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RADFORD UNIVERSITY

STANDARD CONTRACT

Contract Number: RU21039

This contract entered into this 5th day of April, 2021, by Dissinger Reed located at 8700 Indian Creek Parkway, Ste 320, Overland Park, KS 66210, hereinafter called the "Contractor" and Commonwealth of Virginia, **Radford University**, called the "Purchasing Agency or Radford University", located at 801 East Main Street, Radford, VA. 24142."

I. **WITNESSETH** that the Contractor and Radford University, in consideration of the mutual covenants, promises and agreements contained, agree as follows:

II. **SCOPE OF CONTRACT:** The Contractor shall provide Intercollegiate Athletic Insurance services to Radford University as set forth in the Contract Documents.

III. **TERM OF CONTRACT:** From July 1, 2021 through June 30, 2022 with nine (9) one-year renewal options or as negotiated, to include all contractual provisions contained herein.

IV. **THE CONTRACT DOCUMENTS SHALL CONSIST OF:**

1. This signed Radford University Standard Contract. Document;

2. **Attachment A**: Radford University's Request for Proposal (RFP) R21-002 dated November 20, 2020 and Addendum 001 dated December 10, 2020;

3. **Attachment B**: Contractor's Proposal signed and dated January 18, 2021 and response to clarification questions dated February 19, 2021;

4. **Attachment C**: Negotiation Summation:

    a. Negotiation Response dated March 8, 2021

    b. Email Response dated March 8, 2021

5. This Standard Contract identifies terms as negotiated and as agreed by both parties. In the event there is a conflict between the Standard Contract, Request for Proposal R # R21-002, the Contractor's Proposal or Negotiation/Clarification points, the Standard Contract shall prevail.

V. **FINANCIAL COMPENSATION:** The Contractor shall be paid by Radford University in accordance with the contract documents.

1. The Aggregate Deductible Plan for Year 1:

Aggregate Deductible:	$117,500
Annual Premium:	$ 14,000
Administration Fees	$ 23,000
Total potential maximum annual cost:	$154,500

2. The Voluntary Student Accident Plan (VSAP) for Year 1:

Medical Maximum:	$5,000
Cost (per student/year)	$ 800

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VI. **METHOD OF PAYMENT:**

1. **Invoice Submission to Radford University**:

a. ***INVOICES AND PAYMENT:***

Invoices for goods or services provided under any contract resulting from this solicitation should be submitted by email to acctspayable@radford.edu . Invoices shall be identified with the assigned contract number. Invoices shall identify contract pricing for all good/services payment is being requested. If submitting invoices by mail use the following address. **Email is the preferred method of invoice receipt.**

RADFORD UNIVERSITY
ACCOUNTS PAYABLE
POST OFFICE BOX 6906
RADFORD, VA 24142-6906

Payment will be made thirty days after receipt of proper invoice for the amount of payment due, or thirty days after receipt of goods / services, whichever is later, in accordance with the Commonwealth of Virginia Prompt Payment Act.

2. **Payment to Contractor:** The methods of payment for Contractor are ACH (preferred) or mailing the payment directly to Contractor's Bank Deposit Box at Dissinger Reed, P.O. Box 30080, Omaha, NE 68103-1180.

a. Payments for Contractor's services are as follows:

i. Premium and Admin Fees: Paid within 30 days of the policy effective date.

ii. Aggregate Deductible (self-funded by the University): The frequency and amount of funding is up to Radford University. Contractor will be providing Radford University with a monthly claims account summary report that reflect the amounts paid out and remaining balance in the account. Contractor can set a threshold that will trigger an additional funding invoice (i.e. when the balance drops below $15,000). Payment for this Item ii will be 15 days.

iii. Voluntary Student Accident Plan (VSAP): There will be an enrollment cutoff date (typically September 30th or after all students have arrived on campus and completed their insurance paperwork with athletics). Upon receipt by Contractor of the student athlete names that require VSAP, Contractor will invoice Radford University the total annual premium for those student athletes.

VII. **REPORTING:** Contractor will provide the following reports (in addition to other reports that may be requested):

1. Monthly Claims Loss Reports for the current term and previous two years and;

2. Monthly Claims Account Summary

VIII. **NEGOTIATED LANGUAGE:** An additional Negotiation Point was submitted to Contractor on March 8, 2021, via email, specific to primary insurance verification services being provided at no charge to Radford University. The Contractor agreed to provide access to their Coverage Backer™ primary insurance verification service free of charge.

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IX. **UNIVERSITY POINT OF CONTACT:** The Assistant AD Sports Medicine for Athletics is the assigned central point of contact and Contract Administrator for this contract.

X. **COMMONWEALTH OF VIRGINIA GENERAL TERMS AND CONDITIONS:**

1. **ADMINISTRATIVE APPEALS PROCEDURE**: Although Radford University is authorized to establish an administrative appeals procedure, it has chosen not to develop such procedures, but rather will rely on legal action for such determinations. (Governing Rule §55). However, Radford University reserves the right to use Alternative Dispute Resolution (ADR) for hearing appeals from decisions on disputes arising during the performance of a contract or when it is deemed to be in the best interest of the University. (Governing Rule §56).

2. **ANTI-DISCRIMINATION**: By submitting their bids/proposals, (bidders/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, where applicable, the Virginians with Disabilities Act, the Americans with Disabilities Act and §10 of the Governing Rules. 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. (Governing Rule §36).

   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. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating 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 provision of 1. above in every subcontract or purchase order over $10,000, so that the provisions will be binding upon each subcontractor or vendor.

3. **ANTITRUST**: By entering into a contract, the contractor conveys, sells, assigns, and transfers to Radford University, and the Commonwealth of Virginia all rights, title and interest in and to all causes of 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.

4. **ANNOUNCEMENT OF AWARD**: Upon award or the announcement of the decision to award a contract over $50,000 as a result of this solicitation, Radford University will publicly post such notice on the DGS/DPS eVA web site (www.eva.virginia.gov) for a minimum of ten (10) days.

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5. **APPLICABLE LAWS 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.

6. **ASSIGNMENT OF CONTRACT**: A contract shall not be assignable by the contractor in whole or in part without the written consent of Radford University, an agency of the Commonwealth.

7. **AUTHORIZATION TO CONDUCT BUSINESS IN THE COMMONWEALTH**: A contractor organized as a stock or non-stock corporation, limited liability company, business, trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the *Code of Virginia* or as otherwise required by law. Any business entity described above that enters into a contract with a public body shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required by Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business fails to remain in compliance with the provisions of this section.

8. **CHANGES TO THE CONTRACT**: Changes can be made to the contract in any of the following ways:

    1. The parties may agree 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 agreement to modify the scope of the contract.

    2. The University 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 University a credit for any savings. Said compensation shall be determined by one of the following methods:

        a. By mutual agreement 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 University'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 University with all vouchers and records of expenses incurred and savings realized. The University 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 University within thirty (30) days from the date of receipt of the written order from the University. 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 dispute's clause provisions of the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and Their Vendors (Governing Rule §53). Neither the existence of a claim nor 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 University or with the performance of the contract generally.

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9. **CONTROLLING VERSION OF SOLICITATION**: The original version of the solicitation and any addenda issued by Radford University's Procurement and Contracts Department is the mandatory controlling version of the document. Any modification to the solicitation by the bidder or offeror shall not modify the original version of the solicitation issued by Radford University's Procurement and Contracts Department. Such modifications or additions to the solicitation by the bidder or offeror may be cause for rejection of the bid or proposal; however, Radford University reserves the right to decide, on a case-by-case basis, in its sole discretion, whether to reject such a bid or proposal.

