



AVERETT UNIVERSITY

Student Insurance

Frequently Asked Questions

| Health Insurance | Mandatory Accident Insurance |
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| Why does Averett University require students to have | Why does Averett University require students to purchase |
| health insurance? | an accident policy? |
| Good health is essential to your academic success and | Averett University is concerned about the safety and well- |
| adequate insurance provides the opportunity to receive high | being of our students. Unexpected medical expenses may |
| quality healthcare. | threaten your ability to complete your education should you |
| | suffer an injury. The accident insurance plan will pay for any |
| | expenses not covered by your health insurance, up to |
| | \$10,000 per accident. |
| I already have health insurance, so how can I have the | I already have health insurance and I do not need the |
| charge for the student health insurance removed from by | accident plan. How can get this charge removed? |
| bill? | All students are required to participate in this program. We |
| If you are already have your own health insurance or are | understand everyone will have health insurance plan or |
| insured under another plan you need to complete the | participate in the student health insurance plan. Most |
| student health insurance waiver form. You can complete the | insurance policies have limitations that require the insured |
| online waiver by utilizing the following link: | to pay for some expenses out of their own pocket. This |
| <u>www.firststudent.com</u> | policy is designed to supplement and fill the gaps for any |
| | expenses resulting from an accident. |
| Who is the insurance company? | Who is the insurance company? |
| United Healthcare | US Fire Insurance Company |
| Does the medical provider submit claims to United | Does the medical provider submit claims to US Fire? |
| Healthcare? | No. Claims are submitted to A-G Administrators. They are |
| Yes. It is important to make sure they submit the claim to | the Third Party Administrator for US Fire. Their contact |
| United Healthcare Student Resources. Their contact | information is listed on the ID card. |
| information will be listed on your ID card. | |
| How do I obtain an ID Card from United Healthcare? | How do I obtain an ID card from US Fire.? |
| When you complete your enrollment or are automatically | An ID card has been provided on the bottom of this form. If |
| enrolled on August 31 st , you will receive an ID card by email | you need a replacement ID please send an email to |
| within 48 hours of your enrollment. If you need a | Averett@rcmd.com. |
| replacement ID you can request online at | |
| www.firststudent.com. | |
| What is the deductible? Does it matter is I use an In- | What is the deductible? |
| network or Out-of-network provider or facility? | \$0 – there is no deductible. Please keep in mind the |
| \$150 In-Network | accident plan is secondary coverage, so it only pays for |
| \$400 Out-of Network | expenses resulting from an injury that are not covered by |
| Deductibles are annual deductibles. | your health insurance. |
| The plan utilizes the United Healthcare network of providers. | |





| Health Insurance | Mandatory Accident Insurance |
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| What is the policy year maximum benefit payable under | What is the policy maximum per injury? |
| this plan? | The accident plan will pay up to \$10,000 per injury. |
| There is no maximum benefit. The Affordable Care Act does | |
| not allow insurance companies to limit the policy year | |
| benefit. | |
| Would I be responsible for any medical expenses? | Would I be responsible for any medical expenses? |
| Yes – The plan insures 80% of most medical expenses when | The accident plan pays for all expenses related to medical |
| you use an In-Network Provider and 60% if you use an Out- | services due to an injury. It will pay 100% of all expenses not |
| of-Network provider. Preventive services required under the | covered by your health insurance up to a maximum of |
| Affordable Care Act are paid at 100% if you use an In- | \$10,000 per accident. |
| Network provider and you do not pay a deductible or co-pay. | |
| Does the plan cover prescription medications? | Does the plan cover prescription medications? |
| Yes – Prescription medications are covered. You will be | Yes – but only if prescribed for treatment for an injury and |
| required to pay a co-pay. | only the amount of the expenses not covered by your |
| \$ 0 – Generic Contraceptives | personal health insurance. |
| \$20 – Generic drugs | |
| \$45 – Brand name drugs | |
| \$70 – Non-preferred brand drugs | |
| Does the student health insurance plan cover me while I | Does the student accident insurance plan cover me while I |
| am home or at college? | am home or at college? |
| Yes – The insurance insured you 24/7/365 whether at | Yes – the policy insures you from injuries while you are |
| school, home or even traveling outside of the United States. | home, at school or traveling. |
| If I encounter any problems with payment of claims who | If I encounter any problems with payment of claims who |
| should I contact? | should I contact? |
| United Healthcare Student Resources is the claims | A-G Administrator is the claims administrator and you can |
| administrator and you can contact them at (800) 505-4160. | contact than at (610) 933-0800. |
| | |
| For any additional assistance please email | For additional assistance please email Averett@rcmd.com |
| Averett@rcmd.com | |

Student Accident ID Card



Mandatory Student Accident Plan

Cardholder is entitled to the benefits of the policy, provided the student's name is filed with the company.

Policy Date: 8/1/2020 through July 31, 2021

Group Policy Number - AH-GA26932-002

Deductible - \$0

Maximum benefit per accident - \$10,000

US Fire Insurance Company

Claims Administrator at:

A-G Administrators

P.O. Box 979

P.O. BOX 975

Valley Forge, PA 19482

(610) 933-0800

Fax (610) 933-4122

Filing a Claim

- .. Request claim form Averett@rcmd.com
- 2. Complete claim form
- Attach all itemized bills relating to the claim with Explanation of Benefit summaries
- Mail or fax completed forms, bills & statements to Seven Corners
 If you have questions on the status of your claim please email

claims@agadm.com