 476-4802** or [claims@acitpa.com](mailto:claims@acitpa.com).





# Plan Benefits

## Schedule of Insurance Benefits

The Company will pay for the Eligible Expenses listed below, after the applicable Copays, up to the following limits.

	TRAIL BLAZER BASIC		TRAIL BLAZER ELITE	
	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Maximum per Policy Period (per Plan Participant)</b>	Unlimited		Unlimited	
<b>Maximum per Sickness or Injury</b>	\$500,000		\$600,000	
<b>Deductible (per Plan Participant, per Policy Period)</b>	\$350		Options of \$100 or \$500	
<b>First Initial Treatment Period</b>	30 days		30 days	
<b>Coinsurance</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Maximum Out-of-Pocket Limit (per Policy Period)</b> Excludes copays, deductibles, and non-covered charge.	\$5,000 per Individual \$10,000 per Family	N/A	\$2,000 per Individual \$4,000 per Family	N/A
<b>Benefit Period</b>	Policy Termination		Policy Termination	
<b>Pre-Existing Condition Limitation</b>	Six (6) Month Waiting Period		Six (6) Month Waiting Period	

Unless otherwise indicated, Eligible Expenses are paid at the coinsurance percent for Medically Necessary services and supplies, and includes the expenses shown above, subject to the limitations and exclusions indicated. Charges in excess of URC are the responsibility of the Plan Participant. Out-of-network providers have not agreed to any prearranged fee schedules. You may incur significant out-of-pocket expenses with these providers.

BENEFIT COVERAGE	TRAIL BLAZER BASIC		TRAIL BLAZER ELITE	
	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Hospital Room &amp; Board Benefit</b>	80% of PA subject to a \$150 copay (maximum allowable for newborn hospital is \$3,000)	60% of URC of the Semi-Private Room Rate subject to a \$250 deductible (maximum allowable for newborn hospital is \$1,500)	90% of PA subject to a \$100 copay (maximum allowable for newborn hospital is \$4,000)	70% of URC of the Semi-Private Room Rate subject to a \$200 deductible (maximum allowable for newborn hospital is \$1,500)
<b>Intensive Care / Cardiac Care Unit Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Hospital Miscellaneous Expense Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Surgeon (In or Outpatient) Benefits</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Assistant Surgeon Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Pre-Admission Testing Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Anesthesia Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Day Surgery Miscellaneous Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Diagnostic X-Ray and Lab Benefit</b>	80% of PA (MRI, PET, and CT Scans subject to a \$100 copay)	60% of URC (MRI, PET, and CT Scans subject to a \$250 deductible)	90% of PA (MRI, PET, and CT Scans subject to a \$100 copay)	70% of URC (MRI, PET, and CT Scans subject to a \$200 deductible)
<b>Ambulance Benefit</b>	80% of PA	60% of Actual Charges	90% of PA	70% of Actual Charges
<b>Physician Visit Benefit (Inpatient)</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Physician Visit Benefit (Outpatient)</b>	80% of PA; subject to a \$25 copay Waived at the Student Health Center	60% of URC; subject to a \$50 deductible	90% of PA; subject to a \$25 copay Waived at the Student Health Center	70% of URC; subject to a \$50 deductible

## Plan Benefits (continued)

BENEFIT COVERAGE (CONTINUED)	TRAIL BLAZER BASIC		TRAIL BLAZER ELITE	
	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Consultant Physician Benefit (Outpatient)</b>	80% of PA; subject to a \$25 copay	60% of URC; subject to a \$50 deductible	90% of PA; subject to a \$25 copay	70% of URC; subject to a \$50 deductible
<b>Radiation / Chemotherapy Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Emergency Room Benefit</b>	80% of PA; subject to a \$150 copay Copay waived if admitted	60% of URC; subject to a \$250 deductible Deductible waived if admitted	90% of PA; subject to a \$100 copay Copay waived if admitted	70% of URC; subject to a \$200 deductible Deductible waived if admitted
<b>Wellness Medical Benefit</b>	Not covered	Not covered	Not covered	Not covered
<b>Urgent Care Facility Expense</b>	80% of PA; subject to a \$25 copay	60% of URC; subject to a \$50 deductible	90% of PA; subject to a \$25 copay	70% of URC; subject to a \$50 deductible
<b>Pregnancy</b> Conception must occur while covered under the Policy.	80% of PA	60% of URC	90% of PA	70% of URC
<b>Therapeutic Termination of Pregnancy Benefit</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Emergency Dental Expense Benefit (includes Impacted Wisdom Teeth &amp; Injury Only)</b> Up to a maximum of \$2,500	80% of PA	60% of URC	90% of PA	70% of URC
<b>Physiotherapy Expense Benefit (Inpatient)</b>	80% of PA	60% of URC	90% of PA	70% of URC
<b>Physiotherapy Expense Benefit (Outpatient)</b> Chiropractic Care up to a maximum of \$5,000; 30 visits per Policy Period.	80% of PA; subject to a \$25 copay	60% of URC; subject to a \$50 deductible	90% of PA; subject to a \$25 copay	70% of URC; subject to a \$50 deductible
<b>Durable Medical Equipment Expense</b> Braces and Appliances up to a maximum of \$5,000 per Policy Period.	80% of PA	60% of URC	90% of PA	70% of URC
<b>Emergency Medical Evacuation/Repatriation Expense Benefit</b>	100% of Actual Expenses		100% of Actual Expenses	
<b>Return of Mortal Remains Expense Benefit</b>	100% of Actual Expenses		100% of Actual Expenses	
<b>Emergency Medical Reunion</b>	Up to a maximum of \$2,500		Up to a maximum of \$2,500	
<b>Quarantine Trip Delay Benefit</b>	Not Included		\$100 per person, per day subject to a maximum of 15 days and \$1,500 Maximum Benefit	
MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT AND ALCOHOL & DRUG ABUSE EXPENSE BENEFIT	TRAIL BLAZER BASIC		TRAIL BLAZER ELITE	
	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER	FIRST HEALTH PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Inpatient Expense</b> Up to a maximum of 30 days.	80% of PA	60% of URC	90% of PA	70% of URC
<b>Outpatient Expense</b> Up to a maximum of 30 visits.	80% of PA; subject to a \$25 copay	60% of URC; subject to a \$50 deductible	90% of PA; subject to a \$25 copay	70% of URC; subject to a \$50 deductible
PRESCRIPTION DRUG EXPENSE BENEFIT	TRAIL BLAZER BASIC		TRAIL BLAZER ELITE	
	EXPRESS SCRIPTS PHARMACY	OUT-OF-NETWORK PHARMACY	EXPRESS SCRIPTS PHARMACY	OUT-OF-NETWORK PHARMACY
<b>Covered Percentage</b> Based on a 30-day supply per prescription.				
Generic	\$20 copay	\$20 deductible	\$20 copay	\$20 deductible
All Other	\$50 copay	\$50 deductible	\$50 copay	\$50 deductible
Contraceptives	\$15 copay	\$15 deductible	\$15 copay	\$15 deductible

## Plan Benefits (continued)

### Accidental Death & Dismemberment Benefit

If, within one (1) year from the date of an Accident or Injury covered by the Policy, the Plan Participant suffers from a Covered Loss listed below, The Company will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Plan Participant sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Plan Participant.

The Principal Sum is the Maximum Benefit Amount shown in Schedule of Benefit.

Benefits are payable if such Injury occurs during the course of time the Plan Participant is covered under the Policy.

**Principal Sum:** \$10,000

**Time Period for Loss:** 365 days

For Loss of:	Benefit Percentage of Principal Sum
Loss of Life	100%
Loss of Both Hands, Both Feet, or Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot, One Hand and Entire Sight of One Eye, One Foot and Entire Sight of One Eye, or Speech and Hearing (both ears)	100%
Loss of One Hand, One Foot, Entire Sight of One Eye, Speech, or Hearing (both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%



# General Insurance Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane. Applies to Accidental, Death & Dismemberment only.
2. War or any act of war, declared or undeclared.
3. Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request.
5. Voluntary, active participation in a riot or insurrection.
6. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance.
7. Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
8. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
9. Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy.
10. Treatment of acne.
11. Charges which are in excess of Usual, Reasonable and Customary charges.
12. Charges that are not Medically Necessary.
13. Charges provided at no cost to the Plan Participant.
14. Expenses incurred for treatment while in Your Home Country.
15. Expenses incurred for an Accident or Injury or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage.
16. Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health; unless specifically covered by the Policy.
17. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant.
18. Duplicate services actually provided by both a certified nurse, midwife and Physician.
19. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits.
20. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
21. Pre-existing conditions; however a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for 6 months under the same Participating Organization.
22. Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident.
23. Pregnancy or childbirth, except when conception occurs while covered under the Policy; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth of a dependent when dependent child of a Plan Participant (except for complications arising there from); unless specifically covered by the Policy.
24. Drug, treatment or procedure that promotes conception or childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
25. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes.
26. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain.
27. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident or emergency pain relief treatment to natural teeth while the Plan Participant is covered under the Policy, and rendered within six (6) months of the Accident; unless specifically covered by the Policy.
28. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore; unless specifically covered by the Policy.
29. Weak, strained or flat feet, corns, calluses, or toenails.
30. Private-duty nursing services.
31. The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided.
32. Expenses payable under any prior policy which was in force for the person making the claim.
33. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature.
34. For the cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided and medically necessary.
35. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual.
36. Travel in or upon:
  - a) A snowmobile;
  - b) A water jet ski;
  - c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - d) Any off road motorized vehicle not requiring licensing as a motor vehicle;when used for recreation or competition.
37. Injury sustained while taking part in mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; solo diving; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.
38. Rest cures or custodial care.
39. Practice or play in any interscholastic, intercollegiate, professional or semi-professional sports contest or competition.
40. Weight reduction programs or surgical treatment of obesity.
41. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness).
42. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  - b) While being used for any test or experimental purpose; or
  - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household; or
  - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f) An ultra light, hang gliding, parachuting or bungee-cord jumping.Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
43. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
44. Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.

# Insurance Definitions

The following important definitions apply to this Plan. The male pronoun includes the female whenever used. Please see the Policy for a complete list of definitions.

**Accident** means an unforeseeable event which:

1. Causes Injury to one or more Plan Participants; and
2. Occurs while coverage is in effect for the Plan Participant.

**Benefit Period** means the period of time from the date of the Accident causing the Injury or Sickness for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

**Caregiver** means an individual employed for the purpose of providing assistance with activities of daily living to the Plan Participant or to the Plan Participant's Immediate Family Member who has a physical or mental impairment. The Caregiver must be employed by the Plan Participant or the Plan Participant's Immediate Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

**Child** means the Plan Participant's natural Child, adopted Child (or Child placed in the Plan Participant's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Plan Participant has legal guardianship (proof will be required). A Child must reside with the Plan Participant in a parent-Child relationship. NOTE: In the event the Plan Participant shares physical custody of the Child with another parent, the requirement that the Child reside with the Plan Participant will be waived.

**Child Caregiver** means an individual providing basic childcare service needs for the Plan Participant's minor children under the age of 18 while the Plan Participant is on the Trip without the minor children. The arrangement of being the Child Caregiver while the Plan Participant is on the Trip must be made 30 or more days prior to the Scheduled Departure Date.

**Civil Union Partner** means a party to a civil union who is entitled to the same legal obligations, responsibilities, protections and benefits that are afforded a spouse. Throughout the Policy, a party to a civil union shall be included in any definition or use of the terms such as spouse, Immediate Family, dependent, next of kin, and other terms descriptive of spousal relationships. This includes the terms 'marriage' or 'married' or variations thereon. The term spouse or dependent includes civil union couples whenever used.

**Class** means a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.

**Coinsurance** means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

**Company** means Crum & Forster SPC. Also hereinafter referred to as We, Us and Our.

**Complications of Pregnancy** means a condition which:

- When pregnancy is not terminated, requires medical treatment and whose diagnosis is distinct from pregnancy but is adversely affected by or are caused by pregnancy, such as (a) acute nephritis; (b) nephrosis; (c) cardiac decompensation; (d) missed abortion; (e) eclampsia; (f) puerperal infection; (g) R.H. Factor problems; (h) severe loss of blood requiring transfusion; and (i) other similar medical and surgical conditions of comparable severity related to pregnancy; or
- When pregnancy is terminated: (a) non-elective cesarean section; (b) ectopic pregnancy that is terminated; and (c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy will not include:

- False Labor;
- Occasional spotting;
- Physician prescribed rest during the period of pregnancy;
- Morning Sickness; and
- Similar conditions associated with the management of a difficult pregnancy but which are not a separate Complication of Pregnancy.

Delivery by cesarean section is considered a complication of pregnancy if the cesarean section is non-elective. A cesarean section will be considered non-elective if the fetus or mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if a cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non-elective if vaginal delivery is medically inappropriate, or a vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or Injury to the Child or mother.

**Contraceptive Devices** include one IUD every two years (including removal), diaphragms, and cervical caps.

**Contraceptive Drugs** include oral contraceptives (combined estrogen and progestin and progestin-only), NuvaRing, Depo Vera and Ortho Evra.

**Copayment** means a specified charge that the Plan Participant is required to pay when a medical service is rendered.

**Cosmetic Surgery** means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.

**Covered Accident** means an Accident that occurs while coverage is in force for a Plan Participant and results in a Covered Loss for which benefits are payable.

**Covered Loss or Covered Losses** means an accidental death, dismemberment, Sickness or other Injury covered under the Policy and indicated on the Schedule of Benefits.

**Custodial Care** means that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Plan Participant, whether or not totally disabled, in the activities of daily living.

**Deductible** means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Policy. It applies separately to each Plan Participant.

**Dentist** means a legally licensed physician of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

**Dependent** means a Plan Participant's:

1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner.
2. unmarried Children under age 26.

The age limitations will not apply to a Plan Participant's unmarried Child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the two-year period following the age limitation.

**Domestic Partner** means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Plan Participant and shared financial assets/obligations with the Plan Participant. Both the Plan Participant and the Domestic Partner must:

1. intend to be life partners;
2. be at least the age of consent in the state in which they reside; and
3. be mentally competent to contract.

Neither the Plan Participant nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**Economy Transportation** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Plan Participant purchased for the Plan Participant's Trip.

## Insurance Definitions (continued)

**Elective Treatment and Procedures** means any Medical Treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by the Company to be research or experimental or that is not recognized as a generally accepted medical practice.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury or Sickness. Eligible Expenses must be incurred while the Policy is in force.

**Emergency/Emergency Treatment** means a Sickness or Injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

**Experimental/Investigational** means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence show that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable Evidence show that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Management staff in Our Claims Department or a Claims Payor acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.

**Extended Care Facility** means an institution operating pursuant to applicable laws that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and Registered Nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

**He, His, and Him** includes "she", "her" and "hers."

**Health Care Plan** means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8. Automobile no-fault coverage (unless prohibited by law).

**Home Country** means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment and holds a current and valid passport and to which he or she has the intention of returning.

**Home Health Care** means nursing care, treatment and Daily Living Services provided in the Plan Participant's home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care; and Necessary care and treatment are not available from a Plan Participant's Immediate Family Member or other persons residing with the Plan Participant without causing undue hardship;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency and nursing service; and
3. Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

"Daily Living Services" are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.

Home Health Care consists of, but shall not be limited to, the following:

- Part time and intermittent skilled nursing services: services given to the Plan Participant at least once every 60 days or as frequently as a few hours per day, several days per week.
- Therapeutic services: physical therapy occupational therapy; speech and hearing therapy; and
- Medical social services, medical supplies, drugs and medicines, related pharmaceutical services and laboratory services to the extent such charges or costs would have been covered under the Plan Summary if the Plan Participant had remained in the Hospital.

**Hospital** means an institution licensed, accredited or certified by the State that:

1. Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2. Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
3. Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
4. Has a staff of one or more licensed Physicians available at all times;
5. Provides organized facilities for diagnosis, treatment and surgery, either:
  - a) on its premises; or
  - b) in facilities available to it, on a pre-arranged basis;
6. Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
7. Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

## Insurance Definitions (continued)

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1. the Joint Commission of Accreditation of Hospitals; or
2. the American Osteopathic Association; or
3. the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is an Eligible Expense under the Policy.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**Host Country** means any country other than the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment and holds a current and valid passport.

**Immediate Family** means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes step-parent), Child(ren) (includes legally adopted or step Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws). A Member of the Immediate Family includes an individual who normally lives in the Plan Participant's household.

**Immunizations** include flu shot, tetanus, diphtheria, pertussis, Tdap, hepatitis A, hepatitis B, HPV, measles-mumps-rubella, pneumonia, varicella, meningococcal; only as recommended by the U.S. Centers for Disease Control and Prevention.

**Injury** means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Policy, while the Policy is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Inpatient** means a Plan Participant who is confined in an institution and is charged for room and board.

**Insurance** means the coverage that is provided under the Policy.

**Intensive Care Unit** means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Intoxicated** means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Plan Participant is located at the time of an incident.

**Maximum Benefit** means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting of air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

**Mental or Nervous Disorder** means any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Plan Participant.

**Natural Teeth** means the major portion of the individual tooth which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

**Network Provider** means a Physician, Hospital and other healthcare providers who have contracted to provide specific medical care at negotiated prices.

**Non-Network Provider** means a Physician, Hospital and other healthcare providers who have not agreed to any pre-arranged fee schedules. A Plan Participant may incur significant out-of-pocket expenses with these providers. Charges in excess of the insurance payment are the Plan Participant's responsibility.

**Occurrence** means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.

**Outpatient** means a Plan Participant who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Sickness or Injury, but who is not confined and is not charged for room and board.

**Outpatient Surgical Facility** means a surgical or medical center which has:

1. permanent facilities for surgery;
2. organized medical staff of Physicians and registered graduate Registered Nurses;
3. is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under law.

**Out-of-Pocket Maximum** means the maximum dollar amount the Plan Participant is responsible to pay during a Policy Term. After the Plan Participant has reached the Out-of-Pocket Maximum, the Policy pays 100% of Eligible Expenses for the remainder of the Policy Term. The Out-of-Pocket Maximum is met by accumulated Coinsurance, Copays, Deductibles, Non-Covered Charges, Penalties, and amounts above the Usual, Reasonable, and Customary Expenses do not count toward the Out-of-Pocket Maximum. The Out-of-Pocket Maximum is shown on the Schedule of Benefits.

**Participating Organization** means any organization which elects to offer coverage by completing a Participation Agreement and that has been approved by the Company to sponsor coverage under the Policy.

## Insurance Definitions (continued)

**Participation Agreement** means the agreement completed by a Participating Organization for insurance under the Master Policy.

**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's Spouse, son, daughter, father, mother, brother or sister or other relative.

**Physical Therapy** means any form of the following administered by a Physician:

1. physical or mechanical therapy;
2. diathermy;
3. ultra-sonic therapy;
4. heat treatment in any form; or
5. manipulation or massage.

**Plan Participant** means a Person and Dependent eligible for coverage as identified in the Enrollment/Application who is a Non-U.S. Citizen traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the Policy.

**Policy** means the document, the Master Application of the Policyholder and the Participating Organization and any end endorsements, riders or amendments that will attach during the Period of Coverage.

**Policy Period** means the period of time following the Policy's Effective Date, as shown on the Schedule of Benefits.

**Policyholder** means the entity shown as the Policyholder in the Schedule of Benefits.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the six (6) month period immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant or their Traveling Companion, or Immediate Family Member who is scheduled or booked to travel with the Plan Participant:

1. received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
2. took or received a prescription for drugs or medicine.

**Preferred Allowance** means the amount a Network Provider will accept as payment in full for Eligible Expenses.

**Pregnancy** means the physical condition of being pregnant, including Complication of Pregnancy.

**Prescription Drugs** means drugs which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration.

**Quarantine** means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or physician due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of their Home Country.

**Registered Nurse** means a licensed registered professional Registered Nurse (R.N.).

**Rehabilitation Facility** means a non-residential facility that provides therapy and training rehabilitation services at a single location in a coordinated fashion, by or under the supervision of a physician pursuant to the law of the jurisdiction in which treatment is provided. The center may offer occupational therapy, physical therapy, vocational training, and special training such as speech therapy. The facility may be either of the following:

1. A Hospital or a special unit of a Hospital designated as a Rehabilitation Facility; or
2. A free standing facility.

**Service Provider** means a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

**Sickness** means illness or disease which requires treatment by a Physician while covered by the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Skilled Nursing Facility** means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a Registered Nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

**Spouse** means lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Partner.

**Substance Abuse** means alcohol, drug or chemical abuse, overuse or dependency.

**Surgery or Surgical Procedure** means an invasive diagnostic procedure; or the treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Third Party** means a person or entity other than the Plan Participant, the Policyholder, the Participating Organization or the Company.

**Transportation Expense** means the cost of Medically Necessary conveyance, personnel, and services or supplies.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Usual, Reasonable and Customary Charges, Fees or Expenses as used in the Policy to describe expense will be considered to mean the percentile of the payment system in effect at Policy issue as shown on the Schedule of Benefits.

**We, Our, Us** means Crum & Forster SPC.

**You, Your, Yours, He or She** means the Plan Participant who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.



# Subscription Agreement

I hereby apply to be a Plan Participant of Fairmont Specialty Trust (the “trust”) and to participate in the insurance coverage extended by certain underwriters at Crum & Forster (“the insurers”) to Plan Participants under the trust (the “coverage”). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my home country. I understand that the coverage extended to me will terminate upon my return to my home country unless I qualify for a benefit period or home country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the plan manager. I understand that the liability of the Insurers as underwriters of the coverage is as provided in the master policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. The trustee shall not be responsible for the administration of such payments.

If the Plan Participant fails to make any premium payment due in respect of the coverage extended to them, subject to the discretion of the insurance company, such coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the trustee in connection with its participation in the Plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement, (together “representations & warranties”). The Plan Participant acknowledges that certain of such information will be relied upon by the Insurers as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the Plan Participant, the loss of coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The Plan Participant hereby

undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney’s fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The Plan Participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney’s fees) occasioned by the trustee acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the insurers to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States’ Patient Protection and Affordable Care Act (“PPACA”). PPACA requires certain United States citizens or United States residents to obtain PPACA compliant health insurance, or “minimum essential coverage.” PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on United States residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this Plan meets any obligations you may have under PPACA. This Plan is not designed to cover United States residents and citizens. This Plan is not subject to guaranteed issuance or renewal.



# Emergency Medical Evacuation, Medical Repatriation, and Return of Remains

When a Plan Participant suffers a loss of life for any reason or incurs a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

1. **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.
2. **Medical Repatriation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:
  - a) one-way Economy Transportation;
  - b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or
  - c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.
3. **Return of Remains:** In the event of Your death during a Trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence or to the place of burial.

## Emergency Medical Reunion Benefit

When a Plan Participant is traveling alone and is hospitalized for more than seven (7) days, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by the Plan Participant to the location where the Plan Participant is hospitalized. The benefits payable will include:

1. The cost of a round trip economy air fare up to the maximum stated in the Schedule of Benefits;
2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in the Schedule of Benefits;
3. Hotel and meals up to the maximum stated in the Schedule of Benefits.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Provider.

## Quarantine Trip Delay Benefit (Included in the Trail Blazer Elite Plan Only)

We will reimburse Covered Expenses up to \$100 per person per day subject up to 15 days subject to a \$1,500 Maximum Benefit if an Insured's trip originating outside their Home Country is delayed for more than 12 hours.

Covered Expenses include charges incurred for reasonable, additional accommodations, meals and local transportation expenses incurred by You up to the Maximum Benefit Amount shown. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured's Trip. Travel Delay must be caused by Quarantine.

# Global Emergency Services

The following description of the Scholastic Emergency Services Program has been included in this Plan Summary for the convenience of the student and in no way affects the coverage provided by the International Student Insurance Plan described herein. Scholastic Emergency Services is not insurance. It does not pay for transportation or medical costs. Global emergency services are provided by Scholastic Emergency Services (SES), an Assist America partner, and is not provided or underwritten by Crum & Forster SPC.

## About SES

Scholastic Emergency Services (SES) is the nation's foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150 km) away from home or campus, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus.

One simple phone call to the number on your SES identification card will connect you to a state-of-the-art Operations Center, worldwide response capabilities, experienced crisis management professionals, and air and ground ambulance service providers.

SES completely arranges and pays for the assistance services it provides without limits on the cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home or campus.

SES is not insurance; rather it is a provider of global emergency services. SES services do not replace medical insurance during emergencies. All medical costs incurred should be submitted to your health plan and are subject to the Policy limits of your health coverage.

## Key Services

- Medical consultation, evaluation and referral
- Hospital admission assistance
- Emergency medical evacuation
- Medical monitoring
- Medical repatriation
- Prescription assistance
- Compassionate visit
- Care of minor children
- Return of mortal remains
- Emergency trauma counseling
- Lost luggage assistance
- Interpreter and legal referrals
- Pre-trip information
- Return of vehicle
- And much more...

All services must be arranged and provided by SES. No claims for reimbursement will be accepted. The SES services in this brochure are only intended to serve as a general overview of the emergency travel assistance services available. The services available to you through your plan may vary from what is listed in this brochure. For a complete description of the services that are provided to you by your plan, please consult your service certificate provided by your school's program administrator and/or the fulfillment material provided by SES.

## How to Access Services

If you require medical assistance and are more than 100 miles from your permanent residence or campus or are in another country, call the SES Operations Center at **(877) 488-9833** (inside USA), **+1 (609) 452-8570** (outside USA), or email [medservices@assistamerica.com](mailto:medservices@assistamerica.com). Please download an ID card from [www.coverage2u.com](http://www.coverage2u.com) on your school page and carry it with you at all times.

Please provide the following information when you call:

- Your name, telephone number, and relationship to the patient
- Patient's name, age, gender, reference number, and school
- Name, location, and telephone number of hospital or treating physician if applicable
- Reference Number **01-SES-SUM-08123**

## Conditions

SES will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

SES will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local physicians and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over six months
- With mental or nervous disorders unless hospitalized

While assistance services are available worldwide, transportation response time is directly related to the location/ jurisdiction where an event occurs. SES is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control of SES. SES is not responsible or liable for any malpractice committed by professionals rendering services to a member.

## Complaints

In the event that You are dissatisfied and wish to make a complaint You can do so to the Complaints team at:

Administrative Concepts, Inc.  
PO Box 4000  
Collegeville, PA 19426  
Fax: **(610) 293-9299**

## Authorized Representation

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority. If you would like to authorize an additional party to act as a personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Administrative Concepts, Inc. at **(800) 476-4802**.

## Data Protection

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

## Privacy Notice & Consent

To provide our services as an administrator, Administrative Concepts, Inc. will collect and use personal information about you, such as your name, age and contact details so that we can arrange insurance cover for you. During the period of your insurance you may also provide special personal information (e.g. about your health) that may be used by Administrative Concepts, Inc., and by us, so that we can process your insurance and deal with any claim you make.

We may pass your personal information to third parties such as medical emergency providers, reinsurers, loss adjusters, subcontractors and affiliates, who will use your personal information for processing your insurance and handling claims, as well as for the purposes described in our Privacy Notice. Certain regulators may also require your personal information for their own purposes which are also described in our Privacy Notice.

We may transfer your personal information to other countries which have limited or no data protection laws. Any transfer will be made with appropriate safeguards in place to ensure your personal information is held securely.

Any information you provide may be used by Administrative Concepts, Inc. and by us for crime prevention.

We will not share your personal information with third parties for marketing purposes.

You have the right to see the personal information we hold about you, and you must make this request in writing and give your full name and address. You should send your request to:

Jon Peiffer, Privacy Officer  
Administrative Concepts, Inc.  
400 Campus Dr, Ste 300  
Collegeville, PA 19426  
Fax: **(610) 293-9299**

Your consent to our processing of your personal information in the way described in this Notice is necessary for us to be able to provide you with insurance cover, and the services required to fulfil our obligations to you, and you hereby consent to such processing. You may withdraw your consent at any time, but if you do, we may be unable to provide services to you, or process any claim, and your insurance cover will come to an end. Where you are providing personal information about anyone other than yourself, you must provide them with this Notice and obtain their explicit consent as set out above.

More information about how we use your personal information is set out in our Privacy Notice which can be found at:

[www.acitpa.com/privacy-policy](http://www.acitpa.com/privacy-policy)

Click **PRIVACY**, and choose Privacy Notice arrow.

You can also request a copy of our Privacy Notice by contacting:

[claims@acitpa.com](mailto:claims@acitpa.com)

If there are any discrepancies between this document and the Policy, the Policy will govern.

## Accident & Sickness Insurance Plan for International Students & Scholars in the U.S.

This Plan Summary provides a brief summary of the ISP plan contained within. All benefits provided are subject to the definitions, limitations, exclusions and other provisions within the policy. For more information and complete details of terms, conditions, limitations and exclusions of coverage, please refer to the policy. Product is not available in every by state. If any conflict should arise between the contents of this brochure and the respective policies, the terms of the policy will govern in all cases.

If you have international students coming to the U.S. or a group of students traveling abroad and you do not see a plan that meets your needs, please contact us to design a customized group insurance plan based on your School's requirements.

### ISP PLANS ARE OFFERED BY:

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**Bob McCloskey Insurance**  
PO Box 511, Matawan, NJ 07747  
(800) 445-3126  
PeteG@BobMcCloskey.com

[www.coverage2u.com](http://www.coverage2u.com)



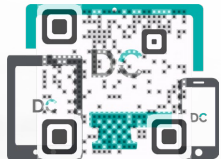
Please see the following pages for  
DialCare Telemedicine & Mental Health Services  
(offered with the **Trail Blazer Elite Plan only**)

## A Complete, Convenient Telehealth Product

### What is DialCare?

DialCare connects you with state-licensed, fully credentialed doctors and mental health professionals via phone and video chat, to provide treatment and advice for common issues, including:

- Colds
- The flu
- Strep throat
- Stress
- Depression
- Anxiety



### Scan the QR code and discover the DialCare possibilities!

*If you do not have a QR code reader, there are many free apps available for download. Simply download a free QR code reader app and use your smart phone's camera to scan it.*

### What phone number do I call to reach a doctor or mental health professional?

To schedule a consultation with a doctor or mental health professional, just call **(855) 335-2255**.

### What is DialCare's web address?

[www.dialcare.com](http://www.dialcare.com)

### How can I download the DialCare app?

You can visit the Google Play or Apple App store and download the DialCare app to your Android or iOS device.

### How do I create a DialCare account?

Complete your registration and set up your account online at [member.dialcare.com](http://member.dialcare.com) or over the phone by calling **(855) 335-2255**.

### Are there any limits to my phone or video access to doctors and mental health professionals?

No. There are no limits on the number of 30-minute phone and video consultations you can have with doctors or mental health professionals.



**Ready to schedule a consultation?**

**(855) 335-2255**

**[www.dialcare.com](http://www.dialcare.com)**



# DialCare

TELEMEDICINE SIMPLIFIED®

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**Ready to schedule a consultation?**

**(855) 335-2255**

**[www.dialcare.com](http://www.dialcare.com)**



You manage your business.  
We'll manage your risks.





# VCU Procurement Services

May 25, 2022

Dan Nunnery, Sr. Vice President, Education Risk  
McGriff Insurance Services, Inc.  
47 Airpark Court  
Greenville, SC 29607

RE: Contract #: C0001298:  
Renewal No. 1 of 5:  
Current Purchase Order: P0099959

Dear Mr. Nunnery:

Your firm's contract with Virginia Commonwealth University (VCU) for Athletic Injury Insurance with Full Excess Coverage expires on June 30, 2022. VCU intends to exercise the renewal of this contract in accordance with:

- Section XXIV, Item J of Contract #: C0001298;

Pricing remains the same as the previous contract period.

Attached is the revised pricing in accordance with the contract terms.

By signing and submitting this contract renewal letter Contractor certifies that it will maintain the insurance coverages required at the time the contract was awarded. At renewal, Contractor shall have a new Certificate of Insurance listing VCU as the "Additional Insured", citing the contractor's name and contract number, and e-mail the insurance certificate Steve Kessinger of Risk Management at [sbkessinger@vcu.edu](mailto:sbkessinger@vcu.edu).

VCU is continuing to look to achieve some savings in our contracts to help mitigate the COVID-19 pandemic. Are there any opportunities for price reduction that may be available at this time?

Yes  No

VCU has transitioned to a new banking partner, Bank of America. VCU now offers these payment options. Please indicate the payment method you wish to utilize with VCU.

Virtual Card (Payment Terms - Net 20 days)

Paymode-X Premium (ACH) (Payment Terms - Net 20 days)

Basic ACH (Early Payment Discount recommended)

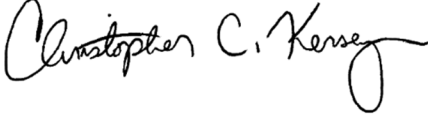
0 % Discount Net  (15 days minimum)

Paper Check (Net 30 Days)

For more information on our payment options and option selection please go to our website at:  
<https://procurement.vcu.edu/for-suppliers/vendor-invoicing--payment/>

Please return this document to me no later than June 1, 2022. Your response should be emailed me at ckersey2@vcu.edu. If you have any questions, please contact me at (804) 828-0163.

Sincerely,

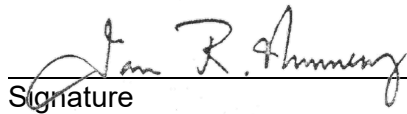


Christopher C. Kersey, CPPB, CUPO  
Category Manager

Contract #: C0001298

**RESPONSE:**

McGriff Insurance Services, Inc.  
Name of Firm



Signature

Daniel R. Nunnery  
Name Printed

Sr. Vice President, Education Risk  
Title

5/27/22  
Date

ICS Athletic Accident Premium & Loss History

ICS PREMIUM & LOSS HISTORY					
	2018/2019	2019/2020	2020/2021	McGriff CURRENT 2021/2022 AIG/A G	McGriff RENEWAL 2022/2023 AIG/A G
AGG. DED/AP:	\$313,500	\$285,000	\$285,000	\$283,000	\$283,000
SL PREMIUM:	\$47,300	\$43,000	\$43,000	\$42,958	\$42,958
ADMIN FEE:	\$34,950	\$32,000	\$32,000	\$32,000	\$32,000
FIXED COST:	\$82,250	\$75,000	\$75,000	\$74,958	\$74,958
WORST-CASE:	\$395,750	\$360,000	\$360,000	\$357,958	\$357,958
TOTAL LOSSES: <i>As of 4/26/22</i>	\$297,115	\$274,143	\$151,903	\$41,070	N/A
* VCU will not pay more that the Annual Premium/"Worst-Case" no matter what the experience is and they may not need to pay the full Aggregate Deductible/Attachment Point if experience remains low.					

Claims Fund Balance (As of 4/26/22): **\$28,244.48**



SPORTS INSURANCE SPECIALISTS



2022-2023

Athletics Insurance Program



# 2022/2023 Virginia Commonwealth University

## ICS Athletic Accident Insurance Census

The plan covers all eligible applicants (defined in the Schedule of Benefits) for bodily injury sustained during an athletic event or other activity with is authorized by, organized by, or directly supervised by an official representative of the Applicant, including practices, games, off-season conditioning and related covered travel.

SPORT	MEN	WOMEN	Write "NEW for NEW SPORT in 2022/2023
Band			
Baseball	6		
Basketball	1	6	
Cheerleading			
Cheer (Competitive)			
Cross Country			
Dance			
Diving			
Drill Team			
eSports			
Field Hockey		10	
Football (Fall)			
Football (Spring)			
Golf	6		
Gymnastics			
Ice Hockey			
Lacrosse		0	
Rodeo			
Rowing/Crew			
Rugby			
Skiing			
Soccer	13	5	
Softball			
Swimming			
Tennis	12	8	
Track & Field (combined with Cross Country)	0	0	
Volleyball		3	
Water Polo			
Wrestling			
Student Managers			
Student Trainers			
OTHER:			
<b>TOTALS =</b>	<b>38</b>	<b>32</b>	

The addition or deletion of an entire sport category may affect premium cost!

The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern.

## ICS Athletic Accident Insurance Benefits

**ELIGIBILITY:** All intercollegiate student athletes, student trainers, student managers, student coaches, part-time coaches, volunteer coaches, athletic trainers, ball-boys/ball-girls, band members and guest recruits of the Policyholder.

**COVERAGE:** While participating in the scheduled, sponsored and approved intercollegiate sports activities of the Policyholder. This coverage includes while traveling directly and uninterrupted to and from such activities. Coverage for guest recruits is while participating in on-campus evaluations, including and participating in play, practice, drills and other similar activities as governed by the NCAA.

Claims will be paid in EXCESS of all other insurance for eligible injuries incurred during the policy period of the related expenses incurred within the benefit period.

<b>Plan Limits:</b>	ICS Accident Medical Maximum Benefit Amount	\$90,000
	Accidental Death & Dismemberment	\$10,000
	AD&D Aggregate Limit	\$1,000,000
	Policy Type	Full Excess
	Deductible	\$0
	Dental for injury for Maximum Benefit Amount	100% URC
	Heart/Circulatory Benefit	Included
	Expanded Medical Benefit	Included
	Coordination with HMO/PPO	Included
	Re-injury Benefit	Included
	Benefit Period	104 Weeks/2 Years
	Incurring Period for First Expense	90 Days
	Current Coverage Term	8/1/22 – 8/1/23
	Proposed Effective Date	8/1/22

**Plan Administration:** A-G Administrators

ICS Athletic Accident Premium & Loss History

ICS PREMIUM & LOSS HISTORY					
	2018/2019	2019/2020	2020/2021	McGriff CURRENT 2021/2022 AIG/A G	McGriff RENEWAL 2022/2023 AIG/A G
AGG. DED/AP:	\$313,500	\$285,000	\$285,000	\$283,000	\$283,000
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TOTAL LOSSES: <i>As of 4/26/22</i>	\$297,115	\$274,143	\$151,903	\$41,070	N/A
* VCU will not pay more that the Annual Premium/"Worst-Case" no matter what the experience is and they may not need to pay the full Aggregate Deductible/Attachment Point if experience remains low.					

Claims Fund Balance (As of 4/26/22): **\$28,244.48**





# 2022-2023

VIRGINIA COMMONWEALTH UNIVERSITY  
 ATHLETICS INSURANCE PROGRAM  
 PLAN DESIGN AND LOSS SUMMARY  
 2017 THRU 2021 PLAN YEARS AS OF APRIL 26, 2022



Intercollegiate Sports : Plan Design & Premium					
	2017	2018	2019	2020	2021
ICS Premium	\$43,000	\$47,300	\$43,000	\$43,000	\$42,958
Agg Deductible	\$285,000	\$313,500	\$285,000	\$285,000	\$283,000
Admin Fee	\$32,000	\$34,950	\$32,000	\$32,000	\$32,000

Intercollegiate Sports : Deductible Claims Paid										
As Of	2017		2018		2019		2020		2021	
04/26/2018	53	\$47,840								
04/26/2019	146	\$133,561	68	\$52,570						
04/26/2020	153	\$157,028	160	\$230,505	68	\$47,761				
04/26/2021	154	\$162,092	166	\$293,610	147	\$216,419	56	\$31,377		
04/26/2022	154	\$162,092	167	\$297,115	153	\$274,143	137	\$151,903	51	\$ 41,070

Intercollegiate Sports : Insured Claims Paid						
As Of	2017	2018	2019		2020	2021
04/26/2020			1	\$156		
04/26/2021			1	\$15		
04/26/2022			1	\$15		

Outside : Outside Payments										
As Of	2017		2018		2019		2020		2021	
04/26/2022	7	\$11,061	4	\$1,599	3	\$1,490	8	\$2,438	1	\$418

	2017	2018	2019	2020	2021
Total Claims	\$173,153	\$298,714	\$275,647	\$154,341	\$41,489
Loss Ratio	-	-	0%	-	TBD



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 AGadministrators.com



# 2022-2023

VIRGINIA COMMONWEALTH UNIVERSITY  
 ATHLETICS INSURANCE PROGRAM  
 CLAIMS BY SPORT  
 2017 THRU 2021 PLAN YEARS AS OF APRIL 26, 2022



Sport	2017		2018		2019		2020		2021		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Mens Soccer	9	\$6,771	8	\$64,328	15	\$56,978	12	\$12,950	2	\$1,961	46	\$142,988	7%	15%
Womens Soccer	11	\$13,763	19	\$51,276	21	\$36,318	22	\$18,016	12	\$12,444	85	\$131,817	13%	14%
Womens Basketball	11	\$14,610	15	\$19,770	22	\$51,019	17	\$18,798	5	\$3,910	70	\$108,106	11%	12%
Mens Basketball	24	\$14,080	27	\$21,707	19	\$32,755	15	\$18,197	9	\$2,882	94	\$89,621	14%	10%
Mens Baseball	17	\$26,907	22	\$21,657	18	\$11,948	14	\$23,669	4	\$606	75	\$84,786	11%	9%
Womens Volleyball	8	\$9,621	9	\$32,012	11	\$25,230	9	\$12,477	2	\$180	39	\$79,520	6%	9%
Womens Lacrosse	23	\$30,701	22	\$11,037	17	\$11,111	17	\$21,982	6	\$4,667	85	\$79,498	13%	9%
Womens Track	25	\$15,404	18	\$45,548	5	\$1,066	5	\$1,630	4	\$4,776	57	\$68,424	9%	7%
Womens Tennis	7	\$12,950	4	\$3,321	5	\$17,908	2	\$801	-	\$0	18	\$34,979	3%	4%
Womens Field Hockey	4	\$4,986	4	\$6,095	3	\$5,654	6	\$12,445	2	\$468	19	\$29,648	3%	3%
Mens Track	7	\$3,450	16	\$13,456	-	\$0	9	\$4,478	3	\$4,714	35	\$26,098	5%	3%
Mens Golf	1	\$3,789	2	\$6,043	4	\$4,397	4	\$3,875	1	\$1,847	12	\$19,951	2%	2%
Womens Cross-Country	1	\$47	-	\$0	4	\$12,119	1	\$1,062	-	\$0	6	\$13,228	1%	1%
Mens Tennis	6	\$5,013	-	\$0	4	\$5,437	2	\$1,326	1	\$1,184	13	\$12,960	2%	1%
Womens Cheerleading	-	\$0	1	\$866	4	\$1,309	-	\$0	-	\$0	5	\$2,176	1%	0%
Student Trainers	-	\$0	-	\$0	-	\$0	-	\$0	1	\$1,850	1	\$1,850	0%	0%
Mens Cheerleading	-	\$0	-	\$0	1	\$840	-	\$0	-	\$0	1	\$840	0%	0%
Mens Cross-Country	-	\$0	-	\$0	1	\$69	2	\$197	-	\$0	3	\$266	0%	0%
<b>Aggregate</b>	<b>154</b>	<b>\$162,092</b>	<b>167</b>	<b>\$297,115</b>	<b>154</b>	<b>\$274,158</b>	<b>137</b>	<b>\$151,903</b>	<b>52</b>	<b>\$41,489</b>	<b>664</b>	<b>\$926,756</b>		





# 2022-2023

VIRGINIA COMMONWEALTH UNIVERSITY  
ATHLETICS INSURANCE PROGRAM  
CLAIMS BY BODY PART

2017 THRU 2021 PLAN YEARS AS OF APRIL 26, 2022



Body Part	2017		2018		2019		2020		2021		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Knee	29	\$56,110	36	\$125,935	34	\$111,269	29	\$41,984	16	\$22,245	144	\$357,543	22%	39%
Foot & Ankle	33	\$22,588	28	\$53,197	25	\$20,318	31	\$25,563	12	\$3,491	129	\$125,158	19%	14%
Hip/Groin/Core Muscle	13	\$3,159	12	\$46,297	8	\$24,275	6	\$15,089	2	\$41	41	\$88,861	6%	10%
Wrist & Hand	18	\$12,884	19	\$10,184	20	\$33,261	14	\$13,096	4	\$4,205	75	\$73,631	11%	8%
Shoulder	9	\$2,926	6	\$13,387	11	\$34,161	7	\$6,155	-	\$0	33	\$56,628	5%	6%
Elbow	7	\$14,768	3	\$2,621	3	\$4,362	7	\$21,244	2	\$20	22	\$43,015	3%	5%
Lower Leg / Shin	6	\$18,321	8	\$2,539	9	\$6,541	7	\$7,058	4	\$1,732	34	\$36,193	5%	4%
Lower Back	7	\$5,869	14	\$10,147	9	\$8,218	6	\$3,680	2	\$2,295	38	\$30,209	6%	3%
Head & Face	7	\$3,924	13	\$7,216	10	\$8,062	9	\$1,617	4	\$3,908	43	\$24,727	6%	3%
Upper Leg	6	\$3,044	9	\$5,962	5	\$8,996	1	\$2	2	\$2,151	23	\$20,155	3%	2%
Neck	2	\$698	3	\$8,585	-	\$0	3	\$6,216	-	\$0	8	\$15,499	1%	2%
Leg	2	\$6,424	1	\$268	4	\$1,711	3	\$1,619	-	\$0	10	\$10,022	2%	1%
Eye	-	\$0	1	\$153	1	\$5,134	1	\$1,068	-	\$0	3	\$6,354	0%	1%
Achilles Tendon	2	\$2,718	-	\$0	3	\$321	1	\$2,934	-	\$0	6	\$5,974	1%	1%
Back	3	\$2,692	6	\$2,058	3	\$653	1	\$114	1	\$79	14	\$5,596	2%	1%
Cardiac	1	\$80	1	\$4,102	3	\$881	-	\$0	-	\$0	5	\$5,063	1%	1%
Internal	2	\$669	1	\$1,611	1	\$298	3	\$1,742	1	\$418	8	\$4,739	1%	1%
Chest	1	\$1,413	1	\$298	1	\$1,583	1	\$657	1	\$387	5	\$4,338	1%	0%
Arm	1	\$212	2	\$1,321	1	\$154	1	\$713	1	\$515	6	\$2,915	1%	0%
Multiple Sites	1	\$1,510	-	\$0	1	\$584	1	\$320	-	\$0	3	\$2,414	0%	0%
Hernia	-	\$0	-	\$0	1	\$1,886	-	\$0	-	\$0	1	\$1,886	0%	0%
Unspecified	1	\$1,730	-	\$0	-	\$0	-	\$0	-	\$0	1	\$1,730	0%	0%
Thoracic	-	\$0	-	\$0	1	\$1,487	-	\$0	-	\$0	1	\$1,487	0%	0%
Hamstring	-	\$0	2	\$870	-	\$0	1	\$79	-	\$0	3	\$949	0%	0%
Ribs	1	\$43	-	\$0	-	\$0	2	\$699	-	\$0	3	\$742	0%	0%
Testes	-	\$0	1	\$365	-	\$0	-	\$0	-	\$0	1	\$365	0%	0%
Heart	2	\$310	-	\$0	-	\$0	1	\$23	-	\$0	3	\$333	0%	0%
Medical Screening	-	\$0	-	\$0	-	\$0	1	\$231	-	\$0	1	\$231	0%	0%
<b>Aggregate</b>	<b>154</b>	<b>\$162,092</b>	<b>167</b>	<b>\$297,115</b>	<b>154</b>	<b>\$274,158</b>	<b>137</b>	<b>\$151,903</b>	<b>52</b>	<b>\$41,489</b>	<b>664</b>	<b>\$926,756</b>		





# 2022-2023

VIRGINIA COMMONWEALTH UNIVERSITY  
ATHLETICS INSURANCE PROGRAM  
CLAIMS BY PROCEDURE- TOP 10  
2017 THRU 2021 PLAN YEARS AS OF APRIL 26, 2022



Procedure	2017		2018		2019		2020		2021		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Surgery Center	10	\$29,142	24	\$61,182	23	\$39,065	4	\$8,885	1	\$257	62	\$138,532	9%	15%
Medical Treatment	136	\$32,646	146	\$36,813	134	\$31,778	114	\$28,862	45	\$7,865	575	\$137,963	87%	15%
Phys.therapy	28	\$20,053	36	\$45,378	26	\$41,509	24	\$11,667	8	\$4,915	122	\$123,522	18%	13%
Mri	27	\$20,824	32	\$29,114	35	\$30,572	29	\$24,857	16	\$12,842	139	\$118,208	21%	13%
Surgery	19	\$12,240	25	\$27,902	19	\$36,012	19	\$25,480	6	\$3,061	88	\$104,694	13%	11%
X-ray,Radiology	106	\$18,532	109	\$31,767	96	\$24,785	67	\$13,433	33	\$5,588	411	\$94,106	62%	10%
Medical Equipment	3	\$3,998	14	\$19,179	16	\$39,567	5	\$4,953	2	\$383	40	\$68,080	6%	7%
Orthopedic Appliance	7	\$6,073	15	\$25,592	5	\$1,028	7	\$5,140	2	\$419	36	\$38,252	5%	4%
Anesthesia	7	\$9,766	11	\$6,480	10	\$7,837	4	\$5,074	1	\$102	33	\$29,259	5%	3%
Dr.visit-emerg Room	3	\$2,319	4	\$590	2	\$100	7	\$9,039	2	\$2,255	18	\$14,303	3%	2%





# 2022-2023

VIRGINIA COMMONWEALTH UNIVERSITY  
 ATHLETICS INSURANCE PROGRAM  
 CLAIMS BY PROVIDER-TOP10  
 2017 THRU 2021 PLAN YEARS AS OF APRIL 26, 2022



Provider	2017		2018		2019		2020		2021		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Vcu Health System	82	\$80,808	111	\$159,245	100	\$113,286	86	\$50,374	33	\$23,260	412	\$426,972	62%	46%
MCV Associated Physicians	155	\$49,681	165	\$55,628	146	\$55,110	110	\$36,061	48	\$8,776	624	\$205,256	94%	22%
Zetroz Systems, LLC	3	\$4,410	12	\$28,029	9	\$35,328	4	\$10,712	-	\$0	28	\$78,479	4%	8%
Vincera Core Physicians PM	-	\$0	1	\$9,750	1	\$9,750	-	\$0	-	\$0	2	\$19,500	0%	2%
David Altchek, Md	-	\$0	-	\$0	-	\$0	1	\$13,833	-	\$0	1	\$13,833	0%	1%
Laser Sport & Spine	4	\$1,379	6	\$6,749	3	\$1,060	3	\$3,500	1	\$435	17	\$13,123	3%	1%
Dj Orthopedics Llc	2	\$3,022	1	\$389	1	\$2,500	6	\$6,396	-	\$0	10	\$12,307	2%	1%
Vincera Surgery Center Llc	-	\$0	1	\$6,500	1	\$5,000	-	\$0	-	\$0	2	\$11,500	0%	1%
Children's Hosp of The King's Daughters	-	\$0	-	\$0	1	\$7,756	-	\$0	-	\$0	1	\$7,756	0%	1%
Medical College Of Va	-	\$0	-	\$0	2	\$2,403	3	\$3,567	-	\$0	5	\$5,970	1%	1%