10. **DEBARMENT STATUS**: By submitting their bids/proposals, bidders/offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting bids or 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.

11. **DEFAULT**: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the University, 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.

12. **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 manufacturer, sale, distribution, dispensation, possession, or use of controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibitions: (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) include 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, possession or use of any controlled substance or marijuana during the performance of the contract. (Governing Rule §11).

13. **EO/AA STATEMENT:** If this contract is a covered government contract or subcontract, contractors and subcontractors 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 or national origin. 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, protected veteran status or disability. Radford University does not discriminate against employees, students, or applicants on the basis of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, or veteran status; or otherwise discriminate against employees or applicants who inquire about, discuss, or disclose their compensation or the compensation of other employees, or applicants; or any other basis protected by law.

14. **ETHICS IN PUBLIC CONTRACTING**: By submitting their bids/proposals, bidders/offerors certify that their bids/proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other bidder/offeror, supplier, manufacturer or subcontractor in connection with their bid/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.

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15. **eVA BUSINESS-TO-GOVERNMENT VENDOR REGISTRATION, CONTRACTS, AND ORDERS**: The eVA Internet electronic procurement solution, website portal eVA Electronic Virginia Portal streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies. All vendors desiring to provide goods and/or services to the Commonwealth should participate in the eVA internet e-procurement solution by completing the free eVA Vendor Registration. All bidders or offerors should self- register in eVA and pay applicable vendor transaction fees. Failure to register may result in the bid/proposal being rejected.

16. **E-VERIFY REQUIREMENT OF ANY CONTRACTOR**: Any contractor with more than an average of 50 employees for the previous 12-months entering into a contract in excess of $50,000 with the University to perform work or provide services pursuant to such contract shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to any awarded contract.

17. **FEDERAL GRANTS**: The following provisions apply to a contract made under a federal grant: Appendix II C.F.R. 200§§200.317-200.326.

18. **FORCE MAJEURE**: The performance of the contract by either party shall be subject to force majeure, including but not limited to acts of God, fire, flood, natural disaster, war or threat of war, acts or threats of terrorism, civil disorder, unauthorized strikes, governmental regulation or advisory, recognized health threats as determined by the World Health Organization, the Centers for Disease Control, or local government authority or health agencies (including but not limited to the health threats of COVID-19, H1N1, or similar infectious diseases), curtailment of transportation facilities, or other occurrence beyond the control of the parties, where any of those factors, circumstances, situations, or conditions or similar ones prevent, dissuade, or unreasonably delay the Event, or where any of them make it illegal, impossible, inadvisable, or commercially impracticable to hold the Event or to fully perform the terms of the contract. The contract may be cancelled by either party, without liability, damages, fees, or penalty, and any unused deposits or amounts paid shall be refunded, for any one or more of the above reasons, by written notice to the other party.

19. **IMMIGRATION REFORM AND CONTROL ACT OF 1986**: By entering into a contract with the Commonwealth of Virginia, the contractor certifies that the contractor does not, and shall not during the performance of this contract for goods and services in the Commonwealth, knowingly employ an unauthorized illegal alien as defined in the federal Immigration Reform and Control Act of 1986.

20. **INDEMNIFICATION**: Contractor agrees to indemnify, defend and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of any materials, goods, or equipment of any kind or nature furnished by the contractor; or any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or failure of the issuing agency to use the material, goods, or equipment in the manner already and permanently described by the contractor on the materials, goods or equipment delivered.

21. **MANDATORY USE OF RADFORD UNIVERSITY'S FORM AND TERMS AND CONDITIONS**: Failure to submit a response on Radford University's form provided for that purpose may be a cause for rejection of the response. Modification of or additions to the General Terms and Conditions of the solicitation may be cause of rejection of the response; however, the University reserves the right, on a case by case basis, in its sole discretion, whether or not to reject such a response.

22. **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, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the bidder or offeror employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific contract is not in its best interest. 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 the objection, access to equivalent goods, services, or disbursements from an alternative provider.

23. **PAYMENT**:

1. 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, 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 invoice or delivery, whichever occurs last. However, this shall not affect offers of discounts for payment in less than 30 days.

c. All goods and 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 should be 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 the University of its prompt payment obligations with respect to those charges which are not in dispute (*Governing Rule §53. Contractual disputes).*

2. To Subcontractors:

a. 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 record for work performed by the subcontractor(s) under the contract; or

2) To notify the University and the subcontractor(s), in writing, of the contractor's intention to withhold payment and the reason.

c. The contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise prohibited under the terms of the contract) on all amounts owed by contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) 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.

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3. Each prime contractor who wins an award in which provision of a SWaM procurement plan as specified in the contract documents and is a condition to the award, shall deliver to the contracting agency or institution, on or before request for final payment, evidence and certification of compliance (subject only substantial shortfalls and to shortfalls arising from subcontractor default) with the SWAM procurement plan. Final payment under the contract in question may be withheld until such certification is delivered and, if necessary, confirmed by the University or institution, or other appropriate penalties may be accessed in lieu of withholding such payment.

24. **PRECEDENCE OF TERMS**: The following paragraphs of these General Terms and Conditions shall apply in all instances: **Virginia Purchasing Manual for Institutions of Higher Education and Their Vendors, Applicable Laws and Courts, Anti-Discrimination, Ethics in Public Contracting, Immigration Reform and Control Act of 1986, Debarment Status, Antitrust, Mandatory Use of Radford University's Form and Terms and Conditions, Clarification of Terms, and Payment.** 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.

25. **PRICING CURRENCY**: Unless otherwise stated in the solicitation, bidder/offeror shall state bid/offer in U.S. dollars.

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

27. **SUPREMACY CLAUSE:** Not withstanding any provision in the bidder's/offeror's response to the contrary, the bidder/offeror agrees that the terms and conditions contained in Radford University's bid/offer prevail over contrary terms and conditions in the bidder's/offeror's response.

28. **TAXES**: Sales to the Commonwealth of Virginia and Radford University are normally exempt from state sales tax. State sales and use tax certificates of exemption ST-12, will be issued upon request. Deliveries against this contract shall usually be free of Federal excise and transportation taxes. The appropriate University Sales and Use Tax of Exemption number is as follows: RU 10-546001789F-001; FIN 54-6001789

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

XI. INFORMATION TECHNOLOGY TERMS AND CONDITIONS

1. **COMPLIANCE**: The Contractor warrants that the service it will provide to the University is fully compliant with and will enable the University to be compliant with relevant requirements of all laws, regulation, and guidance applicable to the University and/or the Contractor, including but not limited to: 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), Americans with Disabilities Act (ADA), and Federal Export Administration Regulations.

2. **CONFIDENTIALITY**: Radford University agrees that neither it nor its employees, representatives, or agents shall knowingly divulge any proprietary information with respect to the operation of the software, the technology embodied therein, or any other trade secret or proprietary information related thereto, except as specifically authorized by the Contractor in writing or as required by the Freedom of Information Act or similar law. It shall be the contractor's responsibility to fully comply with rule Governing Rule §34 – *"Public*

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Inspection of certain records" located in the Rules Governing Procurement of Goods, Services, Insurance and Construction by a Public Institution of Higher Education of the Commonwealth of Virginia. All trade secrets or proprietary information must be identified in writing or other tangible form and conspicuously labeled as "proprietary" either prior to or at the time of submission to the University.

