



Welcome to your benefits

YOUR POLICY EXPLANATION



Thank you for selecting our secondary insurance policy for your injury needs. The following short presentation is intended to guide and educate you through the secondary insurance process while you are in treatment for your injury. Please feel free to refer to this document when submitting bills for payment consideration. We look forward to servicing you and your injury claim and making this process as smooth and easy as possible for you.





Contents:

- Primary vs. Secondary Insurance
Page 4
- USASA Policy Holder Information
Page 5
- Policy Class Selections Page 6
- Class Coverages Pages 7 & 8
- Documents needed for claim
Submission Page 9
- How to submit a claim
Page 10
- Frequently Used Insurance Terms
Page 11
- Emails/Contact Information
Page 12



Primary vs. Secondary Insurance

Primary Insurance

- Your private insurance pays medical benefits first
- May have a deductible that needs to be met
- May have co-insurance or copay amounts
- May have plan maximums

Secondary Insurance

- Supplemental insurance that pays after your primary insurance pays first.
- May have a deductible that needs to be met
- May have co-insurance or copay amounts
- May have plan maximums
- May act as primary insurance if there is no primary insurance.
- *You should also give your secondary insurance information (claim number and submission information that will be supplied in your acknowledgement letter) to the providers when you go for medical treatment*



**United States Adult
Soccer Association
(USASA)**



- Policy Carrier: QBE
- Policy runs 1/1/22-1/1/23
- **Benefit Period:** 1 year from the date of the covered accident
- **First Covered Expenses:** must incur within 90 days after a covered accident



USASA Policy Classes

When you are offered supplemental insurance through USASA, you will have 3 classes to choose from:

Class 1

- \$5,000 maximum benefit
- \$400 disappearing deductible

Eligible Persons:

Class 1: All active registered soccer players, tournament and non-affiliated players, tryout participants (including non-registered participants), referees, coaches, coaches/players, U-23, futsal participants, and all volunteers of the Policyholder.

Class 2

- \$25,000 maximum benefit
- \$400 disappearing deductible

Eligible Persons:

Class 3: All active registered regular season soccer players, referees or coaches, and futsal participants of the Policyholder for which additional premium has been paid.

Class 3

- \$25,000 maximum benefit
- \$500 disappearing deductible

Eligible Persons:

Class 4: All active registered regular season soccer **players age 20 and under**, tournament players, non-affiliated players, tryout participants of the Policyholder.



Class 1 and 2 Coverage

Hospital Services

- Daily ICU or CCU Benefit 100%, up to two times the average semi-private room rate, up to \$300 per day
- Daily In-Hospital Benefit 100% of the average semi-private room rate, up to \$300 per day
- Miscellaneous Services: 100%, up to \$1,000 for In-patient/100% up to \$250 for Out-patient
- Ambulatory Medical Center 50%
- Emergency Room Treatment 100% up to \$350

Physician Services

- Surgery Benefit 50%
- Assistant Surgeon 25% of Surgeon's Benefit
- Physician's Surgical Facilities 25% of Surgeon's Benefit
- Second Opinion or Consultation 25%
- Physician's Assistant 25%
- Anesthesia Benefit 25% of Surgeon's Benefit
- Inpatient Visits 100%, up to \$35 per visit, maximum of 10 visits
- Office Visits 100%, up to \$35 per visit, maximum of 10 visits
- Outpatient X-Ray, CT Scan, MRI 100%, up to \$150
- Laboratory Tests 100%, up to \$100
- Outpatient Physiotherapy 100%, up to \$25 per visit, maximum of 15 visits
- Nursing Services 100%

Miscellaneous Services

- Ambulance Services 100% up to \$150
- Medical Equipment Rental 100%, up to \$400
- Medical Services and Supplies 100%
- Dental Services 100%, up to \$1,000
- Prescription Drug Benefit 100%, up to \$100



Class 3 Coverage

Hospital Services

- Daily ICU or CCU Benefit 100%, up to two times the average semi-private room rate, up to \$300 per day
- Daily In-Hospital Benefit 100% of the average semi-private room rate, up to \$300 per day
- Miscellaneous Services: 100% up to \$2,000 for In-patient 100%/100% up to \$500 for Out-patient
- Ambulatory Medical Center 50%
- Emergency Room Treatment 100%, up to \$500

Physician Services

- Surgery Benefit 50%
- Assistant Surgeon 25% of Surgeon's Benefit
- Physician's Surgical Facilities 25% of Surgeon's Benefit
- Second Opinion or Consultation 25%
- Physician's Assistant 25%
- Anesthesia Benefit 25% of Surgeon's Benefit
- Inpatient Visits 100%, up to \$50 per visit, maximum of 10 visits
- Office Visits 100%, up to \$50 per visit, maximum of 10 visits
- Outpatient X-Ray, CT Scan, MRI 100%, up to \$150
- Laboratory Tests 100%, up to \$100
- Outpatient Physiotherapy 100%, up to \$25 per visit, maximum of 15 visits
- Nursing Services 100%

Miscellaneous Services

- Ambulance Services 100%, up to \$150
- Medical Equipment Rental 100%, up to \$400
- Medical Services and Supplies 100%
- Dental Services 100%, up to \$1,000
- Prescription Drug Benefit 100%, up to \$100



Documents needed for payment consideration

Depending on who submits the bill, you or your provider, the process is basically the same. You will need the following documents submitted in order for your secondary insurance to pay balances according to the policy.

Provider (your doctor):

- HCFA or UB-04 form contains procedure codes, breakdown of charges, diagnosis codes
- Tax id, billing address, patient account number
- Name, address, Date of Birth of patient

Claimant (you):

- Itemized bill that contains procedure codes, breakdown of charges, and diagnosis codes or the HCFA 1500 or UB-04 form from the provider.
- Tax ID of provider, their billing address and your patient account number
- Paid receipts if you have paid for services out of pocket and are looking to get reimbursed.



How to submit documents to your secondary insurance

Mail your documents to:

A-G Administrators, LLC
PO Box 21013
Eagan, MN 55121

Email your documents to:

Claims@agadm.com

*Or upload directly to our claim in response to your acknowledgement letter that was sent to your E-mail address. *

*Label attachments and/or subject line "USASA"

Website Upload:

<https://agadministrators.com/start-a-new-claim/>

*Label attachments as "USASA"

Fax your documents to:

610-933-4122

Timeframe:

Please allow 10 to 15 business days to receive, upload, review, and process your documents. During that timeframe, your claim examiner will contact you if additional information is needed in order to process your claim. This timeframe is an estimate but be assured we are working in a timely manner to review and process your documents.



Frequently Used Insurance Terms

Primary Insurance-

The policy that pays first; your personal health insurance.

Secondary Insurance-

The supplemental insurance after primary insurance is utilized.

EOB - (Explanation of Benefits)-

The document primary insurance sends indicating what was paid: contracted rates, coinsurance, deductible and balances.

Itemized Bill-

A bill from a provider that contains a breakdown of charges with procedure codes, diagnosis codes, provider name, address and tax ID number.

Deductible-

An amount that must be met before benefits can be paid.

Disappearing Deductible-

When primary insurance payments count towards a secondary insurance deductible.

Provider -

The person, facility, clinic that provides medical services for your injury.



Should you have any questions or concerns at any time regarding your claim, we may be contacted at :

A-G Administrators, LLC Contact information:

Customer Service: 610-933-0800

Email: customerservice@agadm.com

Claim Examiner: Please respond to your claim examiner via your email within our claim system directly from your acknowledgement letter.

Thank you and welcome to your AG-Administrators sports insurance. We are excited to serve you with superior compassion, respect, and customer service!