# 2022-2023

VIRGINIA COMMONWEALTH UNIVERSITY  
ATHLETICS INSURANCE PROGRAM  
HIGH DOLLAR CLAIMS OVER \$10,000 PER POLICY YEAR  
2017 THRU 2021 PLAN YEARS AS OF APRIL 26, 2022



Policy Year	Claim Number	Sport	Body Part	Amount Billed	Amount Paid
2017	AGA-0122400	Womens Lacrosse	Lower Leg / Shin	\$31,040	\$17,520
2017	AGA-0125170	Mens Baseball	Knee	\$30,691	\$15,205
2017	AGA-0109015	Womens Soccer	Knee	\$120,550	\$10,215
<b>2017</b>	<b>Policy Year Subtotal</b>			<b>\$182,281</b>	<b>\$42,940</b>
2018	AGA-0198091	Womens Track	Knee	\$77,159	\$36,123
2018	AGA-0183019	Mens Soccer	Knee	\$54,839	\$29,014
2018	AGA-0191641	Mens Soccer	Hip/Groin/Core Muscle	\$70,678	\$27,662
2018	AGA-0170667	Womens Soccer	Foot & Ankle	\$45,109	\$25,541
2018	AGA-0188649	Womens Volleyball	Shoulder	\$25,194	\$12,733
<b>2018</b>	<b>Policy Year Subtotal</b>			<b>\$272,979</b>	<b>\$131,073</b>
2019	AGA-0253936	Mens Soccer	Knee	\$63,984	\$32,611
2019	AGA-0214598	Womens Volleyball	Hip/Groin/Core Muscle	\$53,122	\$22,132
2019	AGA-0275778	Womens Basketball	Shoulder	\$23,869	\$14,019
2019	AGA-0247182	Womens Cross-Country	Knee	\$116,980	\$11,569
<b>2019</b>	<b>Policy Year Subtotal</b>			<b>\$257,955</b>	<b>\$80,332</b>
2020	AGA-0278514	Mens Baseball	Elbow	\$61,163	\$18,093
<b>2020</b>	<b>Policy Year Subtotal</b>			<b>\$61,163</b>	<b>\$18,093</b>
<b>Aggregate</b>	<b>13</b>			<b>\$774,378</b>	<b>\$272,438</b>





# 2022-2023

VIRGINIA COMMONWEALTH UNIVERSITY  
ATHLETICS INSURANCE PROGRAM  
CLAIMSPAID AND DISCOUNT ANALYSIS  
2017 THRU 2021 PLAN YEARS AS OF APRIL 26, 2022



Policy Year	Claims	Billed	Primary Insurance	Pri Ins Contrib	A-G Discounts	Total Paid	Pay % of Billed
2017	154	\$741,389	\$494,445	67%	\$84,853	\$162,092	22%
2018	167	\$1,175,103	\$661,807	56%	\$216,181	\$297,115	25%
2019	154	\$1,085,373	\$550,211	51%	\$261,005	\$274,158	25%
2020	137	\$692,112	\$449,065	65%	\$91,144	\$151,903	22%
2021	52	\$279,207	\$202,373	72%	\$35,345	\$41,489	15%
<b>Aggregate</b>	<b>664</b>	<b>\$3,973,185</b>	<b>\$2,357,900</b>	<b>59%</b>	<b>\$688,528</b>	<b>\$926,756</b>	<b>23%</b>



A-G ADMINISTRATORS, INC.  
P. O. BOX 979  
VALLEY FORGE, PA 19482  
610-933-0800  
610-935-2860 FAX

VIRGINIA COMMONWEALTH UNIVERSITY  
#459625  
SELF-FUNDED ACCOUNT SUMMARY

DATE FUNDS RECEIVED	AMOUNT APPLIED TO SELF-FUND	BALANCE IN SELF-FUNDED ACCOUNT	DATE OF REPORT	2018-2019	2018-2019	2019-2020	2019-2020	2020-2021	2020-2021	2021-2022	2021-2022
				CLAIMS PAID AGGREGATE: \$313,500	CLAIMS PAID OUTSIDE	CLAIMS PAID AGGREGATE: \$285,000	CLAIMS PAID OUTSIDE	CLAIMS PAID AGGREGATE: \$285,000	CLAIMS PAID OUTSIDE	CLAIMS PAID AGGREGATE: \$285,000	CLAIMS PAID OUTSIDE
		\$ 57,467.59	4/30/19	10,152.61	-						
		\$ 33,543.96	5/31/19	11,387.11	-						
6/21/2019	75,000.00	\$ 97,837.01	6/30/19	7,434.95	-						
		\$ 74,910.49	7/31/19	19,075.81	-						
		\$ 63,212.56	8/31/19	10,204.90	-						
9/25/2019	75,000.00	\$ 81,966.53	9/30/19	47,480.06	225.60	-	49.38	-	-		
		\$ 36,753.03	10/31/19	37,416.93	-	-	1,365.07	-	-		
		\$ 25,703.88	11/30/19	5,483.91	-	-	5,501.40	-	-		
		\$ 6,126.61	12/31/19	3,757.52	-	-	15,791.75	-	-		
		\$ 627.78	1/30/21	2,241.53	-	-	2,779.55	-	-		
2/6/2020	75,000.00	\$ 6,094.79	2/29/20	33,250.41	-	-	19,298.84	-	-		
		\$ 1,531.31	3/31/20	1,160.15	596.00	-	2,807.33	-	-		
		\$ 1,531.31	4/30/20	-	-	-	-	-	-		
		\$ 1,531.31	5/31/20	-	-	-	-	-	-		
6/9/2020	75,000.00	\$ 1,441.87	6/30/20	25,496.48	-	-	47,488.64	-	-		
		\$ 791.87	7/31/20	-	-	-	650.00	-	-		
8/4/2020	75,000.00	\$ 7,710.14	8/31/20	22,096.03	-	-	42,578.75	1,096.50	-	-	
8/26/2020	75,000.00	\$ 72,371.03	9/30/20	2,522.17	-	-	7,816.94	-	-	-	
		\$ 41,436.48	10/31/20	3,074.56	-	-	27,768.98	-	91.01	-	
		\$ 21,708.24	11/30/20	3,818.15	-	-	14,481.61	-	988.48	-	
		\$ 8,376.61	12/31/20	-	-	-	8,050.31	-	5,072.36	-	
		\$ 887.46	1/31/21	4,283.80	-	-	2,193.30	-	1,012.05	-	
		\$ 887.46	2/28/21	-	-	-	-	-	-	-	
3/18/2021	75,000.00	\$ 37,459.46	3/31/21	705.40	-	-	17,639.12	-	18,787.04	1,296.44	
		\$ 31,479.91	4/30/21	150.00	-	-	389.57	-	5,439.98	-	
		\$ 21,918.97	5/31/21	-	-	-	4,546.07	-	9,518.47	278.40	
		\$ 12,539.00	6/30/21	-	-	-	40.00	-	9,354.74	-	
		\$ 5,112.33	7/31/21	-	-	-	1,252.86	-	6,173.81	-	
		\$ 2,529.94	8/31/21	-	-	-	441.14	-	2,141.25	-	
9/24/2021	141,500.00	\$ 105,939.88	9/30/21	897.60	-	-	12,164.53	-	24,638.33	389.60	
		\$ 86,049.50	10/31/21	-	-	-	6,904.97	114.68	12,591.99	-	278.74
		\$ 70,678.19	11/30/21	(337.12)	-	-	4,204.20	278.40	10,777.20	-	448.63
		\$ 53,739.53	12/31/21	-	-	-	5,668.45	-	7,937.57	125.28	2,788.96
		\$ 32,979.94	1/31/22	2,944.00	-	-	5,169.89	-	9,629.33	-	3,016.37
		\$ 10,536.34	2/28/22	-	-	-	9,661.90	-	5,204.73	-	7,576.97
4/1/2022	75,000.00	\$ 78,466.10	3/31/22	-	-	-	-	-	1,713.63	-	5,356.61
		\$ 28,244.48	4/26/22	-	-	-	7,438.36	-	20,831.36	348.00	21,603.90
		<b>\$2,610,000.00</b>		<b>\$ 297,114.77</b>	<b>\$ 1,599.41</b>	<b>\$ 274,142.91</b>	<b>\$ 1,489.58</b>	<b>\$ 151,903.33</b>	<b>\$ 2,437.72</b>	<b>\$ 41,070.18</b>	<b>\$ 418.40</b>

TOTAL FUNDS RECEIVED	\$ 2,610,000.00
BALANCE IN S/F ACCOUNT	\$ 28,244.48
TOTAL CLAIMS PAID TO DATE 2018	\$ 297,114.77
TOTAL CLAIMS PAID TO DATE 2019	\$ 274,142.91
TOTAL CLAIMS PAID TO DATE 2020	\$ 151,903.33
TOTAL CLAIMS PAID TO DATE 2021	\$ 41,070.18
TOTAL CLAIMS PAID OUTSIDE S/F 2018	\$ 1,599.41
TOTAL CLAIMS PAID OUTSIDE S/F 2019	\$ 1,489.58
TOTAL CLAIMS PAID OUTSIDE S/F 2020	\$ 2,437.72
TOTAL CLAIMS PAID OUTSIDE S/F 2021	\$ 418.40
TO BE PAID BEFORE STOP-LOSS 2018	\$ 16,385.23
TO BE PAID BEFORE STOP-LOSS 2019	\$ 10,857.09
TO BE PAID BEFORE STOP-LOSS 2020	\$ 133,096.67
TO BE PAID BEFORE STOP-LOSS 2021	\$ 243,929.82





**A-G ADMINISTRATORS LLC**  
**SPORTS INSURANCE SPECIALISTS**

1001 Old Cassatt Rd. Berwyn, PA 19312

Ph: (610)933.0800 Fx: (610) 933-4122 Eml: info@agadm.com

**AGadministrators.com**



# VCU Procurement Services

## COMMONWEALTH OF VIRGINIA STANDARD CONTRACT

**Contract Number: C0001298**

This Contract entered into by McGriff Insurance Services, Inc., hereinafter called the "Contractor" and Commonwealth of Virginia, Virginia Commonwealth University, hereinafter called the "Purchasing Agency".

**WITNESSETH** that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

**PERIOD OF PERFORMANCE:** From the execution of the contract by both parties through one (1) year with up to five (5) successive one (1)-year renewal options.

**SCOPE OF CONTRACT:** The Contractor shall provide the goods/services to the Purchasing Agency as set forth in the Contract Documents.

The Contract Documents shall consist of the following, and in the event of any conflict or inconsistency between the provisions of the Contract Documents, such conflict or inconsistency shall be resolved by giving precedence in the following order:

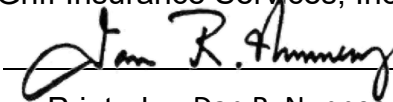
- (1) This signed form;
- (2) The Negotiation Talking Points Response from Contractor; and
- (3) The Request for Proposals # 141651023CK dated May 3, 2021 including Attachments C – E-2; and
- (4) The Contractor's Proposal dated May 14, 2021.

All of which documents are incorporated herein by reference.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

**CONTRACTOR:**

McGriff Insurance Services, Inc.

By: 

Name Printed: Dan R. Nunnery

Title: Senior Vice President

Date: 6/28/2021

**PURCHASING AGENCY:**

Virginia Commonwealth University

By: \_\_\_\_\_

Name Printed: John McHugh

Title: Director, Procurement Services

Date: \_\_\_\_\_



# VCU Procurement Services

## RFP 141651023CK-A ATHLETIC INJURY INSURANCE WITH FULL EXCESS COVERAGE

### NEGOTIATION TALKING POINTS

1. As VCU continues to look for savings to mitigate the COVID-19 pandemic, please consider and provide updated costs to show cost reductions that would benefit VCU.

McGriff Insurance Services Response:

**Our initial proposed rates are our best and final offer.**

2. Vendors are strongly encouraged to participate in VCU's early payment discount program. Will you agree to offer early payment discounts? The most commonly offered term is 2% Net 15/Net 30.

McGriff Insurance Services Response:

**Our initial proposed rates are our best and final offer.**

3. Are there any additional financial or value-added incentives you would like to offer at this time that would be at no cost to VCU?

McGriff Insurance Services Response:

**VCU's coverage currently includes guests and recruits. This previously entailed recruits on official visits including MBB and WBB recruits who work during their visit. The NCAA recently passed legislation allowing all sport recruits to work out. While this represents additional exposure, we would like to offer to expand this coverage at no additional cost. Also, we would like to offer to increase the accidental death & dismemberment coverage from \$10,000 to \$25,000 at no additional cost.**

4. Are there any additional forms or documents that you will require to be incorporated into the contract documents? If so, please submit now.

McGriff Insurance Services Response:

**No Additional Forms Required**

5. The firm will accept the University issued Purchase Orders ("PO"). Please acknowledge and agree.

**McGriff Insurance Services Response:**

**Agreed and Acknowledged**

6. The firm will not require the University to sign any separate agreements. The University has a signatory authority policy that allows only specified individuals to authorize contracts.

Quotes should be used to summarize specific items such as; delivery dates, goods, prices – no terms or conditions should be listed. Selected Firms providing Services must provide a Statement of Work or a clear and detailed price quote for Services. Please acknowledge and agree.

**McGriff Insurance Services Response:**

**Agreed and Acknowledged**

7. If awarded a contract, are you willing to hold prices firm for the initial contract period and the first renewal year?

**McGriff Insurance Services Response:**

**We do not believe it is in your best interest to hold prices firm from year to year for two reasons: (1) exceeding your aggregate deductible is a negative mark on your program, and (2) you may benefit from positive claims experience that would reward you in the second year. Agreeing to a two-year lock in would not afford you this opportunity.**

8. Are you willing to contact departments on a monthly basis to address service issues?

**McGriff Insurance Services Response:**

**Yes**

9. Does your firm agree to offer the same rates to other VASCUPP institutions?

**McGriff Insurance Services Response:**

**McGriff agrees to allow cooperative procurement; however, each school's rate are determined by that school's individual claims history.**

10. As part of VCU's standard procedures, all awarded contracts will be publicly posted. Is there any information included that would be used to identify or harm a person's identity, finances, or personal information? If so, please provide a redacted copy of your proposal.

**McGriff Insurance Services Response:**

**We do not have any redactions at this time.**

11. Provide details for how data is stored and how VCU will obtain this data once the contract life ends.

**McGriff Insurance Services Response:**

**All claims data will be stored on AWS servers and held securely in a HIPAA-compliant manner. Should VCU wish to obtain a copy of the data, McGriff and A-G Administrators confirm this is your data and will furnish upon.**

12. End of Contract Service Transition Expectations: If or when a transition of service to another provider is required (end of contract life or otherwise), the university would require the incumbent firm to cooperate fully in a successful transition of services.

**McGriff Insurance Services Response:**

**Agreed and Acknowledged**

13. Explain any requirements your firm might have in preparing for such a transition of services. Additionally, please indicate your willingness to establish a transition plan alongside the new provider of service which may include but not be limited to sharing important data and/or existing service information via a cooperative knowledge transfer process.

**McGriff Insurance Services Response:**

**We would be fully cooperative in this process as we would hope to earn your business back should we ever lose it.**

14. Please identify the highest-level executive in your organization that is aware of this solicitation. Describe that person's commitment to assuring the highest quality service to VCU if your organization is awarded a contract.

**McGriff Insurance Services Response:**

**Tommy Parrish, Regional Agency Manager of South Carolina. Tommy is hands-on and meets with Management staff once per month and is available in person and via phone at any time. Dan Nunnery is a Senior Level Executive/Manager/Producer for the Greenville Agency and participates in these meetings as well.**

15. Please describe your quickest turn-around time if emergency services are needed.

**McGriff Insurance Services Response:**

**A-G Administrators, as your claims administrator is immediately available to respond to issues.**

16. Will you be able to handle increased volumes of business and/or provide service to additional departments during the course of the contract?

**McGriff Insurance Services Response:**

**Yes, we have positioned our business to scale as needed by VCU and VASCUPP**

17. How soon after contract award can you begin providing services?

**McGriff Insurance Services Response:**

**We are currently providing service.**

18. Do you acknowledge, agree, and understand that VCU cannot guarantee a minimum amount of business if a contract is awarded to your company?

**McGriff Insurance Services Response:**

**Acknowledged, Agreed, and understood**

19. For purposes of interacting with RealSource, please identify the person (name, phone number, email address, etc.) in your company that will serve as the liaison for a) ecommerce, b) accounts receivable, c) emergency orders.

**McGriff Insurance Services Response:**

**Gail Gray**  
McGriff  
Account Executive/Educational Risk Specialist  
47 Airpark Ct.  
Greenville, SC 29607  
1.800.476.4339  
Gail.Gray@McGriff.com

20. Does your company have any legal issues or constraints that could impact the performance of your products/services?

**McGriff Insurance Services Response:**

**Not that we are aware and we currently service clients in Virginia. If anything, we have many resources we can tap into in order to provide a service of excellence.**

21. **Virginia Commonwealth University Question:** All contractors are required to purchase a VCU Parking permit before utilizing a VCU permit-controlled parking facility. This does not include our pay-by-day facilities. The Contractor will be responsible for all parking-related costs. Please acknowledge and confirm.

**McGriff Insurance Services Response:**

**Acknowledge and Confirm**



# VCU Procurement Services

## Request for Proposals

VIRGINIA COMMONWEALTH UNIVERSITY  
REQUEST FOR PROPOSALS (RFP)  
#141651023CK-A

**Issue Date:** MAY 3, 2021

**Title:** ATHLETIC INJURY INSURANCE WITH FULL EXCESS COVERAGE

**Issuing and Using Agency:** Virginia Commonwealth University (VCU)

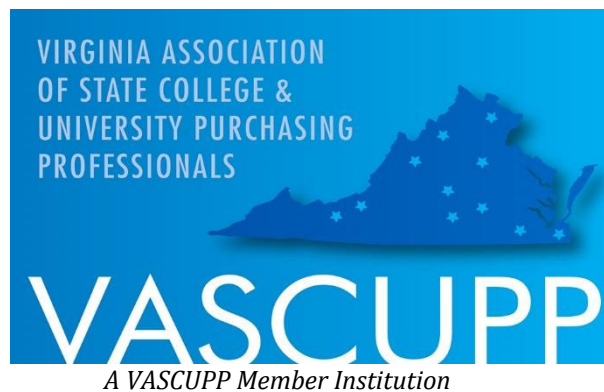
**Direct Inquiries to:** CHRISTOPHER C. KERSEY, CPPB, CUPO  
ckersey2@vcu.edu

**Questions Due By:** MAY 10, 2021

**Proposal Due Date (Firm):** MAY 18, 2021  
2:00 PM

**Electronic Proposal Delivery:** eproposals@vcu.edu  
*Note: Do not send via US Mail. Do not send to Buyer's e-mail address.*  
**PROPOSALS ARE TIME STAMPED WHEN VCU RECEIVES THE OFFEROR'S E-MAIL SUBMISSION OF PROPOSALS.**

**Access to Solicitation:** This solicitation and any addenda are posted and may be accessed at any time at: <http://www.eva.virginia.gov>





**VIRGINIA COMMONWEALTH UNIVERSITY  
REQUEST FOR PROPOSALS (RFP)  
ATHLETIC INJURY INSURANCE WITH FULL EXCESS COVERAGE  
#141651023CK-A**

**OFFER FORM**

In compliance with this request for proposals and to all conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services described herein in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation. Furthermore, the undersigned agrees not to start any work relative to this particular solicitation until a resulting formal Purchase Order is received by the Contractor from University Purchasing. Any work relative to this solicitation performed by the Contractor prior to receiving a formal Purchase Order shall be at the Contractor's own risk and shall not be subject to reimbursement by the University. **Signature below constitutes acknowledgement of all information contained through links referenced herein.**

**A. GENERAL INFORMATION:**

Name & Address of Firm:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ By (Signature In Ink): \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_ Name Typed: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

**Toll-free, if available** **Toll-free, if available**

DUNS NO.: \_\_\_\_\_ FEI/FIN NO.: \_\_\_\_\_

**B. SMALL, MINORITY & WOMAN OWNED BUSINESS INFORMATION**

MINORITY-OWNED BUSINESS: ( ) YES ( ) NO WOMEN-OWNED: ( ) YES ( ) NO  
 REGISTERED WITH eVA: ( ) YES ( ) NO SMALL BUSINESS: ( ) YES ( ) NO  
 VIRGINIA DSBS CERTIFIED: ( ) YES ( ) NO VIRGINIA DSBS CERTIFICATION#: \_\_\_\_\_

**C. PROPRIETARY OR CONFIDENTIAL INFORMATION**

<input type="checkbox"/> Check the box to the left "if" your proposal contains proprietary or confidential information. If so, <b>add an attachment sheet to this form with details.</b>	<b>See Paragraph XIII for more information</b>
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**D. ACKNOWLEDGEMENT OF ADDENDA:** Acknowledge your receipt of any addenda that may have been issued under this solicitation. **See Paragraph VIII for more information**

Addendum #			Addendum #
Addendum Date	___/___/___	Addendum Date	___/___/___
Addendum #		Addendum #	
Addendum Date	___/___/___	Addendum Date	___/___/___

**Affix this Form as the FIRST PAGE of your proposal.**

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## I. **PURPOSE**

- A. The intent and purpose of this Request for Proposals (RFP) is to establish a contract with a qualified source for athletic injury insurance with full excess coverage for Virginia Commonwealth University (“VCU”).
- B. **Term:** The initial contract term shall be one (1) year , with the option of up to five (5) one-year renewals, to be exercised upon mutual signed agreement by authorized representatives of both parties.
- C. **COOPERATIVE PROCUREMENT:** It is the intent of this solicitation and resulting contract(s) to allow for cooperative procurement, at the Contractor’s discretion. Accordingly, any public body, public or private health or educational institution or lead-issuing institution's affiliated foundations may access any resulting contract(s) if authorized by the Contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor(s), the resultant contract(s) may be extended to the entities indicated in the above paragraph to purchase at contract prices in accordance with contract terms. Upon request, the Contractor shall notify the lead-issuing institution in writing of any entities accessing the contract. No modification of this contract or execution of a separate contract is required to participate. The Contractor shall provide usage reports for all entities accessing the Contract upon request. Participating entities shall place their own orders directly with the Contractor(s) and shall fully and independently administer their use of the contract(s) to include contractual disputes, invoicing and payments without direct administration from the lead-issuing institution. The lead-issuing institution shall not be held liable for any costs or damages incurred by any other participating entity as a result of any authorization by the Contractor to extend the contract. It is understood and agreed that the lead-issuing institution is not responsible for the acts or omissions of any entity, and will not be considered in default of the contract no matter the circumstances. Use of this contract(s) does not preclude any participating entity from using other contracts or competitive processes.

- D. **OPTIONAL-USE CONTRACT:** The resulting contract(s) will be an optional use contract. VCU is in no way required to make purchases from the Contractor and may in its sole discretion purchase the identical and/or similar goods/services from other sources. Any estimates/quantities contained herein do not represent a purchase commitment by VCU.

## II. **THE UNIVERSITY**

Located on two downtown campuses in Richmond, VCU enrolls more than 31,000 students in 217 certificate and degree programs in the arts, sciences and humanities. Thirty-eight of the programs are unique in Virginia, and VCU is one of just 28 public universities with an academic medical center nationwide to receive Carnegie Foundation designations of “Highest Research Activity” and “Community Engaged.” As one of the nation’s top research universities, VCU attracts more than \$275 million a year in sponsored research funding.

The VCU Health brand represents the health sciences schools of VCU, the VCU Massey Cancer Center and the VCU Health System, which comprises VCU Medical Center (the only academic medical center and Level I trauma center in the region), Community Memorial Hospital, Children’s Hospital of Richmond at VCU, MCV Physicians (a practice of more than 750 physicians) and Virginia Premier Health Plan.

The university and its medical center are the largest-single employer in the Richmond area, with more than 22,000 employees, including more than 2,000 full-time instructional faculty — many of them nationally and internationally recognized in their fields. VCU’s total economic impact on Virginia is nearly \$6 billion, with more than \$3 billion in annual spending that supports more than 63,000 jobs.

VCU's 17 varsity sports compete at the NCAA Division I level as members of the Atlantic 10 Conference. In recent years, VCU has participated in NCAA Tournaments in men's and women's basketball, baseball, golf, men's soccer and men's and women's tennis, including the VCU men's basketball team's run to the Final Four in 2011.

### **III. PRE-PROPOSAL CONFERENCE**

An optional pre-proposal conference will not be held.

### **IV. STATEMENT OF NEEDS**

This Section describes VCU's requested goods and/or services and the areas to be addressed in Offeror's Proposal. Please note that the utilization of the words "shall" or "must" indicates a mandatory requirement.

#### **A. Full Excess Coverage, Athletic Insurance Plan – Minimum Requirements**

1. The Contractor should provide a quality, comprehensive, athletics injury insurance plan with full excess coverage for eligible insureds, to be made effective 12:01 AM on August 1, 2021 or at a future date that is mutually agreeable to both VCU and the Contractor.
2. The Contractor's athletics injury insurance plan with full excess coverage should provide medical and dental health coverage when charges incurred by an insured (claimant) are covered under an HMO plan or a PPO plan, but are denied by the HMO / PPO primary insurer because the insured (claimant) failed to pre-certify with the HMO / PPO primary insurer.
3. The Contractor's athletics injury insurance plan with full excess coverage should be effective:
  - a) During all authorized team travel, play, practice, etc.; and
  - b) Twenty-four (24) hours per day, seven days per week, during any trip authorized and supervised by VCU.
  - c) Firm should provide detailed information regarding its proposed effective date for coverage to begin and time periods it will cover. Identify the insurance underwriter/carrier for the proposed plan and any optional plans.

#### **B. Full Excess Coverage, Athletic Injury insurance Plan Requirements:**

1. Plan Benefit Requirements:
  - a) At minimum, the Contractor's athletics injury insurance plan with full excess coverage should include, but not be limited to, the following benefits / coverage / features:
    - (1) Major medical health coverage for the cost of hospitalization (inpatient) and outpatient services in excess of any other valid and collectible insurance, for each insured individual, up to the NCAA catastrophic coverage limits for any one (1) accident to include:
      - (a) Expanded Medical Coverage: The Contractor's medical and dental health coverage should include aggravation of conditions and injuries that cannot be attributed to a specific accident, provided such aggravation of condition or injury is caused solely by the claimant's participation in an intercollegiate athletic sport program, event, training, practice, etc, sanctioned / recognized by VCU.
      - (b) Reconstruction Surgery: The Contractor's medical and dental health coverage should include reconstructive surgery, when such surgery is incidental to, or follows surgery resulting from trauma, infection, and other diseases.

- (i) An accidental death benefit of \$10,000.00 per insured;
- (ii) An accidental dismemberment benefit of \$10,000.00 per insured;
- (iii) Accidental medical expense coverage to include:
  - (a) Sports-related hernias;
  - (b) Dermatologic conditions;
  - (c) Infections;
  - (d) Orthotics, splints, braces, and other durable medical equipment; and
  - (e) Heart and circulatory/respiratory coverage.
- (iv) A comprehensive dental plan, to include the cost of hospitalization (inpatient) and outpatient services for the treatment of injuries to sound, natural teeth.

2. Insured Eligibility Minimum Requirements:

- a) Eligible insureds should be defined as those individuals who participate in, or are associated with, a VCU sanctioned / recognized, intercollegiate athletic sport program, event, training, practice, etc., to include all:
  - (1) Athletes on an athletic team, for an intercollegiate sport sanctioned and recognized by VCU;
  - (2) Coaches, to include assistant coaches, volunteer coaches, and student coaches;
  - (3) Student trainers;
  - (4) Student managers;
  - (5) Cheerleaders and dance team members recognized by VCU;
  - (6) Ball boys / girls and bat boys / girls recognized by VCU; and
  - (7) Team administrators.
    - a) The Contractor should provide coverage for all eligible insureds without requiring an initial medical examination or other evidence of insurability.
    - b) The Contractor should accept additional insureds at any time during the policy year.
    - c) The number of insureds is subject to change during the year, and from year-to-year.
    - d) Insureds should include recruits or other guests of the VCU Athletic Dept who may participate in authorized athletic events.

3. Deductible Requirements:

- a) The Contractor should provide a plan with an aggregate deductible.

- b) Firm should provide detailed information regarding the medical benefits/coverages for the Plan requirements listed above. Discuss your proposed plan coverage for the insureds listed above. Firm should describe its proposed deductible method and may offer any recommended, alternate deductible methods that may provide VCU with a better value.
4. Plan Implementation Minimum Requirements:
- a) The Contractor should provide VCU with a list of participating hospitals and physicians.
  - b) Describe in detail your firm's preferred provider network and identify the hospitals and physicians in that network. Firm should discuss its enrollment methods for insureds.
5. Plan Administration Minimum Requirements:
- a) Statement of Confidentiality: The Contractor's personnel may have access to confidential information regarding employees, students, patients, or the public, or to proprietary or other confidential business information belonging to VCU. Any disclosure of confidential or proprietary information by the Contractor's personnel relating to VCU and its employees, students, patients, or others may cause irreparable harm, and VCU may seek legal remedies available to it should such disclosure occur.
  - b) The Contractor's personnel shall not:
    - (1) Access data that is unrelated to their job duties for VCU;
    - (2) Disclose to any other person, or allow any other person access to, any information related to VCU that is proprietary or confidential. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic email messages, voice mail communication, written documentation, "loaning" computer access codes, and/or other transmission or sharing of data.
  - c) The Contractor should assign an "Account Manager" for the VCU account. The "Account Manager" should assist VCU with resolving problems (e.g., claims, renewals, invoices, etc.); and should provide VCU with management reports and other data as required by VCU.
    - (1) The "Account Manager" should be accessible via a toll-free telephone number and e-mail.
    - (2) The Contractor should provide VCU with the "Account Manager's":
      - (a) Name;
      - (b) Toll-free telephone number;
      - (c) E-mail address; and
      - (d) Hours of availability Eastern Time.
    - (3) In the event there are any changes to the "Account Manager's" contact information, the Contractor should provide VCU with the updated information by the time the changes are effective.
    - (4) Firm should provide detailed information regarding its proposed methods to maintain secure confidential information in compliance with Gramm-Leach-Bliley. Firm should identify its proposed account manager and list all contact information as listed above. Provide the names and contact information for all personnel who will be assigned to this contract.

6. Claim Administration Service Requirements:

- a) The Contractor should promptly settle all claims for coverage under this contract; and at minimum:
- (1) The Contractor should respond to any correspondence related to a claim within five (5) business days from when the Contractor received notification of the claim; the Contractor's response should include a determination as to whether or not the treatment is covered under the plan. If the treatment is covered under the plan, the Contractor should pay (after the plan deductible is satisfied) in accordance with the schedule of plan benefits.
  - (2) The Contractor should resolve all claims within 30 days after submission by VCU, and should send an EOB to the VCU contract administrator and the medical services provider.
  - (3) The Contractor should provide an online claims status reporting system for electronic/paperless claims through which VCU or an insured can inquire about a claim.
  - (4) The Contractor should submit a claim report on a monthly basis, to the VCU Contract Administrator (or his/her designee), that includes, but not limited to, the following information:
    - (a) The number of claims paid per component of the plan (e.g., medical, dental, dismemberment, etc.); and
    - (b) The dollar amount paid per component of the plan (e.g., medical, dental, dismemberment, etc.).
  - (5) The Contractor should provide VCU staff with all training and support necessary for the proper processing of claims, utilizing the Contractor's systems.
  - (6) The Contractor should provide VCU with copies of all correspondence requesting further information from any party regarding a claim.
  - (7) Firm should provide detailed information regarding its response time to claims submitted by VCU. List your proposed time period to fully resolve claims. Discuss in detail how your firm will report claims that are paid or denied to both the claimants and VCU. Describe the appeal process for claim denials.

V. **THE REQUEST FOR PROPOSALS PROCESS – GENERAL**

- A. **Written Proposals:** To properly respond to this Request for Proposals, Offerors are required to prepare a written proposal in the format described below. This includes the submission of certain forms.
- B. **Electronic Delivery Required:** As noted on the solicitation cover sheet, proposals must be electronically delivered to a specific email address prior to a FIRM deadline. Physical submissions shall not be accepted.
- C. **Initial Evaluation and Oral Presentations:** Proposals will be evaluated against criteria specified below in this solicitation, after which firms may be invited to participate in oral presentations.
- D. **Discussions/Negotiations, Final Offers and Selection:** Following initial evaluations and oral presentations (if applicable), discussions and/or negotiations with at least the top two Offerors

may occur. If so, these Offerors shall be invited to submit any written changes to their proposals and a final selection decision shall be made based on the initial proposals, oral presentations (if applicable) and any negotiated, written changes to proposals.

- E. **Final Contract:** Once a final selection decision has been made, VCU will work with the chosen Offeror to finalize the terms and conditions of the contract.
- F. Each of the above steps is described below in detail. It is incumbent upon all Offerors to read the entire solicitation to understand the entire solicitation process.

## VI. **PREPARATION OF WRITTEN PROPOSALS – GENERAL**

- A. Offerors shall submit:
  - 1. **Required Forms:** The following forms must be completed and returned with the proposal
    - a) The Offer Form on Page 2 of the RFP
    - b) Fully completed Appendix I (unless Offeror is a DSBSD-certified SWaM business), and
    - c) Fully completed Appendix II.
    - d) All forms must be executed by an official representative of the Offeror.
  - 2. **Electronic Copy of the Entire Proposal**
    - a) One electronic copy (via email) of the entire proposal including all attachments and proprietary information. DO NOT SEND TO THE BUYER'S E-MAIL ADDRESS!!!

## VII. **SUBMISSION OF PROPOSALS**

- A. Electronic proposals must be received in Virginia Commonwealth University's Office of Procurement Services on or before the date and time designated on the solicitation cover sheet.
- B. Physical and facsimile submissions shall not be accepted in lieu of an electronic-copy submission.
- C. Offerors are responsible for the timely delivery of their proposal. Proposals received after the official date and time specified on the solicitation cover sheet shall be rejected. The official date and time used in the receipt of responses is the timestamp associated when emails were received at eproposals@vcu.edu
- D. The RFP number must be noted in the subject line of the email, date and time of proposal submission deadline, as reflected in the solicitation, must clearly appear in the body of the email. Example:



From:

_____	_____	_____
Name of Contractor	Due Date	Time
_____	_____	_____
Street or Box Number	RFP No.	
_____	_____	
City, State, Zip Code +4	RFP Title	

Name of Contract/Purchase Officer or Buyer: \_\_\_\_\_

If a proposal is not clearly identified, the Contractor takes the risk that the proposal may be inadvertently opened and the information compromised, which may cause the proposal to be disqualified. Proposals may NOT be hand-delivered to the designated location in the office issuing the solicitation. No other correspondence or other proposals should be placed in the email.

**VIII. PROPOSAL RESPONSE FORMAT**

A. General

Proposal responses must be written in the same order as outlined below. Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities. Emphasis should be placed on completeness and clarity of content. Proposals which are substantially incomplete or lack key information may be rejected.

B. Introduction

Provide an introduction of the Offeror and all major subcontractors who will be involved in the performance of the work. Include primary business experience, length of time in business, ownership, office locations, and specific location of the principal office from where VCU work will be performed and any other information of an introductory nature.

C. Qualifications of the Firm

Provide a response and describe how your firm's overall experience demonstrates your ability to successfully complete the Statement of Needs. Provide a detailed list of services you have provided to clients over the past three years which are similar to those required by VCU.

D. Qualification of the Staff

Provide a response and identify the staff members who will provide the services required by the proposal, including years and type of experience for each person. Experience should include number of years at current firm as well as all prior service.

E. References

A list of three (3) references for whom similar services were provided, preferably institutions of higher education, or similarly-sized organizations.

F. Work Plan

The Work Plan must contain a comprehensive description of services including the following elements:

1. General – This section of the proposal must contain sufficient detail to convey the methodology or work plan contemplated for use. Offerors must describe how the services listed in the Statement of Needs shall be performed.
2. Deliverables – Fully describe all of the deliverables to be submitted under the proposed contract.
3. Work Schedule/Timeline – Include a work schedule/timeline indicating when the elements of the work will be completed and when deliverables will be provided. Suggestions, if any, for streamlining the work schedule should be presented. Cost implications for streamlining the schedule should be presented, if applicable.
4. Outcomes and Performance Measurement – Describe the impacts/outcomes Offerors intend to achieve, including how these outcomes would be monitored, measured and reported to the University.
5. Overall Risk - Define risks significant to the success of the work. Include how you propose to effectively monitor and manage these risks, including the reporting of risks to the University (i.e., how you will manage staff turnover or other issues that may negatively impact the work, their potential and how you would propose to mitigate them).
6. Other – Provide any other information the Offeror deems relevant to describing the work plan.
7. Small, Women-Owned and Minority-Owned (SWaM) Business Commitment - Unless the firm is a Virginia Department of Small Business & Supplier Diversity (DSBSD) certified small business, it must submit and complete Appendix I (see Section X and Appendix I below). DSBSD certified small businesses must include their certification number on the cover sheet of this RFP, but are not required to complete Appendix I.
8. Exceptions: Offeror must note any requested exceptions to any of the requirements and/or any of the terms and conditions stated in this RFP in *Appendix III: Exceptions*. While VCU may negotiate some terms and conditions, Offerors must recognize that VCU is a public agency and must abide by the legal requirements applicable to such public agencies. Most terms and conditions in the RFP cannot be negotiated. See Appendix III for additional information.

G. Price Proposal

The proposal should include the elements listed below. Note VCU reserves the right to negotiate price.

1. The insured (claimant) should not be liable for any charges after payments by the insured (claimant) person's private insurance and the Contractor's full excess coverage has been made.
2. The athletic injury insurance with full excess coverage plan premium will be paid to the Contractor by VCU.
3. The Contractor should find cost savings and negotiate lower prices for typically used medical services such as diagnostic imaging, surgery/hospital fees, physician fees, et

4. In the event a VASCUPP institution elects to access the contract, pricing for that VASCUPP institution should be established in accordance with the principles, parameters, criteria, etc. of the contract, based upon that VASCUPP institution's specific attributes (e.g. eligible insured population, loss histories, etc.).
5. Firm should provide detailed information regarding payments methods made to the claimant and the medical service provider. Discuss your firm's loss control capabilities and services. Describe your proposed methods to negotiate discounts and lower costs for VCU. Discuss your willingness to allow cooperative use of any resulting contract by VASCUPP members and your capability to provide the same insurance services to those members as you are offering to VCU.

**IX. PROCUREMENT SCHEDULE**

Below is a brief schedule for this solicitation, specifying the critical dates and milestones (subject to change).

<b>Event/Milestone</b>	<b>Date/Date Range</b>
Issue Date of RFP	5/3/2021
Proposal Due Date	5/18/2021
Oral Presentations/Negotiations	Week of 6/1/2021
Anticipated Contract Award	Week of 6/21/2021

**X. SMALL, WOMEN-OWNED, AND MINORITY-OWNED BUSINESS COMMITMENT (SWaM)**

It is the policy of the Commonwealth of Virginia that 42% of its purchases be made from SWaM (Small, Women, and Minority-owned) businesses to contribute to the establishment, preservation, and strengthening of such businesses, and to encourage their participation in VCU procurement activities. The Commonwealth encourages Contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts or other contractual opportunities.

**Offerors must complete and submit Appendix I (see section XXVI: Attachments) unless Offeror is currently a Department of Small Business and Supplier Diversity (DSBSD)-certified SWaM business. DSBSD-certified SWaM businesses must include their certification number on the coversheet of this RFP upon submission to VCU but are not required to complete Appendix I.**

If Offeror is currently a DSBSD-certified SWaM business and is awarded a contract from this RFP, Offeror agrees to maintain such certification for the life of the contract (provided Offeror remains eligible). For assistance with SWaM certification, visit the DSBSD website at <http://www.sbsd.virginia.gov/>

If the awarded firm is not DSBSD certified but can qualify for certification under DSBSD guidelines, the awarded firm is strongly encouraged to apply for certification within 60 days after award of the contract. Eligibility will be determined by the DSBSD.

**Use of Subcontractors:** If the Offeror intends to use subcontractors to perform any portion of the work described in this RFP, the Offeror must clearly so state. VCU is placing an increased emphasis on its SWaM business program and is interested in identifying any potential opportunities that may be available to engage SWaM vendors to be certified by DSBSD through new or existing contracts. **Identify and list any such opportunities that your firm would commit to if awarded this Contract in Appendix I (Participation in VCU Procurement Transactions with Small Businesses and**

**Businesses Owned by Women and Minorities).** The Offeror's response must include a description of which portion(s) of the work will be subcontracted, and must include the names and addresses of potential subcontractors that are currently certified as SWaM businesses through DSBSD.

### **SWaM REPORTING AND DELIVERY REQUIREMENTS:**

Unless the Contractor is a DSBSD-certified SWaM business, the Contractor shall submit quarterly reports on the direct involvement of DSBSD-certified SWaM Businesses (subcontractors) in the performance of the contract. The report shall specify the actual dollars spent to date with Small Businesses, Women-Owned Businesses, and Minority-Owned Businesses based upon the Contractor's commitment in Appendix I for utilization of certified SWaM businesses.

The Contractor shall provide this information quarterly to: [swamreporting@vcu.edu](mailto:swamreporting@vcu.edu)

Failure to submit the required information shall be considered a contract compliance issue and will be addressed accordingly. In addition, failure to submit the required information may result in invoice payments being withheld until such time as the required information is provided, at VCU's discretion.

#### **XI. ADDENDA**

- A. If this solicitation is amended by published addenda, then all terms and conditions which are not modified shall remain unchanged and effective.
- B. Offerors shall acknowledge receipt of any addendum to this solicitation by (1) signing and returning the addendum, or (2) by identifying the addendum number and date in the space provided on the Offer Form, or by (3) other written means of acknowledgement.

#### **XII. PROPOSAL ACCEPTANCE PERIOD**

Any proposal in response to this solicitation shall be valid for sixty (60) days. At the end of the sixty (60) days, the proposal may be withdrawn at the written request of the Offeror. If the proposal is not withdrawn at that time it remains in effect until an award is made or the solicitation is cancelled.

#### **XIII. CONFIDENTIAL / PROPRIETARY DATA AND INFORMATION**

Virginia Commonwealth University (VCU) is a public institution of higher education and as such is subject to the Virginia Freedom of Information Act (Code of Virginia §2.2-3700, et seq.) (FOIA). Therefore, all proposals and other documentation submitted by Offeror may be subject to disclosure to third parties as required by FOIA and other applicable provisions of law.

Pursuant to the Code of Virginia §2.2-4342(F), VCU can withhold confidential information identified as proprietary, or as a trade secret, submitted by an Offeror in connection with a procurement transaction only if, prior to or at the time of submission of such information, the Offeror invokes the protections of §2.2-4342(F), identifies the information to be protected, and states the reasons why protection is necessary. To this end, when submitting proposals containing such information, Offerors must:

- A. Clearly denote on the cover page of the proposal that it contains proprietary information.
- B. Include as the first section of the proposal a written notice that identifies by section and page number the information to be protected as well as specific reasons why protection is necessary.
- C. Clearly denote by some distinct method, such as highlighting or underlining, the words, figures or paragraphs within the proposal identified in the written notice.

Failure to follow these instructions shall result in Offeror's full proposal being subject to public disclosure.

PLEASE NOTE: Offeror may not request that its entire proposal, or pricing, or fees or total proposal cost be treated as trade secrets, proprietary or confidential information. The classification of an entire Proposal document, or line item prices, or total Proposal prices as proprietary or trade secrets is not acceptable and, if Offeror does not promptly agree to withdraw this classification following submission, shall result in rejection and return of Proposal.

Section XIII shall apply to all documents submitted by Offeror/Contractor throughout the duration of any negotiations, contracts, renewals, and extensions resulting from this solicitation.

**XIV. LATE PROPOSALS**

To be considered for selection, proposals must be received by the issuing office by the designated date and hour. The official date and time used in the receipt of responses is the timestamp associated when emails were received at eproposals@vcu.edu. It is the sole responsibility of the Offeror to ensure that its proposal reaches the issuing office by the designated date and hour.

**XV. QUESTIONS AND EXPLANATIONS TO OFFERORS**

If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror should contact the buyer whose name appears on the solicitation cover sheet. Any revisions to the solicitation will be made only by addendum issued by the buyer.

Questions concerning this RFP must be received via email no later than: May 10, 2021.

**XVI. COMMUNICATIONS WITH VCU DURING THE RFP PROCESS**

Communications regarding this Request for Proposals shall be formal from the date of issue for this RFP until either a Contractor has been selected or the University rejects all proposals. Formal communications shall be directed to the buyer listed on the solicitation cover sheet. Informal communications, including but not limited to requests for information or comments or speculations regarding this RFP to any University employee other than the buyer on the front of the solicitation cover sheet, may result in the rejection of the proposal from the non-compliant Offeror.

**XVII. ORAL PRESENTATIONS**

- A. Offerors who submit a proposal in response to this RFP may be required to conduct an oral presentation of their proposal to VCU. This provides an opportunity for the Offeror to clarify or elaborate on the proposal. Oral presentations are an option and may or may not be conducted, at VCU's sole discretion. Should an oral presentation be required, VCU will designate the date and location for the presentation; the date is critical and alternative dates will not be available. VCU reserves the right to rescore proposals following oral presentations
- B. Offerors who are invited to conduct an oral presentation shall include the individual(s) who would be the primary point of contact for VCU on the Offeror's presentation team.

**XVIII. BEST AND FINAL OFFERS (BAFO)**

At the conclusion of negotiations, the Offeror(s) may be asked to submit in writing, a best and final offer (BAFO). After the BAFO is submitted, no further negotiations shall be conducted with the Offeror (s). The Offeror(s) proposal will be re-evaluated to combine and include the information contained in the BAFO. The decision to award will be based on the final evaluation including the BAFO.

**XIX. QUALIFICATIONS OF OFFERORS**

The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the services/furnish the goods and the Offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect the Offeror's physical facilities prior to award to satisfy questions regarding the Offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such Offeror fails to satisfy the

Commonwealth that such Offeror is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.

**XX. CANCELLATION OF SOLICITATION**

The University may cancel this Request for Proposals or reject proposals at any time prior to an award and is not required to furnish a statement of the reason why a particular proposal was not deemed to be the most advantageous.

**XXI. EVALUATION CRITERIA**

Proposals will be evaluated based upon the information provided in the Offeror's Proposal using the criteria specified below.

Qualifications and Experience	30%
Methodology/Approach	20%
Pricing Schedule	30%
SWaM Status/Utilization*	10%
Acceptance of all the terms, conditions, and specifications of this RFP**	10%

*\*Offeror's status as a Virginia DSBSD-certified SWaM Business, or Offeror's plans to utilize Virginia DSBSD-certified SWaM Businesses in Offeror's performance of the contract (see Appendix I).*

*\*\*Offeror's failure to accept all the terms, conditions, and specifications of this RFP may result in lower overall scoring. See Appendix III for more information.*

**XXII. AWARD OF CONTRACT**

- A. Selection shall be made of two or more Offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the selected Offerors.
- B. After negotiations have been conducted with each Offeror so selected, the University shall select the Offeror which, in its opinion, has made the best proposal, and shall award the contract to that Offeror.
- C. Should the Commonwealth determine in writing and in its sole discretion that only one Offeror is fully qualified, or that one Offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Offeror. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the Contractor's proposal as negotiated.
- D. Upon the award or the announcement of the decision to award a contract as a result of this solicitation, Virginia Commonwealth University will publicly post such notice electronically at <http://www.eva.virginia.gov> for a minimum of 10 (ten) days.

**XXIII. GENERAL TERMS AND CONDITIONS**

- A. **PURCHASING MANUAL:** This solicitation is subject to the provisions of the Commonwealth of Virginia's Purchasing Manual for Institutions of Higher Education and their Vendors and any revisions thereto, which are hereby incorporated into this contract in their entirety. A copy of the manual is available for review at the purchasing office. In addition, the manual may be accessed electronically at <https://vascupp.org/hem.pdf>.

- B. APPLICABLE LAW AND COURTS: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with all applicable federal, state and local laws, rules and regulations. To the extent any provision of Contractor's Proposal, Quote, Statement of Work, Addenda, or other related documents is prohibited by Virginia law, or is otherwise not authorized by Virginia law, due to VCU's status as an agency of the Commonwealth of Virginia, such provision is null and void.
- C. ANTI-DISCRIMINATION: By submitting their proposals, Offerors certify to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, the Virginians With Disabilities Act, the Americans With Disabilities Act and Section 2.2-4311 of the *Virginia Public Procurement Act*. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of Virginia*, § 2.2-4343.1). In every contract over \$10,000 the provisions in 1. and 2. below apply:
1. During the performance of this contract, the Contractor agrees as follows:
    - a) Virginia Commonwealth University is an equal opportunity/affirmative action institution providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability. As such, the Contractor will not discriminate against any employee or applicant for employment because of age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability or any other basis prohibited by state law related to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
    - b) The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
    - c) Notices, advertisements, and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.
  2. The Contractor will include the provisions of 1. above in every subcontract or purchase order over \$10,000 so that the provisions will be binding upon each subcontractor or vendor who performs work relative to this RFP.
- D. ETHICS IN PUBLIC CONTRACTING: By submitting their proposals, Offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other Offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription,

advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

- E. IMMIGRATION REFORM AND CONTROL ACT OF 1986: By submitting their proposals, Offerors certify that they do not and will not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the Federal Immigration Reform and Control Act of 1986.
- F. DEBARMENT STATUS: By submitting their proposals, Offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.
- G. ANTITRUST: By entering into a contract, the Contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of the action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- H. MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS: Failure to submit a proposal on the official state form provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- I. CLARIFICATION OF TERMS: If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror should contact the buyer whose name appears on the face of the solicitation by the deadline for questions stated in this document. Any revisions to the solicitation will be made only by addendum issued by the buyer.
- J. PAYMENT:
  - 1. To Prime Contractor:
    - a) Invoices for items ordered, delivered and accepted shall be submitted by the Contractor directly to the payment address shown on the purchase order/contract. All invoices shall show the state contract number and/or purchase order number, and social security number (for individual Contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
    - b) Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after receipt of invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
    - c) All goods or services provided under this contract or purchase order, that are to be paid with public funds, shall be billed by the Contractor at the contract price, regardless of which public agency is being billed.
    - d) The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.