The contractor assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's and the agency's written consent. Any information to be disclosed, except to the agency, must be in summary, statistical, or other form which does not identify particular individuals.

3. **DATA AUTHENTICITY, INTEGRITY AND AVAILABILITY:** The Contractor will take reasonable measures, including audit trails, to protect University Data, against deterioration or degradation of data quality and authenticity. The Contractor shall be responsible for ensuring that University Data, per the Virginia Public Records Act, "is preserved, maintained, and accessible throughout their lifecycle, including converting and migrating electronic data as often as necessary so that information is not lost due to hardware, software, or media obsolescence or deterioration."

   The Contractor will ensure backups are successfully completed at the agreed interval and that restoration capability is maintained for restoration to a point-in-time and\or to the most current backup available.

   The Contractor will maintain an uptime of 99.99% or greater, as agreed to for the contracted services via the use of appropriate redundancy, continuity of operations and disaster recovery planning and implementations.

4. **DATA PRIVACY**: The Contractor will use University Data only for the purpose of fulfilling its duties under this Contract and will not share such data with or disclose it to any third party without the prior written consent of the University, except as required by this Contract or as otherwise required by law.

   University Data will not be stored outside the United States without prior written consent from the University.

   The Contractor will provide access to University Data only to its employees and subcontractors who need to access the data to fulfill obligations under this Contract. The Contractor will ensure that the Contractor's employees who perform work under this Contract have read, understood, and received appropriate instruction as to how to comply with the data protection provisions of this Contract. If the Contractor will have access to the University's Education records as defined under the Family Educational Rights and Privacy Act (FERPA), the 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 the Contractor agrees to abide by the limitations and requirements imposed on school officials. The Contractor will use the Education records only for the purpose of fulfilling its duties under this Contract 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 Contract, required by law, or authorized in writing by the University.

5. **DATA TRANSFER UPON TERMINATION OR EXPIRATION**: The Contractor's obligations shall survive termination of this Contract until all University Data has been returned or Securely Destroyed, meaning taking actions that render data written on 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.

   Upon termination or expiration of this Contract, the Contractor will ensure that all University Data are securely transferred, returned or destroyed as directed by the University in its sole discretion within 60 days of termination of this Contract. Transfer/migration to the University or a third party designated by the University shall occur without significant interruption in service. The 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, that the University will have reasonable access to University Data during the transition.

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In the event that the University requests destruction of its data, the Contractor agrees to Securely Destroy all data in its possession and in the possession of any subcontractors or agents to which the Contractor might have transferred University data. The Contractor agrees to provide documentation of data destruction to the University and to complete any required Commonwealth of Virginia documentation regarding the destruction of University Data.

The 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 the Contractor's facilities to remove and destroy University-owned assets and data. The Contractor shall implement its exit plan and take all necessary actions to ensure a smooth transition of service with minimal disruption to the University. The 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. The 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.

6. **DATA SECURITY**: The 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 the 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.

   The Contractor will store and process University Data in a secure site and will provide a SAS 70, SAS 70 Type II, SSAE 16, SOC 2 or SOC 3 security report from a third-party reviewer along with annual updated security reports. The Contractor will use industry-standards and up-to-date security tools, technologies and practices such as network firewalls, anti-virus, vulnerability scans, system logging, intrusion detection, 24x7 system monitoring and third-party penetration testing in providing services under this Contract.

   Without limiting the foregoing, the Contractor warrants that all electronic University Data will be encrypted in transmission (including via web interface) and stored at no less than 128-bit level encryption.

   The University may inspect the data center used to store and process University Data annually or at any time upon request.

7. **DISCLOSURE**: Unless expressly agreeing 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 or provided by the Contractor (or its subcontractors) for the University will not be disclosed to any other person or entity without the prior written permission of the University.

8. **NO END USER CONTRACTS**: This Contract is the entire Contract between the University (including University employees and other End Users) and the Contractor. In the event that the Contractor enters into terms of use contracts or other contracts or understandings, whether electronic, click-through, verbal or in writing, with University employees or other End Users, such contracts shall be null, void and without effect, and the terms of this Contract shall apply.

9. REQUESTS FOR DATA, RESPONSE TO LEGAL ORDERS OR DEMANDS FOR DATA:

1. Except as otherwise expressly prohibited by law, the Contractor will:

   a. Immediately notify the University of any subpoenas, warrants, or other legal orders, demands or requests received by the Contractor seeking University Data;

   b. Consult with the University regarding its response;

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c. Cooperate with University requests in connection with efforts by the University to intervene and quash or modify the legal order, demand or request; and

d. Upon University request, provide said with a copy of its response.

2. The Contractor will make itself and any employees, contractors or agents assisting the Contractor in the performance of its obligations under the Contract available to the University at no cost to the University based upon claimed violation of any laws relating to security and\or privacy of the data that arises out of this contract. This shall include any data preservation or eDiscovery required by the University.

3. The University may request and obtain access to University Data and related logs at any time for any reason.

10. SECURITY BREACH:

1. Response. Immediately (within one calendar day) upon becoming aware of a Security Breach, or of circumstances that could have resulted in unauthorized access to or disclosure or use of University Data, the Contractor will notify the University, fully investigate the incident, and cooperate fully with the University's investigation of and response to the incident. Except as otherwise required by law, the 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.

2. Liability. In addition to any other remedies available to the University under law or equity, the Contractor will pay for or reimburse the University in full for all costs incurred by the University in investigation and remediation of such Security Breach, 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. The Contractor agrees to indemnify, hold harmless and defend the University from and against any and all claims, damages, or other harm related to such Security Breach.

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

DISSINGER REED

Print Name: Christian Reed

Title: Chief Executive Officer

Signature: DocuSigned by: Christian Reed C1554A7F115444C...

Date: 4/5/2021 | 11:01 AM PDT

RADFORD UNIVERSITY

Print Name: Ronda London

Title: Senior Contract Officer

Signature: DocuSigned by: Ronda London 975D0591FA6749D...

Date: 4/5/2021 | 2:26 PM EDT

RADFORD UNIVERSITY

REQUEST FOR PROPOSAL # R21-002

TERM CONTRACT FOR INTERCOLLEGIATE ATHLETIC INSURANCE

NOVEMBER 20, 2020

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia* §2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

REQUEST FOR PROPOSAL (RFP)
RFP # R21-002
GENERAL INFORMATION FORM

QUESTIONS/INQUIRIES: All questions/inquiries for information regarding this solicitation should be directed to:

Name: Ronda London
Phone: (540) 831-5090
Email: rlondon1@radford.edu.

Written questions to be submitted via email no later than: December 8, 2020 at 3:00 PM Eastern Time. Responses to all questions will be provided via Addendum.

DUE DATE: Proposals will be received until January 21, 2020 up to and including 3:00 PM Eastern Standard Time Eastern Time.