- e) Unreasonable Charges. Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, contractors are put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable will be researched and challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the contractor, in writing, as to those charges which it considers unreasonable and the basis for the determination. A contractor may not institute legal action unless a settlement cannot be reached within thirty (30) days of notification. The provisions of this section do not relieve an agency of its prompt payment obligations with respect to those charges which are not in dispute (Code of Virginia, § 2.2-4363).

2. To Subcontractors:

- a) Contractor awarded a contract under this solicitation is hereby obligated:
  - (1) To pay the Subcontractor(s) within seven (7) days of the Contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the Subcontractor(s) under the contract; or
  - (2) To notify the agency and the Subcontractor(s), in writing, of the Contractor's intention to withhold payment and the reason.
- b) The Contractor is obligated to pay the Subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the Contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in 2.(a) above. The date of mailing of any payment by U.S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier Contractor performing under the primary contract. A Contractor's obligation to pay an interest charge to a Subcontractor may not be construed to be an obligation of the Commonwealth.

K. PRECEDENCE OF TERMS: Paragraphs A-J of these General Terms and Conditions shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

L. QUALIFICATIONS OF OFFERORS: The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the services/furnish the goods and the Offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect Offeror's physical facilities prior to award to satisfy questions regarding the Offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such Offeror fails to satisfy the Commonwealth that such Offeror is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.

M. TESTING AND INSPECTION: The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.

- N. ASSIGNMENT OF CONTRACT: A contract shall not be assignable by the Contractor in whole or in part without the written consent of the Commonwealth.
- O. CHANGES TO THE CONTRACT: Changes can be made to the contract in any one of the following ways:
1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written contract to modify the scope of the contract.
  2. The Purchasing Agency may order changes within the general scope of the contract at any time by written notice to the Contractor. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The Contractor shall comply with the notice upon receipt. The Contractor shall be compensated for any additional costs incurred as the result of such order and shall give the Purchasing Agency a credit for any savings. Said compensation shall be determined by one of the following methods:
    - a) By mutual contract between the parties in writing; or
    - b) By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the Contractor accounts for the number of units of work performed, subject to the Purchasing Agency's right to audit the Contractor's records and/or to determine the correct number of units independently; or
    - c) By ordering the Contractor to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The Contractor shall present the Purchasing Agency with all vouchers and records of expenses incurred and savings realized. The Purchasing Agency shall have the right to audit the records of the Contractor as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to the Purchasing Agency within thirty (30) days from the date of receipt of the written order from the Purchasing Agency. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia's Purchasing Manual for Institutions of Higher Education and Their Vendors. Neither the existence of a claim or a dispute resolution process, litigation or any other provision of this contract shall excuse the Contractor from promptly complying with the changes ordered by the Purchasing Agency or with the performance of the contract generally.
- P. DEFAULT: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which the Commonwealth may have.
- Q. TAXES: Sales to the Commonwealth of Virginia are normally exempt from State sales tax, State sales and use tax certificates of exemption, Form ST-12, will be issued upon request. Deliveries

against this contract shall usually be free of Federal excise and transportation taxes. The Commonwealth's excise tax exemption registration number is 54-73-0076K.

- R. USE OF BRAND NAMES: Unless otherwise provided in this solicitation, the name of a certain brand, make or manufacturer does not restrict Offerors to the specific brand, make or manufacturer named, but conveys the general style, type, character, and quality of the article desired. Any article, which the public body, in its sole discretion, determines to be the equal of that specified, considering quality, workmanship, economy of operation, and suitability for the purpose intended, shall be accepted. The Offeror is responsible to clearly and specifically identify the product being offered and to provide sufficient descriptive literature, catalog cuts, and technical detail to enable the Commonwealth to determine if the product offered meets the requirements of the solicitation. This is required even if offering the exact brand, make or manufacturer specified. Unless the Offeror clearly indicates in its proposal that the product offered is an "equal" product, such proposal will be considered to offer the brand name product referenced in the solicitation.
- S. TRANSPORTATION AND PACKAGING: By submitting their proposals, all Offerors certify and warrant that the price offered for FOB destination includes only the actual freight rate costs at the lowest and best rate and is based upon the actual weight of the goods to be shipped. Except as otherwise specified herein, standard commercial packaging, packing and shipping containers shall be used. All shipping containers shall be legibly marked or labeled on the outside with purchase order number, commodity description, and quantity.
- T. INSURANCE: By signing and submitting a proposal under this solicitation, the Offeror certifies that if awarded the contract, it will have the following insurance coverages at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with §§ 2.2-4332 and 65.2-800 et seq. of the *Code of Virginia*. The Offeror further certifies that the contractor and any subcontractors will maintain these insurance coverages during the entire term of the contract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission. Minimum Insurance Coverages and Limits Required for Most Contracts:
1. Worker's Compensation - Statutory requirements and benefits. Coverage is compulsory for employers of three or more employees, to include the employer. Contractors who fail to notify the Commonwealth of increases in the number of employees that change their workers' compensation requirements under the *Code of Virginia* during the course of the contract shall be in noncompliance with the contract.
  2. Employers Liability - \$100,000.
  3. Commercial General Liability - \$1,000,000 per occurrence. Commercial General Liability is to include bodily injury and property damage, personal injury and advertising injury, products, and completed operations coverage. The Commonwealth of Virginia must be named as an additional insured and so endorsed on the policy.
  4. Automobile Liability - \$5,000,000 per occurrence. (Only used if motor vehicle is to be used in the contract.)
  5. Cyber Security Liability - \$5,000,000 (applicable only to Information Technology contracts)
- U. ANNOUNCEMENT OF AWARD: Upon the award or the announcement of the decision to award a contract as a result of this solicitation, Virginia Commonwealth University will publicly post such notice electronically at <http://www.eva.virginia.gov> for a minimum of 10 days.

V. DRUG-FREE WORKPLACE: During the performance of this contract, the Contractor agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the contractor that the Contractor maintains a drug-free workplace; and (iv) includes the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor. For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

W. NONDISCRIMINATION OF CONTRACTORS: A bidder, Offeror, or contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, national origin, age, disability, or against faith-based organizations or any other basis prohibited by state law relating to discrimination in employment. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

As applicable, federal law requires compliance with the following for all federal government contracts:

1. 41 CFR § 60-1.4 Equal Opportunity Clause prohibiting discrimination on the basis of race, color, religion, sex, or national origin.
2. 41 CFR 60-741.5(a) and 41 CFR 60-300.5(a). These regulations prohibit discrimination against qualified individuals on the basis of disability 60-741.5(a) and protected veteran status 41 CFR 60-300.5(a), and require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities and qualified protected veterans.

X. eVA REGISTRATION AND FEES: Awarded Contractor agrees to self-register with the Commonwealth of Virginia's electronic procurement system, eVA (information on eVA can be found at <http://www.eva.virginia.gov>), and agrees to maintain self-registered status for the duration of this Contract. The Commonwealth shall assess eVA transaction fees as specified below for each order resulting from this solicitation/contract. The Vendor Transaction Fee is:

1. DSBSD-certified Small Businesses: 1%, capped at \$500 per order.
2. Businesses that are not DSBSD-certified Small Businesses: 1%, capped at \$1,500 per order.

The specified Vendor Transaction Fee will be invoiced by the Commonwealth of Virginia Department of General Services, approximately 30 days after the corresponding purchase order is issued and the invoice is payable 30 days after the invoice date.

Contractor is responsible for the security of its eVA account, including restricting access to it, maintaining the confidentiality of login information, and taking any other actions necessary to

protect the security of the Contractor's account. VCU will not be responsible for a third party's fraudulent collection of VCU payments due to the Contractor's failure to update or protect its account information.

- Y. FERPA: The following provision applies only if Contractor will have access to the University's education records as defined under the Family Educational Rights and Privacy Act (FERPA): Contractor acknowledges that for the purposes of this contract it will be designated as a "school official" with "legitimate educational interests" in the University education records, as those terms have been defined under FERPA and its implementing regulations, and Contractor agrees to abide by the limitations and requirements imposed on school officials. Contractor will use the education records only for the purpose of fulfilling its duties under this contract for University's and its students' benefit, and will not share such data with or disclose it to any third party except as provided for in this contract, required by law, or authorized in writing by the University.
- Z. INDEMNIFICATION: Contractor agrees to indemnify, defend, and hold harmless VCU, the Commonwealth of Virginia, and their officers, employees and agents from any claim, damage, liability, injury, expense or loss, including defense costs and attorneys' fees, arising from Contractor's negligence under this Agreement. Accordingly, VCU shall promptly notify Contractor of any claim or action brought against VCU in connection with this Agreement. Upon such notification, and at the request and direction of VCU and/or the Office of the Attorney General, Contractor will immediately defend any such claim or action pursuant to the provisions and requirements of § 2.2-514 of the Code of Virginia.
- AA. LIMITATION OF LIABILITY: (1) The total cumulative liability of the Commonwealth, its officers, employees, and agents in connection with this contract or in connection with any goods, services, actions or omissions relating to this contract, shall not under any circumstance exceed payment of the maximum purchase price. (2) Contractor shall be liable for the actual damages caused by the negligence of itself, its officers, employees, and agents in connection with this contract or any goods, services, actions, or omissions relating to this contract.
- BB. SOVEREIGN IMMUNITY: VCU is an agency of the Commonwealth of Virginia and is afforded the protection of sovereign immunity under Virginia law. Any claims against VCU or the Commonwealth are subject to the requirements established under Virginia law for bringing such claims against VCU or the Commonwealth, including the Virginia Tort Claims Act (Va. Code §§ 8.01-195.1 et seq.) and other applicable statutes relating to claims against the Commonwealth or its agencies. Notwithstanding any other provision, nothing in this contract shall be deemed to be or construed as a waiver of VCU's or the Commonwealth's sovereign immunity, or any other applicable requirements under Virginia law for bringing claims against VCU or the Commonwealth.
- CC. FORCE MAJEURE: Contractor agrees to indemnify, defend, and hold harmless VCU, the Commonwealth of Virginia, and their officers, employees and agents from any claim, damage, liability, injury, expense or loss, including defense costs and attorneys' fees, arising from Contractor's negligence under this Agreement. Accordingly, VCU shall promptly notify Contractor of any claim or action brought against VCU in connection with this Agreement. Upon such notification, and at the request and direction of VCU and/or the Office of the Attorney General, Contractor will immediately defend any such claim or action pursuant to the provisions and requirements of § 2.2-514 of the Code of Virginia.
- DD. AUDIT: The Contractor shall retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.

- EE. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that VCU shall be bound hereunder only to the extent the General Assembly appropriates funds, or other applicable funding sources provide funds, for the purpose of this contract.
- FF. ADDITIONAL GOODS AND SERVICES: The University may acquire other goods or services that the supplier provides than those specifically solicited. The University reserves the right, subject to mutual contract, for the Contractor to provide additional goods and/or services under the same pricing, terms and conditions and to make modifications or enhancements to the existing goods and services. Such additional goods and services may include other products, components, accessories, subsystems, or related services newly introduced during the term of the contract.
- GG. REALSOURCE: This solicitation and resulting contract shall result in a purchase order or purchase orders issued via VCU's source-to-pay platform, RealSource. Contractor shall register in RealSource upon award of contract. For information on registering, visit [realsource.vcu.edu](http://realsource.vcu.edu). Registration is free, and registered vendors shall have access to purchase order, invoice, and payment information. Contractor is responsible for the security of its RealSource portal account, including restricting access to it, maintaining the confidentiality of login information, and taking any other actions necessary to protect the security of the Contractor's account. VCU will not be responsible for a third party's fraudulent collection of VCU payments due to the Contractor's failure to update or protect its account information. If this is a cooperative procurement, this clause shall apply to orders placed by VCU only.

#### **XXIV. SPECIAL TERMS AND CONDITIONS**

- A. ADVERTISING: In the event a contract is awarded for supplies, equipment, or services resulting from this proposal, no indication of such sales or services to Virginia Commonwealth University will be used in product literature or advertising. The Contractor shall not state in any of the advertising or product literature that the Commonwealth of Virginia or any agency or institution of the Commonwealth has purchased or uses its products or services.
- B. CANCELLATION OF CONTRACT: The purchasing agency reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon sixty (60) days written notice to the Contractor. In the event the initial contract period is for more than twelve (12) months, the resulting contract may be terminated by either party, without penalty, after the initial twelve (12) months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the Contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- C. TERMINATION OF CONTRACT: VCU may terminate this contract if Contractor materially breaches this contract and such breach is not cured within thirty (30) days after written notice to Contractor.
- D. PROMPT PAYMENT DISCOUNTS: Virginia Commonwealth University will pay within 30 days after receipt and acceptance of an invoice. Offerors are encouraged to offer a prompt payment discount, in which Offeror provides a discount off the invoice total in exchange for VCU paying the invoice in fewer than 30 days. Offeror should describe such an offer at the bottom of their pricing proposal, indicating both A) the discount percentage offered and B) the net number of days in which payment would need to be made in order to achieve the discount.
- E. SPECIAL EDUCATIONAL OR PROMOTIONAL DISCOUNTS: The Contractor shall extend any special educational or promotional sale prices or discounts immediately to the Commonwealth during the term of the contract. Such notice shall also advise the duration of the specific sale or discount price.

- F. EXTRA CHARGES NOT ALLOWED: The proposal price shall be for complete installation ready for Commonwealth's use, and shall include all applicable freight and installation charges; extra charges will not be allowed.
- G. PRIME CONTRACTOR RESPONSIBILITIES: The Contractor shall be responsible for completely supervising and directing the work under this contract and all subcontractors that it may utilize, using its best skill and attention. Subcontractors who perform work under this contract shall be responsible to the prime Contractor. The Contractor agrees that it is as fully responsible for the acts and omissions of his subcontractors and of persons employed by them as it is for the acts and omissions of its own employees.
- H. PRODUCT INFORMATION: The Offeror shall clearly and specifically identify the product being offered and enclose complete and detailed descriptive literature, catalog cuts and specifications with the proposal to enable the Commonwealth to determine if the product offered meets the requirements of the solicitation. Failure to do so may cause the proposal to be considered nonresponsive.
- I. QUANTITIES: Quantities set forth in this solicitation are estimates only, and the Contractor shall supply at proposal prices actual quantities as ordered, regardless of whether such total quantities are more or less than those shown.
- J. RENEWAL OF CONTRACT: This contract may be renewed by the Commonwealth upon mutual written contract of both parties for five (5) successive one (1)-year periods under the terms and conditions of the original contract. Price increases may be negotiated only at the time of renewal. Written notice of the Commonwealth's intention to renew should be provided approximately 60 days prior to the expiration date of each contract period.

If the Commonwealth elects to exercise the option to extend the contract for an additional one (1) year period:

1. The contract premium for the additional one (1) year period, and any subsequent renewal periods, shall be based upon utilization, enrollment, and medical trends;
2. The premium increase shall be fair and reasonable in all coverage categories;
3. The retention rate shall be demonstrated to be no greater than the rate for the previous contract period / policy year; for example:
4. For the first (1st) renewal period (e.g. 08/01/2009 – 07/31/2010), the retention rate shall not be greater than the retention rate for the initial contract period / policy year (e.g. 01/01/2008 – 12/31/2009);

Note: "Retention rate" shall be defined to include the Contractor's expenses, to include, but not be limited to the Contractor's:

- Administrative fee;
  - Legal fees;
  - Overhead;
  - Postage; and
  - State premium taxes, etc.
5. The premium increase notice shall be submitted on or before May 1st of the current policy year; and
  6. The supporting justification for the premium increase shall require approval by VCU.
- K. SUBCONTRACTS: No portion of the work shall be subcontracted without prior written consent of the purchasing agency. In the event that the Contractor desires to subcontract some part of the work specified herein, the Contractor shall furnish the purchasing agency the names, qualifications and experience of their proposed subcontractors. The Contractor shall, however,

remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.

- L. WARRANTY (COMMERCIAL): The Contractor agrees that the supplies or services furnished under any award resulting from this solicitation shall be covered by the most favorable commercial warranties the Contractor gives any customer for such supplies or services and that the rights and remedies provided therein are in addition to and do not limit those available to the Commonwealth by any other clause of this solicitation. A copy of this warranty must be furnished with the proposal.
- M. WORK SITE DAMAGES: Any damage to existing utilities, equipment or finished surfaces resulting from the performance of this contract shall be repaired to the Commonwealth's satisfaction at the Contractor's expense.
- N. POLICY OF EQUAL EMPLOYMENT: Virginia Commonwealth University is an equal opportunity/affirmative action employer. Women, minorities, and persons with disabilities are encouraged to apply. The University encourages all vendors to establish and maintain a policy to ensure equal opportunity employment. To that end, Offerors should submit along with their proposals, their policy of equal employment.
- O. ADDITIONAL USERS OF CONTRACT: It is the University's intent to provide other Virginia Association of State College and University Purchasing Professionals (VASCUPP) with access to the University's contracts and to provide Contractors with opportunities to do business with other VASCUPP institutions of higher education.

To that end and if agreeable with the Contractor, the following Colleges and Universities listed are the VASCUPP institutions and may have access to any contract resulting from this solicitation: College of William and Mary, University of Virginia, George Mason University, Virginia Military Institute, James Madison University, Old Dominion University, Virginia Polytechnic Institute & State University, Radford University, University of Mary Washington, and Longwood University. Upon written request from a VASCUPP institution, the Contractor may allow access to the contract. Although the University desires to provide access on such contract to VASCUPP, the Contractor is not required to provide such access. A Contractor's willingness to provide this access to VASCUPP members will not be a consideration in awarding this contract. Although the VASCUPP Agencies may have access to any resulting contract, VASCUPP is not bound to use the contract and any use of the contract is strictly optional.

If the VASCUPP institutions choose to access the contract and the Contractor agrees to such access, the terms and conditions of the contract will be in full force and effect as between the VASCUPP institutions and the Contractor. VCU will have no responsibility for the resolution of any contractual disputes, or for payment for services rendered which may arise from a VASCUPP institution accessing the contract. The Contractor understands and agrees that it shall not have any recourse against VCU with respect to any claim it may have against another VASCUPP institution that accessed this contract.

- P. GRAMM-LEACH-BLILEY ACT: The Contractor shall comply with the Act by implementing and maintaining appropriate safeguards to protect and prevent unauthorized release of student, faculty and staff nonpublic information. Nonpublic information is defined as social security numbers, or financial transactions, bank, credit, and tax information.
- Q. CRIMINAL BACKGROUND INVESTIGATION: If Contractor employees and agents will be on the VCU campus, Contractor must comply with the following: Contractor shall ensure that its employees, full-time or part-time, including newly hired, re-hired, seasonal, and/or temporary, who may have access to VCU confidential or proprietary information, or data about VCU personnel or students, have passed a criminal background check pursuant to the Code of



Virginia, § 2.2-1201.1. Criminal background checks shall comply with the standards set forth in VCU's employment policies found at:

<http://www.policy.vcu.edu/sites/default/files/Criminal%20Conviction%20Investigations.pdf>

Specifically, Contractor shall ensure an investigation is conducted by a third-party vendor utilizing courthouse records and national databases to obtain records within the past seven (7) years. Convictions related to drugs, violence and/or sexual behavior are generally considered job related due to the nature of the VCU environment and the need to provide reasonable levels of protection for students, patients, employees, visitors, and institutional resources.

- R. IDENTIFICATION CARDS: All Contractor employees authorized to work at VCU, must obtain a VCU identification card. Information on obtaining a card is available at <http://vcucard.vcu.edu/>. Contractor's employees must wear their VCU identification when they are on VCU property.
- S. SECTION 508 COMPLIANCE: All information technology which, pursuant to this contract, is purchased or upgraded by or for the use of the University (the "Technology") shall comply with Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended. If requested, the Contractor must provide a detailed explanation of how compliance with Section 508 of the Rehabilitation Act is achieved and a validation of concept demonstration. The requirements of this Paragraph along with the Non-Visual Access to Technology clause below shall be construed to achieve full compliance with the Information Technology Access Act, §§ 2.2-3500 through 2.2-3504 of the Code of Virginia.
- T. NONVISUAL ACCESS TO TECHNOLOGY: All Technology shall comply with the following nonvisual access standards from the date of purchase or upgrade until the expiration of this Contract:
  - (a) effective, interactive control and use of the Technology shall be readily achievable by nonvisual means;
  - (b) the Technology equipped for nonvisual access shall be compatible with information technology used by other individuals with whom any blind or visually impaired user of the Technology interacts;
  - (c) nonvisual access technology shall be integrated into any networks used to share communications among employees, program participants or the public; and
  - (d) the technology for nonvisual access shall have the capability of providing equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.

Compliance with the foregoing nonvisual access standards shall not be required if University determines (i) the Technology is not available with nonvisual access because the essential elements of the Technology are visual and (ii) nonvisual equivalence is not available.

Installation of hardware, software, or peripheral devices used for nonvisual access is not required when the Technology is being used exclusively by individuals who are not blind or visually impaired, but applications programs and underlying operating systems (including the format of the data) used for the manipulation and presentation of information shall permit the installation and effective use of nonvisual access software and peripheral devices.

If requested, the Contractor must provide a detailed explanation of how compliance with the foregoing nonvisual access standards is achieved and a validation of concept demonstration. The requirements of this Paragraph shall be construed to achieve full compliance with the Information Technology Access Act, §§ 2.1-807 through 2.1-811 of the Code of Virginia.

## **XXV. FEDERAL TERMS AND CONDITIONS**

- A. For any purchase resulting from this RFP which is funded by a U.S. Government grant or contract, the following provisions found in Appendix II of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule (2 CFR Part 200, et al) shall be incorporated and made a part of the purchase contract between the parties.
1. Equal Employment Opportunity (E.O. 11246 as amended by E.O. 11375 and supplemented by 41 CFR part 60).
  2. For construction with Federal funds: the Davis-Bacon Act (40 U.S.C. 3141-3148) as supplemented by 29 CFR part 5.
  3. Copeland "Anti-Kickback" Act (40 U.S.C. 3145 and 29 CFR part 3).
  4. Where applicable, the Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708) as supplemented by 29 CFR part 5.
  5. For non-profit organizations and small business, patent rights will be governed by 37 CFR part 401, "Rights to Inventions Made by Non-Profit Organizations and Small Business Firms under Government Grants, Contracts and Cooperative Contracts."
  6. The Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387.), as amended.
  7. Mandatory standards and policies relating to energy efficiency contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).
  8. When applicable, this Order is subject to Debarment and Suspension (E.O.s 12549 and 12689) as provided in 2 CFR part 180.
  9. The BYRD Anti-Lobbying Amendment (31 U. S. C. 1352): awards of \$100,000.00 or more will file the required certification.
  10. **This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, national origin, and for inquiring about, discussing or disclosing compensation. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.**

## **XXVI. ATTACHMENTS**

Attachment A: Data and Intellectual Property Addendum

Attachment B: List of VCU Student Sports Participants

Attachment C: Self-Funded Account Summary

Attachment D: Blanket Accident Application

ATTACHMENT E: Questions and Answers

ATTACHMENT E-1: VCU Claims Paid by Claim as of 3.31.21

ATTACHMENT E-2: Virginia Commonwealth University Policy 2020-2021

## APPENDIX I

### PARTICIPATION IN STATE PROCUREMENT TRANSACTIONS SMALL BUSINESSES AND BUSINESSES OWNED BY WOMEN AND MINORITIES

The following definitions will be used in completing the information contained in this Appendix.

#### Definitions

- **Small business** is an independently owned and operated business which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years. Nothing in this definition prevents a program, agency, institution or subdivision from complying with the qualification criteria of a specific state program or federal guideline to be in compliance with a federal grant or program.
- **Women-owned business** is a business concern which is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more of such individuals.
- **Minority-owned business** is a business that is at least 51 percent owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals, or any historically black college or university, regardless of the percentage ownership by minority individuals or, in the case of a corporation, partnership, or limited liability company or other entity, the equity ownership interest in the corporation, partnership, or limited liability company or other entity. Minority Individual: "Minority" means a person who is a citizen of the United States or a legal resident alien and who satisfies one or more of the following definitions:
  - "Asian Americans" means all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including but not limited to Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Marinas, the Philippines, U. S. territory of the Pacific, India, Pakistan, Bangladesh and Sri Lanka and who are regarded as such by the community of which these persons claim to be a part.
  - "African Americans" means all persons having origins in any of the original peoples of Africa and who are regarded as such by the community of which these persons claim to be a part.
  - "Hispanic Americans" means all persons having origins in any of the Spanish speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who are regarded as such by the community of which these persons claim to be a part.
  - "Native Americans" means all persons having origins in any of the original peoples of North America and who are regarded as such by the community of which these persons claim to be a part or who are recognized by a tribal organization.
  - "Eskimos and Aleuts" means all persons having origins in any of the peoples of Northern Canada, Greenland, Alaska, and Eastern Siberia and who are regarded as such in the community of which these

persons claim to be a part.

- **Service Disabled Veterans:** Veterans who are small business owners can obtain Service Disabled Veteran-owned “status” in the SWaM vendor database. This is not a separate certification; it is a designation of those businesses that are owned by Service Disabled Veterans who are certified as such by the Virginia Department of Veteran Services. Veterans wishing to apply for service disabled veteran status must first seek eligibility certification from the Department of Veteran Services by calling (804) 786-0286 or visiting the DVS website at [www.virginiaforveterans.com](http://www.virginiaforveterans.com) . Veterans can apply for small, women-owned or minority-owned certification with the Department of Small Business and Supplier Diversity before or after obtaining an eligibility certificate from DVS. Both services are available at no charge.
- **Disadvantaged Business Enterprise:** The Disadvantaged Business Enterprise (DBE) certification program is a Federal program. The purpose is to increase the participation of certified DBEs in projects funded by the US Department of Transportation and other federal sectors. Projects typically include heavy construction, such as building and designing roads, bridges, railroads, ports, and airports. The Program is governed by the U.S. Federal Regulations in 49 CFR Parts 26 and 23.
- **The Virginia Unified Certification Program** includes two certifying agencies:
  - The Department of Small Business and Supplier Diversity (DSBSD)
  - The Metropolitan Washington Airports Authority (MWAA)

There is no need to submit an application to both agencies. Federal DBE certification by either agency is fully accepted throughout Virginia.

If you plan to participate in the procurement process with one of the Commonwealth of Virginia’s state agencies that does not receive federal transportation funds, you need to apply for SWaM certification, not DBE certification. To apply for SWaM certification, please [click here](#).

- **Employment services organization (ESO):** is an organization that provides community-based employment services to individuals with disabilities that is an approved Commission on Accreditation of Rehabilitation Facilities (CARF) accredited vendor of the Department for Aging and Rehabilitative Services.
- **8a** is a SBA federal certification. If a firm provides documentation that they are certified as such they can participate in the SWaM program without any additional paperwork.
- **EDWOSB**-stands for economically disadvantaged woman owned small business. This too is a federal certification that is verified by WBENC. Again no additional paperwork is required other than the WBENC certification document.

PARTICIPATION BY SMALL BUSINESSES, BUSINESSES OWNED BY WOMEN,

BUSINESSES OWNED BY MINORITIES

This appendix should only be completed by firms that are not currently Virginia Department of Small Business and Supplier Diversity (DSBSD)-certified small businesses.

Offeror certifies that it will involve Small Businesses, Women-Owned Businesses, and/or Minority-Owned Businesses (SWaM) in the performance of this contract either as part of a joint venture, as a partnership, as Subcontractors, or as suppliers. VCU has an overall goal of 42% SWaM participation for all annual purchases and seeks the maximum level of participation possible from all its contractors.

**SWaM Subcontracting Plan:** *In the space below, please describe the areas in which you plan to utilize SWaM-certified businesses as subcontractors. Please be specific as to what types of goods and/or services these subcontractors will provide during the performance of the contract. If currently known, please list the exact SWaM-certified subcontractors you plan to utilize.*

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**Commitment for utilization of DSBSD SWaM Businesses:**

\_\_\_\_\_ % of total contract amount that will be performed by DSBSD certified SWaM businesses.

**Identify the individual responsible for submitting SWaM reporting information to VCU:**

Name Printed: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Firm: \_\_\_\_\_

Offeror understands and acknowledges that the subcontracting plan above represents a contractual commitment by the Offeror. Failure to achieve the percentage commitment will be considered a breach of contract and may result in contract default.

Acknowledged:

By (Signature): \_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Note: Small, Minority and/or Women-owned business sub-contractors are required to become certified and maintain certification through the Virginia Department of Small Business and Supplier Diversity (DSBSD; <https://www.sbsd.virginia.gov/certification-division/>) in order to fulfill the Offeror's commitment for utilization.

APPENDIX II  
INVOICING AND PAYMENT

Invoicing:

The Contractor shall submit a fully itemized invoice to Virginia Commonwealth University, Accounts Payable, PO Box 3985 Scranton, PA 18505, that, at minimum, includes the following information: the Virginia Commonwealth University purchase order number; a description of the goods or services provided; quantities; unit prices; extended prices; and total prices. Payment will be issued in accordance with the payment method selected below and with the Commonwealth of Virginia Prompt Payment Legislation.

Upon request by VCU, the Contractor shall submit invoices electronically using the VCU RealSource vendor portal; and Contractor agrees to comply, to the extent commercially reasonable, with any future e-commerce initiatives including, but not limited to: procurement, procurement content, sourcing or any other electronic procurement and sourcing solutions.

Questions regarding this method of invoicing should be sent to: [ecommerce@vcu.edu](mailto:ecommerce@vcu.edu).

Payment:

Please review the payment methods described below and select one for your firm.

By selecting the payment method below, Contractor acknowledges that the selected payment method is **not specific to the contract resulting from this solicitation and will apply to all payments made to the Contractor** by Virginia Commonwealth University. For example, if the Contractor has an existing contract(s) and is currently receiving payment by paper check, but the Contractor is now electing to receive payment by the commercial card, **all payments** will be made using the method selected below.

**Payment Methods**

**1. Electronically through a Wells Fargo Visa commercial card:** Payment is processed thirty (30) days after receipt of a proper invoice for the amount due, or thirty (30) days after receipt of the goods or services, whichever is later.

It is the Contractor's responsibility to contact its banking institutions to determine any credit limit that may restrict the payment of invoices. It is the Contractor's responsibility to have its credit limit raised as necessary to facilitate the timely payment of all invoices. Invoices exceeding the Contractor's credit limit will be returned unpaid.

Questions regarding this method of payment should be sent to [commcard@vcu.edu](mailto:commcard@vcu.edu).

**2. Paper Check**

**Contractor must indicate the method of payment selected:**

Commercial Card Payment (Wells Fargo VISA)

Paper Check

**Invoicing and Payment Method Acknowledgement:**

Signature:   
Name Printed: James R. Shipp  
Title: Chief Operating Officer  
Name of Firm: A-G Administrators, LLC  
Date: May 17, 2021

Please identify the following contact information for the individual who will serve as the appropriate point of contact within your company to be contacted by VCU Accounts Payable to implement the electronic invoicing and payment processes:

Name of the individual: Amanda Rogerson  
Title: Director of Finance & Client Services  
Mailing address: 1001 Old Cassatt Rd, Ste 300; Berwyn, PA 19312  
Email address: arogerson@agadm.com  
Phone number: 610.933.0800  
Fax number: 610.933.4122



APPENDIX III

EXCEPTIONS

Any and all exceptions to the terms, conditions, or specifications of this RFP must be clearly stated, section by section, in the space provided below. Exceptions should be numbered to coincide with the RFP numbering and be provided in the sequence in which the item appears in the RFP. If more space is required, please copy this page or attach separate sheets. Please note VCU, at its discretion, reserves the right to consider proposals containing significant exceptions to be non-responsive. VCU also reserves the right at its sole discretion to reject Offeror exceptions.

Unless specific exceptions are made within the firm's proposal, VCU will assume that the Offeror accepts all the terms, conditions, and specifications of this RFP. In the event that VCU enters into negotiations with an Offeror, VCU may decide only to negotiate those items included as exceptions listed in Appendix III. If during negotiations the Offeror raises issues that were not included in the Offeror's Appendix III submittal, then VCU may in its sole discretion terminate the negotiations.

<b>UNIVERSITY PROPOSAL SECTION NUMBER</b>	<b>STATED EXCEPTION</b>

## ATTACHMENT A

### Data and Intellectual Property Protection Addendum

#### 1. Definitions

- a. “End User” means the individuals authorized by the University to access and use the Services provided by Contractor under this Agreement.
- b. “Personally Identifiable Information” includes but is not limited to the following: personal identifiers such as name, address, phone number, date of birth, Social Security number, and student or personnel identification number; “personal information” as defined in Virginia Code section 18.2-186.6 and any successor laws of the Commonwealth of Virginia; personally identifiable information contained in student education records as that term is defined in the Family Educational Rights and Privacy Act, 20 USC 1232g; “medical information” as defined in Virginia Code Section 32.1-127.1:05; “protected health information” as that term is defined in the Health Insurance Portability and Accountability Act, 45 CFR Part 160.103; nonpublic personal information as that term is defined in the Gramm-Leach-Bliley Financial Modernization Act of 1999, 15 USC 6809; credit and debit card numbers and access codes and other cardholder data and sensitive authentication data as those terms are defined in the Payment Card Industry Data Security Standards; other financial account numbers, access codes, driver’s license numbers; and state- or federal-identification numbers such as passport, visa or state identity card numbers.
- c. “Securely Destroy” means taking actions that render data written on physical (e.g., hardcopy, microfiche, etc.) or electronic media unrecoverable by both ordinary and extraordinary means. These actions must meet or exceed those sections of the National Institute of Standards and Technology (NIST) SP 800-88 guidelines relevant to data categorized as high security.
- d. “Security Breach” means a security-relevant event in which the security of a system or procedure used to create, obtain, transmit, maintain, use, process, store or dispose of data is breached, and in which University Data is exposed to unauthorized disclosure, access, alteration, or use.
- e. “Services” means any goods or services acquired by the University from Contractor.
- f. “University Data” includes all Personally Identifiable Information and other information that is not intentionally made generally available by the University on public websites or publications, including but not limited to business, administrative and financial data, intellectual property, and patient, student and personnel data.

#### 2. Rights and License in and to the University Data

The parties agree that as between them all rights, including all intellectual property rights in and to University Data, shall remain the exclusive property of the University, and Contractor has a limited, nonexclusive license to use these data as provided in this Agreement solely for the purpose of performing its obligations hereunder. This Agreement does not give a party any

rights, implied or otherwise, to the other's data, content, or intellectual property, except as expressly stated in the Agreement.

### 3. Intellectual Property Disclosure/Rights

- a. Unless expressly agreed to the contrary in writing, all goods, products, materials, documents, reports, writings, video images, photographs or papers of any nature including software or computer images prepared by Contractor (or its subcontractors) for the University will not be disclosed to any other person or entity without the written permission of the University.
- b. Contractor warrants to the University that the University will own all rights, title and interest in any intellectual property created for the University as part of the performance of this Agreement and will have full ownership and beneficial use thereof, free and clear of claims of any nature by any third party including, without limitation, copyright or patent infringement claims. Contractor agrees to assign and hereby assigns to the University all rights, title, and interest in any and all intellectual property created for the University as part of the performance of this Agreement, and will execute any future assignments or other documents needed for the University to document, register, or otherwise perfect such rights. Nothing in this section is intended to or shall be construed to apply to existing intellectual property created or owned by the Contractor that the University is licensing under this Agreement. For avoidance of doubt, the University asserts no intellectual property ownership under this clause to any pre-existing intellectual property of the Contractor, and seeks ownership rights only to the extent Contractor is being engaged to develop certain intellectual property as part of its services for the University.
- c. Notwithstanding the foregoing, for research collaboration pursuant to subcontracts under sponsored research agreements administered by the University's Office of Sponsored Programs, intellectual property rights will be governed by the terms of the grant or contract to the University to the extent such grant or contract requires intellectual property terms to apply to subcontractors.

### 4. Data Privacy

- a. Contractor will use University Data only for the purpose of fulfilling its duties under this Agreement and will not share or disclose such data to any third party without the prior written consent of the University, except as required by this Agreement or as otherwise required by law.
- b. University Data will not be stored outside the United States without prior written consent from the University.
- c. Contractor will provide access to University Data only to its employees and subcontractors who need to access the data to fulfill Contractor obligations under this Agreement. Contractor will ensure that employees who perform work under this Agreement have received appropriate instruction and understand how to comply with the data protection provisions of this Agreement.
- d. The following provision applies only if Contractor will have access to the University's education records as defined under the Family Educational Rights and Privacy Act

(FERPA): Contractor acknowledges that for the purposes of this Agreement it will be designated as a “school official” with “legitimate educational interests” in University education records, as those terms have been defined under FERPA and its implementing regulations, and Contractor agrees to abide by the limitations and requirements imposed on school officials. Contractor will use the education records only for the purpose of fulfilling its duties under this Agreement for University’s and its End User’s benefit, and will not share such data with or disclose it to any third party except as provided for in this Agreement, required by law, or authorized in writing by the University.

5. Data Security

- a. Contractor will store and process University Data in accordance with commercial best practices, including appropriate administrative, physical, and technical safeguards, to secure such data from unauthorized access, disclosure, alteration, and use. Such measures will be no less protective than those used to secure Contractor’s own data of a similar type, and in no event less than reasonable in view of the type and nature of the data involved. Without limiting the foregoing, Contractor warrants that all electronic University Data will be encrypted in transmission (including via web interface) in accordance with industry best practices commensurate to the sensitivity of the information such as controls outlined in the Moderate or High control baselines in the latest version of National Institute of Standards and Technology Special Publication 800-53.
- b. If Contractor stores Personally Identifiable Information as part of this Agreement, Contractor warrants that the information will be stored in accordance with industry best practices commensurate to the sensitivity of the information such as controls outlined in the Moderate or High control baselines in the latest version of National Institute of Standards and Technology Special Publication 800-53.
- c. Contractor will use industry-standard and up-to-date security tools and technologies such as anti-virus protections and intrusion detection methods in providing Services under this Agreement.

6. Employee Background Checks and Qualifications

Contractor shall ensure that its employees, full-time or part-time, including newly hired, re-hired, seasonal, and temporary who may have access to University Data have passed a criminal background check pursuant to the Code of Virginia, §2.2-1201.1. Criminal background checks shall comply with the standards set forth in VCU’s employment policies: <http://www.policy.vcu.edu/sites/default/files/Criminal%20Conviction%20Investigations.pdf>

Specifically, Contractor shall ensure an investigation is conducted by a third-party vendor utilizing courthouse records and national databases to obtain records within the past seven (7) years.

Convictions related to drugs, violence, and sexual behavior are generally considered job related due to the nature of the VCU environment and the need to provide reasonable levels of protection for students, patients, employees, visitors and institutional resources. Individuals with

failed background checks shall not participate in the performance of this Agreement and must undergo additional evaluation before access to information is provided. Contractor shall maintain records sufficient to document the completion of required criminal background checks. The University reserves the right in its sole discretion to perform audits of Contractor's compliance at the University's expense to ensure compliance with this term.

7. Data Authenticity and Integrity

Contractor will take reasonable measures, including audit trails, to protect University Data against deterioration or degradation of data quality and authenticity. Contractor will be responsible during the terms of this Agreement, unless otherwise specified elsewhere in this Agreement, for converting and migrating electronic data as often as necessary so that information is not lost due to hardware, software, or media obsolescence or deterioration.

8. Security Breach

a. Response. Upon becoming aware of a Security Breach or of circumstances that are reasonably understood to suggest a likely Security Breach, Contractor will timely notify the University consistent with applicable state or federal laws, fully investigate the incident, and cooperate fully with the University's investigation of and response to the incident. Except as otherwise required by law, Contractor will not provide notice of the incident directly to individuals whose Personally Identifiable Information was involved, regulatory agencies, or other entities, without prior written permission from the University.

b. Liability. If Contractor must under this Agreement create, obtain, transmit, use, maintain, process, or dispose of the subset of University Data known as Personally Identifiable Information, the following provisions apply: In addition to any other remedies available to the University under law or equity, Contractor will reimburse the University in full for all costs incurred by the University in investigation and remediation of any Security Breach caused by Contractor, including but not limited to providing notification to individuals whose Personally Identifiable Information was compromised and to regulatory agencies or other entities as required by law or contract; providing one year's credit monitoring to the affected individuals if the Personally Identifiable Information exposed during the breach could be used to commit financial identity theft; and the payment of legal fees, audit costs, fines, and other fees imposed by regulatory agencies or contracting partners as a result of the Security Breach.

9. Response to Legal Orders, Demands or Requests for Data

a. Except as otherwise expressly prohibited by law, Contractor will

- i. immediately notify the University of any subpoenas, warrants, or other legal orders, demands or requests received by Contractor seeking University Data;
- ii. consult with the University regarding its response;
- iii. cooperate with the University's reasonable requests in connection with efforts by the University to intervene and quash or modify the legal order, demand or

request; and

iv. provide the University with a copy of its response upon the University's request.

b. If the University receives a subpoena, warrant, or other legal order, demand (including request pursuant to the Virginia Freedom of Information Act) or request seeking University Data maintained by Contractor, the University will promptly provide a copy to Contractor. Contractor will promptly supply the University with copies of data required for the University to respond and will cooperate with the University's reasonable requests in connection with its response.

#### 10. Data Transfer Upon Termination or Expiration

a. Upon termination or expiration of this Agreement, Contractor will ensure that all University Data are securely returned or destroyed as directed by the University in its sole discretion. Transfer of University Data to the University or a third party designated by the University shall occur within a reasonable period of time and without significant interruption in service. Contractor shall ensure that such transfer/migration uses facilities and methods that are compatible with the relevant systems of the University or its transferee, and to the extent technologically feasible, the University will have reasonable access to University Data during the transition. In the event the University requests destruction of its data, Contractor agrees to Securely Destroy all data in its possession and in the possession of any subcontractors or agents to which Contractor might have transferred University Data. Contractor agrees to provide documentation of data destruction to the University.

b. Contractor will notify the University of impending cessation of its business and any contingency plans. This includes immediate transfer of any previously escrowed assets and data and providing the University access to Contractor's facilities to remove and destroy University-owned assets and data. Contractor shall implement its exit plan and take all necessary actions to ensure a smooth transition of service with minimal disruption to the University. Contractor will also provide a full inventory and configuration of servers, routers, other hardware, and software involved in service delivery along with supporting documentation, indicating which if any of these are owned by or dedicated to the University. Contractor will work closely with its successor to ensure a successful transition to the new equipment, with minimal downtime and effect on the University, all such work to be coordinated and performed in advance of the formal, final transition date.

#### 11. Audits

a. The University reserves the right in its sole discretion to perform audits of Contractor at the University's expense to ensure compliance with the terms of this Agreement. Contractor shall reasonably cooperate in the performance of such audits. This provision applies to all agreements under which Contractor must create, obtain, transmit, use, maintain, process, or dispose of University Data.

b. If Contractor must under this Agreement create, obtain, transmit, use, maintain, process,

or dispose of the subset of University Data known as Personally Identifiable Information or financial or business data which has been identified to Contractor as having the potential to affect the accuracy of the University's financial statements, Contractor will at its expense conduct or have conducted at least annually a(n):

- i. American Institute of CPAs Service Organization Controls (SOC 2) Type II audit, or other security audit with audit objectives deemed sufficient by the University, which attests Contractor's security policies, procedures and controls;
- ii. vulnerability scan of Contractor's electronic systems and facilities that are used in any way to deliver electronic services under this Agreement; and
- iii. formal penetration test of Contractor's electronic systems and facilities that are used in any way to deliver electronic services under this Agreement.

Additionally, upon University request, Contractor will provide the results of the above audits, scans and tests, and will promptly modify its security measures as needed based on those results in order to meet its obligations under this Agreement. The University may require, at University expense, Contractor to perform additional audits and tests, the results of which will be provided promptly to the University.

## 12. Compliance

- a. Contractor will comply with all applicable laws and industry standards in performing services under this Agreement. Any Contractor personnel visiting the University's facilities will comply with all applicable University policies regarding access to, use of, and conduct within such facilities. The University will provide copies of such policies to Contractor upon request.
- b. Contractor warrants that the service it will provide to the University is fully compliant with relevant laws, regulations, and guidance that may be applicable to the service, such as: the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH), Gramm-Leach-Bliley Financial Modernization Act (GLB), Payment Card Industry Data Security Standards (PCI-DSS), Americans with Disabilities Act (ADA), Federal Export Administration Regulations, and Defense Federal Acquisitions Regulations.
- c. If the Payment Card Industry Data Security Standards (PCI-DSS) are applicable to Contractor service provided to the University, Contractor will, upon written request, furnish proof of compliance with PCI-DSS within 10 business days of the request.
- d. Section 508 Compliance: All information technology which, pursuant to this Agreement, is purchased or upgraded by or for the use of the University (the "Technology") shall comply with Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended. If requested, the Contractor must provide a detailed explanation of how compliance with Section 508 of the Rehabilitation Act is achieved and a validation of concept demonstration. The requirements of this Paragraph along with the Non-Visual Access to Technology clause below shall be construed to achieve full compliance with the Information Technology Access Act, §§ 2.2- 3500 through 2.2-3504 of the *Code of*

*Virginia.*

- e. Nonvisual Access to Technology: All Technology shall comply with the following nonvisual access standards from the date of purchase or upgrade until the expiration of this Agreement:
- i. effective, interactive control and use of the Technology shall be readily achievable by nonvisual means;
  - ii. the Technology equipped for nonvisual access shall be compatible with information technology used by other individuals with whom any blind or visually impaired user of the Technology interacts;
  - iii. nonvisual access technology shall be integrated into any networks used to share communications among employees, program participants or the public; and
  - iv. the technology for nonvisual access shall have the capability of providing equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.

Compliance with the foregoing nonvisual access standards shall not be required if University determines (i) the Technology is not available with nonvisual access because the essential elements of the Technology are visual and (ii) nonvisual equivalence is not available. Installation of hardware, software, or peripheral devices used for nonvisual access is not required when the Technology is being used exclusively by individuals who are not blind or visually impaired, but applications programs and underlying operating systems (including the format of the data) used for the manipulation and presentation of information shall permit the installation and effective use of nonvisual access software and peripheral devices.

If requested, the Contractor must provide a detailed explanation of how compliance with the foregoing nonvisual access standards is achieved and a validation of concept demonstration. The requirements of this Paragraph shall be construed to achieve full compliance with the Information Technology Access Act, §§ 2.1-807 through 2.1-811 of the Code of Virginia.

13. No End User agreements

This Agreement is the entire Agreement between the University (including University employees and other End Users) and Contractor. In the event Contractor enters into terms of use agreements or other agreements or understandings, whether electronic, click-through, verbal or in writing, with University employees or other End Users, such agreements shall be null, void and without effect, and the terms of this Agreement shall apply.

14. Contractor Account Security

If Contractor is a registered vendor in eVA or RealSource, Contractor is responsible for the security of its portal account, including restricting access to it, maintaining the confidentiality of



login information, and taking any other actions necessary to protect the security of the Contractor's account. University will not be responsible for a third party's fraudulent collection of University payments due to the Contractor's failure to update or protect its account information.

15. Survival

Contractor's obligations under Section 10 shall survive termination of this Agreement until all University Data has been returned or securely destroyed.

## ATTACHMENT B

### List of VCU Student Sports Participants

Band	140
Cheerleaders	25
Dance	24
Baseball	41
Cross Country	12
Field Hockey	23
Men's Basketball	13
Men's Golf	8
Men's Soccer	35
Men's Tennis	9
Track & Field	68
Women's Basketball	16
Women's Lacrosse	32
Women's Soccer	29
Women's Tennis	8
Women's Volleyball	15
Graduate Assistants & Undergrad Managers	20

VIRGINIA COMMONWEALTH UNIVERSITY  
#459625  
SELF-FUNDED ACCOUNT SUMMARY

Attachment C

DATE FUNDS RECEIVED	AMOUNT APPLIED TO SELF-FUND	BALANCE IN SELF-FUNDED ACCOUNT	DATE OF REPORT	2017-2018	2017-2018	2018-2019	2018-2019	2019-2020	2019-2020	2020-2021	2020-2021	
				CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID	CLAIMS PAID
				AGGREGATE: \$285,000	OUTSIDE	AGGREGATE: \$313,500	OUTSIDE	AGGREGATE: \$285,000	OUTSIDE	AGGREGATE: \$285,000	OUTSIDE	
		\$ 25,889.60	1/31/18	9,554.47	-							
2/20/2018	125,000.00	\$ 140,114.69	2/28/18	7,063.59	-							
		\$ 120,303.88	3/31/18	17,892.79	-							
		\$ 86,832.75	4/30/18	7,518.50	-							
		\$ 54,966.32	5/31/18	8,427.61	-							
6/21/2018	100,000.00	\$ 173,479.61	6/30/18	1,259.79	-							
		\$ 165,650.93	7/31/18	5,463.58	-							
		\$ 132,507.29	8/31/18	30,151.83	491.00	24.91	-					
		\$ 118,552.61	9/30/18	11,944.74	-	-	-					
		\$ 108,602.38	10/31/18	7,050.58	331.79	-	-					
		\$ 107,702.83	11/30/18	(69.66)	-	1,017.01	-					
		\$ 101,557.23	12/31/18	1,920.01	3,732.26	63.41	429.92					
		\$ 65,321.57	1/30/19	4,034.35	-	18,745.51	-					
		\$ 65,321.57	2/28/19	-	-	-	-					
3/18/2019	50,000.00	\$ 69,959.20	3/31/19	13,860.32	2,484.35	22,566.97	347.89					
		\$ 57,467.59	4/30/19	1,678.00	20.00	10,152.61	-					
		\$ 33,543.96	5/31/19	4,462.39	2,677.33	11,387.11	-					
6/21/2019	75,000.00	\$ 97,837.01	6/30/19	3,222.00	-	7,434.95	-					
		\$ 74,910.49	7/31/19	2,621.49	1,264.22	19,075.81	-					
		\$ 63,212.56	8/31/19	944.54	-	10,204.90	-					
9/25/2019	75,000.00	\$ 81,966.53	9/30/19	5,064.99	-	47,480.06	225.60	49.38	-	-	-	
		\$ 36,753.03	10/31/19	4,135.87	-	37,416.93	-	1,365.07	-	-	-	
		\$ 25,703.88	11/30/19	63.84	-	5,483.91	-	5,501.40	-	-	-	
		\$ 6,126.61	12/31/19	28.00	-	3,757.52	-	15,791.75	-	-	-	
		\$ 627.78	1/30/21	156.00	-	2,241.53	-	2,779.55	-	-	-	
2/6/2020	75,000.00	\$ 6,094.79	2/29/20	2,767.79	60.00	33,250.41	-	19,298.84	-	-	-	
		\$ 1,531.31	3/31/20	-	-	1,160.15	596.00	2,807.33	-	-	-	
		\$ 1,531.31	4/30/20	-	-	-	-	-	-	-	-	
		\$ 1,531.31	5/31/20	-	-	-	-	-	-	-	-	
6/9/2020	75,000.00	\$ 1,441.87	6/30/20	2,104.32	-	25,496.48	-	47,488.64	-	-	-	
		\$ 791.87	7/31/20	-	-	-	-	650.00	-	-	-	
8/4/2020	75,000.00	\$ 7,710.14	8/31/20	2,310.45	-	22,096.03	-	42,578.75	1,096.50	-	-	
8/26/2020	75,000.00	\$ 72,371.03	9/30/20	-	-	2,522.17	-	7,816.94	-	-	-	
		\$ 41,436.48	10/31/20	-	-	3,074.56	-	27,768.98	-	91.01	-	
		\$ 21,708.24	11/30/20	440.00	-	3,818.15	-	14,481.61	-	988.48	-	
		\$ 8,376.61	12/31/20	208.96	-	-	-	8,050.31	-	5,072.36	-	
		\$ 3,830.46	1/10/21	-	-	1,590.80	-	1,943.30	-	1,012.05	-	
		<b>\$2,610,000.00</b>		<b>\$ 162,091.73</b>	<b>\$ 11,060.95</b>	<b>\$ 290,061.89</b>	<b>\$ 1,599.41</b>	<b>\$ 198,371.85</b>	<b>\$ 1,096.50</b>	<b>\$ 7,163.90</b>	<b>\$ -</b>	

TOTAL FUNDS RECEIVED	\$ 2,610,000.00
BALANCE IN S/F ACCOUNT	\$ 3,830.46
TOTAL CLAIMS PAID TO DATE 2017	\$ 162,091.73
TOTAL CLAIMS PAID TO DATE 2018	\$ 290,061.89
TOTAL CLAIMS PAID TO DATE 2019	\$ 198,371.85
TOTAL CLAIMS PAID TO DATE 2020	\$ 7,163.90
TOTAL CLAIMS PAID OUTSIDE S/F 2017	\$ 11,060.95
TOTAL CLAIMS PAID OUTSIDE S/F 2018	\$ 1,599.41
TOTAL CLAIMS PAID OUTSIDE S/F 2019	\$ 1,096.50
TOTAL CLAIMS PAID OUTSIDE S/F 2020	\$ -
<b>TO BE PAID BEFORE STOP-LOSS 2017</b>	<b>\$ 122,908.27</b>
<b>TO BE PAID BEFORE STOP-LOSS 2018</b>	<b>\$ 23,438.11</b>
<b>TO BE PAID BEFORE STOP-LOSS 2019</b>	<b>\$ 86,628.15</b>
<b>TO BE PAID BEFORE STOP-LOSS 2020</b>	<b>\$ 277,836.10</b>

Attachment D

**UNITED STATES FIRE INSURANCE COMPANY**

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

**BLANKET ACCIDENT APPLICATION**

**1. POLICYHOLDER INFORMATION**

Applicant/Policyholder (Full Legal Name) Virginia Commonwealth University

Office Address 1200 W. Broad St

City Richmond State VA Zip Code 23284

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Type of business or organization: Intercollegiate Sports

**1. Covered Activities:** Policyholder Supervised and Sponsored: intercollegiate; play, practice, conditioning and authorized team travel to and from events for the following sports:

Band, Men’s Baseball, Men’s and Women’s Basketball, Men’s and Women’s Cheerleading, Dance Team, Men’s and Women’s Cross Country, Women’s Field Hockey, Men’s Golf, Women’s Lacrosse Men’s and Women’s Soccer, Men’s and Women’s Tennis, Men’s and Women’s Indoor/Outdoor Track and Field, and Women’s Volleyball

**Duration of Covered Activities:** August 1, 2020 to August 1, 2021

**2. Requested Effective Date:** August 1, 2020

**3. Class of Eligible Persons:** All Intercollegiate Students Athletes, Student Managers, Student Trainers, Student Coaches, Part-Time Coaches, Volunteer Coaches and Athletic Trainers, Guest Recruits and Guests of the Policyholder.

**4. Description of Benefits:**

**Full Excess Accident Medical Expense: \$90,000.00**

**Dental Maximum: \$90,000.00**

**Deductible: \$0**

**Aggregate Deductible: \$285,000.00**

**Benefit Period: 104 Weeks**

**Accidental Death: \$10,000.00**

**Accidental Dismemberment: \$10,000.00**

**AD&D Aggregate Limit: \$1,000,000.00**

**Premium: \$43,000.00**

**Retention: \$29,500.00**

Persons who qualify within the Plans and classes described below are eligible to be insured under the Policy.

The Applicant/Policyholder agrees to the following terms.

1. The Applicant will promptly furnish any records or other information necessary to insure the proper administration of the insurance plans to the Underwriting Company. The Applicant further agrees to allow the Underwriting Company or its Administrator to examine all records that pertain to the insurance plans.
2. The consideration for the requested insurance is the Underwriting Company’s acceptance of this application and the Applicant’s payment of the required premium when due. Payment of the required premium, if any, after delivery of the policy acts as acceptance of the terms and conditions of the policy.

The Applicant represents that the information provided to the Underwriting Company to determine the terms of the insurance applied for is true and correct and forms the basis of the requested insurance.

**IMPORTANT NOTE:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

ACCEPTANCE:

\_\_\_\_\_  
(Signature and Title of Applicant's Authorized Representative) Date: \_\_\_\_\_

\_\_\_\_\_  
(City and State)

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature and Title of Underwriting Insurance Company Representative)

***FOR COMPANY USE ONLY:***

<b>SALES OFFICE: A-G Administrators, LLC</b>	<b>BROKER/AGENT: McGriff Insurance Services</b>
<b>P.O. Box 979</b>	<b>1 Ellsworth St. 5<sup>th</sup> Floor</b>
<b>Valley Forge, PA 19482</b>	<b>Martinsville, VA 24112</b>

**RFP 141651023CK-A**  
**Athletic Injury Insurance with Full Excess Coverage**

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**ATTACHMENT E – QUESTIONS AND ANSWERS**

1. I did not see a copy of the current policy. We will not know what coverages they had without it. Can VCU provide this information?

**Please see Attachment E-2 for a copy of the current policy.**

2. I don't see 5 years of currently valued loss information. They have provided 18/19, 19/20, 20/21 but without any losses paid on them. Can VCU provide this information?

A. The loss information should have 5 years and it should include the amount paid for the loss.

**Please see Attachment E-1 for paid claims report.**

3. What is the physical mailing address?

**Proposals are to be e-mailed at [eproposals@vcu.edu](mailto:eproposals@vcu.edu).**

4. Can VCU please provide premium and loss information for the 2016-2017 policy year?

**Please see Attachment E-1 for paid claims report.**

5. Can VCU please provide the administrative costs associated with this plan for each policy year?

**The following administrative costs are comprehensive of claims administrator and broker fees for all services including general medical claims and insured claims administration. Additionally, NO repricing fees have been paid to the claims administrator or broker beyond these fees:**

**2016-2017: \$27,950**

**2017-2018: \$29,500**

**2018-2019: \$32,450**

**2019-2020: \$29,500**

**2020-2021: \$29,500**

6. Have there been any changes to the sports covered under this policy each year in the prior 4 policy years (have any sports been added or dropped?)

**No.**

A. If so, please let us know the changes.

**Not Applicable.**

7. Does Virginia Commonwealth University have any agreements or negotiated rates with your medical providers?

A. If so, can you please provide details?

**VCU uses agreements negotiated by our claims administrator and their PPO network contracts.**

8. Can you please provide detailed loss runs for the current policy year and prior three policy years?

**Please see Attachment E-1 for paid claims report.**

9. On page 6 of the RFP under section 2, number 2 – this section asks for coverage for coaches.

- A. Does this include paid coaches?

**VCU seeks coverage to match the existing coverage. Class of eligible persons may be found on Page 4 of Attachment E-2.**

- B. If so, are paid coaches covered under your current policy?

**No, paid coaches are not covered under the current policy and VCU seeks to only match the existing class of eligible persons.**

10. On page 5 of the RFP under section 2, number 7 – this section references having “Team Administrators” as eligible insureds. Can you please explain who “Team Administrators” are and if they are paid by the University in any way?

**VCU seeks coverage to match the existing coverage. Class of eligible persons may be found on Page 4 of Attachment E-2.**

11. On what date was Attachment C generated by AG Administrators?

**January 31, 2021. Please see Attachment E-1 for paid claims report as of March 31, 2021.**

12. On Attachment C, can you please tell us what the “CLAIMS PAID OUTSIDE” column represents each policy year

**The claims administrator pays claims that are both subject to coverage under our insurance policy (CLAIMS PAID AGGREGATE) and medical expense claims that fall outside of coverage by the insurance policy (CLAIMS PAID OUTSIDE). These may include but are not limited to: prophylactic braces and services, general medical expenses, sickness-related claims.**

13. Can you please provide an updated claims report as of April 1, 2021?

**Please see Attachment E-1 for updated paid claims report.**

14. On attachment D, under #4 “Description of Benefits” it states that the following:

**Retention: \$29,500**

- A. Can you please explain what this dollar amount represents?

**That is the total of all fees paid to the broker and claims administrator for insurance broking and all administrative services for the program.**

15. Has the University added or dropped any athletic programs in the prior 4 policy years?

A. If so, can you provide details?

**No additions or dropped programs.**

16. Has VCU Athletics received any premium refunds or relief from their current insurance broker/carrier due to the reduced participation from the current pandemic?

**VCU is on a Self-insured retention and enjoyed dollar for dollar savings due to lower claims during the COVID-19 pandemic disruption.**

17. Did the institution have any major plan changes over the past four years that would impact claims (e.g. – addition or discontinuance of any sports programs or risk management initiatives)

**No.**

18. Listing of top 5 Medical Providers and top 3 Medical Facilities most utilized by VCU. Please provide Name, Address and NPI or FEIN#

**VCU Health System,**

**MCV Associated Physicians,**

**Zetroz Systems, LLC,**

**Vincera Core Physicians,**

**Laser Sport & Spine,**

**Vincera Surgery Center,**

**UVA Health Sciences Center, LLC**

19. Provide a Provider Detail loss report (in excel if possible).

**Please see Attachment E-2 for detailed loss reports.**

20. Provide a copy of the 2020-21 Policy

**Please see Attachment E-1 for a copy of the current policy.**



**ATTACHMENT E-1**

VIRGINIA COMMONWEALTH UNIVERSITY  
 CLAIMS PAID ANALYSIS BY CLAIM  
 DATA AS OF MARCH 31, 2021

Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2016	AG000027	AGA-0084081	\$ 653.00	\$ 291.48	\$ -	\$ 361.52
2016	AG000027	AGA-0120361	\$ 335.00	\$ 161.46	\$ -	\$ 173.54
2016	AG000027	AGA-0147503	\$ 31.01	\$ -	\$ -	\$ 31.01
2016	ICS L00600044 004	AGA-0062142	\$ 2,254.00	\$ -	\$ 1,311.10	\$ 942.90
2016	ICS L00600044 004	AGA-0062143	\$ 1,079.00	\$ 351.01	\$ -	\$ 727.99
2016	ICS L00600044 004	AGA-0063262	\$ 1,013.00	\$ -	\$ 202.60	\$ 810.40
2016	ICS L00600044 004	AGA-0064561	\$ 574.00	\$ 486.83	\$ 21.81	\$ 65.36
2016	ICS L00600044 004	AGA-0064886	\$ 74,264.45	\$ 72,207.72	\$ 78.25	\$ 1,978.48
2016	ICS L00600044 004	AGA-0064888	\$ 2,447.19	\$ -	\$ 430.35	\$ 2,016.84
2016	ICS L00600044 004	AGA-0065305	\$ 1,624.00	\$ 171.20	\$ 403.50	\$ 1,049.30
2016	ICS L00600044 004	AGA-0065316	\$ 5,564.56	\$ 5,311.69	\$ -	\$ 252.87
2016	ICS L00600044 004	AGA-0067482	\$ 382.00	\$ 352.00	\$ -	\$ 30.00
2016	ICS L00600044 004	AGA-0067483	\$ 12,097.00	\$ 3,008.34	\$ 3,936.00	\$ 5,152.66
2016	ICS L00600044 004	AGA-0067484	\$ 1,969.00	\$ -	\$ 393.80	\$ 1,575.20
2016	ICS L00600044 004	AGA-0067485	\$ 32,330.13	\$ 27,512.51	\$ 1,710.81	\$ 3,106.81
2016	ICS L00600044 004	AGA-0067487	\$ 3,828.00	\$ -	\$ 2,328.00	\$ 1,500.00
2016	ICS L00600044 004	AGA-0067910	\$ 335.00	\$ 140.82	\$ -	\$ 194.18
2016	ICS L00600044 004	AGA-0067911	\$ 896.00	\$ -	\$ 480.00	\$ 416.00
2016	ICS L00600044 004	AGA-0067912	\$ 12,468.00	\$ 3,255.80	\$ 1,531.80	\$ 7,680.40
2016	ICS L00600044 004	AGA-0068115	\$ 1,741.00	\$ 1,441.22	\$ 63.44	\$ 236.34
2016	ICS L00600044 004	AGA-0068469	\$ 9,751.00	\$ 4,708.19	\$ 2,752.00	\$ 2,290.81
2016	ICS L00600044 004	AGA-0068942	\$ 19,514.95	\$ 17,599.53	\$ 1,915.42	\$ -
2016	ICS L00600044 004	AGA-0069199	\$ 719.00	\$ 540.16	\$ -	\$ 178.84
2016	ICS L00600044 004	AGA-0069200	\$ 7,516.96	\$ -	\$ 3,300.60	\$ 4,216.36
2016	ICS L00600044 004	AGA-0069709	\$ 1,320.00	\$ 1,161.21	\$ -	\$ 158.79
2016	ICS L00600044 004	AGA-0069920	\$ 1,274.00	\$ 1,222.38	\$ -	\$ 51.62
2016	ICS L00600044 004	AGA-0070602	\$ 20,551.00	\$ 11,449.27	\$ 4,621.00	\$ 4,480.73
2016	ICS L00600044 004	AGA-0070750	\$ 817.00	\$ -	\$ 163.40	\$ 653.60
2016	ICS L00600044 004	AGA-0071070	\$ 9,610.77	\$ 7,150.26	\$ 50.00	\$ 2,410.51
2016	ICS L00600044 004	AGA-0071071	\$ 1,676.00	\$ -	\$ 335.20	\$ 1,340.80
2016	ICS L00600044 004	AGA-0071072	\$ 33,727.50	\$ -	\$ 15,112.65	\$ 18,614.85
2016	ICS L00600044 004	AGA-0071074	\$ 1,239.00	\$ 1,038.71	\$ -	\$ 200.29
2016	ICS L00600044 004	AGA-0071811	\$ 287.00	\$ 252.00	\$ -	\$ 35.00
2016	ICS L00600044 004	AGA-0071820	\$ 1,175.00	\$ 1,083.19	\$ -	\$ 91.81
2016	ICS L00600044 004	AGA-0071826	\$ 984.00	\$ 911.98	\$ -	\$ 72.02
2016	ICS L00600044 004	AGA-0072606	\$ 401.00	\$ 321.00	\$ -	\$ 80.00
2016	ICS L00600044 004	AGA-0072608	\$ 215.00	\$ 123.46	\$ -	\$ 91.54
2016	ICS L00600044 004	AGA-0072609	\$ 4,479.00	\$ 3,505.98	\$ -	\$ 973.02
2016	ICS L00600044 004	AGA-0073044	\$ 994.00	\$ -	\$ 198.80	\$ 795.20
2016	ICS L00600044 004	AGA-0073045	\$ 550.00	\$ -	\$ 110.00	\$ 440.00
2016	ICS L00600044 004	AGA-0073046	\$ 2,003.00	\$ -	\$ 865.20	\$ 1,137.80
2016	ICS L00600044 004	AGA-0073047	\$ 1,274.00	\$ 1,054.00	\$ -	\$ 220.00
2016	ICS L00600044 004	AGA-0073048	\$ 496.00	\$ -	\$ 99.20	\$ 396.80
2016	ICS L00600044 004	AGA-0073053	\$ 401.00	\$ 157.76	\$ -	\$ 243.24
2016	ICS L00600044 004	AGA-0073106	\$ 198.00	\$ 158.00	\$ -	\$ 40.00
2016	ICS L00600044 004	AGA-0073174	\$ 396.00	\$ 49.50	\$ 188.10	\$ 158.40
2016	ICS L00600044 004	AGA-0073177	\$ 6,398.00	\$ 201.75	\$ 1,881.40	\$ 4,314.85
2016	ICS L00600044 004	AGA-0073195	\$ 707.00	\$ -	\$ 619.58	\$ 87.42
2016	ICS L00600044 004	AGA-0073214	\$ 483.86	\$ 113.78	\$ 201.86	\$ 168.22
2016	ICS L00600044 004	AGA-0073232	\$ 225.00	\$ -	\$ 45.00	\$ 180.00
2016	ICS L00600044 004	AGA-0073395	\$ 979.00	\$ 631.31	\$ 292.32	\$ 55.37
2016	ICS L00600044 004	AGA-0073416	\$ 820.00	\$ -	\$ 164.00	\$ 656.00
2016	ICS L00600044 004	AGA-0073582	\$ 1,086.00	\$ 827.19	\$ -	\$ 258.81
2016	ICS L00600044 004	AGA-0073988	\$ 533.00	\$ -	\$ 106.60	\$ 426.40
2016	ICS L00600044 004	AGA-0074660	\$ 911.71	\$ 676.03	\$ -	\$ 235.68
2016	ICS L00600044 004	AGA-0074788	\$ 3,954.00	\$ 3,784.00	\$ -	\$ 170.00
2016	ICS L00600044 004	AGA-0077640	\$ 1,772.00	\$ 443.00	\$ -	\$ 1,329.00
2016	ICS L00600044 004	AGA-0077644	\$ 4,026.00	\$ 163.00	\$ 2,328.00	\$ 1,535.00
2016	ICS L00600044 004	AGA-0078384	\$ 287.00	\$ 267.00	\$ -	\$ 20.00
2016	ICS L00600044 004	AGA-0078387	\$ 5,273.00	\$ -	\$ 2,203.00	\$ 3,070.00

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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2016	ICS L00600044 004	AGA-0079219	\$ 89.00	\$ -	\$ 89.00	\$ -
2016	ICS L00600044 004	AGA-0079221	\$ 24,593.18	\$ 16,713.00	\$ 1,500.00	\$ 6,380.18
2016	ICS L00600044 004	AGA-0079226	\$ 2,023.00	\$ 1,139.11	\$ -	\$ 883.89
2016	ICS L00600044 004	AGA-0079567	\$ 892.00	\$ -	\$ 178.40	\$ 713.60
2016	ICS L00600044 004	AGA-0079578	\$ 817.00	\$ 771.62	\$ -	\$ 45.38
2016	ICS L00600044 004	AGA-0083925	\$ 648.00	\$ 548.00	\$ -	\$ 100.00
2016	ICS L00600044 004	AGA-0084080	\$ 13,142.00	\$ 12,492.00	\$ -	\$ 650.00
2016	ICS L00600044 004	AGA-0084082	\$ 10,334.00	\$ 10,054.00	\$ -	\$ 280.00
2016	ICS L00600044 004	AGA-0084083	\$ 57,572.70	\$ -	\$ 24,442.76	\$ 33,129.94
2016	ICS L00600044 004	AGA-0084084	\$ 9,483.00	\$ 8,981.88	\$ -	\$ 501.12
2016	ICS L00600044 004	AGA-0084969	\$ 4,899.00	\$ 919.55	\$ 1,500.00	\$ 2,479.45
2016	ICS L00600044 004	AGA-0085891	\$ 4,666.00	\$ 2,654.16	\$ -	\$ 2,011.84
2016	ICS L00600044 004	AGA-0086223	\$ 9,626.00	\$ 9,056.01	\$ -	\$ 569.99
2016	ICS L00600044 004	AGA-0086224	\$ 1,217.00	\$ 1,123.26	\$ -	\$ 93.74
2016	ICS L00600044 004	AGA-0086227	\$ 7,565.00	\$ -	\$ 3,275.40	\$ 4,289.60
2016	ICS L00600044 004	AGA-0086228	\$ 6,345.49	\$ 5,429.91	\$ -	\$ 915.58
2016	ICS L00600044 004	AGA-0086229	\$ 13,950.00	\$ 12,015.43	\$ -	\$ 1,934.57
2016	ICS L00600044 004	AGA-0087063	\$ 895.00	\$ -	\$ 179.00	\$ 716.00
2016	ICS L00600044 004	AGA-0088410	\$ 1,022.00	\$ 22.80	\$ 272.80	\$ 726.40
2016	ICS L00600044 004	AGA-0088502	\$ 27,717.10	\$ 27,136.67	\$ -	\$ 580.43
2016	ICS L00600044 004	AGA-0088958	\$ 1,224.00	\$ 1,171.18	\$ -	\$ 52.82
2016	ICS L00600044 004	AGA-0088963	\$ 6,065.00	\$ 1,872.03	\$ 2,328.00	\$ 1,864.97
2016	ICS L00600044 004	AGA-0088966	\$ 228.00	\$ 178.02	\$ -	\$ 49.98
2016	ICS L00600044 004	AGA-0088970	\$ 5,100.00	\$ 4,487.31	\$ -	\$ 612.69
2016	ICS L00600044 004	AGA-0089091	\$ 979.00	\$ 389.96	\$ -	\$ 589.04
2016	ICS L00600044 004	AGA-0089692	\$ 5,434.00	\$ 3,764.18	\$ -	\$ 1,669.82
2016	ICS L00600044 004	AGA-0089693	\$ 282.00	\$ 262.00	\$ -	\$ 20.00
2016	ICS L00600044 004	AGA-0089694	\$ 287.00	\$ -	\$ 57.40	\$ 229.60
2016	ICS L00600044 004	AGA-0089695	\$ 1,619.00	\$ 201.75	\$ 162.40	\$ 1,254.85
2016	ICS L00600044 004	AGA-0089696	\$ 808.00	\$ -	\$ 161.60	\$ 646.40
2016	ICS L00600044 004	AGA-0089912	\$ 631.00	\$ -	\$ 126.20	\$ 504.80
2016	ICS L00600044 004	AGA-0089915	\$ 27,030.43	\$ 24,530.13	\$ -	\$ 2,500.30
2016	ICS L00600044 004	AGA-0091625	\$ 96.00	\$ -	\$ -	\$ 96.00
2016	ICS L00600044 004	AGA-0091850	\$ 1,256.00	\$ -	\$ 251.20	\$ 1,004.80
2016	ICS L00600044 004	AGA-0091851	\$ 6,292.00	\$ -	\$ 1,258.40	\$ 5,033.60
2016	ICS L00600044 004	AGA-0091852	\$ 352.00	\$ 300.04	\$ -	\$ 51.96
2016	ICS L00600044 004	AGA-0091853	\$ 478.00	\$ 403.00	\$ -	\$ 75.00
2016	ICS L00600044 004	AGA-0091882	\$ 1,766.00	\$ 922.94	\$ 753.00	\$ 90.06
2016	ICS L00600044 004	AGA-0091884	\$ 1,241.00	\$ 1,016.14	\$ -	\$ 224.86
2016	ICS L00600044 004	AGA-0091886	\$ 2,043.00	\$ -	\$ 408.60	\$ 1,634.40
2016	ICS L00600044 004	AGA-0092112	\$ 9,149.00	\$ 8,501.95	\$ -	\$ 647.05
2016	ICS L00600044 004	AGA-0092116	\$ 336.00	\$ -	\$ -	\$ 336.00
2016	ICS L00600044 004	AGA-0092118	\$ 471.99	\$ 252.00	\$ 26.60	\$ 193.39
2016	ICS L00600044 004	AGA-0092121	\$ 5,286.00	\$ 3,318.49	\$ -	\$ 1,967.51
2016	ICS L00600044 004	AGA-0092293	\$ 963.00	\$ 560.86	\$ -	\$ 402.14
2016	ICS L00600044 004	AGA-0092996	\$ 48.00	\$ 22.09	\$ -	\$ 25.91
2016	ICS L00600044 004	AGA-0093116	\$ 2,922.00	\$ 2,558.19	\$ -	\$ 363.81
2016	ICS L00600044 004	AGA-0093119	\$ 24,385.22	\$ 14,041.19	\$ 3,873.72	\$ 6,470.31
2016	ICS L00600044 004	AGA-0093121	\$ 3,624.00	\$ 47.76	\$ 661.60	\$ 2,914.64
2016	ICS L00600044 004	AGA-0093123	\$ 839.00	\$ -	\$ 167.80	\$ 671.20
2016	ICS L00600044 004	AGA-0093336	\$ 2,048.00	\$ -	\$ 903.10	\$ 1,144.90
2016	ICS L00600044 004	AGA-0093337	\$ 423.00	\$ 191.25	\$ -	\$ 231.75
2016	ICS L00600044 004	AGA-0093701	\$ 890.00	\$ -	\$ 441.20	\$ 448.80
2016	ICS L00600044 004	AGA-0094915	\$ 1,743.00	\$ 988.83	\$ 48.00	\$ 706.17
2016	ICS L00600044 004	AGA-0094922	\$ 687.00	\$ 624.41	\$ -	\$ 62.59
2016	ICS L00600044 004	AGA-0095051	\$ 2,041.00	\$ 1,659.14	\$ 50.00	\$ 331.86
2016	ICS L00600044 004	AGA-0095155	\$ 801.00	\$ 699.93	\$ -	\$ 101.07
2016	ICS L00600044 004	AGA-0095156	\$ 19,532.98	\$ 14,369.35	\$ 2,328.00	\$ 2,835.63
2016	ICS L00600044 004	AGA-0095157	\$ 320.00	\$ -	\$ 64.00	\$ 256.00
2016	ICS L00600044 004	AGA-0095868	\$ 906.00	\$ 166.35	\$ 137.40	\$ 602.25

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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2016	ICS L00600044 004	AGA-0096115	\$ 287.00	\$ 247.00	\$ -	\$ 40.00
2016	ICS L00600044 004	AGA-0096528	\$ 649.00	\$ 287.05	\$ -	\$ 361.95
2016	ICS L00600044 004	AGA-0096529	\$ 5,794.34	\$ 2,706.99	\$ 95.80	\$ 2,991.55
2016	ICS L00600044 004	AGA-0096531	\$ 43,025.04	\$ 36,866.87	\$ 20.00	\$ 6,138.17
2016	ICS L00600044 004	AGA-0096532	\$ 67,389.80	\$ 3,239.27	\$ 49,019.80	\$ 15,130.73
2016	ICS L00600044 004	AGA-0096702	\$ 496.00	\$ 457.84	\$ -	\$ 38.16
2016	ICS L00600044 004	AGA-0096816	\$ 1,265.00	\$ 241.38	\$ -	\$ 1,023.62
2016	ICS L00600044 004	AGA-0096933	\$ 21,136.44	\$ 11,125.88	\$ 4,121.20	\$ 5,889.36
2016	ICS L00600044 004	AGA-0096939	\$ 865.00	\$ 700.00	\$ -	\$ 165.00
2016	ICS L00600044 004	AGA-0097320	\$ 31,975.20	\$ 26,250.98	\$ 166.76	\$ 5,557.46
2016	ICS L00600044 004	AGA-0097825	\$ 79,807.90	\$ -	\$ 35,236.75	\$ 44,571.15
2016	ICS L00600044 004	AGA-0097830	\$ 1,112.00	\$ 685.97	\$ -	\$ 426.03
2016	ICS L00600044 004	AGA-0097833	\$ 305.00	\$ -	\$ 61.00	\$ 244.00
2016	ICS L00600044 004	AGA-0097837	\$ 1,018.00	\$ 210.91	\$ 85.00	\$ 722.09
2016	ICS L00600044 004	AGA-0097838	\$ 1,460.00	\$ -	\$ 294.35	\$ 1,165.65
2016	ICS L00600044 004	AGA-0097839	\$ 1,108.00	\$ 104.20	\$ 303.87	\$ 699.93
2016	ICS L00600044 004	AGA-0098237	\$ 1,595.00	\$ -	\$ 548.60	\$ 1,046.40
2016	ICS L00600044 004	AGA-0100907	\$ 636.00	\$ 571.00	\$ -	\$ 65.00
2016	ICS L00600044 004	AGA-0100930	\$ 1,678.00	\$ 1,434.60	\$ -	\$ 243.40
2016	ICS L00600044 004	AGA-0100991	\$ 1,093.00	\$ 790.86	\$ -	\$ 302.14
2016	ICS L00600044 004	AGA-0100992	\$ 48.00	\$ 28.22	\$ -	\$ 19.78
2016	ICS L00600044 004	AGA-0101132	\$ 335.00	\$ 322.04	\$ -	\$ 12.96
2016	ICS L00600044 004	AGA-0101580	\$ 1,160.00	\$ -	\$ 232.00	\$ 928.00
2016	ICS L00600044 004	AGA-0101726	\$ 191.00	\$ 176.00	\$ -	\$ 15.00
2016	ICS L00600044 004	AGA-0101873	\$ 347.00	\$ -	\$ 69.40	\$ 277.60
2016	ICS L00600044 004	AGA-0101878	\$ 37.00	\$ -	\$ 7.40	\$ 29.60
2016	ICS L00600044 004	AGA-0101922	\$ 931.00	\$ -	\$ 506.00	\$ 425.00
2016	ICS L00600044 004	AGA-0102349	\$ 4,820.00	\$ 4,514.99	\$ -	\$ 305.01
2016	ICS L00600044 004	AGA-0102537	\$ 731.00	\$ -	\$ 146.20	\$ 584.80
2016	ICS L00600044 004	AGA-0102582	\$ 198.00	\$ -	\$ 39.60	\$ 158.40
2016	ICS L00600044 004	AGA-0102584	\$ 2,559.00	\$ 447.00	\$ 482.00	\$ 1,630.00
2016	ICS L00600044 004	AGA-0103281	\$ 2,139.00	\$ 359.00	\$ 860.00	\$ 920.00
2016	ICS L00600044 004	AGA-0103556	\$ 114.00	\$ -	\$ 22.80	\$ 91.20
2016	ICS L00600044 004	AGA-0105025	\$ 5,798.00	\$ 5,503.00	\$ -	\$ 295.00
2016	ICS L00600044 004	AGA-0105027	\$ 1,974.00	\$ 517.77	\$ 467.70	\$ 988.53
2016	ICS L00600044 004	AGA-0105055	\$ 1,135.00	\$ 648.09	\$ -	\$ 486.91
2016	ICS L00600044 004	AGA-0105056	\$ 425.00	\$ -	\$ 85.00	\$ 340.00
2016	ICS L00600044 004	AGA-0105065	\$ 27,114.10	\$ 26,374.61	\$ 191.00	\$ 548.49
2016	ICS L00600044 004	AGA-0105067	\$ 760.00	\$ 227.36	\$ -	\$ 532.64
2016	ICS L00600044 004	AGA-0105278	\$ 552.00	\$ 482.00	\$ -	\$ 70.00
2016	ICS L00600044 004	AGA-0108006	\$ 1,025.00	\$ -	\$ 205.00	\$ 820.00
2016	ICS L00600044 004	AGA-0108049	\$ 1,267.00	\$ 1,051.46	\$ -	\$ 215.54
2016	ICS L00600044 004	AGA-0108101	\$ 287.00	\$ 110.87	\$ 146.64	\$ 29.49
2016	ICS L00600044 004	AGA-0109016	\$ 50,955.50	\$ 40,846.91	\$ 4,009.50	\$ 6,099.09
2016	ICS L00600044 004	AGA-0110625	\$ 480.00	\$ -	\$ 96.00	\$ 384.00
2016	ICS L00600044 004	AGA-0116029	\$ 1,081.00	\$ -	\$ 136.20	\$ 944.80
2016	ICS L00600044 004	AGA-0117861	\$ 729.00	\$ 662.61	\$ -	\$ 66.39
2016	ICS L00600044 004	AGA-0122401	\$ 888.00	\$ 55.18	\$ -	\$ 832.82
2016	ICS L00600044 004	AGA-0127407	\$ 4,358.00	\$ 4,111.52	\$ 35.00	\$ 211.48
2016	ICS L00600044 004	AGA-0127539	\$ 850.00	\$ 539.90	\$ -	\$ 310.10
2016	ICS L00600044 004	AGA-0137049	\$ 305.00	\$ 265.00	\$ -	\$ 40.00
2016	ICS L00600044 004	AGA-0149130	\$ 382.00	\$ -	\$ 76.40	\$ 305.60
2016	Total	Total	\$ 1,019,706.50	\$ 544,007.92	\$ 193,857.34	\$ 281,841.24

VIRGINIA COMMONWEALTH UNIVERSITY  
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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2017	AG000027	AGA-0155368	\$ 762.00	\$ 262.00	\$ -	\$ 500.00
2017	AG000027	AGA-0157542	\$ 85,252.75	\$ 79,156.30	\$ -	\$ 6,096.45
2017	AG000027	AGA-0163739	\$ 32,835.01	\$ 30,955.09	\$ -	\$ 1,879.92
2017	AG000027	AGA-0177800	\$ 773.00	\$ 723.00	\$ -	\$ 50.00
2017	AG000027	AGA-0179277	\$ 360.00	\$ 226.12	\$ -	\$ 133.88
2017	AG000027	AGA-0185203	\$ 11,172.55	\$ 8,641.65	\$ 190.20	\$ 2,340.70
2017	AG000027	AGA-0252304	\$ 282.00	\$ 222.00	\$ -	\$ 60.00
2017	COL L006000013301	AGA-0109015	\$ 120,549.95	\$ 104,777.80	\$ 5,557.05	\$ 10,215.10
2017	COL L006000013301	AGA-0109017	\$ 4,613.00	\$ -	\$ 2,485.00	\$ 2,128.00
2017	COL L006000013301	AGA-0110167	\$ 1,724.00	\$ 1,359.00	\$ -	\$ 365.00
2017	COL L006000013301	AGA-0110378	\$ 34.00	\$ 31.79	\$ -	\$ 2.21
2017	COL L006000013301	AGA-0111399	\$ 1,704.00	\$ -	\$ 1,065.00	\$ 639.00
2017	COL L006000013301	AGA-0113181	\$ 8,917.00	\$ -	\$ 2,737.80	\$ 6,179.20
2017	COL L006000013301	AGA-0115912	\$ 4,620.00	\$ 2,863.99	\$ -	\$ 1,756.01
2017	COL L006000013301	AGA-0115995	\$ 5,598.85	\$ 4,999.70	\$ 74.15	\$ 525.00
2017	COL L006000013301	AGA-0116027	\$ 977.00	\$ 331.45	\$ -	\$ 645.55
2017	COL L006000013301	AGA-0116769	\$ 835.00	\$ -	\$ 167.00	\$ 668.00
2017	COL L006000013301	AGA-0116897	\$ 378.00	\$ 331.15	\$ -	\$ 46.85
2017	COL L006000013301	AGA-0118081	\$ 330.00	\$ 312.87	\$ -	\$ 17.13
2017	COL L006000013301	AGA-0118679	\$ 282.00	\$ 262.00	\$ -	\$ 20.00
2017	COL L006000013301	AGA-0118838	\$ 1,016.00	\$ 914.61	\$ -	\$ 101.39
2017	COL L006000013301	AGA-0118954	\$ 663.00	\$ 252.00	\$ 76.20	\$ 334.80
2017	COL L006000013301	AGA-0119394	\$ 329.00	\$ 311.31	\$ -	\$ 17.69
2017	COL L006000013301	AGA-0119463	\$ 5,114.00	\$ -	\$ 2,585.20	\$ 2,528.80
2017	COL L006000013301	AGA-0120360	\$ 114.00	\$ 79.00	\$ -	\$ 35.00
2017	COL L006000013301	AGA-0121184	\$ 1,116.00	\$ 550.94	\$ -	\$ 565.06
2017	COL L006000013301	AGA-0121201	\$ 287.00	\$ 247.00	\$ -	\$ 40.00
2017	COL L006000013301	AGA-0121211	\$ 1,317.00	\$ 70.23	\$ 299.45	\$ 947.32
2017	COL L006000013301	AGA-0121218	\$ 647.00	\$ -	\$ 129.40	\$ 517.60
2017	COL L006000013301	AGA-0121232	\$ 1,264.00	\$ -	\$ 252.80	\$ 1,011.20
2017	COL L006000013301	AGA-0121348	\$ 282.00	\$ 267.00	\$ -	\$ 15.00
2017	COL L006000013301	AGA-0121513	\$ 2,172.00	\$ -	\$ 662.40	\$ 1,509.60
2017	COL L006000013301	AGA-0122392	\$ 840.00	\$ -	\$ 168.00	\$ 672.00
2017	COL L006000013301	AGA-0122393	\$ 1,152.00	\$ -	\$ 201.40	\$ 950.60
2017	COL L006000013301	AGA-0122396	\$ 5,002.00	\$ 3,834.58	\$ -	\$ 1,167.42
2017	COL L006000013301	AGA-0122400	\$ 31,039.80	\$ 1,592.00	\$ 11,928.00	\$ 17,519.80
2017	COL L006000013301	AGA-0124128	\$ 3,611.00	\$ 2,777.38	\$ 5.60	\$ 828.02
2017	COL L006000013301	AGA-0124214	\$ 522.00	\$ -	\$ -	\$ 522.00
2017	COL L006000013301	AGA-0124428	\$ 2,068.00	\$ -	\$ 1,034.00	\$ 1,034.00
2017	COL L006000013301	AGA-0124599	\$ 2,190.00	\$ 1,968.43	\$ 30.00	\$ 191.57
2017	COL L006000013301	AGA-0124789	\$ 224.00	\$ 67.89	\$ -	\$ 156.11
2017	COL L006000013301	AGA-0124833	\$ 9,120.00	\$ -	\$ 5,629.40	\$ 3,490.60
2017	COL L006000013301	AGA-0124889	\$ 638.75	\$ -	\$ -	\$ 638.75
2017	COL L006000013301	AGA-0124975	\$ 282.00	\$ 222.00	\$ 60.00	\$ -
2017	COL L006000013301	AGA-0125147	\$ 2,923.93	\$ 1,635.63	\$ -	\$ 1,288.30
2017	COL L006000013301	AGA-0125170	\$ 30,691.45	\$ -	\$ 15,486.43	\$ 15,205.02
2017	COL L006000013301	AGA-0126611	\$ 4,244.00	\$ -	\$ 2,122.00	\$ 2,122.00
2017	COL L006000013301	AGA-0127387	\$ 6,812.00	\$ 4,787.38	\$ 38.20	\$ 1,986.42
2017	COL L006000013301	AGA-0127406	\$ 840.00	\$ -	\$ 168.00	\$ 672.00
2017	COL L006000013301	AGA-0127534	\$ 749.00	\$ 643.24	\$ -	\$ 105.76
2017	COL L006000013301	AGA-0127665	\$ 1,003.00	\$ 756.68	\$ -	\$ 246.32
2017	COL L006000013301	AGA-0127836	\$ 6,272.00	\$ 3,383.36	\$ 405.60	\$ 2,483.04
2017	COL L006000013301	AGA-0128035	\$ 1,997.00	\$ 1,602.00	\$ 180.00	\$ 215.00
2017	COL L006000013301	AGA-0128127	\$ 313.00	\$ 269.99	\$ -	\$ 43.01
2017	COL L006000013301	AGA-0129119	\$ 7,007.00	\$ 6,927.00	\$ -	\$ 80.00
2017	COL L006000013301	AGA-0130295	\$ 1,604.00	\$ 892.73	\$ 47.00	\$ 664.27
2017	COL L006000013301	AGA-0131048	\$ 5,178.00	\$ -	\$ 2,598.00	\$ 2,580.00
2017	COL L006000013301	AGA-0131094	\$ 7,315.75	\$ 5,706.05	\$ 111.91	\$ 1,497.79
2017	COL L006000013301	AGA-0132445	\$ 450.00	\$ -	\$ 90.00	\$ 360.00
2017	COL L006000013301	AGA-0132490	\$ 891.00	\$ 831.00	\$ -	\$ 60.00

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2017	COL L006000013301	AGA-0133315	\$ 719.00	\$ 659.64	\$ -	\$ 59.36
2017	COL L006000013301	AGA-0133318	\$ 1,977.00	\$ 1,584.02	\$ 47.60	\$ 345.38
2017	COL L006000013301	AGA-0133320	\$ 830.00	\$ 710.70	\$ -	\$ 119.30
2017	COL L006000013301	AGA-0133580	\$ 191.00	\$ 151.00	\$ -	\$ 40.00
2017	COL L006000013301	AGA-0136954	\$ 2,860.00	\$ 2,688.80	\$ -	\$ 171.20
2017	COL L006000013301	AGA-0136956	\$ 3,282.00	\$ 2,331.26	\$ -	\$ 950.74
2017	COL L006000013301	AGA-0137022	\$ 698.00	\$ 252.00	\$ 83.20	\$ 362.80
2017	COL L006000013301	AGA-0137349	\$ 3,354.00	\$ 3,235.75	\$ -	\$ 118.25
2017	COL L006000013301	AGA-0137663	\$ 315.00	\$ -	\$ 63.00	\$ 252.00
2017	COL L006000013301	AGA-0137840	\$ 321.00	\$ -	\$ 64.20	\$ 256.80
2017	COL L006000013301	AGA-0137854	\$ 319.00	\$ -	\$ 63.80	\$ 255.20
2017	COL L006000013301	AGA-0138085	\$ 436.00	\$ -	\$ 87.20	\$ 348.80
2017	COL L006000013301	AGA-0139120	\$ 254.00	\$ 50.80	\$ -	\$ 203.20
2017	COL L006000013301	AGA-0139525	\$ 324.00	\$ 245.84	\$ -	\$ 78.16
2017	COL L006000013301	AGA-0139544	\$ 287.00	\$ 247.00	\$ 15.00	\$ 25.00
2017	COL L006000013301	AGA-0139679	\$ 265.00	\$ -	\$ 53.00	\$ 212.00
2017	COL L006000013301	AGA-0139686	\$ 50.00	\$ -	\$ 27.90	\$ 22.10
2017	COL L006000013301	AGA-0139798	\$ 654.00	\$ 409.46	\$ -	\$ 244.54
2017	COL L006000013301	AGA-0139799	\$ 287.00	\$ 247.00	\$ -	\$ 40.00
2017	COL L006000013301	AGA-0139976	\$ 314.00	\$ -	\$ 62.80	\$ 251.20
2017	COL L006000013301	AGA-0140000	\$ 1,890.00	\$ 1,280.21	\$ -	\$ 609.79
2017	COL L006000013301	AGA-0140358	\$ 840.00	\$ 745.28	\$ -	\$ 94.72
2017	COL L006000013301	AGA-0142541	\$ 8,278.00	\$ 7,878.00	\$ -	\$ 400.00
2017	COL L006000013301	AGA-0142677	\$ 2,163.00	\$ -	\$ 432.60	\$ 1,730.40
2017	COL L006000013301	AGA-0142702	\$ 1,011.00	\$ -	\$ 202.20	\$ 808.80
2017	COL L006000013301	AGA-0142722	\$ 858.00	\$ 763.28	\$ -	\$ 94.72
2017	COL L006000013301	AGA-0142744	\$ 2,351.85	\$ -	\$ 1,154.15	\$ 1,197.70
2017	COL L006000013301	AGA-0143223	\$ 38,712.95	\$ 31,938.56	\$ 314.60	\$ 6,459.79
2017	COL L006000013301	AGA-0143808	\$ 13,000.00	\$ 5,561.60	\$ 2,382.00	\$ 5,056.40
2017	COL L006000013301	AGA-0144022	\$ 287.00	\$ 105.94	\$ -	\$ 181.06
2017	COL L006000013301	AGA-0144150	\$ 559.00	\$ -	\$ 111.80	\$ 447.20
2017	COL L006000013301	AGA-0144176	\$ 1,011.00	\$ 904.61	\$ -	\$ 106.39
2017	COL L006000013301	AGA-0144274	\$ 443.00	\$ -	\$ 88.60	\$ 354.40
2017	COL L006000013301	AGA-0144295	\$ 48.00	\$ 45.85	\$ -	\$ 2.15
2017	COL L006000013301	AGA-0145223	\$ 81,289.50	\$ 80,868.79	\$ -	\$ 420.71
2017	COL L006000013301	AGA-0145457	\$ 346.00	\$ 209.94	\$ -	\$ 136.06
2017	COL L006000013301	AGA-0145509	\$ 1,469.00	\$ 1,309.28	\$ -	\$ 159.72
2017	COL L006000013301	AGA-0145667	\$ 760.00	\$ 670.00	\$ -	\$ 90.00
2017	COL L006000013301	AGA-0145698	\$ 1,011.00	\$ 909.61	\$ -	\$ 101.39
2017	COL L006000013301	AGA-0145892	\$ 2,440.73	\$ 1,027.95	\$ -	\$ 1,412.78
2017	COL L006000013301	AGA-0146000	\$ 282.00	\$ 252.00	\$ -	\$ 30.00
2017	COL L006000013301	AGA-0146196	\$ 75,591.15	\$ 68,737.89	\$ 2,328.00	\$ 4,525.26
2017	COL L006000013301	AGA-0146641	\$ 342.00	\$ 46.82	\$ 30.20	\$ 264.98
2017	COL L006000013301	AGA-0147096	\$ 858.00	\$ -	\$ 171.60	\$ 686.40
2017	COL L006000013301	AGA-0147329	\$ 377.00	\$ -	\$ 75.40	\$ 301.60
2017	COL L006000013301	AGA-0147408	\$ 319.00	\$ -	\$ 63.80	\$ 255.20
2017	COL L006000013301	AGA-0147425	\$ 876.00	\$ 446.62	\$ -	\$ 429.38
2017	COL L006000013301	AGA-0147500	\$ 1,212.00	\$ 835.64	\$ 63.20	\$ 313.16
2017	COL L006000013301	AGA-0147642	\$ 1,186.20	\$ -	\$ 375.00	\$ 811.20
2017	COL L006000013301	AGA-0147654	\$ 485.00	\$ 386.62	\$ 19.65	\$ 78.73
2017	COL L006000013301	AGA-0147918	\$ 14,707.00	\$ 7,642.91	\$ 3,274.85	\$ 3,789.24
2017	COL L006000013301	AGA-0148032	\$ 1,034.00	\$ 946.30	\$ -	\$ 87.70
2017	COL L006000013301	AGA-0148164	\$ 576.00	\$ 521.28	\$ -	\$ 54.72
2017	COL L006000013301	AGA-0148515	\$ 319.00	\$ 263.66	\$ -	\$ 55.34
2017	COL L006000013301	AGA-0148567	\$ 9,097.00	\$ 1,473.90	\$ 4,054.00	\$ 3,569.10
2017	COL L006000013301	AGA-0149006	\$ 2,273.57	\$ 1,460.65	\$ 64.60	\$ 748.32
2017	COL L006000013301	AGA-0149262	\$ 2,454.00	\$ 2,207.47	\$ -	\$ 246.53
2017	COL L006000013301	AGA-0149433	\$ 282.00	\$ 267.00	\$ -	\$ 15.00
2017	COL L006000013301	AGA-0150566	\$ 282.00	\$ 252.00	\$ -	\$ 30.00
2017	COL L006000013301	AGA-0150695	\$ 191.00	\$ 161.00	\$ -	\$ 30.00