LATE PROPOSALS: To be considered for selection, proposals must be received by Radford University's Procurement and Contracts Department by the due date and time identified in this solicitation document. The official time used in documenting the receipt of proposals is that time identified on the automatic time stamp machine located in the Procurement and Contracts Department in the David E. Armstrong building on the main campus of Radford University. Proposals received in the Procurement and Contacts Department after the date and time designated are automatically deemed non-responsive and will **not** be given consideration. The University is **not** responsible for delays in delivery conducted by the U.S. Postal Service, private couriers, or the intra university mail system. **It is the sole responsibility of the offeror to ensure their proposal reaches the Procurement and Contracts Department at Radford University by the designated date and time.**

ADDRESS: Proposals should be mailed or delivered by courier (**NOTE**: Contractor cannot hand deliver proposal to the University at this time) to:

Radford University, Procurement and Contracts Department
P. O. Box 6885 (if via mail)
David E. Armstrong Complex, 501 Stockton St. (if via courier)
Radford, VA 24142-6885.
***Radford University is operating under COVD-19 guidance. Visitors are not allowed in campus offices without first pre-registering; therefore, you are encouraged to submit your proposal via mail or courier service.**

Identify the envelope package as instructed in **Attachment A** – Terms and Conditions.

UNIVERSITY CLOSINGS: If the University is closed as a result of an act of God or an emergency situation, the University's website shall post notices of said closings. It is the responsibility of the vendor to check the website at www.radford.edu for said notifications. If the University is closed on the day proposals are due, proposals will be accepted same time the next scheduled business day the University is open. If the University is closed on the day of a scheduled pre-proposal conference a written addendum will be issued to officially reschedule the conference.

TYPE OF BUSINESS: **(Please check all applicable classifications).** In order to qualify for assigned Small, Women and Minority (SWaM) points your business must be certified by the Virginia Department of Small Business and Supplier Diversity (SBSD), provide your assigned SBSD certification number: _____. For assistance with SWaM certification, visit the SBSD website at https://www.sbsd.virginia.gov/

____ **Large**

____ **Small business** – A business that is at least 51% independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or average annual gross receipts of $10 million or less averaged over the previous three years. One or more of these individual owners shall control both the management and daily business operations of the small business.

____ **Women-owned business** – A business that is at least 51% 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% of the equity ownership interest in owned by one or more women who are citizens of the United States or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

____ **Minority-owned business** – A business that is at least 51% 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% 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.

COMPANY INFORMATION/SIGNATURE: In compliance with this Request for Proposal and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the goods or services in accordance with the attached signed proposal inclusive of all addenda, if applicable, and as mutually agreed upon by subsequent negotiation.

<table>
<tr><td colspan="2">FULL LEGAL NAME (PRINT)
(Company name as it appears with your Federal Taxpayer Number)</td><td colspan="2">FEDERAL TAXPAYER NUMBER (ID#)</td></tr>
<tr><td colspan="2">BUSINESS NAME /DBA NAME/TA NAME
(If different than the Full Legal Name)</td><td colspan="2">BILLING NAME
(Company name as it appears on your invoice)</td></tr>
<tr><td colspan="2">PURCHASE ORDER ADDRESS</td><td colspan="2">PAYMENT ADDRESS</td></tr>
<tr><td colspan="2">CONTACT NAME/TITLE (PRINT)</td><td colspan="2">EMAIL ADDRESS</td></tr>
<tr><td>TELEPHONE NUMBER</td><td>TOLL FREE TELEPHONE NUMBER</td><td>FAX NUMBER</td><td>EVA VENDOR ID NUMBER

VIRGINIA STATE CORPORATION COMMISSION REGISTRATION NUMBER</td></tr>
</table>

I acknowledge that I have received the following addenda posted for this solicitation.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ (Please check all that apply.)

SIGNATURE: _____ **DATE:** _____

1. ***PURPOSE:***

RU21039

The intent and purpose of this Request for Proposal (RFP) is to establish a contract through competitive negotiations for Intercollegiate Athletic Insurance for Radford University located at 801 East Main Street, Radford, Virginia 24142, an agency of the Commonwealth of Virginia.

2. ***SMALL, WOMEN-OWNED AND MINORITY OWNED - SWaM BUSINESS PARTICIPATION:***

The mission of Radford University is to ensure strategic business development practices are in place to promote Small, Women-Owned and Minority-Owned (SWaM) businesses to the maximum extent. Radford University encourages prime suppliers, Contractors, and service providers to facilitate the participation of small businesses, and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, and other inclusive and innovative relationships.

Radford University has established SWaM goals that are posted on the Procurement and Contract website. Links to the University's SWaM initiative can be located at: Procurement and Contracts | Radford University.

3. ***CONTRACT PERIOD:***

The term of this contract is for One (1) year, or as negotiated, to begin August 1, 2021. There will be an option for Nine (9) one-year renewals, or as negotiated.

4. ***BACKGROUND***

A. **Radford University Background**:

Radford University is a comprehensive public university of 11,870 students that has received national recognition for many of its undergraduate and graduate academic programs, as well as its sustainability initiatives. Radford University serves the Commonwealth of Virginia and the nation through a wide range of academic, cultural, human service and research programs. Well known for its strong faculty/student bonds, innovative use of technology in the learning environment and vibrant student life on a beautiful 204-acre American classical campus, Radford University offers students many opportunities to get involved and succeed in and out of the classroom. The University offers 76 bachelor's degree programs in 47 disciplines, three associate degrees, and six certificates at the undergraduate level; 27 master's programs in 22 disciplines and six doctoral programs at the graduate level; and 13 post-baccalaureate certificates and one post-master's certificate. A Division I member of the NCAA and Big South Conference, Radford University competes in 16 men's and women's varsity athletics. With over 300 clubs and organizations, Radford University offers many opportunities for student engagement, leadership development and community service. In addition to robust academic offerings and engaging student experiences on the main campus located in Radford, Virginia, Radford University also offers a clinical-based educational experience for more than 1,000 students living and learning in Roanoke, Virginia as part of Radford University Carilion, a public-private partnership focused on the cutting-edge delivery of health sciences programming, outreach and service.

It is important to note that due to COVID-19, Radford University transitioned to a complete tele-work/school environment on March 16, 2020. Radford University returned to normal operations with an early start to the Fall 2020 semester beginning August 12, 2020. Radford University has been successful in its containment of COVID-19, as well as the many precautions and strategies put in place to ensure successful operations. Wintermester will begin December 15, 2020 through January 18, 2021. Spring semester dates are January 19, 2021 through May 3, 2021. The Academic Calendar | Radford University provides a complete academic schedule

B. **Specific Background:**

The Radford University Highlanders are composed of 15 teams representing the University in intercollegiate athletics, including men and women's basketball, cross country, golf, soccer and tennis. Men's sports include baseball. Women's sports include volleyball, lacrosse, track and field and softball. The Radford Highlanders compete in the NCAA Division 1 and are members of the Big South Conference.

For over 20 years, the University has provided secondary insurance for all athletes participating in NCAA intercollegiate sports at the University. The University aims to provide medical coverage with a mix of primary and secondary insurance plans so that the student-athletes have no out-of-pocket costs for injuries sustained while representing the University.

5. *EVA BUSINESS-TO-GOVERNMENT ELECTRONIC PROCURMENT SYSTEM:*

The eVA internet electronic procurement solution streamlines and automates government purchasing activities within the Commonwealth of Virginia. Radford University, and other state agencies and institutions, have been directed by the Governor to maximize the use of this system in the procurement of goods and services. We are therefore requesting that your firm register as a **self-registered** vendor in the eVA system.

There are transaction fees involved with the use of eVA. These fees must be considered within the provision of quotes, bids, and price proposals offered to Radford University. Failure to register within the eVA system may result in the quote, bid or proposal from your firm being rejected and the award made to another vendor who is registered in the eVA system.

Registration in the eVA system is accomplished on-line. Your firm must provide the necessary information. Please visit the eVA website portal at https://eva.virginia.gov/register-now.html and register with eVA. This process needs to be completed before Radford University can issue your firm a Purchase Order or contract. If your firm conducts business from multiple geographic locations, please register these locations in your initial registration.

For registration and technical assistance, reference the eVA website at http://www.eva.virginia.gov, or call eVA Customer Care at 866-289-7367 or 804-371-2525. Email eVACustomerCare@DGS.Virginia.gov

6. *CONTRACT PARTICIPATION-COOPERATIVE PURCHASING/USE OF AGREEMENT BY THIRD PARTIES:*

Under the authority of §6 *of the Rules Governing Procurement of Goods, Services, Insurance and Construction by a Public Institution of Higher Education of the Commonwealth of Virginia (see* https://vascupp.org/rules.pdf*),* it is the intent of this solicitation and resulting contracts to allow for cooperative procurement. Accordingly, any public body, public or private health or educational institutions or lead issuing institution's affiliated corporations may access any resulting contract if authorized by the Contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor, the resultant contract may be extended to the entities indicated above to purchase at contract prices in accordance with the contract terms. The Contractor shall notify Radford University in writing of any such entities accessing the contract. No modification of this contract or execution of a separate contract is required to participate; however, the participating entity and the Contractor may modify the terms and conditions of this contract to accommodate specific governing laws, regulations, policies, and business goals required by the participating entity. Any such modification will apply solely between the participating entity and the Contractor. The Contractor will provide semi-annual usage reports for all entities accessing the contract. Participating entities shall place their own orders directly with the Contractor and shall fully and independently administer their use of the contract to include contractual disputes, invoicing and payments without direct administration from Radford University. Radford University 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 Radford University 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.

Refer to **Attachment C,** Zone Map, if the offeror wishes to submit a separate pricing structure based on approved zones for cooperative institutions. If no other prices are offered, pricing provided will apply to all zones in the Commonwealth of Virginia. If you wish to provide pricing for a zone other than which this solicitation originated, please indicate you are doing so in the response. If you anticipate pricing differentials for different zones, a separate pricing sheet must be submitted for each zone that includes appropriate pricing for that zone.

Use of this contract does not preclude any participating entity from using other contracts or competitive processes as the need may be.

7. *CONTRACT ADMINISTRATION:*

Radford University assigns Contract Administrators to each contract awarded. The Contract Administrator shall be the initial point of contact for the Contractor. Contract Administrators are charged with ensuring the terms and conditions of the contract are followed, payments are made in accordance to the contractual pricing schedule, and reporting noncompliance issues to the Procurement and Contracts Department at Radford University. Contract Administrators **do not** have the authority to authorize changes and/or modifications to the contract. Should noncompliance issues exist and cannot be resolved at this level or changes/modifications to the contract are required, the assigned Contract Officer in the Procurement and Contracts Department must be notified immediately by the Contract Administrator. The assigned Contract Administrator is Assistant Athletic Director for Sports Medicine.

8. *INTENTIONALLY LEFT BLANK*

9. *STATEMENT OF NEEDS:*

A **Background Information:**

1. Radford University is seeking a vendor to provide an insurance program to provide:

a. Full Excess Coverage Athletic Injury Insurance;

b. Primary Student Athlete group health insurance for both domestic and international Student Athletes. Student Athlete coverage for domestic and international students must meet the requirements of all federal and Virginia state laws as well as Radford University Sports Medicine Athletics Insurance Policies and Procedures (see **ATTACHMENT D)** and cover intercollegiate sports.

c. Broker and Third-Party Administration (TPA) services to assist the University in producing the most cost effective and comprehensive athletic insurance coverage. Vendors should be prepared to discuss their abilities to service their proposed insurance programs, including but not limited to:

i. Market and obtain quotations, evaluate and report on an insurer's financial status, place and service the desired insurance coverages.

ii. Provide annual loss runs for each policy a minimum of 60 days before expiration, including any prior year with open losses.

iii. Act as an advocate for the University in communications with the insurers and intermediaries, including negotiations of the lowest possible fees and/or deductible options.

iv. Offer creative solutions and innovative suggestions for the University to consider.

v. Review and verify insurance documents received from insurers for accuracy.

vi. Act as a liaison with insurers on loss control inspections and recommendations.

vii. Prepare certificates of insurance and endorsements as requested.

viii. Assist the University if it requests that other related coverages be added during the term of the contract.

ix. Develop a strategy for any upcoming renewal to be presented in writing to the University a minimum of 90 days before expiration. Include and identify any intended intermediaries used in the quote process.

x. Coordinate the collection of underwriting data for the policies placed, including complete loss statistics and other underwriting data.

xi. Provide annual renewal quotes on all annual policies, and at expiration of any multiyear policies.

xii. Provide risk management and professional services directly or indirectly, and other recommendations as requested by the University, including, but not limited to, minimization of loss potential, property or liability inspections and transfer of risk techniques.

xiii. When requested by the University, provide detailed rating worksheets on insurance proposals, either a full set or a sampling that reflects the pricing detail used is required.

xiv. Disclose coverage additions and coverage restrictions on all renewal quotes in a chart format as compared to the expiring coverage.

xv. Provide answers to the University and obtain clarification from insurers, underwriters or adjusters regarding coverage or claims questions.

xvi. Provide a binder of insurance for coverages placed, prior to the expiration of the proceeding policy.

xvii. Work with local providers and hospitals to secure standard discounts at their facilities for services such as diagnostic imaging, surgeries and specialist visits. Radford University's primary hospitals are Lewis Gale Montgomery (HCA Medical) and Carilion New River Valley Medical Center. Most of the providers are associated with one of those two hospitals.

d. Refer to **"ATTACHMENT E"** for a list of the current intercollegiate athletic teams, squads, individuals, etc., sanctioned / recognized by the University, and the current number of insured per athletic team.

e. Refer to **"ATTACHMENT F"** for currently available loss history information.

f. Radford University's full excess coverage, athletics injury insurance plan is with Dissinger Reed, underwritten by US Fire and administered by AG Administrators, refer to **"ATTACHMENT H";** and is consistent with the coverage requirements set forth in this solicitation.

g. Radford University carries no class 2 coverage for non-team members (i.e., those trying out for athletic teams; however, Radford University requires that all members trying out for an athletic team have primary care medical insurance before trying out for a team.

h. Radford University carries a separate plan for international student athletes provided by CISI/Aetna. Most coverage terms are twelve (12) months uninterrupted. Refer to "**ATTACHMENT J**" for plan details. This policy covers intercollegiate athletic injuries and meets all required federal laws as well as the Commonwealth of Virginia's minimum insurance requirements for international students and Radford University Sports Medicine Athletics Insurance Policies and Procedure guidelines, refer to **"ATTACHMENT D"**.

i. Radford University carries a separate accident plan for domestic uninsured athletes provided by US Fire Insurance. "This is a voluntary student accident plan and only covers costs associated with athletic injuries. Refer to **"ATTACHMENT I"** for plan details.

j. Radford University uses multiple provider networks; however, the University student athletes primarily use Carillion Health System and Hospital Corporation of American Health Systems. **It is the desire of Radford University that both the primary and excess providers have or obtain relationships with Radford University's major athletic medical services providers.**

B **Full Excess Athletic Injury Insurance:**

1. GENERAL MINIMUM REQUIREMENTS:

a. The Contractor should be capable of providing a quality, comprehensive, full excess, athletic injury insurance plan for eligible insureds, to be made effective 12:01AM Eastern on August 1, 2021, or at a future date that is mutually agreeable to both the University and the Contractor.

b. The Contractor's full excess coverage, athletic injury insurance plan should provide medical and emergency dental health coverage, even when:

1. 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; and

2. Charges are incurred by an insured (claimant) who does not have primary medical insurance.

c. The Contractor's full excess coverage, athletic injury insurance plan coverage should be effective:

i. During all authorized team travel, play, practice, workouts, conditioning sessions, etc.; and

ii. Twenty-four (24) hours per day, seven days per week, during any trip authorized and supervised by the University.