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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2017	COL L006000013301	AGA-0150822	\$ 990.00	\$ 880.33	\$ -	\$ 109.67
2017	COL L006000013301	AGA-0151051	\$ 401.00	\$ 334.79	\$ -	\$ 66.21
2017	COL L006000013301	AGA-0151088	\$ 287.00	\$ 225.40	\$ -	\$ 61.60
2017	COL L006000013301	AGA-0152193	\$ 748.94	\$ 638.94	\$ -	\$ 110.00
2017	COL L006000013301	AGA-0152482	\$ 927.00	\$ 847.00	\$ -	\$ 80.00
2017	COL L006000013301	AGA-0152483	\$ 7,499.00	\$ 1,806.00	\$ 3,015.00	\$ 2,678.00
2017	COL L006000013301	AGA-0152994	\$ 9,443.00	\$ 8,400.77	\$ -	\$ 1,042.23
2017	COL L006000013301	AGA-0153040	\$ 626.00	\$ -	\$ 125.20	\$ 500.80
2017	COL L006000013301	AGA-0153549	\$ 319.00	\$ 218.64	\$ -	\$ 100.36
2017	COL L006000013301	AGA-0154236	\$ 666.00	\$ -	\$ 333.00	\$ 333.00
2017	COL L006000013301	AGA-0154298	\$ 4,884.62	\$ 3,434.15	\$ -	\$ 1,450.47
2017	COL L006000013301	AGA-0154972	\$ 310.00	\$ -	\$ 62.00	\$ 248.00
2017	COL L006000013301	AGA-0155066	\$ 34,421.00	\$ 31,887.82	\$ -	\$ 2,533.18
2017	COL L006000013301	AGA-0155087	\$ 335.00	\$ -	\$ 67.00	\$ 268.00
2017	COL L006000013301	AGA-0155125	\$ 822.00	\$ 760.07	\$ -	\$ 61.93
2017	COL L006000013301	AGA-0155146	\$ 4,854.00	\$ -	\$ 2,533.20	\$ 2,320.80
2017	COL L006000013301	AGA-0155246	\$ 281.00	\$ 217.46	\$ -	\$ 63.54
2017	COL L006000013301	AGA-0155268	\$ 481.00	\$ -	\$ 96.20	\$ 384.80
2017	COL L006000013301	AGA-0155300	\$ 401.00	\$ 349.96	\$ -	\$ 51.04
2017	COL L006000013301	AGA-0155355	\$ 3,795.00	\$ -	\$ 759.00	\$ 3,036.00
2017	COL L006000013301	AGA-0155366	\$ 639.00	\$ 529.00	\$ -	\$ 110.00
2017	COL L006000013301	AGA-0155547	\$ 1,733.00	\$ 711.71	\$ -	\$ 1,021.29
2017	COL L006000013301	AGA-0156724	\$ 222.00	\$ 200.35	\$ -	\$ 21.65
2017	COL L006000013301	AGA-0156971	\$ 2,365.00	\$ 1,814.52	\$ -	\$ 550.48
2017	COL L006000013301	AGA-0157165	\$ 37,339.35	\$ 33,686.91	\$ -	\$ 3,652.44
2017	COL L006000013301	AGA-0157828	\$ 481.00	\$ 184.26	\$ 51.80	\$ 244.94
2017	COL L006000013301	AGA-0157884	\$ 1,248.00	\$ -	\$ 249.60	\$ 998.40
2017	COL L006000013301	AGA-0161493	\$ 830.00	\$ 419.98	\$ 64.80	\$ 345.22
2017	COL L006000013301	AGA-0162007	\$ 9,822.00	\$ 4,140.04	\$ 2,922.60	\$ 2,759.36
2017	COL L006000013301	AGA-0162077	\$ 837.00	\$ 689.67	\$ -	\$ 147.33
2017	COL L006000013301	AGA-0162414	\$ 191.00	\$ -	\$ 38.20	\$ 152.80
2017	COL L006000013301	AGA-0165596	\$ 2,896.00	\$ -	\$ 951.20	\$ 1,944.80
2017	COL L006000013301	AGA-0166217	\$ 246.00	\$ 67.61	\$ -	\$ 178.39
2017	COL L006000013301	AGA-0168384	\$ 803.00	\$ -	\$ 160.60	\$ 642.40
2017	COL L006000013301	AGA-0171519	\$ 5,041.00	\$ 3,860.20	\$ -	\$ 1,180.80
2017	COL L006000013301	AGA-0183041	\$ 1,817.80	\$ 765.80	\$ -	\$ 1,052.00
2017	COL L006000013301	AGA-0183569	\$ 4,057.34	\$ 549.38	\$ 1,118.60	\$ 2,389.36
2017	COL L006000013301	AGA-0184815	\$ 7,656.00	\$ 7,596.00	\$ -	\$ 60.00
2017	COL L006000013301	AGA-0186059	\$ 591.00	\$ 207.74	\$ -	\$ 383.26
2017	COL L006000013301	AGA-0190236	\$ 681.00	\$ -	\$ 136.20	\$ 544.80
2017	COL L006000013301	AGA-0199759	\$ 287.00	\$ 227.00	\$ -	\$ 60.00
2017	Total	Total	\$ 872,826.79	\$ 614,630.77	\$ 85,043.34	\$ 173,152.68

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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2018	AG000027	AGA-0168285	\$ 755.00	\$ 128.71	\$ 112.80	\$ 513.49
2018	AG000027	AGA-0176104	\$ 1,090.00	\$ 660.08	\$ -	\$ 429.92
2018	AG000027	AGA-0186003	\$ 114.00	\$ 54.00	\$ -	\$ 60.00
2018	AG000027	AGA-0253476	\$ 1,192.00	\$ -	\$ 596.00	\$ 596.00
2018	US748876	AGA-0124976	\$ 456.00	\$ -	\$ 91.20	\$ 364.80
2018	US748876	AGA-0157808	\$ 846.00	\$ 746.00	\$ -	\$ 100.00
2018	US748876	AGA-0157835	\$ 28,033.10	\$ 20,826.03	\$ 3,466.00	\$ 3,741.07
2018	US748876	AGA-0157843	\$ 1,318.00	\$ 520.40	\$ 148.40	\$ 649.20
2018	US748876	AGA-0159404	\$ 14,022.24	\$ 7,347.66	\$ 2,358.94	\$ 4,315.64
2018	US748876	AGA-0160020	\$ 287.00	\$ 272.00	\$ -	\$ 15.00
2018	US748876	AGA-0160417	\$ 1,332.00	\$ -	\$ 575.40	\$ 756.60
2018	US748876	AGA-0161983	\$ 707.00	\$ 109.75	\$ -	\$ 597.25
2018	US748876	AGA-0162109	\$ 853.00	\$ 687.32	\$ -	\$ 165.68
2018	US748876	AGA-0162151	\$ 225.00	\$ 196.95	\$ -	\$ 28.05
2018	US748876	AGA-0163635	\$ 52,400.03	\$ 43,652.06	\$ 2,650.00	\$ 6,097.97
2018	US748876	AGA-0163932	\$ 80,468.00	\$ 75,247.16	\$ -	\$ 5,220.84
2018	US748876	AGA-0163968	\$ 1,018.00	\$ -	\$ 203.60	\$ 814.40
2018	US748876	AGA-0167206	\$ 4,542.00	\$ -	\$ 2,515.20	\$ 2,026.80
2018	US748876	AGA-0168726	\$ 893.00	\$ 844.81	\$ -	\$ 48.19
2018	US748876	AGA-0168913	\$ 6,253.00	\$ 1,400.54	\$ 1,856.00	\$ 2,996.46
2018	US748876	AGA-0169470	\$ 82,881.63	\$ 78,952.33	\$ 275.40	\$ 3,653.90
2018	US748876	AGA-0170667	\$ 45,109.29	\$ -	\$ 19,568.47	\$ 25,540.82
2018	US748876	AGA-0170799	\$ 1,131.00	\$ -	\$ 226.20	\$ 904.80
2018	US748876	AGA-0170967	\$ 1,416.00	\$ 1,177.99	\$ -	\$ 238.01
2018	US748876	AGA-0172455	\$ 848.00	\$ 823.00	\$ -	\$ 25.00
2018	US748876	AGA-0172459	\$ 1,215.00	\$ 1,162.47	\$ -	\$ 52.53
2018	US748876	AGA-0172460	\$ 542.00	\$ 286.72	\$ -	\$ 255.28
2018	US748876	AGA-0172468	\$ 1,229.00	\$ 1,010.78	\$ -	\$ 218.22
2018	US748876	AGA-0172819	\$ 198.00	\$ 183.00	\$ -	\$ 15.00
2018	US748876	AGA-0173525	\$ 31,940.41	\$ 29,212.10	\$ 453.60	\$ 2,274.71
2018	US748876	AGA-0174034	\$ 2,876.00	\$ 2,473.00	\$ 57.60	\$ 345.40
2018	US748876	AGA-0175212	\$ 191.00	\$ 151.00	\$ -	\$ 40.00
2018	US748876	AGA-0175336	\$ 1,220.00	\$ 1,170.06	\$ -	\$ 49.94
2018	US748876	AGA-0175344	\$ 239.00	\$ -	\$ 47.80	\$ 191.20
2018	US748876	AGA-0175865	\$ 20,638.00	\$ 19,114.19	\$ -	\$ 1,523.81
2018	US748876	AGA-0176291	\$ 28,390.00	\$ 22,287.52	\$ -	\$ 6,102.48
2018	US748876	AGA-0177315	\$ 3,550.00	\$ -	\$ -	\$ 3,550.00
2018	US748876	AGA-0177496	\$ 863.00	\$ 821.07	\$ -	\$ 41.93
2018	US748876	AGA-0179305	\$ 8,172.00	\$ -	\$ 3,810.20	\$ 4,361.80
2018	US748876	AGA-0179306	\$ 2,479.00	\$ 2,365.17	\$ -	\$ 113.83
2018	US748876	AGA-0181171	\$ 19,461.00	\$ 10,281.82	\$ 1,937.70	\$ 7,241.48
2018	US748876	AGA-0181229	\$ 574.00	\$ 534.00	\$ -	\$ 40.00
2018	US748876	AGA-0181230	\$ 67,880.90	\$ 56,722.81	\$ 2,579.50	\$ 8,578.59
2018	US748876	AGA-0181620	\$ 2,224.75	\$ 801.08	\$ 70.00	\$ 1,353.67
2018	US748876	AGA-0181624	\$ 1,939.00	\$ 1,607.13	\$ -	\$ 331.87
2018	US748876	AGA-0182226	\$ 653.00	\$ 227.64	\$ -	\$ 425.36
2018	US748876	AGA-0182574	\$ 5,225.00	\$ -	\$ 3,060.00	\$ 2,165.00
2018	US748876	AGA-0182580	\$ 5,955.00	\$ -	\$ 3,206.00	\$ 2,749.00
2018	US748876	AGA-0182617	\$ 708.00	\$ 598.17	\$ -	\$ 109.83
2018	US748876	AGA-0182618	\$ 863.00	\$ 811.88	\$ -	\$ 51.12
2018	US748876	AGA-0182623	\$ 462.00	\$ -	\$ 92.40	\$ 369.60
2018	US748876	AGA-0183019	\$ 54,838.75	\$ -	\$ 25,824.28	\$ 29,014.47
2018	US748876	AGA-0184075	\$ 361.00	\$ -	\$ 72.20	\$ 288.80
2018	US748876	AGA-0184544	\$ 1,731.00	\$ 1,642.58	\$ -	\$ 88.42
2018	US748876	AGA-0185202	\$ 5,088.00	\$ 915.86	\$ 2,328.00	\$ 1,844.14
2018	US748876	AGA-0185541	\$ 2,271.00	\$ -	\$ 454.20	\$ 1,816.80
2018	US748876	AGA-0185806	\$ 1,158.00	\$ 1,008.00	\$ -	\$ 150.00
2018	US748876	AGA-0185807	\$ 191.00	\$ 161.00	\$ -	\$ 30.00

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2018	US748876	AGA-0185808	\$ 728.00	\$ 692.40	\$ -	\$ 35.60
2018	US748876	AGA-0185809	\$ 9,047.01	\$ 8,067.43	\$ -	\$ 979.58
2018	US748876	AGA-0186006	\$ 1,039.00	\$ 999.58	\$ -	\$ 39.42
2018	US748876	AGA-0186013	\$ 698.00	\$ 55.87	\$ 70.00	\$ 572.13
2018	US748876	AGA-0186041	\$ 25,991.06	\$ 23,834.18	\$ -	\$ 2,156.88
2018	US748876	AGA-0186049	\$ 1,234.00	\$ 856.44	\$ -	\$ 377.56
2018	US748876	AGA-0186303	\$ 1,583.00	\$ -	\$ 406.30	\$ 1,176.70
2018	US748876	AGA-0186713	\$ 319.00	\$ -	\$ 63.80	\$ 255.20
2018	US748876	AGA-0186850	\$ 87.00	\$ -	\$ 17.40	\$ 69.60
2018	US748876	AGA-0187231	\$ 2,022.00	\$ 1,575.17	\$ -	\$ 446.83
2018	US748876	AGA-0187946	\$ 1,441.00	\$ 824.21	\$ -	\$ 616.79
2018	US748876	AGA-0188649	\$ 25,194.00	\$ -	\$ 12,461.40	\$ 12,732.60
2018	US748876	AGA-0188721	\$ 626.00	\$ 419.42	\$ -	\$ 206.58
2018	US748876	AGA-0188727	\$ 1,614.00	\$ -	\$ 654.60	\$ 959.40
2018	US748876	AGA-0188730	\$ 68.00	\$ 37.92	\$ -	\$ 30.08
2018	US748876	AGA-0188736	\$ 198.00	\$ 188.00	\$ -	\$ 10.00
2018	US748876	AGA-0188950	\$ 282.00	\$ 222.00	\$ -	\$ 60.00
2018	US748876	AGA-0189639	\$ 678.00	\$ 556.24	\$ -	\$ 121.76
2018	US748876	AGA-0189921	\$ 330.00	\$ 191.24	\$ -	\$ 138.76
2018	US748876	AGA-0189943	\$ 1,061.00	\$ 644.68	\$ -	\$ 416.32
2018	US748876	AGA-0190277	\$ 576.00	\$ -	\$ 115.20	\$ 460.80
2018	US748876	AGA-0191070	\$ 2,703.00	\$ 2,544.30	\$ -	\$ 158.70
2018	US748876	AGA-0191460	\$ 191.00	\$ -	\$ 38.20	\$ 152.80
2018	US748876	AGA-0191464	\$ 282.00	\$ 267.00	\$ -	\$ 15.00
2018	US748876	AGA-0191616	\$ 37.00	\$ -	\$ 7.40	\$ 29.60
2018	US748876	AGA-0191636	\$ 321.00	\$ 283.61	\$ -	\$ 37.39
2018	US748876	AGA-0191638	\$ 21,156.51	\$ 20,201.60	\$ -	\$ 954.91
2018	US748876	AGA-0191641	\$ 70,678.02	\$ -	\$ 43,015.95	\$ 27,662.07
2018	US748876	AGA-0192111	\$ 5,007.50	\$ 3,306.37	\$ -	\$ 1,701.13
2018	US748876	AGA-0192112	\$ 1,343.00	\$ -	\$ 268.60	\$ 1,074.40
2018	US748876	AGA-0192113	\$ 287.00	\$ 267.00	\$ -	\$ 20.00
2018	US748876	AGA-0192114	\$ 1,441.00	\$ 984.97	\$ 70.40	\$ 385.63
2018	US748876	AGA-0192116	\$ 623.00	\$ 598.00	\$ -	\$ 25.00
2018	US748876	AGA-0192117	\$ 2,175.00	\$ -	\$ 435.00	\$ 1,740.00
2018	US748876	AGA-0192148	\$ 1,038.00	\$ -	\$ 207.60	\$ 830.40
2018	US748876	AGA-0192599	\$ 7,881.00	\$ 7,014.68	\$ -	\$ 866.32
2018	US748876	AGA-0192888	\$ 614.00	\$ 214.90	\$ -	\$ 399.10
2018	US748876	AGA-0192890	\$ 16,098.00	\$ 15,594.96	\$ -	\$ 503.04
2018	US748876	AGA-0192892	\$ 866.00	\$ 248.40	\$ -	\$ 617.60
2018	US748876	AGA-0194051	\$ 1,131.00	\$ 996.40	\$ -	\$ 134.60
2018	US748876	AGA-0194076	\$ 14,462.88	\$ 13,206.01	\$ -	\$ 1,256.87
2018	US748876	AGA-0194079	\$ 46,807.75	\$ 42,230.93	\$ 57.40	\$ 4,519.42
2018	US748876	AGA-0194083	\$ 282.00	\$ 232.00	\$ -	\$ 50.00
2018	US748876	AGA-0194085	\$ 282.00	\$ 267.00	\$ -	\$ 15.00
2018	US748876	AGA-0194086	\$ 11,188.16	\$ 10,909.36	\$ 30.00	\$ 248.80
2018	US748876	AGA-0194416	\$ 1,220.00	\$ 610.89	\$ -	\$ 609.11
2018	US748876	AGA-0194458	\$ 282.00	\$ -	\$ 56.40	\$ 225.60
2018	US748876	AGA-0196215	\$ 8,921.00	\$ 7,303.10	\$ -	\$ 1,617.90
2018	US748876	AGA-0196217	\$ 191.00	\$ -	\$ 38.20	\$ 152.80
2018	US748876	AGA-0196382	\$ 282.00	\$ 202.00	\$ -	\$ 80.00
2018	US748876	AGA-0196383	\$ 613.00	\$ 226.00	\$ -	\$ 387.00
2018	US748876	AGA-0196475	\$ 740.00	\$ 659.44	\$ -	\$ 80.56
2018	US748876	AGA-0196477	\$ 191.00	\$ 151.00	\$ -	\$ 40.00
2018	US748876	AGA-0196479	\$ 282.00	\$ 262.00	\$ -	\$ 20.00
2018	US748876	AGA-0196491	\$ 1,124.00	\$ 1,079.16	\$ -	\$ 44.84
2018	US748876	AGA-0196493	\$ 1,201.00	\$ 906.64	\$ 80.00	\$ 214.36
2018	US748876	AGA-0196546	\$ 3,968.00	\$ 3,898.00	\$ -	\$ 70.00
2018	US748876	AGA-0196547	\$ 1,152.00	\$ 1,105.33	\$ -	\$ 46.67



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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2018	US748876	AGA-0196550	\$ 1,038.00	\$ -	\$ 207.60	\$ 830.40
2018	US748876	AGA-0197093	\$ 1,169.00	\$ 1,038.62	\$ -	\$ 130.38
2018	US748876	AGA-0197096	\$ 10,078.00	\$ 81.36	\$ 5,388.00	\$ 4,608.64
2018	US748876	AGA-0197099	\$ 287.00	\$ -	\$ 57.40	\$ 229.60
2018	US748876	AGA-0197766	\$ 861.00	\$ -	\$ 172.20	\$ 688.80
2018	US748876	AGA-0197772	\$ 8,552.00	\$ 7,937.71	\$ -	\$ 614.29
2018	US748876	AGA-0198088	\$ 3,429.00	\$ 2,368.12	\$ 46.80	\$ 1,014.08
2018	US748876	AGA-0198091	\$ 77,158.65	\$ 262.00	\$ 40,773.63	\$ 36,123.02
2018	US748876	AGA-0198092	\$ 887.00	\$ 681.61	\$ -	\$ 205.39
2018	US748876	AGA-0198095	\$ 24,224.80	\$ 22,614.15	\$ -	\$ 1,610.65
2018	US748876	AGA-0198097	\$ 1,234.00	\$ 1,045.78	\$ -	\$ 188.22
2018	US748876	AGA-0198098	\$ 691.00	\$ 173.80	\$ -	\$ 517.20
2018	US748876	AGA-0199483	\$ 1,038.00	\$ -	\$ 207.60	\$ 830.40
2018	US748876	AGA-0199523	\$ 1,132.00	\$ 255.62	\$ -	\$ 876.38
2018	US748876	AGA-0199755	\$ 191.00	\$ 161.00	\$ -	\$ 30.00
2018	US748876	AGA-0200240	\$ 9,560.00	\$ 7,976.25	\$ 251.00	\$ 1,332.75
2018	US748876	AGA-0200773	\$ 5,068.00	\$ 3,063.61	\$ -	\$ 2,004.39
2018	US748876	AGA-0202512	\$ 1,049.00	\$ 743.44	\$ 45.00	\$ 260.56
2018	US748876	AGA-0203009	\$ 1,969.00	\$ 315.87	\$ -	\$ 1,653.13
2018	US748876	AGA-0204416	\$ 4,688.00	\$ 3,611.99	\$ -	\$ 1,076.01
2018	US748876	AGA-0204434	\$ 191.00	\$ 151.00	\$ -	\$ 40.00
2018	US748876	AGA-0204456	\$ 529.00	\$ 434.92	\$ -	\$ 94.08
2018	US748876	AGA-0204714	\$ 1,437.00	\$ -	\$ 746.60	\$ 690.40
2018	US748876	AGA-0204726	\$ 5,070.00	\$ 135.65	\$ 2,815.00	\$ 2,119.35
2018	US748876	AGA-0204986	\$ 1,446.00	\$ 708.00	\$ 147.60	\$ 590.40
2018	US748876	AGA-0204989	\$ 265.00	\$ 225.00	\$ -	\$ 40.00
2018	US748876	AGA-0204990	\$ 1,431.40	\$ -	\$ 164.20	\$ 1,267.20
2018	US748876	AGA-0204999	\$ 191.00	\$ 121.00	\$ -	\$ 70.00
2018	US748876	AGA-0206873	\$ 9,253.00	\$ -	\$ 5,151.50	\$ 4,101.50
2018	US748876	AGA-0206876	\$ 13,823.00	\$ 11,742.72	\$ -	\$ 2,080.28
2018	US748876	AGA-0207323	\$ 232.00	\$ -	\$ 46.40	\$ 185.60
2018	US748876	AGA-0207759	\$ 288.00	\$ 268.00	\$ -	\$ 20.00
2018	US748876	AGA-0209171	\$ 3,761.00	\$ 3,312.00	\$ -	\$ 449.00
2018	US748876	AGA-0209269	\$ 326.00	\$ -	\$ 65.20	\$ 260.80
2018	US748876	AGA-0209270	\$ 288.00	\$ 273.00	\$ -	\$ 15.00
2018	US748876	AGA-0211724	\$ 796.00	\$ 536.85	\$ -	\$ 259.15
2018	US748876	AGA-0211733	\$ 7,328.00	\$ 848.15	\$ 3,291.00	\$ 3,188.85
2018	US748876	AGA-0211734	\$ 7,956.55	\$ 1,528.58	\$ 3,291.00	\$ 3,136.97
2018	US748876	AGA-0212770	\$ 1,411.00	\$ -	\$ 282.20	\$ 1,128.80
2018	US748876	AGA-0212773	\$ 11,584.58	\$ -	\$ 5,946.73	\$ 5,637.85
2018	US748876	AGA-0213320	\$ 1,515.00	\$ -	\$ 303.00	\$ 1,212.00
2018	US748876	AGA-0214925	\$ 542.00	\$ 533.89	\$ -	\$ 8.11
2018	US748876	AGA-0214928	\$ 5,124.00	\$ 3,410.14	\$ -	\$ 1,713.86
2018	US748876	AGA-0214990	\$ 4,583.00	\$ 4,315.24	\$ -	\$ 267.76
2018	US748876	AGA-0216433	\$ 827.67	\$ 789.18	\$ -	\$ 38.49
2018	US748876	AGA-0216530	\$ 568.00	\$ -	\$ 113.60	\$ 454.40
2018	US748876	AGA-0216566	\$ 7,091.00	\$ 797.89	\$ 3,291.00	\$ 3,002.11
2018	US748876	AGA-0216573	\$ 319.00	\$ -	\$ 63.80	\$ 255.20
2018	US748876	AGA-0218460	\$ 995.00	\$ 915.00	\$ -	\$ 80.00
2018	US748876	AGA-0223278	\$ 1,005.65	\$ 824.18	\$ -	\$ 181.47
2018	US748876	AGA-0231738	\$ 11,575.00	\$ 10,775.00	\$ -	\$ 800.00
2018	US748876	AGA-0241148	\$ 373.00	\$ -	\$ 74.60	\$ 298.40
2018	US748876	AGA-0250494	\$ 282.00	\$ 252.00	\$ -	\$ 30.00
2018	US748876	AGA-0260245	\$ 4,800.00	\$ -	\$ 2,815.00	\$ 1,985.00
2018	Total	Total	\$ 1,166,908.29	\$ 659,359.99	\$ 212,488.60	\$ 295,059.70

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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2019	AG000027	AGA-0263389	\$ 1,658.00	\$ 561.50	\$ -	\$ 1,096.50
2019	US1275616	AGA-0214262	\$ 15,253.44	\$ 14,436.07	\$ -	\$ 817.37
2019	US1275616	AGA-0214598	\$ 53,122.26	\$ -	\$ 30,989.87	\$ 22,132.39
2019	US1275616	AGA-0214599	\$ 49,800.81	\$ 48,241.66	\$ -	\$ 1,559.15
2019	US1275616	AGA-0215190	\$ 288.00	\$ 258.00	\$ -	\$ 30.00
2019	US1275616	AGA-0215385	\$ 865.00	\$ 821.80	\$ -	\$ 43.20
2019	US1275616	AGA-0216420	\$ 4,732.00	\$ 992.37	\$ 1,802.00	\$ 1,937.63
2019	US1275616	AGA-0216529	\$ 558.00	\$ 248.00	\$ 54.00	\$ 256.00
2019	US1275616	AGA-0216531	\$ 71,648.34	\$ 70,505.90	\$ 220.00	\$ 922.44
2019	US1275616	AGA-0216549	\$ 13,393.00	\$ 6,339.89	\$ 3,291.00	\$ 3,762.11
2019	US1275616	AGA-0218440	\$ 1,094.00	\$ -	\$ 218.80	\$ 875.20
2019	US1275616	AGA-0218443	\$ 2,939.00	\$ 2,081.02	\$ -	\$ 857.98
2019	US1275616	AGA-0218823	\$ 1,520.00	\$ -	\$ 304.00	\$ 1,216.00
2019	US1275616	AGA-0218824	\$ 5,730.00	\$ 4,110.94	\$ -	\$ 1,619.06
2019	US1275616	AGA-0218827	\$ 835.00	\$ 174.90	\$ -	\$ 660.10
2019	US1275616	AGA-0219748	\$ 871.00	\$ 835.08	\$ -	\$ 35.92
2019	US1275616	AGA-0219753	\$ 54,080.54	\$ 45,302.66	\$ 3,348.00	\$ 5,429.88
2019	US1275616	AGA-0219761	\$ 1,252.00	\$ 1,182.59	\$ -	\$ 69.41
2019	US1275616	AGA-0220605	\$ 12,974.20	\$ -	\$ 7,151.60	\$ 5,822.60
2019	US1275616	AGA-0221395	\$ 28,745.30	\$ 16,798.20	\$ 5,852.94	\$ 6,094.16
2019	US1275616	AGA-0221396	\$ 276.00	\$ -	\$ 55.20	\$ 220.80
2019	US1275616	AGA-0221397	\$ 2,334.00	\$ 2,051.45	\$ -	\$ 282.55
2019	US1275616	AGA-0221400	\$ 2,054.00	\$ -	\$ 410.80	\$ 1,643.20
2019	US1275616	AGA-0221756	\$ 1,409.00	\$ 1,273.91	\$ -	\$ 135.09
2019	US1275616	AGA-0222534	\$ 835.00	\$ 744.85	\$ -	\$ 90.15
2019	US1275616	AGA-0222540	\$ 132.00	\$ 71.39	\$ -	\$ 60.61
2019	US1275616	AGA-0222576	\$ 919.00	\$ 814.64	\$ -	\$ 104.36
2019	US1275616	AGA-0222580	\$ 764.00	\$ 704.00	\$ -	\$ 60.00
2019	US1275616	AGA-0231446	\$ 4,349.00	\$ 3,805.27	\$ -	\$ 543.73
2019	US1275616	AGA-0232309	\$ 782.00	\$ 606.54	\$ -	\$ 175.46
2019	US1275616	AGA-0232313	\$ 1,642.00	\$ 1,217.67	\$ -	\$ 424.33
2019	US1275616	AGA-0232419	\$ 4,754.00	\$ 4,221.27	\$ 55.20	\$ 477.53
2019	US1275616	AGA-0232423	\$ 11,832.84	\$ 18.60	\$ 6,128.80	\$ 5,685.44
2019	US1275616	AGA-0232441	\$ 15,732.20	\$ -	\$ 8,154.60	\$ 7,577.60
2019	US1275616	AGA-0232445	\$ 1,045.00	\$ 941.46	\$ -	\$ 103.54
2019	US1275616	AGA-0232708	\$ 293.00	\$ 77.04	\$ -	\$ 215.96
2019	US1275616	AGA-0234172	\$ 865.00	\$ 733.44	\$ -	\$ 131.56
2019	US1275616	AGA-0234470	\$ 2,241.00	\$ -	\$ 754.00	\$ 1,487.00
2019	US1275616	AGA-0234475	\$ 12,758.00	\$ -	\$ 6,639.60	\$ 6,118.40
2019	US1275616	AGA-0234523	\$ 1,515.00	\$ -	\$ 303.00	\$ 1,212.00
2019	US1275616	AGA-0234642	\$ 1,160.00	\$ 1,156.36	\$ -	\$ 3.64
2019	US1275616	AGA-0234653	\$ 293.00	\$ -	\$ 58.60	\$ 234.40
2019	US1275616	AGA-0237597	\$ 726.00	\$ 540.47	\$ -	\$ 185.53
2019	US1275616	AGA-0237965	\$ 854.00	\$ 622.39	\$ -	\$ 231.61
2019	US1275616	AGA-0238410	\$ 155.00	\$ -	\$ 31.00	\$ 124.00
2019	US1275616	AGA-0239126	\$ 854.00	\$ 699.61	\$ -	\$ 154.39
2019	US1275616	AGA-0239287	\$ 742.00	\$ 631.99	\$ -	\$ 110.01
2019	US1275616	AGA-0239361	\$ 4,707.00	\$ 4,257.00	\$ -	\$ 450.00
2019	US1275616	AGA-0239702	\$ 6,718.00	\$ 453.00	\$ 3,291.00	\$ 2,974.00
2019	US1275616	AGA-0239836	\$ 293.00	\$ -	\$ 58.60	\$ 234.40
2019	US1275616	AGA-0239955	\$ 5,292.00	\$ 4,993.45	\$ -	\$ 298.55
2019	US1275616	AGA-0240138	\$ 326.00	\$ -	\$ 65.20	\$ 260.80
2019	US1275616	AGA-0240143	\$ 3,101.00	\$ 1,255.73	\$ 1,755.27	\$ 90.00
2019	US1275616	AGA-0240173	\$ 9,569.00	\$ -	\$ 3,583.40	\$ 5,985.60
2019	US1275616	AGA-0240363	\$ 830.00	\$ -	\$ 166.00	\$ 664.00
2019	US1275616	AGA-0241027	\$ 865.00	\$ 738.00	\$ -	\$ 127.00
2019	US1275616	AGA-0241306	\$ 17,288.80	\$ -	\$ 8,607.90	\$ 8,680.90
2019	US1275616	AGA-0241681	\$ 1,207.00	\$ 1,033.80	\$ -	\$ 173.20

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2019	US1275616	AGA-0243576	\$ 393.00	\$ 94.77	\$ -	\$ 298.23
2019	US1275616	AGA-0243595	\$ 1,493.00	\$ -	\$ 298.60	\$ 1,194.40
2019	US1275616	AGA-0243623	\$ 678.00	\$ -	\$ 135.60	\$ 542.40
2019	US1275616	AGA-0245505	\$ 4,987.00	\$ 4,757.00	\$ -	\$ 230.00
2019	US1275616	AGA-0245872	\$ 10,179.00	\$ -	\$ 5,095.60	\$ 5,083.40
2019	US1275616	AGA-0246091	\$ 1,130.00	\$ 1,080.00	\$ -	\$ 50.00
2019	US1275616	AGA-0246464	\$ 468.00	\$ 253.00	\$ -	\$ 215.00
2019	US1275616	AGA-0246755	\$ 868.00	\$ 738.71	\$ -	\$ 129.29
2019	US1275616	AGA-0246863	\$ 1,824.00	\$ -	\$ 1,145.00	\$ 679.00
2019	US1275616	AGA-0247117	\$ 819.92	\$ 798.26	\$ -	\$ 21.66
2019	US1275616	AGA-0247182	\$ 116,980.08	\$ 96,454.05	\$ 8,956.62	\$ 11,569.41
2019	US1275616	AGA-0248045	\$ 1,422.00	\$ 1,195.35	\$ -	\$ 226.65
2019	US1275616	AGA-0248056	\$ 772.00	\$ 590.41	\$ -	\$ 181.59
2019	US1275616	AGA-0248096	\$ 888.00	\$ 768.00	\$ -	\$ 120.00
2019	US1275616	AGA-0248137	\$ 1,520.00	\$ 982.31	\$ -	\$ 537.69
2019	US1275616	AGA-0248288	\$ 288.00	\$ -	\$ 57.60	\$ 230.40
2019	US1275616	AGA-0248292	\$ 4,427.00	\$ -	\$ 2,540.60	\$ 1,886.40
2019	US1275616	AGA-0248379	\$ 2,704.00	\$ -	\$ 540.80	\$ 2,163.20
2019	US1275616	AGA-0248383	\$ 7,540.00	\$ 2,267.54	\$ 2,000.00	\$ 3,272.46
2019	US1275616	AGA-0248400	\$ 4,995.00	\$ 4,456.78	\$ -	\$ 538.22
2019	US1275616	AGA-0248609	\$ 1,240.00	\$ 694.53	\$ -	\$ 545.47
2019	US1275616	AGA-0249136	\$ 3,077.00	\$ 2,716.52	\$ -	\$ 360.48
2019	US1275616	AGA-0249478	\$ 644.00	\$ 374.47	\$ 47.40	\$ 222.13
2019	US1275616	AGA-0249480	\$ 1,279.00	\$ 1,199.00	\$ -	\$ 80.00
2019	US1275616	AGA-0249533	\$ 17,413.76	\$ -	\$ 10,334.80	\$ 7,078.96
2019	US1275616	AGA-0249536	\$ 355.00	\$ -	\$ 71.00	\$ 284.00
2019	US1275616	AGA-0250487	\$ 454.00	\$ -	\$ 90.80	\$ 363.20
2019	US1275616	AGA-0250625	\$ 6,712.00	\$ 6,183.04	\$ -	\$ 528.96
2019	US1275616	AGA-0250970	\$ 864.00	\$ 817.70	\$ -	\$ 46.30
2019	US1275616	AGA-0251029	\$ 1,520.00	\$ 869.51	\$ -	\$ 650.49
2019	US1275616	AGA-0251057	\$ 8,296.00	\$ 551.00	\$ 4,356.00	\$ 3,389.00
2019	US1275616	AGA-0251458	\$ 7,043.00	\$ -	\$ 3,301.00	\$ 3,742.00
2019	US1275616	AGA-0251725	\$ 1,703.00	\$ 500.74	\$ -	\$ 1,202.26
2019	US1275616	AGA-0251747	\$ 202.00	\$ -	\$ 40.40	\$ 161.60
2019	US1275616	AGA-0251757	\$ 775.00	\$ -	\$ 155.00	\$ 620.00
2019	US1275616	AGA-0251759	\$ 341.00	\$ 202.24	\$ -	\$ 138.76
2019	US1275616	AGA-0251978	\$ 293.00	\$ -	\$ 58.60	\$ 234.40
2019	US1275616	AGA-0252010	\$ 288.00	\$ 162.41	\$ -	\$ 125.59
2019	US1275616	AGA-0252116	\$ 331.00	\$ -	\$ 66.20	\$ 264.80
2019	US1275616	AGA-0252135	\$ 2,101.54	\$ -	\$ 363.06	\$ 1,738.48
2019	US1275616	AGA-0252728	\$ 871.00	\$ 235.27	\$ -	\$ 635.73
2019	US1275616	AGA-0253195	\$ 1,502.00	\$ 895.72	\$ -	\$ 606.28
2019	US1275616	AGA-0253206	\$ 195.00	\$ -	\$ 39.00	\$ 156.00
2019	US1275616	AGA-0253821	\$ 1,224.00	\$ 1,159.00	\$ -	\$ 65.00
2019	US1275616	AGA-0253936	\$ 47,393.30	\$ 29.07	\$ 23,636.85	\$ 23,727.38
2019	US1275616	AGA-0253964	\$ 708.00	\$ -	\$ 141.60	\$ 566.40
2019	US1275616	AGA-0253972	\$ 195.00	\$ -	\$ 180.40	\$ 14.60
2019	US1275616	AGA-0254765	\$ 41.00	\$ 39.25	\$ -	\$ 1.75
2019	US1275616	AGA-0255662	\$ 759.00	\$ 418.20	\$ -	\$ 340.80
2019	US1275616	AGA-0255669	\$ 288.00	\$ 273.00	\$ -	\$ 15.00
2019	US1275616	AGA-0255762	\$ 1,167.00	\$ 344.94	\$ 57.60	\$ 764.46
2019	US1275616	AGA-0255948	\$ 898.00	\$ 834.43	\$ -	\$ 63.57
2019	US1275616	AGA-0256797	\$ 4,112.00	\$ 459.00	\$ 1,051.25	\$ 2,601.75
2019	US1275616	AGA-0257716	\$ 2,219.00	\$ 2,059.70	\$ -	\$ 159.30
2019	US1275616	AGA-0258649	\$ 26,629.00	\$ 25,399.00	\$ -	\$ 1,230.00
2019	US1275616	AGA-0258658	\$ 1,050.00	\$ -	\$ 210.00	\$ 840.00
2019	US1275616	AGA-0258662	\$ 483.00	\$ 453.00	\$ -	\$ 30.00
2019	US1275616	AGA-0260365	\$ 1,003.00	\$ 861.90	\$ -	\$ 141.10

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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2019	US1275616	AGA-0260366	\$ 1,442.00	\$ 823.45	\$ -	\$ 618.55
2019	US1275616	AGA-0260743	\$ 6,098.00	\$ 5,422.23	\$ -	\$ 675.77
2019	US1275616	AGA-0261065	\$ 576.00	\$ 556.00	\$ -	\$ 20.00
2019	US1275616	AGA-0261728	\$ 996.00	\$ 936.00	\$ -	\$ 60.00
2019	US1275616	AGA-0262778	\$ 899.00	\$ 287.59	\$ -	\$ 611.41
2019	US1275616	AGA-0262976	\$ 23,702.29	\$ 21,345.05	\$ -	\$ 2,357.24
2019	US1275616	AGA-0263206	\$ 538.00	\$ 446.54	\$ -	\$ 91.46
2019	US1275616	AGA-0263282	\$ 11,676.00	\$ 1,068.72	\$ 7,915.30	\$ 2,691.98
2019	US1275616	AGA-0263771	\$ 483.00	\$ 403.00	\$ -	\$ 80.00
2019	US1275616	AGA-0263794	\$ 12,510.00	\$ -	\$ 6,582.00	\$ 5,928.00
2019	US1275616	AGA-0264750	\$ 2,554.00	\$ 2,186.47	\$ 192.53	\$ 175.00
2019	US1275616	AGA-0265062	\$ 5,246.96	\$ -	\$ 2,727.22	\$ 2,519.74
2019	US1275616	AGA-0265262	\$ 255.00	\$ 213.55	\$ -	\$ 41.45
2019	US1275616	AGA-0265291	\$ 7,435.35	\$ 1,578.29	\$ 1,207.33	\$ 4,649.73
2019	US1275616	AGA-0265325	\$ 555.00	\$ -	\$ 111.00	\$ 444.00
2019	US1275616	AGA-0265404	\$ 293.00	\$ 233.00	\$ -	\$ 60.00
2019	US1275616	AGA-0265405	\$ 757.00	\$ 707.00	\$ -	\$ 50.00
2019	US1275616	AGA-0265410	\$ 322.00	\$ -	\$ 48.30	\$ 273.70
2019	US1275616	AGA-0265452	\$ 195.00	\$ 180.00	\$ -	\$ 15.00
2019	US1275616	AGA-0265453	\$ 604.00	\$ 595.51	\$ -	\$ 8.49
2019	US1275616	AGA-0265534	\$ 3,803.04	\$ 1,758.13	\$ 461.60	\$ 1,583.31
2019	US1275616	AGA-0266012	\$ 516.00	\$ 103.34	\$ -	\$ 412.66
2019	US1275616	AGA-0266056	\$ 757.00	\$ 705.50	\$ -	\$ 51.50
2019	US1275616	AGA-0266060	\$ 45.00	\$ 41.92	\$ -	\$ 3.08
2019	US1275616	AGA-0266065	\$ 293.00	\$ 243.00	\$ -	\$ 50.00
2019	US1275616	AGA-0266226	\$ 632.00	\$ 620.67	\$ -	\$ 11.33
2019	US1275616	AGA-0266471	\$ 9,497.36	\$ 5,810.22	\$ 1,200.00	\$ 2,487.14
2019	US1275616	AGA-0266481	\$ 561.00	\$ 553.01	\$ -	\$ 7.99
2019	US1275616	AGA-0266638	\$ 297.00	\$ 257.00	\$ -	\$ 40.00
2019	US1275616	AGA-0267715	\$ 7,045.00	\$ -	\$ 3,453.00	\$ 3,592.00
2019	US1275616	AGA-0275778	\$ 1,944.00	\$ -	\$ 388.80	\$ 1,555.20
2019	US1275616	AGA-0282075	\$ 195.00	\$ -	\$ 39.00	\$ 156.00
2019	US1275616	AGA-0285286	\$ 733.00	\$ 556.50	\$ -	\$ 176.50
2019	Total	Total	\$ 856,374.33	\$ 456,354.42	\$ 182,647.84	\$ 217,372.07

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Policy Year	Policy Num	Claim Number	Billed Medical Expenses	Primary Insurance Reduction	Discounts	Total Paid
2020	AG000027	AGA-0291440	\$ 622.55	\$ -	\$ 124.51	\$ 498.04
2020	AG000027	AGA-0295089	\$ 643.00	\$ -	\$ 128.60	\$ 514.40
2020	AG000027	AGA-0296912	\$ 355.00	\$ -	\$ 71.00	\$ 284.00
2020	US1356733	AGA-0267356	\$ 15,252.00	\$ 14,952.00	\$ -	\$ 300.00
2020	US1356733	AGA-0268360	\$ 625.82	\$ 521.00	\$ -	\$ 104.82
2020	US1356733	AGA-0268372	\$ 815.00	\$ 750.42	\$ -	\$ 64.58
2020	US1356733	AGA-0271204	\$ 588.00	\$ 579.84	\$ -	\$ 8.16
2020	US1356733	AGA-0271209	\$ 1,527.80	\$ -	\$ 740.00	\$ 787.80
2020	US1356733	AGA-0271602	\$ 299.00	\$ -	\$ -	\$ 299.00
2020	US1356733	AGA-0271631	\$ 1,612.00	\$ 1,281.50	\$ -	\$ 330.50
2020	US1356733	AGA-0272080	\$ 2,645.60	\$ 1,356.17	\$ 280.00	\$ 1,009.43
2020	US1356733	AGA-0274407	\$ 5,967.00	\$ 5,211.59	\$ -	\$ 755.41
2020	US1356733	AGA-0274426	\$ 2,228.00	\$ -	\$ 845.60	\$ 1,382.40
2020	US1356733	AGA-0274432	\$ 750.00	\$ -	\$ 156.00	\$ 594.00
2020	US1356733	AGA-0274434	\$ 1,122.00	\$ -	\$ 224.40	\$ 897.60
2020	US1356733	AGA-0277519	\$ 662.49	\$ 596.49	\$ -	\$ 66.00
2020	US1356733	AGA-0278185	\$ 1,091.01	\$ 709.84	\$ -	\$ 381.17
2020	US1356733	AGA-0278190	\$ 302.00	\$ 162.00	\$ -	\$ 140.00
2020	US1356733	AGA-0278198	\$ 297.00	\$ 287.00	\$ -	\$ 10.00
2020	US1356733	AGA-0278514	\$ 9,523.00	\$ 8,937.21	\$ -	\$ 585.79
2020	US1356733	AGA-0279958	\$ 4,126.00	\$ -	\$ 2,601.00	\$ 1,525.00
2020	US1356733	AGA-0280494	\$ 733.00	\$ 651.66	\$ -	\$ 81.34
2020	US1356733	AGA-0283407	\$ 348.00	\$ -	\$ 69.60	\$ 278.40
2020	US1356733	AGA-0283411	\$ 890.00	\$ 780.00	\$ -	\$ 110.00
2020	US1356733	AGA-0283417	\$ 6,432.37	\$ 4,209.75	\$ -	\$ 2,222.62
2020	US1356733	AGA-0283431	\$ 557.00	\$ 519.12	\$ -	\$ 37.88
2020	US1356733	AGA-0283442	\$ 1,703.00	\$ 990.09	\$ -	\$ 712.91
2020	US1356733	AGA-0285092	\$ 548.00	\$ -	\$ 109.60	\$ 438.40
2020	US1356733	AGA-0285168	\$ 1,087.00	\$ 904.90	\$ -	\$ 182.10
2020	US1356733	AGA-0286837	\$ 1,379.00	\$ 1,138.00	\$ -	\$ 241.00
2020	US1356733	AGA-0286840	\$ 614.00	\$ -	\$ 122.80	\$ 491.20
2020	US1356733	AGA-0287086	\$ 632.00	\$ 292.71	\$ -	\$ 339.29
2020	US1356733	AGA-0287554	\$ 14,561.78	\$ 7,747.86	\$ 849.00	\$ 5,964.92
2020	US1356733	AGA-0287555	\$ 561.00	\$ 419.87	\$ -	\$ 141.13
2020	US1356733	AGA-0287557	\$ 297.00	\$ 78.84	\$ -	\$ 218.16
2020	US1356733	AGA-0288642	\$ 3,604.00	\$ 2,898.40	\$ -	\$ 705.60
2020	US1356733	AGA-0289210	\$ 297.00	\$ 247.00	\$ -	\$ 50.00
2020	US1356733	AGA-0290052	\$ 1,202.00	\$ 881.67	\$ -	\$ 320.33
2020	US1356733	AGA-0290057	\$ 2,352.00	\$ 1,222.57	\$ -	\$ 1,129.43
2020	US1356733	AGA-0290064	\$ 201.00	\$ 171.58	\$ -	\$ 29.42
2020	US1356733	AGA-0290739	\$ 517.36	\$ 218.57	\$ -	\$ 298.79
2020	US1356733	AGA-0291790	\$ 1,086.00	\$ 977.56	\$ -	\$ 108.44
2020	US1356733	AGA-0293457	\$ 252.00	\$ 233.61	\$ -	\$ 18.39
2020	US1356733	AGA-0294004	\$ 342.00	\$ 195.72	\$ -	\$ 146.28
2020	US1356733	AGA-0295576	\$ 662.00	\$ 622.00	\$ -	\$ 40.00
2020	US1356733	AGA-0296784	\$ 9,621.00	\$ 8,195.37	\$ -	\$ 1,425.63
2020	US1356733	AGA-0297296	\$ 809.00	\$ 77.98	\$ 51.00	\$ 680.02
2020	US1356733	AGA-0297297	\$ 461.00	\$ 426.00	\$ -	\$ 35.00
2020	US1356733	AGA-0298841	\$ 297.00	\$ -	\$ 59.40	\$ 237.60
2020	US1356733	AGA-0300281	\$ 297.00	\$ 272.00	\$ -	\$ 25.00
2020	Total	Total	\$ 103,397.78	\$ 69,717.89	\$ 6,432.51	\$ 27,247.38

## ATTACHMENT E-2

### UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

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#### BLANKET ACCIDENT ONLY POLICY

**POLICYHOLDER:** Virginia Commonwealth University  
**POLICY NUMBER:** US1356733  
**POLICY EFFECTIVE DATE:** August 1, 2020  
**POLICY EXPIRATION DATE:** August 1, 2021

This Policy is issued in the state of Virginia and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain persons and pay benefits.

The Insurance Company and the Policyholder have agreed to all the terms of this Policy.

#### 10 DAY RIGHT TO RETURN THIS POLICY

If for any reason, you are not satisfied with this Policy, you may return it to us within 10 days after receiving it. Upon its return, we will refund any premium paid and this Policy will be deemed void, just as though it had never been issued.

#### THIS IS ACCIDENT ONLY COVERAGE.

#### READ IT CAREFULLY.

#### BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.

#### THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

#### THIS POLICY IS NOT RENEWABLE.

#### IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the address above, or the telephone number 732-676-9800.

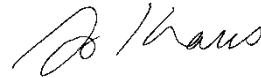
If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at: Bureau of Insurance Tyler Building, 1300 E. Main St. Richmond, VA 23219 or national toll free number 1-877-310-6560; the Virginia Only toll free number 1-800-552-7945 or the local number 804-371-9691.

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

Signed for **United States Fire Insurance Company** By:



Marc J. Adee  
Chairman and CEO



James Kraus  
Secretary

## **TABLE OF CONTENTS**

The following provisions appear within this Policy in the following order:

Schedule of Benefits

Definitions

Eligibility for Insurance

Effective Dates of Insurance

Termination Date of Insurance

Scope of Coverage

Description of Hazards

Description of Benefits

Exclusions

Aggregate Limit

Premium Provisions

General Provisions

Claim Provisions



**SCHEDULE OF BENEFITS**

**BENEFIT PERIOD:** 104 weeks from the date of the Covered Injury, provided the Expense occurs prior to the Expiration Date and care is Medically Necessary, and while the Policy is in force.

**CLASS OF ELIGIBLE PERSONS:**

**Class 1:**  
All Intercollegiate Students Athletes, Student Managers, Student Trainers, Student Coaches, Part-Time Coaches, Volunteer Coaches, Athletic Trainers, Ballboys/Ballgirls, Band Members, Guest Recruits, and Guests of the Policyholder while Participating In Policyholder Supervised and Sponsored: intercollegiate; play, practice, conditioning and authorized team travel to and from events for the following sports:

Band, Men's Baseball, Men's and Women's Basketball, Men's and Women's Cheerleading, Dance Team, Men's and Women's Cross Country, Women's Field Hockey, Men's Golf, Women's Lacrosse, Men's and Women's Soccer, Men's and Women's Tennis, Men's and Women's Indoor/Outdoor Track and Field, and Women's Volleyball

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**ACCIDENTAL DEATH AND DISMEMBERMENT**

<b>Principal Sum:</b>	<b>\$10,000</b>
<b>Aggregate Limit Amount:</b>	<b>\$1,000,000</b>
<b>Time Period for Loss:</b>	<b>365 days</b>

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## ACCIDENT MEDICAL EXPENSE BENEFIT

<b>Maximum Amount per occurrence per Covered Person</b>	<b>\$90,000</b>
<b>Aggregate Deductible:</b>	<b>\$285,000</b>
<b>Disappearing Deductible:</b>	<b>\$0</b>

The Disappearing deductible must be satisfied before this plan will pay benefits. Amounts paid by other carriers will be used to satisfy the deductible under this plan. With a Disappearing Deductible, any amounts paid by other valid and collectible insurance toward the satisfaction of bills generated as a result of a covered accident will count toward satisfying the deductible. If the Covered Person's primary insurance makes any payment on an eligible expense, it counts toward the deductible, and amounts paid in excess of and applied to the deductible will cause the deductible to disappear or be reduced.