2. PLAN REQUIREMENTS: At a minimum, the Contractor's full excess coverage, athletic injury insurance plan should include, but not be limited to, the following benefits / coverage / features:

a. **Major Medical Health Coverage:** The Contractor's medical and dental health benefit should provide 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** NCAA catastrophic coverage limits of $90,000 for any one (1) accident (refer to **"ATTACHMENT G"**, the **NCAA Catastrophic Injury Insurance Program"**), to include:

i. 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 the University.

ii. Restorative and Reconstructive 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 or other diseases of the surgical part.

iii. Comprehensive Dental Plan: The Contractor's medical and dental health coverage should include the cost of hospitalization (inpatient) and outpatient services for the treatment of and injuries sustained during covered athletic activities to sound, natural teeth.

iv. Heart and Circulatory Benefits.

v. Pre-existing Conditions and Re-aggravation of Previous Injuries Benefits.

vi. HMO/PPO Denial Benefits.

b. **Accidental Death and Dismemberment Coverage**. At a minimum the Contractor's medical and dental health coverage should include:

i. An aggregate ADD benefit of a minimum of $500,000 for the benefit period;

ii. An accidental death benefit of $10,000 per insured; and

iii. An accidental dismemberment benefit of $10,000 per insured.

c. **Benefit Period**. The Contractor's medical and dental health benefit should provide a coverage benefit period of two years (104 weeks).

3. INSURED ELIGIIBILITY MINIMUM REQUIREMENTS:

a. Eligible insureds should be defined as those individuals who participate in, or are associated with, a University sanctioned / recognized, intercollegiate athletic sport program, event, training, practice, etc., to include all: **(*Note: For the purposes of this solicitation, an "intercollegiate athletic sport" should be defined as a sport that is *"designed with varsity status by Radford University and administered by the University's Department of Intercollegiate Athletics."):***

i. Athletes on an athletic team, for an intercollegiate sport sanctioned and recognized by Radford University **(see Attachment E);**

ii. Coaches, to include:
(i) Volunteer Coaches; and
(ii) Student Coaches

iii. Athletic Training Students;

iv. Student Managers;

v. Cheerleaders and Dance Team Members Recognized by Radford University;

vi. Ball Boys / Girls and Bat Boys / Girls Recognized by Radford University;

vii. Practice Squad Members

b. The Contractor should provide coverage for all eligible insureds without requiring an initial medical examination or other evidence of insurability.

c. The Contractor should accept additional insureds at any time during the policy year.

d. The number of insureds is subject to change during the year, and from year-to-year. No roster lists other than the listed sports and number of participants (**see ATTACHMENT E**) shall be required from the University in order to obtain coverage under the plan.

4. PLAN IMPLEMENTATION REQUIREMENTS:

At a minimum, the Contractor should provide and/or perform the following services related to enrollment:

a. The Contractor should provide Radford University with a list of participating hospitals and physicians. **Radford University desires that both the primary and secondary insurance providers have or obtain relationships with Radford University Athletic medical service providers as defined in this Section 9 the Statement of Needs, A, Background Information, j.**

b. The Contractor should provide insurance identification cards, for the insureds, to the Contract Administrator for distribution.

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 Radford University. Radford University and its employees, students, patients, or others may suffer irreparable harm by disclosures of confidential or proprietary information and Radford University may seek legal remedies available to it should such disclosure occur. The Contractor's personnel shall not:

i. Access data that is unrelated to their job duties at Radford University;

ii. Disclose to any other person, or allow any other person access to, any information related to Radford University 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.

b. The Contractor should assign an "Account Manager" for the Radford University account. The "Account Manager" should assist Radford University with resolving problems (e.g., claims, renewals, invoices, etc.); and should provide Radford University with management reports and other data as required by the University.

i. The **Account Manager** should be accessible via:
(i) Toll-free **telephone number** and **facsimile number**; and
(ii) E-mail address

ii. The **Contractor** should provide Radford University with the "Account Manager's":
(i) Name;
(ii) Toll-free **telephone number** and **facsimile number**;
(iii) **E-mail address**; and
(iv) **Hours of availability** Eastern Time

iii. In the event there are any changes to the "Account Manager's" contact information, the Contractor should provide Radford University with the updated information by the time the changes are effective.

6. CLAIM ADMINISTRATION REQUIREMENTS:

The Contractor should settle all claims for coverage under this contract; and at minimum:

a. The Contractor should respond to any correspondence related to a claim within **seven to ten (7-10) 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. **(*Note: If treatment is covered under the plan, the Contractor should pay (after the plan deductible is satisfied) in accordance with the schedule of plan benefits.**

i. The Contractor should provide toll-free telephone assistance, Monday through Friday, from 8:30 AM to 4:30 PM Eastern Time. (except during Federal holidays) through which the University or an insured can inquire about a claim.

(i) The Contractor should submit a claim report on a **monthly basis**, to the University Contract Administrator (or his/her designee), that includes, but not limited to, the following information:

(ii) The number of claims paid per component of the plan (e.g., medical, dental, dismemberment, etc.); and

(iii) The dollar amount paid per component of the plan (e.g., medical, dental, dismemberment, etc.).

ii. Contractor should provide Radford University staff with all training and support necessary for the proper processing of claims utilizing the Contractor's forms, electronic system, etc.

iii. The Contractor should provide claims coordinating services to include, but not be limited to:

(i) Collection of Explanation of Benefits (EOB's) for eligible insureds;

(ii) Collection of Health Insurance Claim Forms' (ICFs) and itemized statements from Medical Providers;

(iii) Provide Coordination of Benefits (COB) with eligible insureds of a claimant.

iv. Contractor should provide on-line claims capabilities including the ability to access claim forms, tracking claims, etc.

v. Contractor should provide the ability to report incidents directly from an electronic injury tracking system.

7. PRICE/PREMIUM PAYMENT MINIMUM REQUIREMENTS:

a. 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.

b. The full excess coverage, athletic injury insurance plan premium will be paid to the Contractor by the University.

c. 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.)