## ACCIDENT MEDICAL EXPENSE BENEFITS

<b>Hospital Room &amp; Board Daily Maximum Benefit:</b>	<b>100% of the Semi-Private Room Rate</b>
<b>Intensive Care Room &amp; Board:</b>	<b>100% of Usual, Reasonable and Customary (URC) charge</b>
<b>Hospital Miscellaneous Benefit:</b>	<b>100% of URC</b>
<b>Pre-Admission Testing Benefit:</b>	<b>100% of URC</b>
<b>In-Patient Surgical Benefits:</b>	
<b>Primary Surgeons Maximum Benefit Amount:</b>	<b>100% of URC</b>
<b>Assistant Surgeon, Maximum Benefit:</b>	<b>100% of URC</b>
<b>Out-Patient Surgery Benefits:</b>	
<b>Outpatient Primary Surgeons Maximum Benefit Amount:</b>	<b>100% of URC</b>
<b>Outpatient Assistant Surgeon, Maximum Benefit:</b>	<b>100% of URC</b>
<b>Outpatient Surgical Facility Maximum Benefit per</b>	<b>100% of URC</b>
<b>Emergency Room Benefit</b>	<b>100% of URC</b>
<b>Anesthesia Benefit:</b>	<b>100% of URC</b>

**Physician's Visits**

In-Hospital Maximum Benefit:	<b>100% of URC</b>
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**Physician's Visits**

Office Visits (Out-of-Hospital) Maximum Benefit:	<b>100% of URC</b>
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<b>X-Ray Benefit</b>	<b>100% of URC</b>
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<b>Laboratory Benefit</b>	<b>100% of URC</b>
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<b>Nursing Benefit Amount:</b>	<b>100% of URC</b>
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<b>Outpatient Physiotherapy Benefit</b>	<b>100% of URC</b>
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<b>Ground Ambulance Benefit Amount:</b>	<b>100% of URC</b>
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<b>Dental Treatment For Injury Only Benefit Amount:</b>	<b>100% of URC</b>
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**ADDITIONAL ACCIDENT BENEFITS**

Any benefits payable under these Additional Accident Benefits shown below are paid in addition to any Accidental Death and Dismemberment benefits payable, unless otherwise excluded or indicated under the terms, conditions, and exclusions of this Policy.

The total of all benefits payable under this Policy, including all Additional Accident Benefits paid for all Injuries caused by the same Covered Accident shall not exceed the Principal Sum indicated in the *Schedule of Benefits* unless otherwise excluded or indicated under the terms, conditions, and exclusions of this Policy.

<b>HEART OR CIRCULATORY MALFUNCTION BENEFIT</b>	<b>100% of URC</b>
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<b>EXPANDED MEDICAL TREATMENT BENEFIT</b>	<b>100% of URC</b>
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<b>RE-AGGRAVATION OF PRIOR SPORTS INJURY BENEFIT</b>	<b>100% of URC</b>
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**OUT-PATIENT PRESCRIPTION DRUG BENEFIT**

Benefit payable per prescription	<b>100% of URC</b>
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<b>DURABLE MEDICAL EQUIPMENT BENEFIT</b>	<b>100% of URC</b>
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<b>HEAT EXHAUSTION BENEFIT</b>	<b>100% of URC</b>
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## DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

**Accident** means a sudden, unforeseeable external event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

**Aircraft** means a vehicle which:

1. Has a valid certificate of airworthiness; and
2. Is being flown by a pilot with a valid license appropriate to the aircraft.

**Amateur** means a sport or activity where the participants engage largely or entirely without compensation.

**Benefit Period** means the period of time from the date of Injury, as shown in the Schedule of Benefits.

**Club** means an organization of students formed for the purpose of engaging in competition in a particular sport or activity. Competition between student clubs from different colleges, not organized by and therefore not representing the institution or their faculties, may also be called "Intercollegiate" sports or activities.

**Corridor Deductible** means the dollar amount of the Covered Expenses the Insured person must pay towards the policy before We pay any benefits regardless of what any other Insurance Plan or other Insurance Carrier has paid. It applies separately for each Covered Person.

**Covered Expenses** means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

**Covered Person** means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

**Dependent** means the Insured's unmarried child who:

1. Has his principal residence with the Insured;
2. Chiefly relies on the Insured for support and maintenance; and
3. Is within the following age groups (unless otherwise shown in the Application):
  - a. Under 19 years of age;
  - b. 19 but less than 25 years of age and enrolled in a School as a full time student; or
  - c. 19 or more years of age, and primarily supported by the Insured and incapable of self-sustaining employment by reason of intellectual disability or physical handicap.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Newborn children are covered from the moment of birth.

If a dependent child is enrolled in a School as a full time student and is unable to continue as a full time student due to a medical condition, their coverage shall continue in force until the earlier of (1) the date that

is twelve (12) months from the date the child ceases to be a full time student or (2) the date the child no longer qualifies as dependent child under the terms of the group policy, provided the child's treating Physician certifies to the Company at the time the child withdraws as a full time student, that the child's absence is Medically Necessary.

**Disappearing Deductible** means a dollar amount of Covered Expenses the Insured Covered Person must pay before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance or Plan. The Disappearing Deductible is shown on the Schedule of Benefits.

**Domestic Partner** means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Covered Person and shared financial assets/obligations with the Covered Person. Both the Covered Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Covered Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**Eligible Expenses** means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Policy is in force.

**He, his, and him** includes she, her and hers.

**Health Care Plan** means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

**Hospital** means an institution which:

1. Is operated pursuant to law;
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. Is under the supervision of a staff of Physicians;
4. Provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. Has medical, diagnostic and treatment facilities, with major surgical facilities;
  - a. On its premises; or
  - b. Available to it on a prearranged basis; and
6. Charges for its services.
7. Is a duly licensed Rehabilitation Facility.

Hospital does not include:

1. A clinic or facility for:
  - a. Convalescent, custodial, educational or nursing care;
  - b. The aged, drug addicts or alcoholics;
2. A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
  - a. The services are rendered on an emergency basis; and
  - b. A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**Hospital Stay** means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

**Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Interscholastic** means a sport or activity organized between schools or representatives of the schools.

**Intramural** means a sport or activity within a particular institution and describes sports matches, activities, or contests that take place among teams from "within the walls" of an institution or area.

**Immediate Family Member** means the Covered Person's parent (includes step-parent), grandparent, Spouse or Domestic Partner,, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

**Leased Aircraft** means an aircraft for which the Policyholder or any of its subsidiaries or affiliates has a written lease under whose terms, the aircraft:

1. Can be used at the Policyholder's or any of its subsidiaries' or affiliates' discretion;
2. Can be used by the Policyholder or any of its subsidiaries or affiliates for 2 or more trips or for more than 10 consecutive days; and
3. Cannot be altered or sold by the Policyholder or any of its subsidiaries or affiliates, without the consent of the leaser or owner.

Leased Aircraft does not include any Owned Aircraft.

**Medically Necessary or Medical Necessity** means a treatment, service or supply that is:

1. Required to treat an Injury; and
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of alternative to be the Covered Expense.

**Nurse** means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

**Operated or Controlled Aircraft** means an aircraft which:

1. Has been leased, rented or borrowed by the Policyholder for at least 10 consecutive days, or more than 15 days in any one year;
2. Can be used at the Policyholder's discretion; and
3. Cannot be altered or sold by the Policyholder without the consent of the owner or leaser.

Operated or Controlled Aircraft does not include any Owned Aircraft.

**Other Valid and Collectible Insurance** means any reimbursement for or recovery of any element of Covered Expenses incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. Any, group or blanket, policy of Accident, disability or health insurance.
2. Any arrangement of benefits for members of a group, whether Insured or uninsured.
3. Any prepaid service arrangement such as Blue Cross or Blue Shield; individual or group practice plans, or health maintenance organizations.
4. Any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his or her rights to recover future medical expenses that would have been payable except for that settlement.
5. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he or she becomes disabled while Insured hereunder.
6. Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

**Owned Aircraft** means aircraft to which the Policyholder or any of its subsidiaries or affiliates holds legal or equitable title.

**Physician** means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse or Domestic Partner,, son, daughter, father, mother, brother, or sister or other relative.

**Principal Sum** means the largest amount payable under the benefit for all losses resulting from any one Accident.

**School** means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.

**Spouse** means the lawful Spouse, if not legally separated or divorced..

**Student Infirmary** means an on campus facility which:

1. Provides medical care and treatment to sick and injured students and faculty;
2. Is under the supervision of a Physician;
3. Provides nursing services; and
4. Charges for its services.

Student Infirmary does not include:

1. Medical, diagnostic or treatment facilities with major surgical facilities:
  - a. On its premises; or
  - b. Available to it on a prearranged basis; or
2. In-patient care.

*(No benefits are payable for services, supplies, or treatment in a Student Infirmary. This definition is applicable only to its reference in the provision titled Additional Exclusions.)*

**Supervised or Sponsored Activity** means a Policyholder or School authorized function:

1. In which the Covered Person participates;
  2. Which is organized by or under its auspices;
- which is within the scope of customary activities for such entity and is shown on the Schedule of Benefits.

**Usual, Reasonable and Customary** means:

1. With respect to fees or charges, fees for medical services or supplies which are;
  - a. Usually charged by the provider for the service or supply given; and
  - b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

**Waiting Period** means the length of time from the date of loss to the time when benefits can be received.

## **ELIGIBILITY FOR INSURANCE**

**Eligibility:**

Persons eligible to be insured under this Policy are those persons described as an ELIGIBLE CLASS on the Application. This includes anyone who may become eligible while this Policy is in force.

## **EFFECTIVE DATES OF INSURANCE**

**Policy Effective Date:** The Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

**Covered Person's Effective Date:** A Covered Person will become an insured under this Policy, provided proper premium payment is made, on the latest of:

1. The Effective Date of the Policy; or
2. The day He becomes eligible, subject to any required waiting period, according to the referenced date shown in the Application/Enrollment Form.

## **TERMINATION DATE OF INSURANCE**

**Policy Termination Date**

Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

The Policy terminates automatically on the earlier of:

1. The Policy Termination Date shown in the Policy; or
2. The premium due date if premiums are not paid when due subject to any grace period.

The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.

The Policyholder and the Company may terminate the Policy at any time by written mutual consent. The Policyholder will give written notice within 15 days to any Covered Person in the event of termination or upon receipt of notice of termination of any such policy.

**Termination:**

Insurance for a Covered Person will end on the earliest of:



1. The date he is no longer in an Eligible Class.
2. The date he reports for active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
  - a. The date the premium is fully earned; or
  - b. The Expiration Date of this Policy.
 This does not include Reserve or National Guard duty for training;
3. The end of the grace period for which the last premium contribution is made; or
4. The date this Policy is terminated.

### **Covered Person's Termination Date**

Insurance for a Covered Person will end on the earliest of:

1. The date He is no longer in an Eligible Class.
2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
  - a. The date the premium is fully earned; or
  - b. The Expiration Date of this Policy.
 This does not include Reserve or National Guard duty for training;
3. The end of the grace period for which the last premium contribution is made; or
4. The date this Policy is terminated; or
5. The date the Covered Person requests, in writing, that his/her coverage be terminated.

## **SCOPE OF COVERAGE**

We will provide the benefits described in this Policy to all Covered Persons who suffer a covered loss which:

1. Is within the scope of the **DESCRIPTION OF BENEFITS PROVISIONS** and results, directly and independently of disease or bodily infirmity, from an Injury which is suffered in an Accident;
2. Occurs while the person is a Covered Person under this Policy; and
3. Is within the scope of the risks set forth in the **DESCRIPTION OF HAZARDS** provisions.

### **Full Excess Medical Expense:**

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, we will pay the Eligible Expenses incurred, subject to the Deductible Amount (if any), that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Covered Person must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury:

1. While the person is insured under this Policy; or
2. During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under this Policy is shown on the SCHEDULE OF BENEFITS: and

1. Subject to the specific maximums shown on the SCHEDULE OF BENEFITS; and
2. Subject to compliance with the requirement, set forth in the Limitations section of this Policy.

## DESCRIPTION OF HAZARDS

### HAZARD: SPORTS COVERAGE

Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is:

1. Taking part in:
  - a. A regularly scheduled athletic game or competition; or
  - b. A practice session for an athletic team or club;
2. Traveling to or from such a game, competition or practice session provided he is:
  - a. Traveling with the athletic team or club; and
  - b. Under the direct and immediate supervision of:
    - i. The athletic team or club; or
    - ii. An adult authorized by the athletic team or club; or
3. Traveling directly, without interruption
  - a. Between his home and a scheduled game, competition or practice session;
  - b. In a vehicle which is
    - i. Designated or furnished by the athletic team or club;
    - ii. Operated by a properly licensed, adult driver; or
    - iii. Under the direct supervision of the athletic team or club; or
  - c. In a vehicle other than that described in 3.b. when:
    - i. Operated by a properly licensed driver; and
    - ii. Travel time does not exceed 1 hour each way.

Travel time includes the time:

- i. To or from home, a scheduled game, competition or practice session;
- ii. Before required attendance time;
- iii. After the Covered Person is dismissed; and
- iv. After the Covered Person completes extra duties assigned by the School.

Covered athletic games or competition are shown on the Schedule of Benefits.

Injuries which result over a period of time (such as blisters, tennis elbow, etc.), and which are a normal, foreseeable result of the sport, are not covered.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

## DESCRIPTION OF BENEFITS

### ACCIDENTAL DEATH DISMEMBERMENT

If, within 1 year(s) from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

**Loss of a hand or foot** means complete Severance through or above the wrist or ankle joint

**Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

**Loss of speech** means total, permanent and irrecoverable loss of audible communication.

**Loss of a thumb and index finger** means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

**Severance** means the complete separation and dismemberment of the part from the body.

### **ACCIDENT MEDICAL and DENTAL EXPENSE BENEFITS**

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses incurred within 90 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Eligible Medical Expenses, from a Covered Accident, include:

1. **Hospital room and board expenses:** charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for Hospital Room and Board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. **Intensive Care/Cardiac Care Room and Board** - charges for each day of Intensive Care/Cardiac Care Unit confinement, up to the maximum benefit amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit. This payment is in lieu of payment for the Hospital Room and Board charges for those days.

3. **Hospital Miscellaneous** – services, supplies and charges during a Hospital Stay, up to the maximum benefit amount shown in the Schedule of Benefits for the Hospital Miscellaneous Benefit. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
4. **Pre-Admission Testing Benefit** – charges for Pre-admission testing (inpatient confinement must occur within 7 days of the testing)
5. **In-Patient Surgical Benefits** - charges for:
  - a. A Physician, for primary performance of a surgical procedure, up to the maximum benefit amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
  - b. A Physician, for: assistant surgeon duties up to the maximum benefit shown in the Schedule of Benefits for an Assistant Surgeon
6. **Out-Patient Surgery Benefits:**

We will pay this benefit when the Covered Person requires Outpatient Surgery to treat a Covered Loss resulting directly and independently from all other causes from a Covered Accident. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

**Outpatient Surgery** means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

- a. necessary for treatment of the Covered Person; and
  - b. given in the outpatient department of a Hospital or an ambulatory surgical center.
7. **Emergency Room** means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.  
Emergency Room treatment includes all hospital related services including physician, x-ray and lab services shown in the Schedule of Benefits.
  8. **Anesthesia Benefit** – Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis, up to the maximum benefit amount shown in the Schedule of Benefits for the Anesthesia benefit.
  9. **Physician's Visits** - charges by a Physician for other than pre- or post-operative care:

- a. For in-Hospital visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.
- b. For office visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Office Visits.

Total visits per Injury will not exceed the combined maximum shown in the Schedule of Benefits for All In-Hospital and Office Physician's Visits.

- 10. **X-Ray Benefit** - We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires x -ray examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.
- 11. **Laboratory Benefit**- We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires laboratory examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.
- 12. **Nursing Benefit**– Outpatient Charges for nursing services by a registered nurse or licensed professional nurse, up to the maximum benefit amount shown on the Schedule of Benefits for the Nursing benefit.
- 13. **Physiotherapy** - Charges for physiotherapy:
  - a. As an outpatient, up to the maximum benefit amount shown on the Schedule of Benefits for the Outpatient Physiotherapy benefit.

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, massage or any form of physical therapy.

Total treatment per Injury will not exceed the maximum benefit amounts for Physiotherapy shown in the Schedule of Benefits.

- 14. **Ground Ambulance** - for services billed by a professional ambulance company up to the Maximum Benefit Amount shown in Schedule of Benefits for the Ambulance benefit. Ground Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the injured from the scene of the Accident to a Hospital. Surface trips must be to the closest local facility that can provided the covered service appropriate to the condition. If there is no such local facility available, coverage is for trips to the closest facility outside the local area.
- 15. **Dental Treatment for Injury Only** - Charges for dental treatment including dental x-rays for the repair and treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the maximum benefit amount shown in the Schedule of Benefits for the Dental Treatment benefit.

## ADDITIONAL ACCIDENT BENEFITS

### HEART OR CIRCULATORY MALFUNCTION BENEFIT

We will pay benefits for a Covered Person who suffers a sudden Heart or Circulatory Malfunction that results directly and independently of all other causes, from a Covered Accident and the first symptoms of the malfunction are medically diagnosed while the Covered Person is covered under this Policy and within 48 hours of a Covered Accident in the Line of Duty of the Covered Person.

Benefits will not be payable if in the past year, the Covered Person was medically diagnosed as having, or received treatment for:

1. a heart or circulatory malfunction; or
2. hypertension, angina or other heart or circulatory condition.

Benefits will not be payable if the Covered Person is diagnosed with a newly diagnosed congenital disorder.

Symptoms, such as shortness of breath, heart pain or numbness of a limb are covered during the first 48 hours following Emergency Duty. These symptoms are not covered beyond the first 48 hours unless:

1. they first occurred within 48 hours of Emergency Duty; and
2. an actual malfunction of the heart or circulatory system is subsequently diagnosed.

Emergency Duty means responding in the Line of Duty to a fire or emergency call.

Line of Duty means performing the professional responsibilities of a qualified individual for the position the Covered Person holds.

#### **EXPANDED MEDICAL TREATMENT BENEFIT**

Benefits will be payable on the same basis as any other Injury for treatment of the following conditions resulting from the play or practice of Intercollegiate Sports: Repetitive Motion Injuries; Strains; Sprains; Hernia; Tennis Elbow; Tendonitis; Bursitis; and Muscle tears. Benefits are subject to the same limitations, and Deductible as any other Injury.

#### **RE-AGGRAVATION OF PRIOR SPORTS INJURY**

During play or practice of intercollegiate sports, benefits are payable for re-aggravation of a sports Injury suffered prior to the Effective Date of a covered person's coverage under the Policy. For the purposes of this Re-aggravation of Prior Sports Injury benefit only, such re-aggravation will be considered an Injury if the re-injury occurs under circumstances which would have otherwise been covered under the Policy. Any exclusion for congenital conditions, sickness, or disease remains in force.

The maximum amount payable under this Re-aggravation of Prior Sports Injury benefit is limited to the amount shown on the Schedule of Benefits. This amount is included in the Aggregate Maximum Benefit Amount, per covered person, per accidental injury, as shown on the Schedule of Benefits, and is not in addition to that amount.

#### **OUT-PATIENT PRESCRIPTION DRUG BENEFIT**

We will pay the Eligible Expenses- shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

**Prescription Drug** means a drug which:

1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the out-patient use by the Covered Person:

1. On or after the Covered Person's Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the maximum benefit amount shown on the Schedule of Benefits.

## **DURABLE MEDICAL EQUIPMENT BENEFIT**

We will pay the benefit shown in the Schedule of Benefits if, by reason of Injury, a Covered Person requires the use of Durable Medical Equipment.

Durable Medical Equipment means medical equipment that:

1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of the Covered Injury and
4. can be used in the home without medical supervision; and
5. the purpose of the equipment is not to help the Covered Person participate in sports activity.

## **HEAT EXHAUSTION**

We will pay the benefit amount shown in the Schedule of Benefits for Heat Exhaustion as the result of a Covered Accident.

Heat Exhaustion means a condition characterized by faintness, rapid pulse, nausea, profuse sweating, cool skin, and collapse, caused by prolonged exposure to heat accompanied by loss of adequate fluid and salt from the body.

## **EXCLUSIONS**

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.

16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health check ups.
24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person;
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
28. Participation in any motorized race or speed contest.
29. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
30. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
31. Treatment of a hernia whether or not caused by a Covered Accident.
32. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
33. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
34. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
35. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident..
36. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
37. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
38. Travel in or upon:
  - a. A snowmobile;
  - b. A water jet ski;
  - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
  - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
39. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
  - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
  - b. While being used for any test or experimental purpose; or
  - c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
  - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
  - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f. an ultralight hang-gliding, parachuting, or bungi-cord jumping  
Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.



40. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
  - a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
  - b. The Covered Person was within a 25-mile radius of the site of release either:
    - i. At the time of the release; or
    - ii. Within 24 hours of the start of the release
41. Practice or play in any amateur, club sport, interscholastic, intramural school activity or professional sports contest or competition.
42. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
43. Rest cures or custodial care.
44. Prescription medicines unless specifically provided for under this Policy.
45. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
46. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
47. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

## LIMITATIONS

Any benefits payable under this Policy will be limited to the following:

- (1) The medical benefits otherwise payable under this Policy will be reduced by 50% if:
  - (a) Excess insurance is provided under this Policy; and
  - (b) The Covered Person has coverage under another plan providing medical expense benefits; and
  - (c) The other plan is an HMO, PPO or similar arrangement ("PPO-Preferred Provider Organization" means an Organization offering health care services through designated health care providers who agree to perform these services at rates lower than nonpreferred providers.); and
  - (d) The Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement for the provision of benefits.

The Covered Person's limitation does not apply to emergency treatment required within 24 hours after an Accident which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

- (2) In the event no consenting surgical opinion is obtained for those procedures that mandate such second surgical opinion benefits payable for all Eligible Expenses associated with the procedure will be reduced by 50%. This limitation will apply whether the surgery is performed on an in-patient or out-patient basis. We will not cover a second opinion given more than 6 months after surgery was first recommended.
- (3) Costs that exceed the Usual, Reasonable and Customary charges in the area where the services are furnished or supplies provided. Services, supplies and equipment must be:
  - (a) Medically necessary for the care or treatment of a covered Injury;
  - (b) Received while coverage is in force under this Certificate; and
  - (c) Rendered and/or prescribed by a licensed Physician other than the Covered Person or a member of his household or immediate family) in accordance with current medical standards and practices.
- (4) The application of the Coordination of Benefits or Non-Duplication of Benefits provision.

(5) If the Covered Person is admitted into the Hospital on a Friday or a Saturday on a non-emergency basis and the procedure for which he is admitted is not performed on the day of or the day after admission, we will not pay the Hospital charges for room and board or miscellaneous Hospital charges for the initial Friday or Saturday preceding the procedure.

## **AGGREGATE LIMIT**

The Aggregate Limit Amount is shown on the Schedule of Benefits. We will NOT be liable for any amount over such limit for any one Accident.

If the total amount of benefits to be paid under this Policy is more than the Aggregate Limit Amount, the benefit amount payable for a Covered Person's loss will be determined as a proportionate share of the Aggregate Limit Amount.

## **PREMIUM PROVISIONS**

### **GRACE PERIOD:**

A grace period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this period unless notice has been sent, in accordance with the POLICY TERMINATION provision, of the intent to terminate coverage under this Policy. Coverage will end if the premium is not paid by the end of the grace period.

### **PREMIUMS:**

Premium due dates are the first of every month. Premium payment made in advance or for more than a one month period will not affect any provisions of this Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the grace period shall be deemed notice to us to terminate coverage at the end of the grace period for which premium was paid.

### **CHANGES IN RATES:**

We have the right to change the premium rates on any premium due date:

1. After the first 12 months insurance is in effect;
2. Coinciding with a change in the coverage provided or classes eligible; or
3. Coinciding with a change in the risks we have assumed.

We will give 31 days written notice of any change under 1. above. Notice will be sent to the Policyholder's most recent address in our records.

## **GENERAL PROVISIONS**

### **ENTIRE CONTRACT; CHANGES:**

This Policy, the application of the Policyholder endorsements, riders and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, the application of any Insured, at our option, may also be made a part of this contract. If an application is not required, the policy is incontestable.

All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, his

beneficiary or representative. After 2 years from the Covered Person's effective date of coverage, no such statement, will cause such coverage to be contested.

No change in this Policy will be valid until approved by one of our executive officers. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

**CERTIFICATES:**

The Company will issue certificates to the Policyholder in electronic or paper form. The Policyholder must give a certificate to each insured. Such certificates will describe such person's benefits and rights under this Policy.

**WORKERS' COMPENSATION INSURANCE:**

This Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

**RECORDS MAINTAINED:**

The Policyholder or its authorized administrator will maintain records of the essential features of each Covered Person's insurance under this Policy.

We shall be permitted to examine the Policyholder's records relating to coverage under this Policy. Examination may occur at any reasonable time up to the later of:

1. The two year period after the expiration of the Policyholder's coverage; or
2. The final adjustment and settlement of all claims under the Policyholder's coverage.

**REPORTING REQUIREMENTS:**

The Policyholder or its authorized agent must report to us, by the premium due date:

1. The names of all persons insured on the Effective Date of this Policy;
2. The names of all persons who are insured after the Effective Date of this Policy;
3. The names of those persons whose insurance has terminated; and
4. Additional information required as agreed to by us and the Policyholder.

**NEWLY ACQUIRED SUBSIDIARIES:**

The premium for this Policy applies to the risks assumed on the Effective Date of this Policy. Eligible employees or members of subsidiaries newly acquired through merger, stock purchase, exchange of stock, or otherwise, shall be insured under this Policy, subject to the following conditions:

1. The Policyholder has at least 50% controlling interest in the subsidiary.
2. An additional premium payment is required with a report to us and the name of any newly acquired subsidiary.
3. Necessary underwriting information must be furnished for us to determine the additional risks assumed.
4. Coverage will begin on the legal date of acquisition.

No coverage shall continue for more than 60 days after the legal acquisition date unless the required report with the necessary data is supplied and the additional premium paid. The Policyholder shall be liable for payment of premium for the period during which such coverage remains in effect.

**MISSTATEMENT OF AGE:**

If premium and/or benefits for the Covered Person are based on age and the Covered Person's age has been misstated, there will be a fair adjustment of premiums and/or benefits based on the Covered Person's true age. The Company may require satisfactory proof of age before paying any claim.

**POLICY TERMINATION:**

We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. Written notice must be given at least 31 days prior to such premium due date.

**CONFORMITY WITH STATE STATUTES:**

Any provision of this Policy in conflict, on the Effective Date of this Policy, with the laws of the state where it is delivered, is amended to conform to the minimum requirements of such laws.

**INCONTESTABILITY OF A PERSON'S INSURANCE:**

The Company will not use a Covered Person's statements relating to his insurability or the insurability of his insured dependents to contest insurance after it has been in force for 2 years, unless the statement is contained in a written instrument signed by him.

## CLAIM PROVISIONS

**NOTICE OF CLAIM:**

Written notice must be given to us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given at our administrative office as shown on the cover page or to our agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.

**CLAIM FORMS:**

When we receive the notice of claim, we will furnish forms for filing proof of loss. If claim forms are not furnished within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

**PROOF OF LOSS:**

Written proof of loss must be furnished to us in the case of a claim for loss for which this Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which we are liable. Written proof that the loss continues must be furnished to us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year from the time proof is otherwise required except for lack of legal capacity.

**TIME OF PAYMENT OF CLAIMS:**

Benefits due under this Policy for a loss, other than a loss for which this Policy provides installments, will be paid within 60 days upon receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which this Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

**PAYMENT OF CLAIMS:**

Benefits for a Covered Person's loss of life will be paid to the beneficiary named in our records, if any, at the time of payment. The benefits can be paid in one sum or, at a Covered Person's written request, in accordance with one of our settlement plans. If a Covered Person has not requested any settlement plan, the beneficiary can do so in writing after a Covered Person's death. If there is no named beneficiary or

surviving beneficiary, a Covered Person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below:

1. The beneficiary named to receive a Covered Person's proceeds;
2. Spouse or Domestic Partner;
3. Child or children;
4. Mother or father;
5. Sisters or brothers; or
6. The estate of a Covered Person.

If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Any other accrued benefits which are unpaid at a Covered Person's death may, at our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.

**PAYMENT OF CLAIMS: OTHER BENEFITS:**

All other benefits will be paid to the Covered Person, if he is living, if not, we will pay his beneficiary or his estate.

**CHANGE OF BENEFICIARY:** (Applicable only if an Accidental Death or Dismemberment benefit is provided)

The Insured can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change which a Covered Person may make unless the designation of beneficiary is irrevocable or otherwise required by law.

**CONDITIONAL CLAIM PAYMENT:**

If a Covered Person incurs expenses for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will pay benefits if:

1. The Covered Person first agrees in writing to refund the lesser of:
  - a. The amount we actually paid for such expenses; or
  - b. The amount actually received from the third party for such expenses; and
2. The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise.

However, prior to our payment of benefits under this Policy, if the third party's liability is satisfied in an amount less than the benefits payable under this Policy, we will pay the difference.

**PHYSICAL EXAMINATION AND AUTOPSY:**

We will pay the cost and have the right to have the Covered Person examined as often as reasonably necessary while the claim is pending. We can have an autopsy made at our expense unless prohibited by law.

**RECOVERY OF BENEFITS:**

We reserve the right to recover from a Covered Person any benefits we have paid to him for injuries:

1. Received in a covered Accident; and
2. Which are covered under:
  - a. workers' compensation or similar statutory remedies available under law; or
  - b. Any employer's liability Insurance.

It will be assumed that the Covered Person is in receipt of such benefits unless he gives us proof such benefits have been denied to him.

**CLAIMS EXPERIENCE:**

Upon request, We will provide the Policyholder with a complete record of the Policyholder's medical claims experience or medical costs under the Policy. This record shall include all claims incurred for the lesser of:

- (a) The period of time since the Policy was issued or issued for delivery; or
- (b) The period of time since the Policy plan was last renewed, reissued or extended, if already issued.

The record shall be made available promptly to the Policyholder upon request that is made not less than 30 days prior to the date upon which premiums or terms of the Policy may be amended.

This information will not include the disclosure of personal or privileged information about an individual Covered Person that is protected from disclosure under any federal or state law or regulation.

The Policyholder will not be required to pay for information requested.

**LEGAL ACTIONS:**

No action at law or in equity shall be brought to recover benefits under this Policy less than 60 days after written proof of loss has been furnished as required by this Policy. No such action shall be brought more than 3 years after the time written proof of loss is required to be furnished.

When used throughout this document “Company”, “Our”, “We”, or “Us” means:

## **United States Fire Insurance Company**

### **GRIEVANCE PROCEDURES**

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we've made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

#### **DEFINITIONS**

A “**Grievance**” is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An “**Adverse Determination**” is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

#### **INFORMAL GRIEVANCE PROCEDURE**

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don't have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

#### **FORMAL GRIEVANCE PROCEDURE**

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

#### **First Level Review**

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter.

Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

Grievance

- (1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
- (2) A statement of the reviewer's understanding of the Grievance.
- (3) The specific reason(s) for the reviewer's decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
- (4) A reference to the evidence or documentation used as the basis for the decision.
- (5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
- (6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

### **Second Level Review**

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
  - attend the Second Level Review
  - present his/her case to the review panel;
  - submit supporting materials before and at the review meeting;
  - ask questions of any member of the review panel;
  - be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
  - request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:

- (1) were not previously involved in any matter giving rise to the Second Level Review;
- (2) are not employees of the Company or Utilization Review Organization; and
- (3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:

- (1) the name(s), title(s) and qualifying credentials of the members of the review panel;
- (2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
- (3) the review panel's recommendation to the Company and the rationale behind the recommendation;

Grievance



- (4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
- (5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
- (6) the rationale for the Company's decision if it differs from the review panel's recommendation;
- (7) a statement that the decision is the Company's final determination in the matter;
- (8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

### **EXPEDITED REVIEW**

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations.

When used throughout this document “The Company”, “Our”, “We”, or “Us” means:

**United States Fire Insurance Company**

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**PRIVACY POLICY AND PRACTICES**

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

**Your Privacy is Our Concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

**What kind of information do we collect about you and from whom?**

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

**What do we do with the information collected about you?**

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

**To whom do we disclose information about you?**

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

**How to contact Us**

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator  
Crum & Forster A&H Division  
5 Christopher Way, 2nd Floor  
Eatontown, New Jersey 07724

**NOTICE OF PROTECTION  
PROVIDED BY  
VIRGINIA LIFE, ACCIDENT AND SICKNESS  
INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
  - o \$300,000 in death benefits
  - o \$100,000 in cash surrender or withdrawal values
  
- Health Insurance
  - o \$500,000 in hospital, medical and surgical insurance benefits
  - o \$300,000 in disability [income] insurance benefits
  - o \$300,000 in long-term care insurance benefits
  - o \$100,000 in other types of health insurance benefits
  
- Annuities
  - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association’s website at [www.valifeqa.org](http://www.valifeqa.org) or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS  
INSURANCE GUARANTY ASSOCIATION  
c/o APM Management Services, Inc.  
1503 Santa Rosa Road, Suite 101  
Henrico, VA 23229-5105  
804-282-2240

STATE CORPORATION COMMISSION  
Bureau of Insurance  
P. O. Box 1157  
Richmond, VA 23218-1157  
804-371-9741  
Toll Free Virginia only: 1-800-552-7945  
<http://scc.virginia.gov/boi/index.aspx>

**Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.**

**VIRGINIA COMMONWEALTH UNIVERSITY  
REQUEST FOR PROPOSALS (RFP)  
ATHLETIC INJURY INSURANCE WITH FULL EXCESS COVERAGE  
#141651023CK-A**

**OFFER FORM**

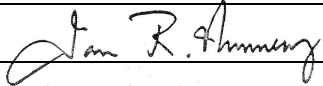
In compliance with this request for proposals and to all conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services described herein in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation. Furthermore, the undersigned agrees not to start any work relative to this particular solicitation until a resulting formal Purchase Order is received by the Contractor from University Purchasing. Any work relative to this solicitation performed by the Contractor prior to receiving a formal Purchase Order shall be at the Contractor's own risk and shall not be subject to reimbursement by the University. **Signature below constitutes acknowledgement of all information contained through links referenced herein.**

**A. GENERAL INFORMATION:**

Name & Address of Firm:

McGriff Insurance Services, Inc.  
47 Airpark Court  
Greenville, SC      Zip Code 29607

Date: May 14, 2021

By (Signature In Ink): 

Name Typed: Daniel R. Nunnery

E-Mail Address: DNunnery@McGriff.com

Title: Sr. Vice President, Education Risk

Telephone: ( 800 ) 476-4339 or Cell: 864-380-9583  
**Toll-free, if available**

Fax Number: (      )                       
**Toll-free, if available**

DUNS NO.: 19-643-7888

FEI/FIN NO.: 56-1623293

**B. SMALL, MINORITY & WOMAN OWNED BUSINESS INFORMATION**

MINORITY-OWNED BUSINESS:    ( ) YES (X) NO      WOMEN-OWNED:    ( ) YES (X) NO  
REGISTERED WITH eVA:            (X) YES ( ) NO      SMALL BUSINESS:    ( ) YES (X) NO  
VIRGINIA DSBSD CERTIFIED:    ( ) YES (X) NO      VIRGINIA DSBSD CERTIFICATION#:     N/A    

**C. PROPRIETARY OR CONFIDENTIAL INFORMATION**

<input type="checkbox"/> Check the box to the left "if" your proposal contains proprietary or confidential information. If so, <b>add an attachment sheet to this form with details.</b>	<b>See Paragraph XIII for more information</b>
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**D. ACKNOWLEDGEMENT OF ADDENDA:** Acknowledge your receipt of any addenda that may have been issued under this solicitation. **See Paragraph VIII for more information**

Addendum #			Addendum #
Addendum Date	<u>  /  /  </u>		Addendum Date
Addendum #			Addendum #
Addendum Date	<u>  /  /  </u>		Addendum Date

**Affix this Form as the FIRST PAGE of your proposal.**



2021 - 2022  
Intercollegiate Athletic  
Insurance Program  
RFP: 141651023CK-A

Virginia Commonwealth University  
Attn: Christopher C. Kersey  
907 Floyd Avenue  
Richmond, VA 23284



Dan Nunnery  
McGriff Insurance Services, Inc.  
Sr. VP of Educational Risk  
47 Airpark Ct.  
Greenville, SC 29607  
1.800.476.4339  
DNunnery@McGriff.com

Gail Gray  
McGriff Insurance Services, Inc.  
Educational Risk Specialist  
47 Airpark Ct.  
Greenville, SC 29607  
1.800.476.4339  
Gail.Gray@McGriff.com

Kendall Keffer  
McGriff Insurance Services, Inc.  
Vice President  
10 Franklin Rd. SE FL 1  
Roanoke, VA 24011  
540.983.4585  
KKeffer@McGriff.com

DATE: May 14, 2021  
TO: Christopher C. Kersey, CPPB, CUPO  
RE: Response to RFP # 141651023CK-A

Dear Mr. Kersey,

McGriff Insurance Services is pleased to present our partnership proposal for student and athletic accident coverage in response to the Virginia Commonwealth University (VCU) Request for Proposal. We are confident that the strategies we deploy will support your overall objectives and create a high-quality, value-added accident program for VCU.

Our services are built around a partnership through building a C.O.R.E. Strategy outlined in our proposal to support the school's focus and potential growth.

#### Cost Management Solutions

- § Provide claims and cost analysis and projections.
- § Effective annual renewal negotiations and exploration of appropriate vendor, benefits and funding alternatives to ensure the school is receiving the most value for the benefit-dollars spent.
- § We leverage \$17 billion+ in premiums with carriers to deliver best-possible pricing and service delivery from all insurance carrier partners. We work with carriers to give us preferred partner pricing.

#### Operational Excellence

- § McGriff is your advocate with TPA's and Carriers.
- § McGriff assigns one Account Manager as a primary contact for customized service.

#### Risk Mitigation Strategy

- § We work to mitigate current and future population health and regulatory risks.
- § Contract review and analysis to ensure appropriate coverage terms and control cost.
- § Properly trained staff to assess treatment needs through on-site or virtual training sessions to familiarize them with the plans and claims process.

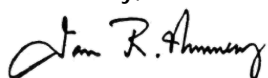
#### Enhanced Member Experience

- § We strive to rise above the competition through superior client service delivery. Every day, we must commit to one of our key corporate objectives: "Execute on the Perfect Client Experience with every client interaction."
- § Developing and designing student communications in order to improve student understanding and value through engaging communications, education tools, and resources.
- § For escalated issues, staff or students can call or email their dedicated account manager.

The following pages contain detailed descriptions of the people who will provide the above services but also a sense for the culture and philosophy of how we will engage with VCU.

Thank you for your time and consideration during this process. We look forward to continued collaboration in the next steps of your RFP.

Sincerely,



Dan R. Nunnery  
Sr. V.P., Education Risk

# **REQUIRED FORMS**

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PARTICIPATION BY SMALL BUSINESSES, BUSINESSES OWNED BY WOMEN, (APPENDIX I)  
BUSINESSES OWNED BY MINORITIES

This appendix should only be completed by firms that are not currently Virginia Department of Small Business and Supplier Diversity (DSBSD)-certified small businesses.

Offeror certifies that it will involve Small Businesses, Women-Owned Businesses, and/or Minority-Owned Businesses (SWaM) in the performance of this contract either as part of a joint venture, as a partnership, as Subcontractors, or as suppliers. VCU has an overall goal of 42% SWaM participation for all annual purchases and seeks the maximum level of participation possible from all its contractors.

**SWaM Subcontracting Plan:** *In the space below, please describe the areas in which you plan to utilize SWaM-certified businesses as subcontractors. Please be specific as to what types of goods and/or services these subcontractors will provide during the performance of the contract. If currently known, please list the exact SWaM-certified subcontractors you plan to utilize.*

Unfortunately, in order to offer the most competitive proposal, we are not able to utilize a SWaM-certified business as a subcontractor.

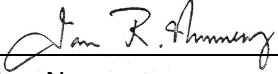
**Commitment for utilization of DSBSD SWaM Businesses:**

0 % of total contract amount that will be performed by DSBSD certified SWaM businesses.

**Identify the individual responsible for submitting SWaM reporting information to VCU:**

Name Printed: N/A  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Firm: \_\_\_\_\_

Offeror understands and acknowledges that the subcontracting plan above represents a contractual commitment by the Offeror. Failure to achieve the percentage commitment will be considered a breach of contract and may result in contract default.

Acknowledged:  
By (Signature):   
Name Printed: Dan Nunnery  
Title: Sr. VP, Education Risk  
Email: DNunnery@McGriff.com

Note: Small, Minority and/or Women-owned business sub-contractors are required to become certified and maintain certification through the Virginia Department of Small Business and Supplier Diversity (DSBSD; <https://www.sbsd.virginia.gov/certification-division/>) in order to fulfill the Offeror's commitment for utilization.

APPENDIX II

INVOICING AND PAYMENT

Invoicing:

The Contractor shall submit a fully itemized invoice to Virginia Commonwealth University, Accounts Payable, PO Box 3985 Scranton, PA 18505, that, at minimum, includes the following information: the Virginia Commonwealth University purchase order number; a description of the goods or services provided; quantities; unit prices; extended prices; and total prices. Payment will be issued in accordance with the payment method selected below and with the Commonwealth of Virginia Prompt Payment Legislation.

Upon request by VCU, the Contractor shall submit invoices electronically using the VCU RealSource vendor portal; and Contractor agrees to comply, to the extent commercially reasonable, with any future e-commerce initiatives including, but not limited to: procurement, procurement content, sourcing or any other electronic procurement and sourcing solutions.

Questions regarding this method of invoicing should be sent to: [ecommerce@vcu.edu](mailto:ecommerce@vcu.edu).

Payment:

Please review the payment methods described below and select one for your firm.

By selecting the payment method below, Contractor acknowledges that the selected payment method is **not specific to the contract resulting from this solicitation and will apply to all payments made to the Contractor** by Virginia Commonwealth University. For example, if the Contractor has an existing contract(s) and is currently receiving payment by paper check, but the Contractor is now electing to receive payment by the commercial card, **all payments** will be made using the method selected below.

**Payment Methods**

**1. Electronically through a Wells Fargo Visa commercial card:** Payment is processed thirty (30) days after receipt of a proper invoice for the amount due, or thirty (30) days after receipt of the goods or services, whichever is later.

It is the Contractor's responsibility to contact its banking institutions to determine any credit limit that may restrict the payment of invoices. It is the Contractor's responsibility to have its credit limit raised as necessary to facilitate the timely payment of all invoices. Invoices exceeding the Contractor's credit limit will be returned unpaid.

Questions regarding this method of payment should be sent to [commcard@vcu.edu](mailto:commcard@vcu.edu).

**2. Paper Check**

**Contractor must indicate the method of payment selected:**

Commercial Card Payment (Wells Fargo VISA)

Paper Check

**Invoicing and Payment Method Acknowledgement:**

Signature:   
Name Printed: James R. Shipp  
Title: Chief Operating Officer  
Name of Firm: A-G Administrators, LLC  
Date: May 17, 2021

Please identify the following contact information for the individual who will serve as the appropriate point of contact within your company to be contacted by VCU Accounts Payable to implement the electronic invoicing and payment processes:

Name of the individual: Amanda Rogerson  
Title: Director of Finance & Client Services  
Mailing address: 1001 Old Cassatt Rd, Ste 300; Berwyn, PA 19312  
Email address: arogerson@agadm.com  
Phone number: 610.933.0800  
Fax number: 610.933.4122

APPENDIX III

EXCEPTIONS

Any and all exceptions to the terms, conditions, or specifications of this RFP must be clearly stated, section by section, in the space provided below. Exceptions should be numbered to coincide with the RFP numbering and be provided in the sequence in which the item appears in the RFP. If more space is required, please copy this page or attach separate sheets. Please note VCU, at its discretion, reserves the right to consider proposals containing significant exceptions to be non-responsive. VCU also reserves the right at its sole discretion to reject Offeror exceptions.

Unless specific exceptions are made within the firm's proposal, VCU will assume that the Offeror accepts all the terms, conditions, and specifications of this RFP. In the event that VCU enters into negotiations with an Offeror, VCU may decide only to negotiate those items included as exceptions listed in Appendix III. If during negotiations the Offeror raises issues that were not included in the Offeror's Appendix III submittal, then VCU may in its sole discretion terminate the negotiations.

<b>UNIVERSITY PROPOSAL SECTION NUMBER</b>	<b>STATED EXCEPTION</b>
	<b>N/A: McGriff is not aware of any exceptions needed to meet contract requirements.</b>

# PROPOSAL

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# McGriff Overview

With more than a century of experience, McGriff provides highly customized insurance, risk management, and employee benefit solutions for organizations of all sizes. McGriff Insurance Services Inc. is a subsidiary of Truist Insurance Holdings, Inc., the sixth largest independent insurance broker in the U.S. and seventh largest in the world.

Our experienced risk management professionals develop highly tailored services and deliver them based on a proprietary and proactive approach we call Client Focused Risk Solutions.

We see ourselves as strategic, consultative partners to our clients, providing them with the kind of best-in-class global services they expect from their most trusted advisors. To meet these expectations, McGriff has assembled a team of the very best and brightest professionals in the insurance industry and charged them with being creative problem solvers with a focus on responding to the specific needs of our clientele.

McGriff is well positioned within the insurance industry to help match our clients' needs around the world with the best options available to them in the global marketplace. Our trading partners understand and embrace our client-centric philosophy. Combining their willingness to provide exceptional products and services with our risk management analytics and consulting allows McGriff to deliver the highest quality of customer service, year after year.

When you choose McGriff, you'll be joining thousands of other business owners across the country who made the decision to select a national agency that focuses on long-term relationships.

The world is ever changing as is the risk environment facing individuals and businesses alike. McGriff is committed to providing our clients with the advice and guidance necessary to help them successfully navigate their risk path.

## About Us

McGriff provides highly consultative insurance and risk management solutions including business property & casualty, bonding & surety, cyber, executive risk, professional liability, workers' compensation, personal lines, and employee benefits.

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**\$1.1** Billion

2020 Revenue

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**\$11** Billion

2020 Premium Volume

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**120+**

Office Locations in the U.S.

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**3,800**

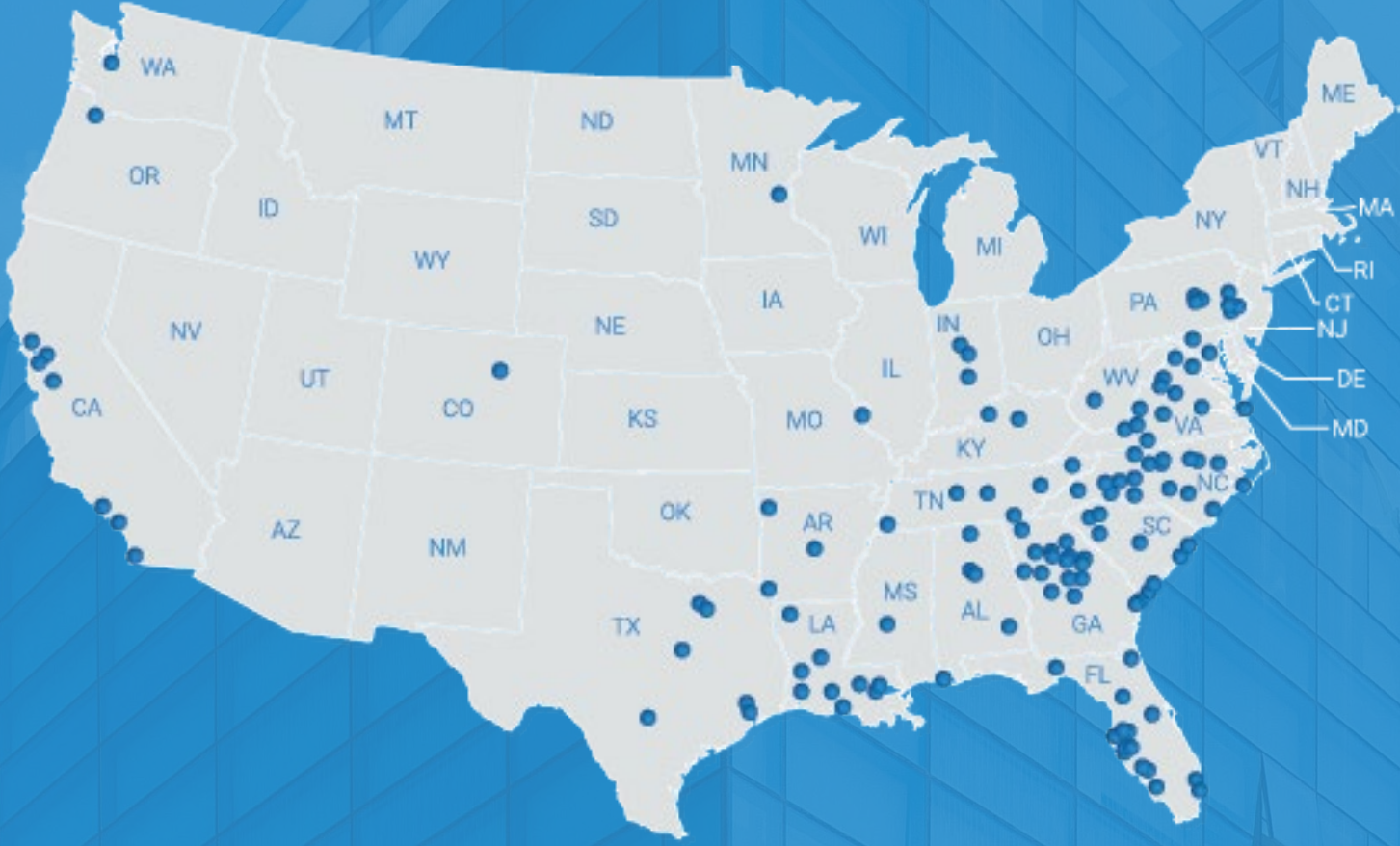
Teammates

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**160**

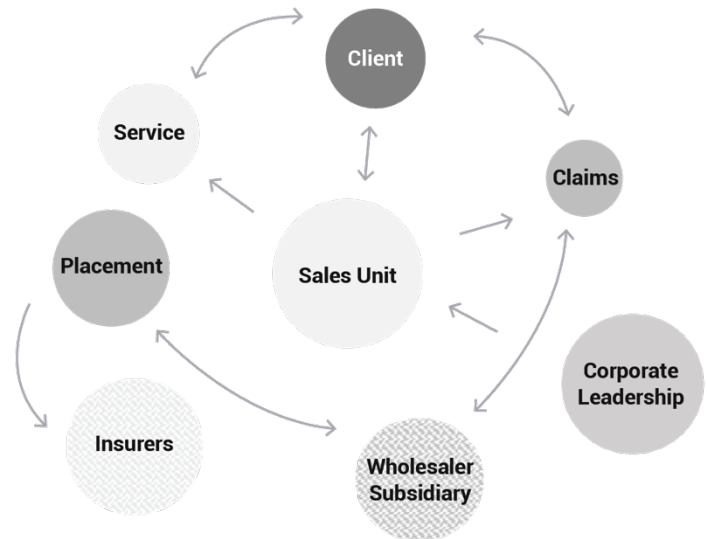
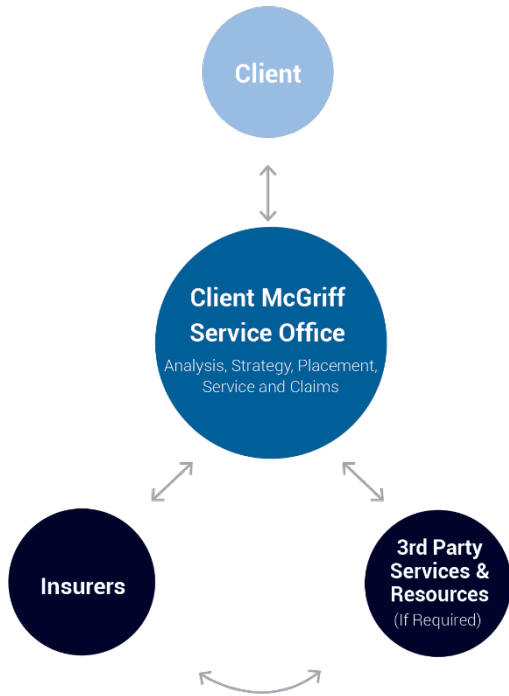
Countries represented  
through global partnerships

# McGriff Office Locations



# Our Service Model

The entire McGriff organization is built around servicing client needs. Our approach to servicing our clients is not a fragmented approach, but a team approach that personally takes responsibility for all facets of our clients' needs.



## McGriff's Specialized, Service-Oriented Approach

- Niche-focused Account Service Team centrally-located and multi-disciplined
- All team members accountable and involved in day-to-day service functions; 24/7 availability
- Strong team dynamic; close-knit group. Long-term continuity & extremely low turnover
- Model promotes creativity, expertise and specialized solutions; provides most direct access to insurance market
- Model drives innovation, automation, efficiency and data analytics to assist companies achieve their risk goals and objectives.
- Corporate leadership fully integrated into service
- Dedicated claims team

## Conventional Broker Service Model

- Lack of specialization held by Account Managers
- Multiple points of contact, limited ownership
- Separation of day-to-day service functions; lack of continuity in reporting lines
- Corporate leadership isolated from the service process
- Structured for large volume, standardized business; but not highly specialized / customized solutions





## Our Service Philosophy

Our philosophy on client service rests heavily on McGriff's rich experience, proactive engagement and the consistency to deliver innovative and client-focused solutions. This approach empowers our clients to conduct their business responsibilities and fulfill similar obligations to their customers.

### Our staff.

McGriff is committed to hiring, developing and retaining the best and brightest people within our industry. We place an emphasis on hiring individuals that are experienced in the niche industries on which we focus. Our goal is to provide our customers with the highest level of professionalism, creative thinking and service available.

### Our structure.

McGriff's organizational structure supports its client-centered approach to doing business. We are a flat organization that operates with a minimum of bureaucracy -- each group is uniquely positioned to respond immediately to customer requests.

### Our leadership.

Our senior management maintains hands-on involvement with account service activities to ensure the highest level of service and responsiveness. Regardless of what leadership level they have obtained, all of our employees are first and foremost in the insurance business.

### Our work product.

Our focus on the customer enables us to provide solutions that are as unique as each of our clients. From comprehensive program design to alternative risk transfer mechanisms, we provide the solution that is the best fit for each client. Throughout the consulting engagement, we never lose sight of who we are working for and continually search for ways to improve and deepen our product and service offerings.

## Introduction – Service Team

McGriff Risk Consultants	
Dan Nunnery	Kendall Keffer
Senior V.P., Education Risk	Vice President
47 Airpark Ct.	10 Franklin Rd. SE, FL1
Greenville, SC 29607	Roanoke, VA 24011
Toll Free: 1.800.476.4339 Cell: 864.380.9583	Office: 540.983.4585 Cell: 54.-529.7948
<a href="mailto:DNunnery@McGriff.com">DNunnery@McGriff.com</a>	<a href="mailto:KKeffer@McGriff.com">KKeffer@McGriff.com</a>
EST: 8:00 am – 5:00 pm (Reach on Cell Any Time)	EST: 8:00 am – 5:00 pm

McGriff Account Management Team (Service and Escalated Claims Issues)	
Gail Gray	Jessica Livingston Mishoe
Account Executive, Education Risk (Service, Escalated Claims, Renewals, etc.)	Educational Risk Specialist (Invoice, Payments, back-up to Gail)
47 Airpark Ct.	47 Airpark Ct.
Greenville, SC 29607	Greenville, SC 29607
Toll Free: 1.800.476.4339 Direct: 864.672.1345	Toll Free: 1.800.476.4339 Direct: 864.672.1357
<a href="mailto:Gail.Gray@McGriff.com">Gail.Gray@McGriff.com</a>	<a href="mailto:JMishoe@mcgriff.com">JMishoe@mcgriff.com</a>
EST: 8:30 am – 5:00 pm	EST: 8:00 am – 3:30 pm

A-G Administrators, LLC Team (Claims Administration)	
James Shipp	Zanetta McFadden
Chief Operating Officer	Claims Examiner
P.O. Box 979	P.O. Box 979
Valley Forge, PA 19482	Valley Forge, PA 19482
Toll Free: 1.800.634.8628	Toll Free: 1.800.634.8628 Direct: 1.484.302.0913
<a href="mailto:jshipp@agadm.com">jshipp@agadm.com</a>	<a href="mailto:zmcfadden@agadm.com">zmcfadden@agadm.com</a> <a href="mailto:Claims@agadm.com">Claims@agadm.com</a>
EST: 8:00 am – 5:00 pm	EST: 8:00 am – 5:00 pm

## Qualifications of the Firm – McGriff

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### History, Growth, Ownership Structure

McGriff Insurance Services (McGriff) is a subsidiary of Truist Insurance Holdings, Inc. the sixth largest insurance broker in the United States and seventh largest in the world. Truist Insurance Holdings, Inc. is owned by Charlotte, N.C.-based Truist Bank Corporation (NYSE: TFC), one of the nation's largest and best managed financial institutions. McGriff provides highly consultative risk management and insurance brokerage services for nearly all types of coverage – including personal, small business, corporate, life/health and employee benefits.

McGriff, founded in 1922, is headquartered in North Carolina. Our growth is attributable to client development, client retention and an aggressive acquisition strategy, with more than \$10 billion in annual premium volume and \$1 billion in revenue in 2019. McGriff's overall insurance operation includes seven subsidiaries, more than 120 locations, and 3,800 teammates that meet our client's needs each and every day.

McGriff Employee Benefit Solutions, combines a full array of products (Student Health, Intercollegiate Athletic Accident, Student Accident, Medical, Dental, Vision, Disability, Life, Communications, Employee Advocacy, Actuarial, Benefit Administration, COBRA, FMLA, Cafeteria Plans, ERISA, Compliance and more) with exceptional market expertise and industry knowledge to deliver comprehensive insurance programs designed specifically for each client. With national capabilities, regional focus, and local relationship-oriented service, McGriff is an industry leader in employee benefits.

## Qualifications of the Firm – McGriff (continued)

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### Mission, Vision, Values, Approach, Differentiators and Service Standards

#### Our Mission

To make the world a better place to live by:

- § Helping our clients meet their goals and take care of their employee benefits to achieve economic success and financial security
- § Making our communities in which we work better places to be
- § Lighthouse Projects and Philanthropy
  - Since 2009, McGriff has partnered with the Lighthouse Project, Truist's largest philanthropic effort. Employees have donated more than 640,000 hours over 11,000 projects in more than 25 different states.

#### Our Vision

To create the Best Employee Benefit Consulting Group possible – to be *"The Best of The Best"*.

#### Our Values

- § Reality – What is, is
- § Reason – Logical decisions based on facts
- § Independent Thinking – Promote both responsibility and creativity in our employees
- § Integrity, Honesty – We say what we mean and mean what we say
- § Justice – Those who contribute the most receive the most
- § Pride – We live our values every day
- § Self-Esteem – Achieved through excellence in our work
- § Teamwork – We work together. All day. Every day
- § We have a high level of commitment to Productivity

#### Our Service Standards

- § Knowledge and consistent team
- § Compensation disclosure
- § Resource delivery
- § Proactive and innovative
- § Knowledge and utilization of market
- § Timeliness and accuracy
- § Confidentiality
- § Stewardship

## Qualifications of the Staff – Team Members

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### Dan Nunnery

Senior Vice President, Educational Risk  
Greenville, SC

#### Years of Experience

26 Years - Since 1995

#### Years with McGriff

26 Years - Since 1995

#### Education

B.S., Business Management  
Presbyterian College

#### Licenses/Certifications

Insurance Producer – Property & Casualty  
Insurance Producer – Accident, Health or Sickness & Life  
CIC Designation

#### Areas of Expertise

A McGriff Practice Leader, Dan Nunnery plays an instrumental role in cultivating our carrier relationships and expanding our coverage options for our clients.

Dan works with clients to find the proper coverage solutions for a school's risk and financial budget. He also serves as a partner for his clients to monitor performance and industry trends.

Dan is active in several high school associations in North and South Carolina. He is endorsed by the North Carolina Athletic Directors Association (NCADA).

As a former college basketball coach, he has a unique understanding of athletics and school administrators.

### James Shipp

A-G Administrators, LLC – *Chief Operation Officer*

James works to bridge the gap between clinical and financial risk management as it specifically pertains to health and accident insurance. Prior to entering the sports insurance arena, Shipp served as a collegiate athletic trainer and athletics administrator at Towson University and the University of North Carolina at Greensboro. Shipp earned his bachelor's degree from the University of North Carolina at Chapel Hill. He earned his master's degree in Exercise Physiology from the University of Alabama at Birmingham. Shipp is a licensed insurance producer and certified athletic trainer.

## Qualifications of the Staff – Team Members

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### Gail Gray

Account Executive, Education Risk Specialist  
Greenville, SC

#### Years of Experience

19 Years - Since 1995

#### Years with McGriff

Over 7 Years – Since September 2012

#### Education

B.S., Parks, Recreation and Tourism Management  
Clemson University

#### Licenses/Certifications

Insurance Producer – Accident, Health or Sickness & Life

#### Areas of Expertise

Gail has experience in all facets of HR, Training and Employee Benefits.

Gail offers creative solutions through her expertise in marketing and claims resolution, and partnership with the client.

She possesses the knowledge to effectively identify needs, research issues and coordinate resolution between the school, carrier, TPA and parent/student.

Gail assists clients with benefit correspondence and materials, conducting benefit training/orientations and/or scheduling online demos, invoice adjudication, coverage questions, etc.

### Jessica Mishoe

Education Risk Specialist  
Greenville, SC

#### Years of Experience

11 Years - Since 2010

#### Years with McGriff

Over 6 Years – Since September 2015

#### Licenses/Certifications

Insurance Producer – Property & Casualty  
Insurance Producer – Accident, Health or Sickness & Life


#### Areas of Expertise

Jessica has worked in the Bond, Commercial and Employee Benefits Departments as a support team member for the last three years. She has recently transitioned to support the Education Risk Insurance Division.

Jessica possesses strong analytical skills and communication skills in addition to the ability to multi-task and complete tasks in a timely manner. This enables her to support the team in communications and problem solving with both client personnel and students.


## References: A-G Administrators

	COLLEGE	Virginia Tech University
	NAME	Jimmy Lawrence
	POSITION	Director, Sports Medicine & Insurance Coordinator
	ADDRESS	Blacksburg, VA 24061
	PHONE	540.231.5690
	E-MAIL	<a href="mailto:jlaw@vt.edu">jlaw@vt.edu</a>
	# of Students	28,000


	COLLEGE	Liberty University
	NAME	Vickey Jaynes
	POSITION	Director of Risk Management
	ADDRESS	1971 University Blvd., Lynchburg, VA 24515
	PHONE	434.592.6446
	E-MAIL	<a href="mailto:vojaynes@liberty.edu">vojaynes@liberty.edu</a>
	# of Students	45,935


	COLLEGE	St. Joseph's University
	NAME	Jill Bodensteiner
	POSITION	Director of Athletics
	ADDRESS	5600 City Avenue, Philadelphia, PA 19131
	PHONE	610.660.1707
	E-MAIL	<a href="mailto:athleticdirector@sju.edu">athleticdirector@sju.edu</a>
	# of Students	5,000


## References: McGriff

	COLLEGE	High Point University
	NAME	Joshua Geruso
	POSITION	Asst Athletic Director for Sports Medicine
	ADDRESS	One University Parkway, High Point, NC 27268
	PHONE	336-841-9275
	E-MAIL	<a href="mailto:jgeruso@highpoint.edu">jgeruso@highpoint.edu</a>
	# of Students	4800
	DESCRIPTION OF SERVICES	<p>HPU has been a client since 2013 (5 Years).          McGriff is the broker for the following policies:            Intercollegiate Sports (ICS) Athletic Accident Plan (5 Years)            Student Health Plan (5 Years)          They have made several carrier changes within the five years.</p>

## References (continued)

COLLEGE	Presbyterian College
NAME	Nelson Jones
POSITION	Athletic Trainer
ADDRESS	105 Ashland Avenue, Clinton, SC 29325
PHONE	864-833-7097
E-MAIL	<a href="mailto:nwjones@presby.edu">nwjones@presby.edu</a>
# of Students	1100
DESCRIPTION OF SERVICES	 <p>PC has been a client since 2012 (8 Years).          McGriff is the broker for the following policies:              Intercollegiate Sports (ICS) Athletic Accident Plan (8 Years)              Uninsured Athlete Plan (8 Years)              International Student coverage (5 Years)              Cheer CAT (4 Years)</p>

COLLEGE	Campbell University
NAME	Bob Roller
POSITION	Athletic Director
ADDRESS	143 Main Street, Buies Creek, NC 27506
PHONE	910-893-1327
E-MAIL	<a href="mailto:roller@campbell.edu">roller@campbell.edu</a>
# of Students	6800
DESCRIPTION OF SERVICES	 <p>Campbell has been a client since 2013 (5 Years). McGriff is the broker for the following policies:              Mandatory Student Accident Plan (5 Years)              Intercollegiate Sports (ICS) Athletic Accident Plan (5 Years)              Student Health Insurance (5 Years)              Cheer CAT (5 Years)</p> <p>They have made several plan design changes as well as carrier changes within the past five years. They were initially Fully insured and are now on a partially self-funded plan.</p>

COLLEGE	Davidson College
NAME	Beth Hayford
POSITION	Assistant Athletic Director for Athletic Training
ADDRESS	209 Ridge Road, Davidson, NC 28036
PHONE	704-894-2774
E-MAIL	<a href="mailto:behayford@ davidson.edu">behayford@davidson.edu</a>
# of Students	1810
DESCRIPTION OF SERVICES	 <p>Davidson has been a client since 2016 (4 Years).          McGriff is the broker for the following policies:              Intercollegiate Sports (ICS) Athletic Accident Plan (4 Years)              Uninsured Athlete Plan (4 Years)              International Student Plan (4 Years)</p>



## References (continued)

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COLLEGE	Wingate University
NAME	Sherrie McCaskill, DNP, FNP-C
POSITION	Director of The Health Center
ADDRESS	205 N. Main Street, Wingate, NC 28174
PHONE	704-233-8102
E-MAIL	<a href="mailto:s.mccaskill@wingate.edu">s.mccaskill@wingate.edu</a>
# of Students	3,620
DESCRIPTION OF SERVICES	<p>Wingate has been a client since 2012 (6 Years).            McGriff is the broker for the following policies:</p> <ul style="list-style-type: none"> <li>Student Health Plan</li> <li>Intercollegiate Sports (ICS) Athletic Accident Plan (5 Years)</li> <li>International Student Plan (2 Years).</li> </ul> <p>In 2015, McGriff assisted them with transitioning their internationals onto the Student Health Plan. In 2018 we assisted Wingate with transitioning their Student Health Center from a non-profit which only dispensed medications to a full pharmacy so they could begin billing for all services, thereby making it a profit center.</p>



## Work Plan

### Work Schedule/Implementation Timeline

#### Plan Installation

Review and finalize applications, contracts, and policy descriptions

Verify participation and contribution requirements

Conduct on-site and/or virtual informative benefits presentations and enrollment support

Assure receipt and accuracy of master contract, booklets, and ID cards/Referral Card

Ensure client receives Group Administrator's kit/Claims Packet and/or Demo

IMPLEMENTATION TIMELINE	PROJECTED DATE	DURATION	ASSIGNED
<b>High Level Implementation Plan</b>			
<b>Bid Acceptance</b>			
Award Notification	6/21/2021	Quick	VCU
McGriff Notifies TPA/Carrier via Email	6/21/2021	Quick	Gail/Dan
McGriff will schedule an Introduction Call with client.	Week of 6/28/21	Quick	Gail
TPA/Carrier prepares Agreements Agreement Review and Signatures	6/23/2021	Quick	A-G
Agreements to Client	6/23/2021	Quick	A-G/Gail
Client Reviews, Signs and emails Agreement(s) to McGriff	6/23/21 - 6/30/21	1 Hour	VCU
<b>Online Claims Management System</b>			
McGriff will coordinate a Demo of Claims Management System with Athletic Staff.	Week of 6/28/21	Email	Gail/VCU/A-G
Policyholder will complete and submit the Registration Form(s)/User Access Form(s) for each staff member who should have access to the online claims system.	Complete by 7/2/21	1 Hour	VCU
TPA will set up Log In's for each staff member and email accordingly	Week of 7/5/21	2 Days	A-G
<b>Plan Materials</b>			
Claims Packet/Referral Document produced and approved by Carrier Compliance and Underwriting	7/5/21 - 7/16/21	2 Weeks	A-G
Client approval of plan materials (Final Proof approved)	7/16/2021	1 Hour	VCU
Plan materials published online (if applicable)			A-G
Policy is generated and sent to client for review and Signature	90 Days		A-G
Policyholder signs and returns to McGriff	30 Days	1 Hour	VCU
<b>Invoice and Payment</b>			
Obtain PO#, process invoice	Client Process	TBD	VCU/Jessica



## Client Support

Dedicated point of contact for the University.

Respond to all service requests within 24 hours and assist with escalated claim resolution

Act as a liaison between the school, carrier, and student/parent

Ensure timely and fair resolution of claims and billing issues

Conduct school educational meetings (if needed)

Coordinate training and assistance for the Plan Administrator(s)

Provide claims and cost analysis and projections along with Monthly Loss Run Reports.

Effective annual renewal negotiations and exploration of appropriate vendor, benefits and funding alternatives to ensure the school is receiving the most value for the benefit-dollars spent.

Conduct quarterly Account Management meetings (as needed)

Analyze and offer solutions and innovative suggestions

Market coverages and produce proposals, which compare options in a clear and concise manner.

Work with carriers to receive claims data on a monthly basis

Process enrollments, invoicing and payments through carrier.

Initiate and coordinate correspondence between TPA and local providers to maximize service discounts.

Send Monthly Claims Reports

## Renewal Process

Prepare for Renewal Process and offer timeline prior to 90 days before plan expiration.

Coordinate the Renewal Process to smoothly transition to other carriers (if applicable)

Collect data for Underwriting for the policies in place.

Provide historical analysis of premium and claims along with solutions in chart format for ease of comprehension.

Coordinate with TPA's and/or carriers to confirm we are offering the best solution for the school.

Bind coverage prior to the expiration of the prior policy.

Review Policy to confirm it reflects the plan details sold.

Provide Certificates of Insurance, Policies and/or Endorsements or Riders after review.

## Outcomes and Performance Measurement

Outcome measures include a full suite of data analytics included on the monthly reporting. Most importantly, tracking the following data points:

1. Total number of claims per policy year
2. Total billed charges for all medical expenses
3. Student-athlete primary health insurance utilization – what is the relative contribution of student-athlete primary health insurance to defraying the total cost of care
4. A-G Discounts – what is the dollar amount and relative discount A-G achieves on balances after student-athlete primary health insurance
5. Total spend by VCU Athletics and by any insured claims
6. Total spend relative to billed amount
7. Benchmarking the above data versus a representative group of similar NCAA, Atlantic 10, and Virginia-based NCAA Division I schools
8. Claims by Sport, Body Part, Procedure, & Provider
9. High Dollar claims

All of the above data will drive decision making and direct solutions for optimizing the administrative and financial efficiency of the cost of health care for all student-athletes at Virginia Commonwealth University.

## Online Claims Processing Timeframe

EGBAR, the online claims system makes it easy for the Plan Administrator to file claims electronically, obtain EOB's, claims access, statements and create customizable reports.

A-G will process claims within 10 days from the date they receive all required documents.

If A-G needs additional information to resolve the claim then McGriff will help coordinate efforts in obtaining the documents needed so that the claim and/or issue can be resolved.

If there is a missing EOB or CMS-1500/HICFA-1500/UB-04 Form, A-G will assist with obtaining the needed information so the claim can be processed. In addition, the McGriff Account Manager can coordinate this process and is willing to contact the Provider(s) directly as needed.

## Appeal process for claims

First level appeal – informal – A-G Administrators employs several Certified Athletic Trainers in house to review any claims questions and documentation, which have been presented. This resolves 99% of all claims questions. In fact, A-G RARELY denies claims for this reason. Beyond this, A-G, through our carrier has a multi-tiered appeals process that involves third-party medical reviews.

In addition, the McGriff Account Executive assists with any escalated claims issue resolution.

## Loss Run Reports/Claims Reports

McGriff will email the client contact a Monthly Loss Report Package. Please see attached Sample Reporting Package.

## Overall Risk

Jessica Mishoe is a backup for Gail in regards to Account Management. They are able to share files should one be out unexpectedly. Gail is also typically available via cell phone.

### Why McGriff is Different

We distinguish ourselves by offering a “high-touch” level of service. We’re accessible and available for our clients at all times. McGriff offers our value-added services as an extension of your Human Resources Department through a strategic partnership. Our No. 1 goal is to alleviate as many benefit-related burdens as possible, providing our clients with the tools and recommendations necessary to choose the best possible plan designs with “best in class” vendors. We also believe we set ourselves apart from the competition by the following:

**INDEPENDENT:** Our loyalty is and always will be to our clients and their employees. Our independent status allows us to be truly objective in our analysis of carriers, products and their financial underwriting analysis.

**EXPERIENCED:** Servicing large complex accounts in both domestic and international locations.

**FOCUSED:** We manage our clients’ employee benefits while protecting their most valuable resource – their employees.

**FLEXIBLE:** The size of our firm combined with our expertise allows us to seek solutions far beyond the ordinary, while exploring ways to provide our clients the means for meeting their goals.

**COMMITTED:** We are committed to the process of negotiating the most comprehensive benefit program with the most competitive financial results for our clients.

Our best resource is the intellectual capital of our team and their philosophical alignment with our clients. Together we deploy a robust strategy that earns real results for our clients and their employee population. We control the overall healthcare spend for our clients while creating better healthcare consumers. Finally, we create a healthier and more informed population that is able to engage fully in their health benefits.

It’s our highly consultative; hands-on approach that makes McGriff different. Simply put, our focus is on you. When you talk, we honestly listen. When you tell us about your priorities, challenges and values, you’ll have our undivided attention.

## Maintaining Client Records in a HIPAA Secure Environment.

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McGriff, via Legal and Compliance functions, monitors federal and state privacy laws and regulations, including HIPAA and amendments thereto. In our relationships with vendors, TPAs, other service providers and carriers, we ensure that there are proper and relevant provisions included in contracts to protect and safeguard the personal nonpublic health information of any clients or prospective customers that is shared or transmitted between us and the parties with whom we do business. Our contracts generally contain provisions which more generally protect the confidentiality of information, including financial information.

### Information Security and Privacy Obligations:

HIPAA and the BAA require the line of business to implement administrative, physical and technical safeguards for PHI in any form, e.g., electronic, paper, or any other media and this has been done. McGriff e.g. has implemented various encryption tools to guard against unauthorized disclosure of PHI. As required by the Act, McGriff has a designated Privacy Official.

In addition to safeguarding PHI in compliance with HIPAA, McGriff will protect, use and disclose PHI in accordance with the Truist Code of Ethics and Truist Corporate Privacy Policy. The Truist Corporate Privacy Policy prohibits the use or disclosure of PHI for any purpose beyond what is permitted in the BAA, or required by applicable law.

### Subcontractors:

McGriff is taking steps to ensure that any subcontractors or agents similarly comply with HIPAA by required them, by written contract, to comply with its privacy and security obligations with respect to PHI. As the Omnibus rule now extends BA requirements to vendors/subcontractors.

### Training:

McGriff has incorporated HIPAA training into its established training process. \*PHI or Protected Health Information shall mean any information, whether oral or recorded in any form or medium, that relates to the past, present or future physical or mental condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of health care to an individual; and identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

## Small, Women-Owned and Minority-Owned Business

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McGriff is not a Small, Women-owned or Minority-Owned Business

## eVA Registration

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McGriff eVA Vendor ID: VS0000301031

## PRICING

BENEFITS	SIR-ICS
Medical Max:	\$90,000
Deductible:	\$0
AD&D:	\$10,000
Aggregate:	\$500,000
Benefit Period:	2 Years
Re-Injury:	Included
Expanded Medical:	Included
HMO/PPO:	Included
Heart/Circulatory:	Included

ICS Self-Insured Plan – OPTION 1	
CARRIER	AIG
TPA/CLAIMS ADMINISTRATOR	A-G Administrators, LLC
AGGREGATE DEDUCTIBLE	\$283,000
STOP LOSS PREMIUM	\$42,958
ADMIN FEE	\$32,000
Fixed Cost Total	\$74,958 (Due on 8/1/21)
8/1/21 Fund ½ of Agg. Ded.	\$141,500 (Due on 8/1/21)
<b>TOTAL DUE 8/1/21</b>	<b>\$216,458</b>
Total Worst Case Scenario	\$357,958

ICS Self-Insured Plan – OPTION 2	
CARRIER	United States Fire
TPA/CLAIMS ADMINISTRATOR	A-G Administrators, LLC
AGGREGATE DEDUCTIBLE	\$310,000
STOP LOSS PREMIUM	\$35,000
ADMIN FEE	\$32,000
Fixed Cost Total	\$67,000 (Due on 8/1/21)
Fund ½ of Agg Ded.	\$155,000 (Due on 8/1/21)
<b>TOTAL DUE 8/1/21</b>	<b>\$222,000</b>
Total Worst Case Scenario	\$377,000

## Claims Payment & Discounting

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A-G Administrators has established relationships within your local market.

**VCU Health System:** A-G has a direct contract with VCU Health. Anytime A-G contracts directly, there are no repricing fees involved whereas other TPAs will use a network and have to pay repricing fees. As best I can tell, our contracted rates are better than any of the secondary networks. This represents the ultimate in cost savings to VCU Athletics.

**MCV Associated Physicians:** A-G has a direct contract with MCV Associated Physicians.

**Zetroz Systems, LLC:** A-G has a direct contract with Zetroz Systems and our contracted rate, absent repricing fees, represents the best net savings in the marketplace.

**Vincera Core Physicians:** A-G has a direct contract with VCP and our contracted rate represents the best net savings in the marketplace.

**Laser Sport & Spine:** A-G uses Occunet, a third-party boutique negotiation service to achieve incredible savings on a case-by-case basis.

**Vincera Surgery Center:** A-G has a direct contract with VSC and our contracted rate represents the best net savings in the marketplace.

**UVA Health Sciences Center, LLC:** This can be a provider that bills very high charges for specialty care. A-G uses Occunet, a third-party boutique negotiation service to achieve incredible savings on a case-by-case basis.

A-G strives to obtain the deepest discounts possible for services. They analyze the dollar amount for services and the relative discount A-G achieves on balances after student-athlete primary health insurance. In addition, the Benchmark data versus a representative group of similar NCAA, Atlantic 10, and Virginia-based NCAA Division I schools to confirm they are in line and on trend.





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**ONLINE SYSTEM  
&  
CLAIMS REPORTING**

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## Registration Form

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

UNIVERSITY OR AFFILIATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE (1): \_\_\_\_\_ PHONE (2): \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

.....

### *Authorization/Privacy Language*

My signature below authorizes A-G Administrators, Inc. to provide me with the access to information that may be protected health information for a beneficiary of my employer, College, University or other affiliation. I acknowledge the importance to protect and guard the privacy of this information. I pledge not to share or provide access to the sharing of this information with any member or affiliate outside of the organization or related members of the organization listed above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Simplified Workflow → Data Analytics

## Claims Processing, Benchmarking, Reporting & Analytics

**Payment Category**

Payment Category	Claims	Total Paid	% of Claims	% of Total Paid
Physical Therapy	122	\$ 119,764	83%	83%
Medical Treatment	22	\$ 205,367	17%	17%

**TOP 3 PROVIDERS BY UTILIZATION & CLAIMS PAID**

PROVIDER	Number of Claims	Percentage of Total	Amount Paid	Percentage of Total
ORTHOPAEDIC CARE HEALTH	49	39.80%	81%	47%
PHYSICIAN OFFICE	27	21.21%	19%	10%
OVERALL PROGRAM TOTALS	122	100%	180%	100%

**TOP 3 SPORTS EXPENSES BY SPORT**

SPORT	Number of Claims	Percentage of Total	Amount Paid	Percentage of Total
WRESTLING	102	83.61%	168%	93%
WRESTLING TRACKS	41	33.61%	71%	39%
OVERALL PROGRAM TOTALS	122	100%	180%	100%

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# CREATE A NEW CLAIM



New claims may be created electronically inside EGBAR. Copies of student-athlete primary health insurance cards or bills and EOBs may be uploaded at the same time that you create a new claim.



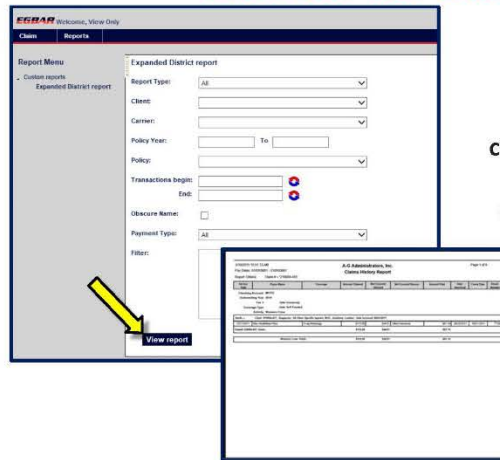
# SECURELY UPLOAD FILES **EGBAR**



Securely upload bills and EOBs directly into a claim!



# VIEW DETAILED CLAIMS **EGBAR** HISTORY REPORTS

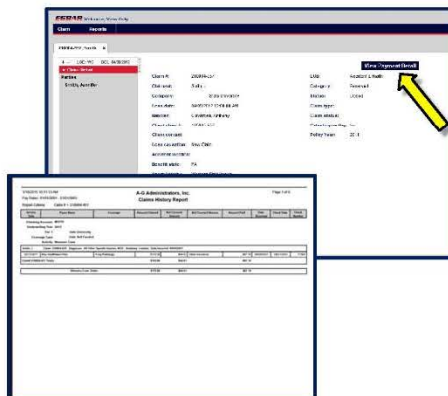


View reports for all claims or use the filters provided to generate select custom reports.



# VIEW CLAIM DETAIL **EGBAR**

View claim details including payments





**University**  
Athletics Insurance Program  
Plan Design and Loss Summary

Data as of 4/30/2021

ATHLETICS INSURANCE PLAN DESIGN					
As Of	2016	2017	2018	2019	2020
ICS Premium	\$242,000	\$197,500	\$179,985	\$179,985	\$170,000
Club & IM Premium		\$8,000	\$8,000	\$8,000	

Intercollegiate Sports : Deductible Claims Paid										
As Of	2016		2017		2018		2019		2020	
04/30/2017	133	\$ 43,048								
04/30/2018	212	\$ 94,488	98	\$ 39,501						
04/30/2019	217	\$ 100,197	198	\$ 101,609	85	\$ 33,369				
04/30/2020	217	\$ 100,212	205	\$ 110,701	196	\$ 94,464	116	\$ 41,356		
04/30/2021	217	\$ 100,212	206	\$ 111,199	201	\$ 106,478	158	\$ 93,795	54	\$ 25,310

Intercollegiate Sports : Insured Claims Paid										
As Of	2016		2017		2018		2019		2020	
04/30/2017	7	\$ 7,447								
04/30/2018	31	\$ 68,381	9	\$ 33,031						
04/30/2019	32	\$ 79,065	37	\$ 165,210	8	\$ 13,198				
04/30/2020	32	\$ 80,380	39	\$ 178,668	27	\$ 88,840	15	\$ 27,968		
04/30/2021	32	\$ 80,380	39	\$ 180,732	32	\$ 107,184	31	\$ 101,030	8	\$ 21,793

Outside : Outside Payments					
As Of	2016	2017	2018	2019	2020
04/30/2020				2	\$ 973
04/30/2021				13	\$ 2,499
				41	\$ 18,715

Club and Intramural Sports : Deductible Claims Paid						
As Of	2016	2017	2018	2019	2020	
04/30/2019			2	\$ 1,897		
04/30/2020			4	\$ 3,313	6	\$ 4,574
04/30/2021			4	\$ 3,465	9	\$ 7,574

Club and Intramural Sports : Insured Claims Paid						
As Of	2016	2017	2018	2019	2020	
04/30/2019			2	\$ 967		
04/30/2020			2	\$ 4,176	5	\$ 2,514
04/30/2021			2	\$ 4,176	7	\$ 28,480



University  
Athletics Insurance Program  
Plan Design and Loss Summary

Data as of 4/30/2021

	2016	2017	2018	2019	2020
Total Claims	217	206	205	180	95
Loss Ratio	33%	92%	59%	69%	TBD

# SAMPLE REPORT



University  
Athletics Insurance Program  
Claims by Body Part  
Data as of 4/30/2021

Body Part	2016		2017		2018		2019		2020		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Knee	29	\$ 27,515	33	\$ 47,499	26	\$ 54,958	30	\$ 56,698	10	\$ 4,800	128	\$ 191,470	14%	19%
Shoulder	26	\$ 37,665	22	\$ 27,944	29	\$ 56,113	20	\$ 44,882	7	\$ 3,502	104	\$ 170,106	12%	17%
Hip/Groin/Core Muscle	14	\$ 32,978	16	\$ 108,177	6	\$ 4,255	12	\$ 19,420	3	\$ 984	51	\$ 165,814	6%	17%
Wrist & Hand	46	\$ 40,979	46	\$ 19,934	33	\$ 37,159	31	\$ 34,514	5	\$ 2,585	161	\$ 135,172	18%	14%
Foot & Ankle	59	\$ 17,694	49	\$ 49,830	54	\$ 25,207	33	\$ 24,795	11	\$ 14,226	206	\$ 131,752	23%	13%
Head & Face	7	\$ 7,317	6	\$ 18,309	13	\$ 17,803	12	\$ 32,769	2	\$ 7,349	40	\$ 83,546	4%	8%
Lower Back	8	\$ 4,492	8	\$ 4,036	11	\$ 10,642	12	\$ 8,083	6	\$ 2,572	45	\$ 29,825	5%	3%
Lower Leg / Shin	8	\$ 3,256	10	\$ 9,427	6	\$ 1,019	1	\$ 94	4	\$ 5,309	29	\$ 19,104	3%	2%
Medical Screening	-	-	-	-	-	-	4	\$ 742	36	\$ 17,166	40	\$ 17,908	4%	2%
Elbow	4	\$ 4,826	3	\$ 201	7	\$ 2,668	4	\$ 745	2	\$ 3,384	20	\$ 11,824	2%	1%
Chest	4	\$ 877	3	\$ 4,848	1	\$ 18	2	\$ 88	1	\$ 9	11	\$ 5,840	1%	1%
Arm	2	\$ 516	1	\$ 219	-	-	1	\$ 3,909	-	-	4	\$ 4,644	0%	0%
Achilles Tendon	3	\$ 1,427	1	-	1	\$ 1,423	-	-	1	\$ 1,576	6	\$ 4,426	1%	0%
Back	-	-	1	\$ 100	4	\$ 2,041	2	\$ 1,768	-	-	7	\$ 3,908	1%	0%
Neck	-	-	1	\$ 566	2	\$ 2,187	1	\$ 139	-	-	4	\$ 2,892	0%	0%
Leg	2	\$ 621	4	\$ 421	3	\$ 1,682	1	\$ 139	-	-	10	\$ 2,863	1%	0%
Ribs	3	\$ 219	-	-	4	\$ 1,231	1	\$ 823	-	-	8	\$ 2,272	1%	0%
Internal	-	-	-	-	-	-	3	\$ 1,947	-	-	3	\$ 1,947	0%	0%
Heart	-	-	-	-	-	-	3	\$ 848	1	\$ 386	4	\$ 1,235	0%	0%
Stomach	-	-	-	-	-	-	-	-	1	\$ 849	1	\$ 849	0%	0%
Unspecified	-	-	-	-	1	\$ 716	-	-	1	\$ 30	2	\$ 746	0%	0%
Upper Leg	-	-	-	-	-	-	1	\$ 205	1	\$ 411	2	\$ 616	0%	0%
Cardiac	-	-	-	-	-	-	2	\$ 591	-	-	2	\$ 591	0%	0%
Multiple Sites	1	\$ 192	-	-	1	\$ 359	1	\$ 35	-	-	3	\$ 586	0%	0%
Eye	-	-	-	-	1	\$ 300	-	-	1	\$ 167	2	\$ 467	0%	0%
Ear	-	-	-	-	-	-	1	\$ 70	1	\$ 305	2	\$ 375	0%	0%
Testes	-	-	1	\$ 144	1	\$ 180	-	-	-	-	2	\$ 324	0%	0%
Thoracic	-	-	-	-	1	\$ 60	1	\$ 40	1	\$ 210	3	\$ 310	0%	0%
Hamstring	-	-	1	\$ 275	-	-	-	-	-	-	1	\$ 275	0%	0%
Clavical	1	\$ 18	-	-	-	-	1	\$ 35	-	-	2	\$ 53	0%	0%
<b>Aggregate</b>	<b>217</b>	<b>\$ 180,592</b>	<b>206</b>	<b>\$ 291,930</b>	<b>205</b>	<b>\$ 220,020</b>	<b>180</b>	<b>\$ 233,378</b>	<b>95</b>	<b>\$ 65,818</b>	<b>903</b>	<b>\$ 991,739</b>		



# SAMPLE REPORT



**University**  
Athletics Insurance Program  
Claims by Procedure  
Data as of 4/30/2021

Procedure	2016		2017		2018		2019		2020		Program Aggregate	
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	% Paid
Physiotherapy	50	\$ 38,068	43	\$ 60,295	47	\$ 60,972	57	\$ 72,504	13	\$ 5,034	210	\$ 236,873
Surgery Center	13	\$ 12,815	24	\$ 83,416	16	\$ 25,794	25	\$ 39,946	5	\$ 13,775	83	\$ 175,745
Surgery	43	\$ 31,228	45	\$ 44,605	39	\$ 34,243	41	\$ 41,100	9	\$ 9,405	177	\$ 160,580
Mri	90	\$ 31,110	84	\$ 25,096	61	\$ 12,393	61	\$ 14,021	25	\$ 4,798	321	\$ 87,418
X-ray,Radiology	128	\$ 11,205	123	\$ 21,527	129	\$ 19,576	97	\$ 13,796	17	\$ 2,367	494	\$ 68,471
Out-pat.surgery	13	\$ 23,931	3	\$ 7,976	5	\$ 9,217	4	\$ 7,427	1	\$ 3	26	\$ 48,554
Outpatient	11	\$ 4,801	19	\$ 7,508	21	\$ 18,195	15	\$ 5,498	8	\$ 12,462	74	\$ 48,464
Medical Treatment	45	\$ 3,832	68	\$ 9,587	52	\$ 8,871	59	\$ 7,117	54	\$ 6,620	278	\$ 36,027
Orthopedic Appliance	20	\$ 3,613	26	\$ 11,653	15	\$ 4,537	23	\$ 8,679	3	\$ 518	87	\$ 29,000
Anesthesia	16	\$ 2,671	14	\$ 8,463	14	\$ 3,765	15	\$ 2,667	2	\$ 2,112	61	\$ 19,677
Emrg.room	9	\$ 2,236	8	\$ 3,147	9	\$ 7,086	7	\$ 4,023	2	\$ 974	35	\$ 17,466
Repricing Fee	-	-	4	\$ 421	6	\$ 5,133	3	\$ 5,982	1	\$ 482	14	\$ 12,018
Cat Scan	5	\$ 2,007	3	\$ 1,769	5	\$ 742	4	\$ 4,273	2	\$ 1,917	19	\$ 10,708
Reimbursement	-	-	2	\$ 8,145	3	\$ 2,133	-	-	-	-	5	\$ 10,277
Bone Healing Sys	-	-	2	\$ 3,281	3	\$ 3,313	-	-	1	\$ 1,896	6	\$ 8,490
Orthotics	14	\$ 1,803	9	\$ 1,050	19	\$ 2,872	9	\$ 1,157	4	\$ 501	55	\$ 7,381
Consultation	18	\$ 1,002	22	\$ 1,778	16	\$ 958	18	\$ 1,399	21	\$ 1,629	95	\$ 6,765
In-patient Therapy	1	\$ 4,099	-	-	-	-	-	-	-	-	1	\$ 4,099
Dental	1	\$ 1,115	-	-	1	\$ 2,574	-	-	-	-	2	\$ 3,689
Asst.surgeon	4	\$ 211	1	\$ 35	2	\$ 1,462	2	\$ 615	-	-	4	\$ 3,026
Implant	1	\$ 309	3	\$ 2,093	-	-	5	\$ 923	-	-	-	-
Dr.visit-emerg Room	4	\$ 1,077	4	\$ 183	4	\$ 852	2	\$ 173	-	-	4	\$ 2,403
Injection	6	\$ 146	3	\$ 301	5	\$ 1,116	5	\$ 165	1	\$ 367	20	\$ 2,095
Deductible Reimbursement	-	-	-	-	4	\$ 1,859	-	-	-	-	4	\$ 1,859
Ambulance	-	-	1	\$ 407	2	\$ 982	1	\$ 148	-	-	4	\$ 1,537
Phys.vst.	1	\$ 18	2	\$ 460	2	\$ 565	1	\$ 35	2	\$ 281	8	\$ 1,358
Med.supplies	10	\$ 195	5	\$ 78	5	\$ 433	2	\$ 470	1	\$ 149	23	\$ 1,325
Radiology Services	-	-	5	\$ 1,002	2	\$ 289	-	-	7	\$ 1,291	7	\$ 1,291
First Health Repricing	2	\$ 750	11	\$ 197	12	\$ 246	9	\$ 69	2	\$ 7	36	\$ 1,268
Split Payment	32	\$ 400	2	\$ 539	33	\$ 466	38	-	8	-	149	\$ 1,046
Orthosis	1	\$ 400	2	\$ 539	1	\$ 688	-	-	-	-	3	\$ 939
Diagnostic Radiology	-	-	2	\$ 87	1	\$ 650	-	-	-	-	3	\$ 775
Psychotherapy	-	-	-	-	1	\$ 650	-	-	-	-	1	\$ 650
Occupational Therapy	1	\$ 649	-	-	-	-	-	-	-	-	1	\$ 649
Nutritional Therapy	-	-	-	-	-	-	2	\$ 580	-	-	2	\$ 580
Echo	-	-	-	-	-	-	1	\$ 28	2	\$ 525	3	\$ 553
Medical Equipment	-	-	-	-	-	-	1	\$ 470	-	-	1	\$ 470
Prp Injection	-	-	1	\$ 450	-	-	-	-	-	-	1	\$ 450
Shockwave Ther	-	-	-	-	1	\$ 450	-	-	-	-	1	\$ 450
Med Equipment	2	\$ 329	1	\$ 98	-	-	1	\$ 20	-	-	4	\$ 446
Game Ready Machine	-	-	1	\$ 300	-	-	-	-	-	-	1	\$ 300
Prescriptions	1	\$ 251	-	-	-	-	2	\$ 31	-	-	3	\$ 282
Manipulation/adjustment	-	-	-	-	1	\$ 280	-	-	-	-	1	\$ 280
Casting/splinting	-	-	1	\$ 215	-	-	2	\$ 37	-	-	3	\$ 252
Ph.visit In-hos	1	\$ 207	-	-	-	-	1	\$ 15	-	-	2	\$ 222
Facility Fee	-	-	1	\$ 150	-	-	-	-	-	-	1	\$ 150
Cpm Equipment	1	\$ 127	-	-	-	-	-	-	-	-	1	\$ 127
Hrgl Fee	1	\$ 48	-	-	-	-	-	-	-	-	1	\$ 48
State Tax	-	-	1	\$ 31	1	\$ 29	-	-	-	-	1	\$ 31
Lab,Pathology	-	-	-	-	1	\$ 15	-	-	-	-	2	\$ 29
Shipping/handling	-	-	-	-	1	\$ 15	-	-	-	-	1	\$ 15
Tests/procedures	-	-	-	-	1	\$ 10	-	-	-	-	1	\$ 10
Refund	5	\$ (2,033)	8	\$ (14,992)	24	\$ (12,736)	-	-	-	-	37	\$ (29,761)
Aggregate	217	\$ 180,592	206	\$ 291,930	205	\$ 220,020	180	\$ 233,378	95	\$ 65,818	903	\$ 991,739

# SAMPLE REPORT



University  
Athletics Insurance Program  
Claims by Provider  
*Data as of 4/30/2021*