8. OPTIONAL PLAN BENFITS:

RU21039

Define/describe/explain in detail any other plan benefits and options that you would recommend for the full excess coverage, athletics injury insurance plan. (**Note: Optional Benefits will not be a part of the Evaluation Criteria. Optional benefits shall be incorporated at the sole discretion of Radford University). Describe in detail optional benefits that include the following:**

a. **Voluntary Student Athlete Plan**: Health Benefits for student athletes that have primary insurance plans with high deductibles or no "out of network" benefits. This benefit would be implemented on a per student basis at the discretion of Radford University.

b. **Mandatory Student Athlete Plan**: Health benefit for all student athletes. This benefit would be implemented "across the board" if the University were to implement such a plan.

c. **International Student Athlete Insurance**: The Contractor should provide detailed benefit, deductible and premium information for major medical and primary health insurance policy options for International Student Athletes. The insurance options should include, but not be limited to:

   i. A minimum medical benefit of $100,000;

   ii. A minimum intercollegiate sports benefit of $10,000;

   iii. Various deductible and/or coinsurance options;

   iv. Coverage for up to twelve (12) months at a time with unlimited reapplies;

   v. And must meet the requirements of all Federal and State laws.

d. **Domestic Student Athlete Primary Health Insurance**: The Contractor should provide detailed benefit, deductible and premium information for primary health insurance policy options for Uninsured Domestic Student Athletes. The insurance options should include, but not be limited to:

   i. A minimum medical benefit of $250,000;

   ii. A minimum intercollegiate sports benefit of $25,000;

   iii. Various deductible options;

   iv. Coverage for up to twelve (12) months at a time with unlimited reapplies; and

   v. Freedom to choose any doctor or hospital.

e. **Existing Third-Party Claims**: The Contractor should provide the required administrative assistance necessary to follow up on third party claims dated prior to the inception date of this contract. Please detail your ability to provide such assistance.

10. *SPECIFIC REQUIREMENTS:*

Proposals should be as thorough and detailed as possible so that Radford University may properly evaluate your capabilities to provide the required goods or services. Offerors are required to submit the following information/items as a complete proposal:

AU2103 **Capacity:**

1. Submit an audited financial statement for 2019, or equivalent evidence of financial condition.

B. **Capabilities:** Describe in detail / documentation of your company's capabilities to satisfy the characteristics and administrative requirements of this RFP, to include:

1. Evidence that your company and/or the proposed insurer (i.e. carrier / underwriter) is eligible to do business in the Commonwealth of Virginia.
2. A brief history and description of your company's operations (i.e. size, scope and nature of the company, years of operation, etc.).
3. A statement that describes in detail, in your own words, which demonstrates an in-depth understanding of the:

    a. Purpose;
    b. Requirements; and
    c. Deliverables requested in this RFP

C. **Plans and Methodologies:** Describe in detail, the specific plans for providing the services identified in **Section 9, the "STATEMENT OF NEEDS,**" and in response to this **Section 10, "SPECIFIC REQUIREMENTS"**, to include, but not limited, to the following information:

1. **Full Excess Athletic Injury Coverage Insurance Plan:** A detailed description of the proposed insurance plan, to include recommended alternative insurance plans.

    a. **Minimum Plan Benefits:** For each insurance plan (to include each recommended alternative insurance plan), define / describe / explain in detail, the:

        i. Accidental death coverage
        ii. Accidental dismemberment coverage
        iii. Comprehensive dental plan
        iv. Comprehensive prescription drug plan
        v. Comprehensive vision plan, coverage area(s)
        vi. Coverage for injuries with no specific injury date
        vii. Coverage for injuries resulting from overuse (e.g., shin splints, tennis elbow, etc.) with no specific injury date
        viii. HIV/AIDS related disability coverage
        ix. Disability definition
        x. Duration of benefits
        xi. Elimination of benefits, for both accident and sickness
        xii. Enhanced rehabilitation
        xiii. Expanded medical benefits for sports related conditions
        xiv. Interrupted elimination period
        xv. Medical benefits
        xvi. Pre-existing condition limit
        xvii. Rate guarantee period; and
        xviii. Recurrent disability period
        xix. Benefit period (i.e. to what age), for both injury and sickness
        xx. Coverage area(s)
        xxi. Elimination of benefits waiting period, for both injury and sickness

2. **Preferred Provider Network**: Describe in detail your company's "Preferred Provider Network" (to include hospitals and physicians); and provide / identify:

    a. A list of the hospitals;
    b. A list of the physicians; and
    c. The percentage the insured would be penalized for obtaining care outside of the "Preferred Provider Network".

3. **Enrollment Process:** Describe in detail; your company's enrollment process.

4. **Loss Control:** Describe in detail, your company's enrollment process.

5. **Claim's Processing:** Describe in detail, your company's claims processing procedures, to include:

    a. Your company's claim service capabilities (to include electronic capabilities - e.g. through the company's website.);

    b. The maximum period of time within which claims will be paid for the primary injure and related injuries; from the date of the accident / injury;

    c. How your company will report claims that are paid / denied to claimants and to Radford University; and

    d. The appeal process; identify the person(s) who will have final authority in the acceptance or rejection of a claim.

6. **Reports:** Describe in detail how your company will report other pertinent information to Radford University and to the insured, as applicable.

7. **Materials:** Provide samples of the following and address your company's ability to customize these and other related materials:

    a. Implementation / Administration Materials;
    b. Claims forms (and all other types of forms and endorsements thereto); and
    c. All standard reports.

8. **Insurer (Carrier / Underwriter):** Identify the entity that will underwrite the proposed insurance plan; and identify the address / phone / fax / email information.

9. **Insurance Plan Implementation:** Describe in detail, the specific approach for implementing the proposed insurance plan.

D. **Personnel**:

1. Company Personnel:

    a. Identify the names and titles of all the key personnel (to include the support personnel) with whom Radford University would work on a regular basis.

    b. Identify the responsibilities to be assigned to each key individual; and specifically identify the individual who would be responsible for directing the intercollegiate athletic excess, international and domestic Insurance plan services as identified in Section 9, the **"STATEMENT OF NEEDS"**, and that individuals: days and hours of availability, business address, telephone (toll-free if available) number, fax number and e-mail address and the percentage of their time that this individual would be devoted to Radford University.

c. Describe in detail, each key individual's specific work experience in providing the intercollegiate athletic excess coverage, international coverage and domestic coverage insurance plan services identified in Section 9, the "STATEMENT OF NEEDS".

d. Describe the organizational structure of the personnel with whom Radford University would work on a regular basis, in terms of personnel assigned to functions (e.g., administration, insured customer service, claims processing, etc.); and identify how many personnel are assigned to each function.

2. Third Party Service Providers:

E. **Experience:** Describe In detail, your company's general and specific experience as it relates to the services identified in Section 9, the **"STATEMENT OF NEEDS"**, to include:

1. The underwriter's A.M. Best Company (or other comparable rating organizations) rating of A XII.

2. The number of years that your company has provided full excess, international and domestic athletic injury coverage insurance.

3. Your company's experience with providing full excess, international and domestic intercollegiate athletic accident/personal injury insurance at other public institutions of higher education, comparable to the size and scope of Radford University's requirements.

F. **Quality Control:** Describe in detail your company's quality control and customer satisfaction policies / procedures (submit copies of these policies / procedures).

G. **References:** Provide four (4) references, either educational (preferred) or governmental, for whom you have provided the type of services described herein. Include the date(s) services were furnished, the client name, address, and the name and phone number of the individual Radford University has your permission to contact.

H. **Cost of Service**: Offerors shall identify all costs associated with providing the goods and services identified in **Section 9, the 'STATEMENT OF NEEDS**," and in response to this **Section 10, "SPECIFIC REQUIREMENTS**", in accordance with **Section 19, the "PRICING SCHEDULE**".