Provider	2016		2017		2018		2019		2020		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Rehabclinics/Novacare	37	\$ 20,537	35	\$ 43,054	39	\$ 52,269	48	\$ 56,273	9	\$ 2,695	168	\$ 174,827	19%	18%
M L Hosp Inc Bryn Mawr	62	\$ 16,101	112	\$ 28,278	126	\$ 50,378	88	\$ 27,900	14	\$ 6,734	402	\$ 129,390	45%	13%
Orthopaedic Surgery Center	1	\$ 309	16	\$ 34,620	15	\$ 32,531	21	\$ 24,666	5	\$ 13,775	58	\$ 105,901	6%	11%
Main Line Health Imaging	52	\$ 19,204	80	\$ 22,007	62	\$ 11,192	54	\$ 11,392	25	\$ 4,867	273	\$ 68,662	30%	7%
Reconstructive Orthopaedic	-	-	4	\$ 154	34	\$ 22,804	35	\$ 25,559	9	\$ 9,298	82	\$ 57,814	9%	6%
Vincera Surgery Center Llc	2	\$ 1,799	6	\$ 52,615	-	-	-	-	-	-	8	\$ 54,414	1%	5%
Vincera Core Physicians	2	\$ 13,202	2	\$ 20,250	-	-	-	-	-	-	4	\$ 33,452	0%	3%
M L Hosp Inc Lankenau	1	\$ 16,622	-	-	1	\$ 2,574	2	\$ 1,656	3	\$ 6,465	7	\$ 27,318	1%	3%
Recon Ortho Assoc II PC	5	\$ 1,528	48	\$ 24,134	4	\$ 338	-	-	-	-	57	\$ 26,000	6%	3%
Riddle Surgical Center	8	\$ 5,429	-	-	1	\$ 2,379	4	\$ 15,359	-	-	13	\$ 23,168	1%	2%
Recon Ortho Assoc II Pc	32	\$ 15,326	3	\$ 95	-	-	-	-	-	-	35	\$ 15,421	4%	2%
Ent And Allergy Specialists	1	\$ 305	2	\$ 7,174	3	\$ 460	2	\$ 5,085	3	\$ 1,952	11	\$ 14,976	1%	2%
Rittenhouse Imaging	83	\$ 12,781	-	-	-	-	-	-	-	-	83	\$ 12,781	9%	1%
United Anesthesia Services	9	\$ 1,077	11	\$ 5,735	10	\$ 2,308	9	\$ 1,220	2	\$ 2,112	41	\$ 12,452	5%	1%
OccuNet	-	-	1	\$ 356	4	\$ 5,115	2	\$ 5,970	1	\$ 482	8	\$ 11,924	1%	1%
Bryn Mawr Medical Specialists	5	\$ 488	5	\$ 971	2	\$ 116	11	\$ 2,374	35	\$ 6,708	58	\$ 10,658	6%	1%
Bioventus LLC	-	-	2	\$ 3,281	3	\$ 3,313	-	-	1	\$ 1,896	6	\$ 8,490	1%	1%
Foot Management, Inc.	14	\$ 1,803	9	\$ 1,050	19	\$ 2,872	10	\$ 1,348	5	\$ 650	57	\$ 7,721	6%	1%
Rehabclinics	-	-	5	\$ 1,240	6	\$ 2,282	8	\$ 3,294	-	-	19	\$ 6,816	2%	1%
Radiology Associates of the Main	25	\$ 711	41	\$ 1,970	53	\$ 1,673	39	\$ 1,155	5	\$ 122	163	\$ 5,631	18%	1%
Villanova University Claim Account	-	-	2	\$ 7,247	5	\$ (1,910)	-	-	-	-	7	\$ 5,337	1%	1%
Stephen J. Nicholas, MD	-	-	-	-	-	-	1	\$ 5,292	-	-	1	\$ 5,292	0%	1%
REHABCLINICS/NOVACARE	-	-	1	\$ 4,720	-	-	-	-	-	-	1	\$ 4,720	0%	0%
Samantha Bockoven	1	\$ 4,161	-	-	-	-	-	-	-	-	1	\$ 4,161	0%	0%
UNC Faculty Physicians	-	-	-	-	-	-	1	\$ 4,099	-	-	1	\$ 4,099	0%	0%
Recovery Pump, LLC	-	-	-	-	-	-	2	\$ 3,990	-	-	2	\$ 3,990	0%	0%
Recovery Pump	-	-	1	\$ 1,686	1	\$ 1,675	-	-	-	-	2	\$ 3,361	0%	0%
Independence Imaging	3	\$ 1,617	5	\$ 1,440	-	-	-	-	-	-	8	\$ 3,056	1%	0%
Arc Of Kenosha	1	\$ 3,022	-	-	-	-	-	-	-	-	1	\$ 3,022	0%	0%
Temple Orthopedic Sports Med	2	\$ 280	5	\$ 2,743	-	-	-	-	-	-	7	\$ 3,022	1%	0%
Jodi Trotta	-	-	-	-	-	-	1	\$ 3,020	-	-	1	\$ 3,020	0%	0%
Stacey Shenk	-	-	-	-	-	-	1	\$ 2,906	-	-	1	\$ 2,906	0%	0%
Bryn Mawr Hospital	2	\$ 4,488	3	\$ 1,356	12	\$ (2,979)	-	-	-	-	17	\$ 2,865	2%	0%
Mary Grady	-	-	-	-	-	-	1	\$ 2,810	-	-	1	\$ 2,810	0%	0%
Rehabilitation Associates	-	-	-	-	3	\$ 1,232	3	\$ 1,020	1	\$ 553	7	\$ 2,805	1%	0%
Elite Sports Physical Therapy	1	\$ 751	1	\$ 2,054	-	-	-	-	-	-	2	\$ 2,805	0%	0%
Winthorp Univ Hospital	-	-	-	-	1	\$ 2,669	-	-	-	-	1	\$ 2,669	0%	0%
Stamford Hospital	-	-	-	-	-	-	-	-	1	\$ 2,654	1	\$ 2,654	0%	0%
Dj Orthopedics Llc	2	\$ 1,318	2	\$ 181	1	\$ 1,119	-	-	-	-	5	\$ 2,617	1%	0%
Barnes Jewish Hospital	-	-	-	-	1	\$ 2,550	-	-	-	-	1	\$ 2,550	0%	0%
Jefferson Surgery Center	1	\$ 1,452	1	\$ 1,076	-	-	-	-	-	-	2	\$ 2,528	0%	0%
Northeast Hosp Corp	-	-	-	-	-	-	1	\$ 2,355	-	-	1	\$ 2,355	0%	0%
Society Hill Anesthesia Consultants	2	\$ 241	3	\$ 2,106	-	-	-	-	-	-	5	\$ 2,347	1%	0%
Vail Health Hospital	1	\$ 2,300	-	-	-	-	-	-	-	-	1	\$ 2,300	0%	0%
Harry Lawall & Son	-	-	1	\$ 2,250	-	-	-	-	-	-	1	\$ 2,250	0%	0%
Univ Of Nc Hospital	-	-	-	-	-	-	1	\$ 2,139	-	-	1	\$ 2,139	0%	0%
Sportscare of America	1	\$ 2,092	-	-	-	-	-	-	-	-	1	\$ 2,092	0%	0%
Villanova University	-	-	4	\$ 1,994	-	-	-	-	-	-	4	\$ 1,994	0%	0%
Rehab United Sports Medicine	-	-	-	-	-	-	1	\$ 1,968	-	-	1	\$ 1,968	0%	0%
Mercy Hospital Anderson	-	-	-	-	-	-	1	\$ 1,933	-	-	1	\$ 1,933	0%	0%
Orthopedic One	-	-	-	-	-	-	-	-	1	\$ 1,928	1	\$ 1,928	0%	0%
Nyu Hospitals Center Hjd	1	\$ 1,773	-	-	-	-	-	-	-	-	1	\$ 1,773	0%	0%
Sports Medicine North	-	-	-	-	-	-	1	\$ 1,642	-	-	1	\$ 1,642	0%	0%
Main Line Healthcare	1	\$ 207	1	\$ 30	1	\$ 1,388	1	\$ 15	-	-	4	\$ 1,640	0%	0%
DJO, LLC	-	-	1	\$ 429	2	\$ 55	1	\$ 1,119	-	-	4	\$ 1,603	0%	0%
Main Line Emergency Med Assoc	3	\$ 805	3	\$ 578	1	\$ 205	-	-	-	-	7	\$ 1,588	1%	0%
Tri-county Orthopaedic	1	\$ 225	-	-	1	\$ 1,338	-	-	-	-	2	\$ 1,563	0%	0%
Connecticut Orthopedic Special	-	-	-	-	1	\$ 1,535	-	-	-	-	1	\$ 1,535	0%	0%
Villanova University Athletics	-	-	-	-	1	\$ 1,515	-	-	-	-	1	\$ 1,515	0%	0%
Walnut Home Therapeutics Inc	-	-	1	\$ 1,513	-	-	-	-	-	-	1	\$ 1,513	0%	0%
A-G Administrators: Acct. Reimbursements	-	-	-	-	1	\$ 1,502	-	-	-	-	1	\$ 1,502	0%	0%
Dr. Neal Bozentka	1	\$ 1,197	1	\$ 35	1	\$ 235	-	-	-	-	3	\$ 1,467	0%	0%
Hand Surgery Assoc of NY PC	-	-	-	-	-	-	1	\$ 1,446	-	-	1	\$ 1,446	0%	0%
M L Hosp Inc Paoli	1	\$ 326	-	-	1	\$ 1,100	1	\$ 15	-	-	3	\$ 1,441	0%	0%
Lehigh Valley Hospital	-	-	-	-	1	\$ 1,423	-	-	-	-	1	\$ 1,423	0%	0%
Ivrehab Network Inc - North	-	-	1	\$ 1,377	-	-	-	-	-	-	1	\$ 1,377	0%	0%
Pivot Physical Therapy	-	-	1	\$ 1,338	-	-	-	-	-	-	1	\$ 1,338	0%	0%
First Health	2	\$ 750	13	\$ 228	13	\$ 263	10	\$ 81	2	\$ 7	40	\$ 1,329	4%	0%
Vincera Rehab	1	\$ 523	2	\$ 800	-	-	-	-	-	-	3	\$ 1,323	0%	0%
JCL NM Hospital	-	-	1	\$ 1,314	-	-	-	-	-	-	1	\$ 1,314	0%	0%
MI Premier Orthopaedic And Sp	1	\$ 364	2	\$ 482	1	\$ 462	-	-	-	-	4	\$ 1,309	0%	0%
Force Physical Therapy	1	\$ 1,300	-	-	-	-	-	-	-	-	1	\$ 1,300	0%	0%
Univ Ortho Assoc	-	-	-	-	1	\$ 1,300	-	-	-	-	1	\$ 1,300	0%	0%
Washington Univ	-	-	-	-	1	\$ 1,229	-	-	-	-	1	\$ 1,229	0%	0%
Main Line Plastic Surgery PC	-	-	-	-	1	\$ 1,219	-	-	-	-	1	\$ 1,219	0%	0%
Glenn Gabison, MD	-	-	1	\$ 1,183	-	-	-	-	-	-	1	\$ 1,183	0%	0%

# SAMPLE REPORT



University  
Athletics Insurance Program  
Claims by Provider  
Data as of 4/30/2021

Provider	2016		2017		2018		2019		2020		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Middletown Family Dentistry	1	\$ 1,179	-	-	-	-	-	-	-	-	1	\$ 1,179	0%	0%
Marc D. Baer, DPM LLC	3	\$ 731	5	\$ 242	1	\$ 176	-	-	-	-	9	\$ 1,149	1%	0%
Soaring Eagle Physical Therapy	-	-	1	\$ 1,146	-	-	-	-	-	-	1	\$ 1,146	0%	0%
Madonna Rehab Hospital	1	\$ 1,115	-	-	-	-	-	-	-	-	1	\$ 1,115	0%	0%
Rehabclinics (spt) Novacare	1	\$ 15	-	-	4	\$ 782	4	\$ 311	-	-	9	\$ 1,108	1%	0%
Garrick Cox, MD LLC	1	\$ 1,092	-	-	-	-	-	-	-	-	1	\$ 1,092	0%	0%
Portsmouth Regional Hospital	-	-	-	-	-	-	1	\$ 1,053	-	-	1	\$ 1,053	0%	0%
Prorehab Louisville	1	\$ 758	-	-	-	-	1	\$ 238	-	-	2	\$ 996	0%	0%
Procure Physical Therapy	-	-	1	\$ 983	-	-	-	-	-	-	1	\$ 983	0%	0%
Parabolic Performance & Rehab	1	\$ 937	-	-	-	-	-	-	-	-	1	\$ 937	0%	0%
UPHS HUP PATIENT PAY	1	\$ 906	-	-	-	-	-	-	-	-	1	\$ 906	0%	0%
Jeanne Breen	-	-	2	\$ 905	-	-	-	-	-	-	2	\$ 905	0%	0%
Rothman Orthopaedics Institute	-	-	-	-	-	-	2	\$ 883	1	\$ 20	3	\$ 903	0%	0%
SOM Anesthesia PC	-	-	-	-	-	-	1	\$ 895	-	-	1	\$ 895	0%	0%
Anesthesia Medical Consultant	1	\$ 883	-	-	-	-	-	-	-	-	1	\$ 883	0%	0%
Guthrie Clinic	-	-	-	-	-	-	-	-	1	\$ 870	1	\$ 870	0%	0%
Western MI B and J Surg.	1	\$ 868	-	-	-	-	-	-	-	-	1	\$ 868	0%	0%
Bryn Mawr Rehabilitation Hospital	1	\$ 649	1	\$ 215	-	-	-	-	-	-	2	\$ 864	0%	0%
HSS ASC of Manhattan	-	-	-	-	-	-	1	\$ 849	-	-	1	\$ 849	0%	0%
Armac Inc	1	\$ 848	-	-	-	-	-	-	-	-	1	\$ 848	0%	0%
Ralph Rose	-	-	-	-	1	\$ 837	-	-	-	-	1	\$ 837	0%	0%
Fit Physical Therapy	-	-	-	-	-	-	1	\$ 824	-	-	1	\$ 824	0%	0%
Stephen Carliello-Noblitt	-	-	-	-	1	\$ 806	-	-	-	-	1	\$ 806	0%	0%
Physicians Care Surgical Hospital	2	\$ 805	-	-	-	-	-	-	-	-	2	\$ 805	0%	0%
Vincera Rehab Center, LLC	-	-	1	\$ 732	-	-	-	-	-	-	1	\$ 732	0%	0%
Julia Arrix	-	-	-	-	1	\$ 714	-	-	-	-	1	\$ 714	0%	0%
Bardonia Physical Therapy	-	-	-	-	-	-	1	\$ 700	-	-	1	\$ 700	0%	0%
Vail Valley Medical Center	1	\$ 700	-	-	-	-	-	-	-	-	1	\$ 700	0%	0%
Recon Ortho Assoc II	2	\$ 689	-	-	-	-	-	-	-	-	2	\$ 689	0%	0%
Grand Valley Surgical Center	1	\$ 677	-	-	-	-	-	-	-	-	1	\$ 677	0%	0%
Coury & Buehler Physical Thera	1	\$ 675	-	-	-	-	-	-	-	-	1	\$ 675	0%	0%
NYU Orthopedic Surgery Assoc	1	\$ 664	-	-	-	-	-	-	-	-	1	\$ 664	0%	0%
The Training Room of Washington	-	-	1	\$ 270	-	-	1	\$ 390	-	-	2	\$ 660	0%	0%
Bonel Medical Equip	-	-	1	\$ 618	-	-	1	\$ 40	-	-	2	\$ 658	0%	0%
Ahs Hosp Corp Mmh	-	-	1	\$ 225	1	\$ 432	-	-	-	-	2	\$ 657	0%	0%
Fyzical Therapy & Balance Center	-	-	-	-	1	\$ 656	-	-	-	-	1	\$ 656	0%	0%
Hospital For Special Surgery	1	\$ 655	-	-	-	-	-	-	-	-	1	\$ 655	0%	0%
National Sports Med Institute	-	-	-	-	-	-	1	\$ 645	-	-	1	\$ 645	0%	0%
National Union Fire Insurance Company	-	-	-	-	3	\$ 631	-	-	-	-	3	\$ 631	0%	0%
Emma Faulkner	-	-	-	-	-	-	1	\$ 618	-	-	1	\$ 618	0%	0%
Penn Medicine	1	\$ 490	-	-	-	-	1	\$ 119	-	-	2	\$ 609	0%	0%
Indiana Hand to Shoulder Center	-	-	1	\$ 605	-	-	-	-	-	-	1	\$ 605	0%	0%
OrthoVirginia, Inc.	1	\$ 602	-	-	-	-	-	-	-	-	1	\$ 602	0%	0%
Kessler Inst For Rehab	-	-	-	-	1	\$ 600	-	-	-	-	1	\$ 600	0%	0%
Nutritional Health Systems	-	-	-	-	-	-	2	\$ 580	-	-	2	\$ 580	0%	0%
Professional Orthopaedic Associates	-	-	-	-	1	\$ 579	-	-	-	-	1	\$ 579	0%	0%
Main Line Health	-	-	1	\$ 222	1	\$ 150	3	\$ 202	-	-	5	\$ 574	1%	0%
Rehabclinics spt Novacare	-	-	1	\$ 572	-	-	-	-	-	-	1	\$ 572	0%	0%
Wendy Andrade	-	-	1	\$ 559	-	-	-	-	-	-	1	\$ 559	0%	0%
Shrewsbury Surgery Center	-	-	-	-	1	\$ 541	-	-	-	-	1	\$ 541	0%	0%
Excel Physical Therapy	-	-	1	\$ 525	-	-	-	-	-	-	1	\$ 525	0%	0%
Accuvison Eye Med Caregroup	1	\$ 60	-	-	1	\$ 300	-	-	1	\$ 152	3	\$ 512	0%	0%
Sportscare Physical Therapy of NY	-	-	-	-	-	-	1	\$ 510	-	-	1	\$ 510	0%	0%
Univ Of Penn - Medical Group	-	-	1	\$ 506	-	-	-	-	-	-	1	\$ 506	0%	0%
Yvonne Calabrese	1	\$ 501	-	-	-	-	-	-	-	-	1	\$ 501	0%	0%
Ct Orthopedic Specialists	-	-	-	-	1	\$ 500	-	-	-	-	1	\$ 500	0%	0%
Phoenixville Hospital	1	\$ 500	-	-	-	-	-	-	-	-	1	\$ 500	0%	0%
Bridget Owen	1	\$ 480	-	-	-	-	-	-	-	-	1	\$ 480	0%	0%
Lehigh Valley Health Network	-	-	-	-	-	-	-	-	1	\$ 480	1	\$ 480	0%	0%
MaryEllen Rodgers	1	\$ 479	-	-	-	-	-	-	-	-	1	\$ 479	0%	0%
Kristen Erickson	1	\$ 476	-	-	-	-	-	-	-	-	1	\$ 476	0%	0%
Jefferson Univ Phys	-	-	2	\$ 441	1	\$ 17	-	-	-	-	3	\$ 457	0%	0%
Tower Health Urgent Care	-	-	-	-	2	\$ 200	2	\$ 253	-	-	4	\$ 453	0%	0%
David Bellucci	-	-	-	-	-	-	1	\$ 450	-	-	1	\$ 450	0%	0%
Long Island Plastic Surgical	-	-	-	-	1	\$ 445	-	-	-	-	1	\$ 445	0%	0%
N L Hosp Inc Lankenau	1	\$ 374	1	\$ 60	-	-	-	-	-	-	2	\$ 434	0%	0%
Dr. Amanda Ferguson	-	-	-	-	1	\$ 426	-	-	-	-	1	\$ 426	0%	0%
Bucks County Dental Design	-	-	-	-	-	-	1	\$ 424	-	-	1	\$ 424	0%	0%
Harrison Endosurgical Center	1	\$ 420	-	-	-	-	-	-	-	-	1	\$ 420	0%	0%
Linda Gamroth	-	-	-	-	-	-	1	\$ 419	-	-	1	\$ 419	0%	0%
Umass Memorial Medical Group	-	-	-	-	-	-	-	-	1	\$ 413	1	\$ 413	0%	0%
Paul Szymanski	-	-	-	-	1	\$ 408	-	-	-	-	1	\$ 408	0%	0%
Ivy Rehab Physical Therapy	-	-	-	-	1	\$ 390	-	-	-	-	1	\$ 390	0%	0%
Maureen Fell	-	-	1	\$ 387	-	-	-	-	-	-	1	\$ 387	0%	0%
Conn Ortho Specialists	-	-	-	-	1	\$ 364	-	-	-	-	1	\$ 364	0%	0%
Good Shepherd Penn Partners	-	-	-	-	-	-	-	-	1	\$ 352	1	\$ 352	0%	0%

# SAMPLE REPORT



**University**  
 Athletics Insurance Program  
 Claims by Provider  
*Data as of 4/30/2021*

Provider	2016		2017		2018		2019		2020		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
East River Medical Assoc PC	1	\$ 343	-	-	-	-	-	-	-	-	1	\$ 343	0%	0%
Anne Arundel Medical Group Physical Therapy	1	\$ 331	-	-	-	-	-	-	-	-	1	\$ 331	0%	0%
Temple Fac Orthopedic	-	-	-	-	-	-	3	\$ 330	-	-	3	\$ 330	0%	0%
Associated Credit Services, Inc.	-	-	1	\$ 319	-	-	-	-	-	-	1	\$ 319	0%	0%
Purecure Medical, Inc	1	\$ 319	-	-	-	-	-	-	-	-	1	\$ 319	0%	0%
Anesthesia Associates of Morristown	-	-	-	-	1	\$ 308	-	-	-	-	1	\$ 308	0%	0%
Katherine Hassinger	-	-	1	\$ 304	-	-	-	-	-	-	1	\$ 304	0%	0%
Loudoun Sports Therapy Center	1	\$ 301	-	-	-	-	-	-	-	-	1	\$ 301	0%	0%
Dylan Flanagan	1	\$ 300	-	-	-	-	-	-	-	-	1	\$ 300	0%	0%
GWU - Medical Faculty Associates	-	-	-	-	-	-	1	\$ 300	-	-	1	\$ 300	0%	0%
Jessie Himel	-	-	1	\$ 300	-	-	-	-	-	-	1	\$ 300	0%	0%
Devon Brown	-	-	-	-	1	\$ 288	-	-	-	-	1	\$ 288	0%	0%
Ati Physical Therapy	-	-	1	\$ 288	-	-	-	-	-	-	1	\$ 288	0%	0%
Lansdale Hospital	-	-	-	-	-	-	1	\$ 250	-	-	1	\$ 250	0%	0%
John A. Franco	-	-	1	\$ 241	-	-	-	-	-	-	1	\$ 241	0%	0%
Mark Drakos, MD	1	\$ 233	-	-	-	-	-	-	-	-	1	\$ 233	0%	0%
Family Practice Ctr	1	\$ 231	-	-	-	-	-	-	-	-	1	\$ 231	0%	0%
Chenelle Massenburg	1	\$ 223	-	-	-	-	-	-	-	-	1	\$ 223	0%	0%
Benchmark Physical Therapy	-	-	-	-	-	-	-	-	1	\$ 222	1	\$ 222	0%	0%
Dynamic Therapy Services	-	-	-	-	1	\$ 213	-	-	-	-	1	\$ 213	0%	0%
Ivryrehab Network, Inc. - NJ NO	-	-	-	-	-	-	1	\$ 210	-	-	1	\$ 210	0%	0%
Kaiser Foundation Hospitals	-	-	-	-	-	-	-	-	1	\$ 210	1	\$ 210	0%	0%
RehabClinics Novacare	-	-	-	-	1	\$ 210	-	-	-	-	1	\$ 210	0%	0%
Temple University Physicians	-	-	1	\$ 210	-	-	-	-	-	-	1	\$ 210	0%	0%
Todd Summers	-	-	-	-	1	\$ 210	-	-	-	-	1	\$ 210	0%	0%
Tx Health Fort Worth	-	-	1	\$ 208	-	-	-	-	-	-	1	\$ 208	0%	0%
Midwest Orthopaedics at Rush	1	\$ 204	-	-	-	-	-	-	-	-	1	\$ 204	0%	0%
Atlantic Physical Therapy Center	-	-	-	-	-	-	1	\$ 200	-	-	1	\$ 200	0%	0%
Pro Sports Pt	-	-	1	\$ 200	-	-	-	-	-	-	1	\$ 200	0%	0%
St Lukes Allentown Campus	1	\$ 200	-	-	-	-	-	-	-	-	1	\$ 200	0%	0%
Keystone Rehabilitation Systems	-	-	1	\$ 120	-	-	1	\$ 77	-	-	2	\$ 197	0%	0%
Marc Baer, Dpm	2	\$ 197	-	-	-	-	-	-	-	-	2	\$ 197	0%	0%
PT In Motion	1	\$ 195	-	-	-	-	-	-	-	-	1	\$ 195	0%	0%
Main Line Family Dentistry Ltd	-	-	-	-	-	-	1	\$ 191	-	-	1	\$ 191	0%	0%
Prospect Health Access Network	-	-	1	\$ 187	-	-	-	-	-	-	1	\$ 187	0%	0%
Professional Anesthesia Services	2	\$ 185	-	-	-	-	-	-	-	-	2	\$ 185	0%	0%
Ati Physical Therapy Oxford	-	-	1	\$ 185	-	-	-	-	-	-	1	\$ 185	0%	0%
Bodywork Unlimited	1	\$ 180	-	-	-	-	-	-	-	-	1	\$ 180	0%	0%
Montgomery Podiatry Associates	-	-	1	\$ 180	-	-	-	-	-	-	1	\$ 180	0%	0%
Nanakofi Appiah	1	\$ 172	-	-	-	-	-	-	-	-	1	\$ 172	0%	0%
New York Chiro & PT PLLC	-	-	1	\$ 160	-	-	-	-	-	-	1	\$ 160	0%	0%
St. Luke's University Health Network	1	\$ 160	-	-	-	-	-	-	-	-	1	\$ 160	0%	0%
Elite Imaging Llc	1	\$ 160	-	-	-	-	-	-	-	-	1	\$ 160	0%	0%
Borthwick Emergency Physicians	-	-	-	-	-	-	1	\$ 157	-	-	1	\$ 157	0%	0%
Cameron Onken	-	-	-	-	-	-	1	\$ 150	-	-	1	\$ 150	0%	0%
Christopher Paynter	-	-	1	\$ 150	-	-	-	-	-	-	1	\$ 150	0%	0%
Jamie Shroy	-	-	-	-	1	\$ 150	-	-	-	-	1	\$ 150	0%	0%
Sentara Leigh Hospital	-	-	1	\$ 150	-	-	-	-	-	-	1	\$ 150	0%	0%
Shippensburg Physical Therapy	-	-	-	-	1	\$ 150	-	-	-	-	1	\$ 150	0%	0%
McGregor Memorial Ambulance Inc	-	-	-	-	-	-	1	\$ 148	-	-	1	\$ 148	0%	0%
Orthovirginia, Inc	-	-	1	\$ 144	-	-	-	-	-	-	1	\$ 144	0%	0%
Synergy Orthopedics LLC	-	-	-	-	-	-	1	\$ 144	-	-	1	\$ 144	0%	0%
HSS Radiologists	-	-	-	-	-	-	1	\$ 143	-	-	1	\$ 143	0%	0%
Noa Kopplin	-	-	1	\$ 140	-	-	-	-	-	-	1	\$ 140	0%	0%
Spectrum Physical Therapy	-	-	-	-	-	-	1	\$ 140	-	-	1	\$ 140	0%	0%
MRI at Belfair	-	-	-	-	-	-	1	\$ 138	-	-	1	\$ 138	0%	0%
Crystal Clinic Orthopaedic Center	1	\$ 137	-	-	-	-	-	-	-	-	1	\$ 137	0%	0%
Premier Urgent Care at Kennett Sq	-	-	1	\$ 136	-	-	-	-	-	-	1	\$ 136	0%	0%
Miramed Revenue Group	-	-	-	-	-	-	1	\$ 126	-	-	1	\$ 126	0%	0%
Ann DeMerlis	-	-	-	-	-	-	1	\$ 124	-	-	1	\$ 124	0%	0%
Cumberland Ortho & Spine PT	-	-	-	-	1	\$ 122	-	-	-	-	1	\$ 122	0%	0%
James Deutmeyer	1	\$ 120	-	-	-	-	-	-	-	-	1	\$ 120	0%	0%
Jefferson University Physician	2	\$ 67	1	\$ 40	-	-	-	-	-	-	3	\$ 107	0%	0%
Novacare Outpatient Rehabilitation	1	\$ 106	-	-	-	-	-	-	-	-	1	\$ 106	0%	0%
DJO	-	-	-	-	-	-	1	\$ 102	-	-	1	\$ 102	0%	0%
Clarity PT and Wellness	1	\$ 101	-	-	-	-	-	-	-	-	1	\$ 101	0%	0%
Advocare Ortho Recon Spec	-	-	1	\$ 100	-	-	-	-	-	-	1	\$ 100	0%	0%
Crouse Hospital	-	-	-	-	-	-	1	\$ 100	-	-	1	\$ 100	0%	0%
Harry Lawall & Son Inc	-	-	1	\$ 100	-	-	-	-	-	-	1	\$ 100	0%	0%
Main Line Health Imagin	-	-	-	-	-	-	1	\$ 100	-	-	1	\$ 100	0%	0%
Radiology Associates of Ridge	-	-	-	-	-	-	-	-	1	\$ 100	1	\$ 100	0%	0%
The Training Room of Haddonfie	-	-	1	\$ 100	-	-	-	-	-	-	1	\$ 100	0%	0%
The Philadelphia Hand Ctr	-	-	-	-	1	\$ 100	-	-	-	-	1	\$ 100	0%	0%
Beverly Anesthesia Associates	-	-	-	-	-	-	1	\$ 99	-	-	1	\$ 99	0%	0%
Joe Zrenda	-	-	-	-	-	-	1	\$ 94	-	-	1	\$ 94	0%	0%
Shrewsbury Ambulance Anesthesia	-	-	-	-	1	\$ 91	-	-	-	-	1	\$ 91	0%	0%

# SAMPLE REPORT



University  
Athletics Insurance Program  
Claims by Provider  
Data as of 4/30/2021

Provider	2016		2017		2018		2019		2020		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
NYU Emergency Medicine Assoc	-	-	-	-	1	\$ 90	-	-	-	-	1	\$ 90	0%	0%
Baptist Inc Dba Gulf Breeze	-	-	1	\$ 90	-	-	-	-	-	-	1	\$ 90	0%	0%
Trustees of Columbia University	-	-	1	\$ 90	-	-	-	-	-	-	1	\$ 90	0%	0%
Palm Beach Gardens Hospital	-	-	1	\$ 88	-	-	-	-	-	-	1	\$ 88	0%	0%
Rittenhouse Imaging Center, LLC	-	-	2	\$ 62	1	\$ 25	-	-	-	-	3	\$ 87	0%	0%
Bryn Mawr Skin & Cancer Inst	-	-	-	-	-	-	1	\$ 79	-	-	1	\$ 79	0%	0%
Rothman Institute	-	-	1	\$ 78	-	-	-	-	-	-	1	\$ 78	0%	0%
Elite Imaging	1	\$ 77	-	-	-	-	-	-	-	-	1	\$ 77	0%	0%
McBride Orthopedic Hospital	1	\$ 75	-	-	-	-	-	-	-	-	1	\$ 75	0%	0%
Sharp Rees-Stealy Med Grp	-	-	-	-	-	-	1	\$ 75	-	-	1	\$ 75	0%	0%
Bryn Mawr Imaging	-	-	-	-	-	-	1	\$ 75	-	-	1	\$ 75	0%	0%
Jennifer Standriff	-	-	1	\$ 71	-	-	-	-	-	-	1	\$ 71	0%	0%
Connecticut Children's Med Ctr	-	-	1	\$ 67	-	-	-	-	-	-	1	\$ 67	0%	0%
Mark Drakos Md Pllc	1	\$ 62	-	-	-	-	-	-	-	-	1	\$ 62	0%	0%
Barry Naughton	1	\$ 60	-	-	-	-	-	-	-	-	1	\$ 60	0%	0%
Catherine Field	-	-	-	-	-	-	1	\$ 60	-	-	1	\$ 60	0%	0%
Reconstructive Orthopaedic As	-	-	-	-	1	\$ 60	-	-	-	-	1	\$ 60	0%	0%
Andrews Institute Asc	-	-	1	\$ 50	-	-	-	-	-	-	1	\$ 50	0%	0%
Carolyn Dottino-Buenahora	1	\$ 50	-	-	-	-	-	-	-	-	1	\$ 50	0%	0%
Daniel Sobolewski	1	\$ 50	-	-	-	-	-	-	-	-	1	\$ 50	0%	0%
Dominic Nazzaro	-	-	-	-	1	\$ 50	-	-	-	-	1	\$ 50	0%	0%
Jag-One Physical Therapy LLC	-	-	-	-	1	\$ 50	-	-	-	-	1	\$ 50	0%	0%
Richard Schlentz	-	-	-	-	-	-	-	-	1	\$ 50	1	\$ 50	0%	0%
Temple Fac Radiology	-	-	-	-	-	-	1	\$ 50	-	-	1	\$ 50	0%	0%
The Steadman Clinic	2	\$ 50	-	-	-	-	-	-	-	-	2	\$ 50	0%	0%
Upstate Radiology	-	-	-	-	1	\$ 50	-	-	-	-	1	\$ 50	0%	0%
HealthRisk Resource Group LLC	1	\$ 48	-	-	-	-	-	-	-	-	1	\$ 48	0%	0%
Sharp Rees-Stealy Med Group	-	-	-	-	-	-	1	\$ 45	-	-	1	\$ 45	0%	0%
Tower Health Urgent Care LLC	-	-	-	-	-	-	1	\$ 41	-	-	1	\$ 41	0%	0%
New York University Phys Services	-	-	-	-	1	\$ 40	-	-	-	-	1	\$ 40	0%	0%
Cala Lejman	-	-	1	\$ 40	-	-	-	-	-	-	1	\$ 40	0%	0%
Ct Childrens Specialty Grp	-	-	1	\$ 40	-	-	-	-	-	-	1	\$ 40	0%	0%
Department Of Orthopedic Surg	-	-	-	-	1	\$ 40	-	-	-	-	1	\$ 40	0%	0%
James J. Kinderknecht	-	-	1	\$ 40	-	-	-	-	-	-	1	\$ 40	0%	0%
Jo Hannafin, MD	-	-	1	\$ 40	-	-	-	-	-	-	1	\$ 40	0%	0%
Premier Immediate Medical Care	-	-	1	\$ 40	-	-	-	-	-	-	1	\$ 40	0%	0%
Recon Ortho Assoc II	-	-	-	-	1	\$ 40	-	-	-	-	1	\$ 40	0%	0%
Sports Medicine	-	-	-	-	1	\$ 40	-	-	-	-	1	\$ 40	0%	0%
Charles Wallace	-	-	1	\$ 38	-	-	-	-	-	-	1	\$ 38	0%	0%
Jeremiah Robinson-Earl	-	-	-	-	-	-	-	-	1	\$ 35	1	\$ 35	0%	0%
Madison Martinez	-	-	-	-	-	-	1	\$ 35	-	-	1	\$ 35	0%	0%
Zellis Claims Integrity	-	-	1	\$ 34	-	-	-	-	-	-	1	\$ 34	0%	0%
Clinical Care Associates	-	-	1	\$ 30	-	-	-	-	-	-	1	\$ 30	0%	0%
CardioNet LLC	-	-	-	-	-	-	1	\$ 28	-	-	1	\$ 28	0%	0%
Prohealth Care Assoc, Llp	-	-	1	\$ 20	-	-	-	-	-	-	1	\$ 20	0%	0%
Temple University Hosp	-	-	-	-	-	-	1	\$ 20	-	-	1	\$ 20	0%	0%
Samantha Carangi	-	-	-	-	-	-	1	\$ 19	-	-	1	\$ 19	0%	0%
Baptist Physicians Group	-	-	1	\$ 15	-	-	-	-	-	-	1	\$ 15	0%	0%
Christopher Arcidiacono	-	-	-	-	-	-	-	-	1	\$ 15	1	\$ 15	0%	0%
Mallory Sellars	-	-	-	-	1	\$ 15	-	-	-	-	1	\$ 15	0%	0%
Seaview Orthopaedic	-	-	1	\$ 15	-	-	-	-	-	-	1	\$ 15	0%	0%
Temple Orthopedic Sports Med	1	\$ 15	-	-	-	-	-	-	-	-	1	\$ 15	0%	0%
Reconstructive Orthopaedic As.	-	-	1	\$ 11	-	-	-	-	-	-	1	\$ 11	0%	0%
Mercy Health Physicians Cinc	-	-	-	-	-	-	1	\$ 9	-	-	1	\$ 9	0%	0%
Atlantic Radiology	-	-	-	-	-	-	1	\$ 8	-	-	1	\$ 8	0%	0%
Amanda Wilson	-	-	1	\$ 8	-	-	-	-	-	-	1	\$ 8	0%	0%
Dept Of Radiology	-	-	-	-	1	\$ 7	-	-	-	-	1	\$ 7	0%	0%
Claremont Imaging Assoc	-	-	1	\$ 7	-	-	-	-	-	-	1	\$ 7	0%	0%
Southwest Ohio Anesthesia Con	-	-	-	-	-	-	1	\$ 5	-	-	1	\$ 5	0%	0%
Thomas Jefferson Univ Hospital	-	-	-	-	-	-	-	-	1	\$ 3	1	\$ 3	0%	0%
Albany Medical College	-	-	1	\$ 2	-	-	-	-	-	-	1	\$ 2	0%	0%
Radiology Associates of the Main Line	-	-	-	-	-	-	1	\$ 2	-	-	1	\$ 2	0%	0%
Beth Israel Lahey Health Primary	-	-	-	-	-	-	1	-	-	-	1	-	0%	0%
Struan H Coleman MD	-	-	1	-	-	-	-	-	-	-	1	-	0%	0%
Orthopedic Surgery Center	-	-	-	-	1	\$ (63)	-	-	-	-	1	\$ (63)	0%	0%
Novacare Rehabilitation	-	-	1	\$ (118)	-	-	-	-	-	-	1	\$ (118)	0%	0%
Novacare Outpatient Rehab	-	-	-	-	1	\$ (316)	-	-	-	-	1	\$ (316)	0%	0%
Main Line Imaging	-	-	-	-	1	\$ (450)	-	-	-	-	1	\$ (450)	0%	0%
Paoli Memorial Hosp	-	-	-	-	1	\$ (578)	-	-	-	-	1	\$ (578)	0%	0%
Bryn Mawr Surg.grp.	-	-	-	-	2	\$ (2,603)	-	-	-	-	2	\$ (2,603)	0%	0%
Berkley Life & Health Ins	-	-	2	\$ (7,247)	-	-	-	-	-	-	2	\$ (7,247)	0%	-1%
<b>Aggregate</b>	<b>217</b>	<b>\$ 180,592</b>	<b>206</b>	<b>\$ 291,930</b>	<b>205</b>	<b>\$ 220,020</b>	<b>180</b>	<b>\$ 233,378</b>	<b>95</b>	<b>\$ 65,818</b>	<b>903</b>	<b>\$ 991,739</b>		

# SAMPLE REPORT



University  
Athletics Insurance Program  
Claims by Sport  
Data as of 4/30/2021

Sport	2016		2017		2018		2019		2020		Program Aggregate			
	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	Claims	Paid	% Claims	% Paid
Mens Football	68	\$ 58,839	56	\$ 81,301	55	\$ 58,758	61	\$ 65,176	17	\$ 9,954	257	\$ 274,027	28%	28%
Womens Soccer	14	\$ 5,738	17	\$ 30,016	18	\$ 30,929	17	\$ 22,952	9	\$ 2,110	75	\$ 91,745	8%	9%
Womens Volleyball	8	\$ 5,904	8	\$ 4,874	12	\$ 25,592	9	\$ 29,978	6	\$ 1,608	43	\$ 67,956	5%	7%
Mens Baseball	15	\$ 22,678	6	\$ 36,391	5	\$ 1,615	4	\$ 609	6	\$ 4,332	36	\$ 65,625	4%	7%
Mens Soccer	17	\$ 23,116	10	\$ 16,159	14	\$ 8,781	11	\$ 6,773	4	\$ 7,300	56	\$ 62,129	6%	6%
Mens Lacrosse	12	\$ 11,069	20	\$ 26,172	13	\$ 16,229	8	\$ 3,610	5	\$ 1,401	58	\$ 58,480	6%	6%
Womens Lacrosse	17	\$ 10,947	14	\$ 5,528	15	\$ 12,031	5	\$ 13,012	5	\$ 3,107	56	\$ 44,626	6%	4%
Womens Track	17	\$ 16,904	10	\$ 12,238	8	\$ 5,856	6	\$ 5,791	1	\$ 394	42	\$ 41,184	5%	4%
Womens Crew	2	\$ 120	8	\$ 23,261	7	\$ 8,608	7	\$ 6,155	3	\$ 790	27	\$ 38,934	3%	4%
Club Sports	-	-	-	-	2	\$ 2,080	3	\$ 25,224	-	-	5	\$ 27,303	1%	3%
Womens Softball	3	\$ 2,462	7	\$ 11,125	2	\$ 10,937	1	\$ 222	3	\$ 1,010	16	\$ 25,756	2%	3%
Mens Track	9	\$ 3,069	4	\$ 7,276	6	\$ 2,341	8	\$ 4,816	3	\$ 4,167	30	\$ 21,668	3%	2%
Mens Basketball	4	\$ 2,291	6	\$ 6,177	4	\$ 2,598	2	\$ 629	10	\$ 9,461	26	\$ 21,156	3%	2%
Womens Cheerleading	1	\$ 34	8	\$ 8,661	5	\$ 4,641	4	\$ 7,176	-	-	18	\$ 20,513	2%	2%
Mens Tennis	4	\$ 6,220	-	-	1	\$ 754	-	-	2	\$ 11,212	7	\$ 18,186	1%	2%
Mens Swimming / Diving	2	\$ 284	4	\$ 10,723	2	\$ 5,736	1	\$ 125	1	\$ 287	10	\$ 17,154	1%	2%
Womens Basketball	4	\$ 1,051	10	\$ 2,924	9	\$ 6,778	8	\$ 3,598	6	\$ 1,614	37	\$ 15,966	4%	2%
Womens Tennis	3	\$ 1,007	2	\$ 116	4	\$ 233	4	\$ 13,357	-	-	13	\$ 14,713	1%	1%
Womens Swimming / Diving	4	\$ 1,823	5	\$ 5,167	5	\$ 6,233	1	\$ 145	1	-	16	\$ 13,369	2%	1%
Womens Water Polo	-	-	5	\$ 1,868	4	\$ 1,378	3	\$ 2,941	2	\$ 2,864	14	\$ 9,050	2%	1%
Womens Field Hockey	8	\$ 1,784	1	\$ 607	8	\$ 2,566	4	\$ 2,107	8	\$ 1,543	29	\$ 8,607	3%	1%
Mens Cross-Country	2	\$ 1,050	-	-	1	\$ 5	4	\$ 7,183	-	-	7	\$ 8,238	1%	1%
Mens Cheerleading	1	\$ 3,858	2	\$ 542	1	\$ 2,820	-	-	1	\$ 202	5	\$ 7,422	1%	1%
Men's Club Rugby	-	-	-	-	1	\$ 806	2	\$ 5,776	-	-	3	\$ 6,582	0%	1%
Womens Cross-Country	1	\$ 271	3	\$ 805	2	\$ 283	3	\$ 968	1	\$ 2,315	10	\$ 4,641	1%	0%
Women's Club Soccer	-	-	-	-	-	-	2	\$ 4,481	-	-	2	\$ 4,481	0%	0%
Mens Golf	1	\$ 73	-	-	1	\$ 1,433	-	-	-	-	2	\$ 1,506	0%	0%
Intramural Sports	-	-	-	-	-	-	1	\$ 450	-	-	1	\$ 450	0%	0%
Student	-	-	-	-	-	-	-	-	1	\$ 149	1	\$ 149	0%	0%
Flag Football	-	-	-	-	-	-	1	\$ 124	-	-	1	\$ 124	0%	0%
<b>Aggregate</b>	<b>217</b>	<b>\$ 180,592</b>	<b>206</b>	<b>\$ 291,930</b>	<b>205</b>	<b>\$ 220,020</b>	<b>180</b>	<b>\$ 233,378</b>	<b>95</b>	<b>\$ 65,818</b>	<b>903</b>	<b>\$ 991,739</b>		

# SAMPLE REPORT



**University**  
 Athletics Insurance Program  
 High Dollar Claims (Top 15 over \$5,000 per policy year)  
 Data as of 4/30/2021

Policy Year	Claim Number	Sport	Body Part	Amount Billed	Amount Paid
2016	AGA-0070278	Mens Football	Wrist & Hand	\$ 36,704	\$ 20,899
2016	AGA-0104451	Mens Soccer	Hip/Groin/Core Muscle	\$ 62,751	\$ 12,152
2016	AGA-0100610	Mens Baseball	Hip/Groin/Core Muscle	\$ 78,991	\$ 8,035
2016	AGA-0100091	Womens Track	Hip/Groin/Core Muscle	\$ 43,992	\$ 7,483
2016	AGA-0099887	Womens Lacrosse	Knee	\$ 37,123	\$ 5,424
2016	AGA-0082928	Mens Football	Shoulder	\$ 51,082	\$ 5,009
<b>2016</b>	<b>Policy Year Subtotal</b>			<b>\$ 310,643</b>	<b>\$ 59,002</b>
2017	AGA-0126826	Mens Baseball	Hip/Groin/Core Muscle	\$ 142,008	\$ 35,315
2017	AGA-0124067	Womens Crew	Hip/Groin/Core Muscle	\$ 66,259	\$ 20,634
2017	AGA-0112046	Mens Football	Foot & Ankle	\$ 51,610	\$ 17,962
2017	AGA-0116920	Mens Football	Hip/Groin/Core Muscle	\$ 45,695	\$ 17,814
2017	AGA-0109793	Womens Soccer	Hip/Groin/Core Muscle	\$ 46,577	\$ 16,010
2017	AGA-0123402	Mens Soccer	Head & Face	\$ 64,987	\$ 14,144
2017	AGA-0116387	Mens Swimming / Diving	Shoulder	\$ 68,864	\$ 9,594
2017	AGA-0110584	Mens Football	Foot & Ankle	\$ 51,939	\$ 8,199
2017	AGA-0150941	Mens Track	Lower Leg / Shin	\$ 12,780	\$ 6,808
2017	AGA-0112050	Womens Softball	Knee	\$ 76,460	\$ 5,517
2017	AGA-0143254	Mens Lacrosse	Foot & Ankle	\$ 33,306	\$ 5,262
2017	AGA-0116067	Mens Football	Knee	\$ 16,041	\$ 5,221
<b>2017</b>	<b>Policy Year Subtotal</b>			<b>\$ 676,524</b>	<b>\$ 162,480</b>
2018	AGA-0165469	Womens Soccer	Knee	\$ 96,120	\$ 24,577
2018	AGA-0166161	Womens Volleyball	Wrist & Hand	\$ 50,655	\$ 19,518
2018	AGA-0200717	Womens Softball	Knee	\$ 41,674	\$ 8,693
2018	AGA-0163967	Mens Football	Shoulder	\$ 15,987	\$ 7,447
2018	AGA-0163974	Mens Football	Shoulder	\$ 41,800	\$ 6,971
2018	AGA-0167589	Mens Football	Wrist & Hand	\$ 30,449	\$ 6,601
2018	AGA-0185653	Mens Swimming / Diving	Shoulder	\$ 41,899	\$ 5,702
2018	AGA-0201286	Mens Lacrosse	Shoulder	\$ 53,492	\$ 5,114
<b>2018</b>	<b>Policy Year Subtotal</b>			<b>\$ 372,077</b>	<b>\$ 84,621</b>
2019	AGA-0252473	Club Sports	Shoulder	\$ 58,545	\$ 15,305
2019	AGA-0229082	Womens Volleyball	Head & Face	\$ 74,166	\$ 14,707
2019	AGA-0235730	Womens Volleyball	Wrist & Hand	\$ 26,587	\$ 14,472
2019	AGA-0223562	Mens Football	Knee	\$ 53,808	\$ 10,176
2019	AGA-0222907	Mens Football	Knee	\$ 22,832	\$ 9,345
2019	AGA-0250253	Womens Tennis	Shoulder	\$ 34,943	\$ 8,323
2019	AGA-0222926	Womens Soccer	Head & Face	\$ 32,224	\$ 6,746
2019	AGA-0255468	Womens Lacrosse	Knee	\$ 84,556	\$ 6,558
2019	AGA-0234855	Mens Football	Foot & Ankle	\$ 40,214	\$ 6,391
2019	AGA-0233548	Womens Cheerleading	Head & Face	\$ 12,359	\$ 6,108
2019	AGA-0252481	Club Sports	Knee	\$ 38,680	\$ 6,010
2019	AGA-0223570	Womens Lacrosse	Foot & Ankle	\$ 61,441	\$ 5,889
<b>2019</b>	<b>Policy Year Subtotal</b>			<b>\$ 540,354</b>	<b>\$ 110,030</b>
2020	AGA-0271584	Mens Tennis	Foot & Ankle	\$ 33,668	\$ 11,130
2020	AGA-0270157	Mens Soccer	Head & Face	\$ 47,447	\$ 6,757
2020	AGA-0285105	Mens Basketball	Lower Leg / Shin	\$ 71,230	\$ 5,011
<b>2020</b>	<b>Policy Year Subtotal</b>			<b>\$ 152,344</b>	<b>\$ 22,898</b>
<b>Aggregate</b>	<b>41</b>			<b>\$ 2,051,944</b>	<b>\$ 439,031</b>

# SAMPLE REPORT



University  
Athletics Insurance Program  
Claims Paid and Discount Analysis

Data as of 4/30/2021

Policy Year	Claims	Billed	Primary Payments	Primary Reductions	Pri Ins Contrib	A-G Discounts	Total Paid	Pay % of Billed
2016	217	\$ 1,599,124	\$ 405,254	\$ 865,303	79%	\$ 147,976	\$ 180,592	11%
2017	206	\$ 1,967,619	\$ 346,923	\$ 987,279	68%	\$ 341,486	\$ 291,930	15%
2018	205	\$ 1,512,431	\$ 262,592	\$ 848,336	73%	\$ 181,483	\$ 220,020	15%
2019	180	\$ 1,768,162	\$ 360,102	\$ 975,882	76%	\$ 198,801	\$ 233,378	13%
2020	95	\$ 430,389	\$ 73,546	\$ 255,315	76%	\$ 35,710	\$ 65,818	15%
Aggregate	903	\$ 7,277,724	\$ 1,448,415	\$ 3,932,115	74%	\$ 905,456	\$ 991,739	14%





# COLLEGIATE

## ACCIDENT CLAIM FORM

Please complete and submit to A-G Administrators with itemized medical bills **AND primary insurance explanation of benefits.**

Send all claim forms and documents using our secure upload portal: [upload.agadministrators.com](http://upload.agadministrators.com)  
Alternatively, submit documents to [claims@agadm.com](mailto:claims@agadm.com).

For **questions**, however, please contact A-G Administrators: [customerservice@agadm.com](mailto:customerservice@agadm.com).

### YOUR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ School/Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### POLICYHOLDER INFORMATION

Policyholder (School): \_\_\_\_\_

School Address: \_\_\_\_\_  
STREET CITY STATE, ZIP

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth: \_\_\_\_\_ Sex:  M  F Social Security #: \_\_\_\_\_

Student's Phone Number (or Parent's if minor): \_\_\_\_\_

Student's EMAIL (or Parent's if minor): \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
STREET CITY STATE, ZIP

### ACCIDENT INFORMATION

Circumstance:  Game  Practice  Conditioning  Other (Please explain in Nature of Injury section.)

Type of Activity:  Club Sport  Intramural  Intercollegiate  Non-Athletic

Activity/Sport (if athletic related): \_\_\_\_\_ Accident Date: \_\_\_\_\_

Body Part Injured: \_\_\_\_\_ Place of Accident: \_\_\_\_\_

Nature of Injury (Details of what happened.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INSURANCE INFORMATION

Does the claimant have primary insurance?  Yes  No (Attach separate documents if necessary.)

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_  
STREET CITY STATE, ZIP

Policy Number: \_\_\_\_\_ ID#: \_\_\_\_\_



## AUTHORIZATION

**AFFIDAVIT:** I verify the statement regarding other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization, or any family member to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees. I also authorize A-G Administrators to release medical and billing information to any family member or health care provider if necessary to facilitate any potential payments.

**PAYMENT AUTHORIZATION:** I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

**STUDENT/PARENT APPROVAL:** I certify that approval has been granted from the student to submit this claim.

**AUTHORIZED POLICYHOLDER / SCHOOL REPRESENTATIVE SIGNATURE**

**DATE**

**Notice to CALIFORNIA RESIDENTS:** The California Consumer Privacy Act (CCPA) is a comprehensive privacy law that went into effect on January 1, 2020. The CCPA provides enhanced rights to California residents, including a right to access information, a right to delete information (in certain circumstances), and a right to opt out of the sale of information. Please direct any inquiries regarding the CCPA to your third party administrator claim representative.

**FRAUD WARNING:** Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

### **WARNING TO THE RESIDENTS OF:**

**Alabama:** presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska:** and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona, Arkansas and Rhode Island:** presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Delaware:** and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Florida:** and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho and Indiana:** and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

**Kentucky:** and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**New York:** and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Pennsylvania:** and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Louisiana:** knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Mexico:** presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Texas:** presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**West Virginia:** presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maryland:** or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Ohio:** with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

**Puerto Rico:** and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

### **WARNING:**

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.



**A-G ADMINISTRATORS LLC**  
**SPORTS INSURANCE SPECIALISTS**

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