1. If the University elects to exercise the option to renew the contract for an additional one (1) year period:

a. The contract premium for the additional one (1) year period, and any subsequent renewal periods, should be based upon utilization, enrollment and medical trends;

b. The premium increase shall be fair and reasonable in all coverage categories (explain in detail how this will be managed, average historical increases, etc.);

c. The retention rate shall be demonstrated to be no greater than the rate for the previous contract period / policy year, for example: For the first (1st) renewal period (e.g. 08/01/2022 - 7/31/2023), the retention rate shall not be greater than the retention rate for the initial contract period / policy year (08-01-2021 - 07/31/2022); **NOTE: "Retention Rate"** shall be defined as the Contractor's expenses, to include, but not be limited to the Contractor's administrative fees, legal fees, overhead, postage and state premium taxes, etc.).

d. Explain the deductible and recommend either a per injury deductible or annual aggregate deductible as the method for this policy.

F Participation of Small, Women-owned and Minority-owned business (SWaM) Business:

If your business cannot be classified as SWaM, describe your plan for utilizing SWaM subcontractors if awarded a contract. Describe your ability to provide reporting on SWaM subcontracting spend when requested. If your firm or any business that you plan to subcontract with can be classified as SWaM, but has not been certified by the Virginia Department of Small Business and Supplier Diversity (SBSD), it is expected that the certification process will be initiated no later than the time of the award. If your firm is

currently certified, you agree to maintain your certification for the life of the contract. For assistance with SWaM certification, visit the SBSD website at http://www.sbsd.virginia.gov .

11. *SELECTION CRITERIA AND AWARD:*

A. **Selection Criteria**:

Proposals will be evaluated by Radford University using the following weighted evaluation criteria.

	Evaluation Criteria	**Percentage of Points**
1	Qualifications and experience of Offeror in providing the goods/services.	25
2	Quality of products/services offered and suitability for the intended purposes.	25
3	Specific plans or methodology to be used to provide the products/services.	20
4	Financial (Cost)	20
5	Participation of Small, Women-Owned and Minority-Owned (SWaM) Businesses.	10%
	TOTAL	100%

B. **Award:**

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 criteria included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the Offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, Radford University shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. Radford University may cancel this Request for Proposal or reject proposals at any time prior to award. Should Radford University determine in writing and in its sole discretion that only one Offeror has made the best proposal 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. See **Attachment B** for sample contract form.

12. *PROPOSAL PREPARATION AND SUBMISSION:*

A. **General Instructions:**

1. **RFP Responses**: In order to be considered for selection, Offerors shall submit a complete response to this RFP to include.

   a. **One (1) original paper copy of the entire proposal, INCLUSIVE OF ALL ATTACHMENTS.** Any proprietary information should be clearly marked in accordance with section 12.A.1.c below.

   b. **One (1) electronic copy** in WORD format or searchable PDF (USB/Flash Drive) of the entire proposal as one document, **INCLUSIVE OF ALL ATTACHMENTS** mailed along with the hard copy above. Any proprietary information should be clearly marked in accordance with 12.A.1.c below.

   c. Should the proposal contain **proprietary information,** provide **one (1) redacted** electronic copy in WORD format or searchable PDF (USB/Flash Drive) of the entire document **INCLUSIVE OF ALL ATTACHMENTS. All identified proprietary information should be blacked out.** This USB/Flash Drive should be marked **"*Redacted Copy*"**

d. Response shall be submitted to**:**

Radford University
Procurement and Contracts Department
Attn: Ronda London
P.O. Box 6885
David E. Armstrong Complex
501 Stockton Street
Radford, VA 24142-6885

Identify the envelope/package as instructed in Attachment A – Terms and Conditions
No other distribution of the proposal shall be made by the Offeror.

B. **Proposal Preparation**:

Sign and Complete: Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in Radford University requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by Radford University. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

1. **Concise & Clear**: Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

2. **Organization**: Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the attachment, paragraph number, sub letter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and sub letter should be repeated at the top of the next page. The proposal should contain a table of contents, which cross-references the RFP requirements. Information which the Offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at an appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find the RFP requirements are specifically addressed.

3. **Word Usage**: As used in this RFP, the terms “must”, “shall”, “should” and “may” identify the criticality of requirements. “must” and “shall” identify requirements whose absence will have a major impact on the suitability of the proposed solution. Items labeled as “should” or “may” are highly desirable, although their absence will not have a large impact and would be useful, but are not necessary. Depending on the overall response to the RFP, some individual “must” and “shall” items may not be fully satisfied, but it is the intent to satisfy most, if not all, “must” and “shall” requirements. The inability of an Offeror to satisfy a “must” or “shall” requirement does not automatically remove that Offeror from consideration; however, it may seriously affect the overall rating of the Offeror's proposal.

4. **Binding**: The original proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.

5. **Ownership:** Ownership of all data, materials and documentation originated and prepared for Radford University pursuant to the RFP shall belong exclusively to Radford University and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia of Freedom of Information Act. However, to prevent disclosure the Offeror must invoke the protections of Section 2.2-4342F of the Code of Virginia, in writing either before or at the time the data or other materials is submitted. The written request must specifically identify the data or other materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must

indicate only the specific words, figures, or paragraphs that constitute trade secret proprietary information. The classification of an entire proposal document, line item prices and/or total proposal prices as proprietary or trade secrets is not acceptable and may result in the rejection of the proposal.

6. **Legal Agreement**: Unless noted in the proposal, a signed and submitted proposal certifies that the firm's principals or legal counsel has reviewed the Request for Proposal General Terms and Conditions and the Special Terms and Conditions and agrees that these provisions will become a part of any final agreement, and that the principals or legal counsel has reviewed and approved the firm's entire proposal prior to submission to the University.

C. **Oral Presentations:**

Offerors who submit a proposal in response to this RFP may be invited to give an oral presentation of their proposal to Radford University. This will provide an opportunity for the Offeror to clarify or elaborate on the proposal but in no way will change the original proposal. The University will schedule the time and location of these presentations. Oral presentations may be conducted at the option of Radford University. Therefore, proposals should be complete.

13. ***INTENTIONALLY LEFT BLANK***

14. ***INVOICES AND PAYMENT:***

Invoices for goods or services provided under any contract resulting from this solicitation should be submitted by email to acctspayable@radford.edu . Invoices shall be identified with the assigned contract number. Invoices shall identify contract pricing for all good/services payment is being requested. If submitting invoices by mail use the following address. **Email is the preferred method of invoice receipt.**

RADFORD UNIVERSITY
ACCOUNTS PAYABLE
POST OFFICE BOX 6906
RADFORD, VA 24142-6906

Payment will be made thirty days after receipt of proper invoice for the amount of payment due, or thirty days after receipt of goods / services, whichever is later, in accordance with the Commonwealth of Virginia Prompt Payment Act.

15. ***ADDENDUM:***

Any **ADDENDUM** issued for this solicitation may be accessed on Virginia Business Opportunities by going to www.eva.virginia.gov . Since a paper copy of the addendum will not be mailed to you, we encourage you to check the web site regularly.

16. ***COMMUNICATIONS:***

Communications regarding this solicitation shall be formal from the date of issue, until either a Contractor has been selected or the Procurement and Contracts Department at Radford University rejects all proposals. Formal communications will be directed to the Contract Officer listed on this solicitation. (Reference General Information – Questions/Inquiries) Informal communications, including but not limited to request for information, comments or speculations regarding this solicitation to any University employee other than a Procurement and Contracts Department representative may result in the offending offeror's proposal being rejected.

17. ***TERMS AND CONDITIONS:***

This solicitation and any resulting contract/purchase order shall be governed by the attached terms and conditions. See **Attachment A.**

18. ***ATTACHMENTS:***

RU21039

Attachment A – Terms and Conditions
Attachment B – Sample of Standard Contract Form
Attachment C – Zone Map for Cooperative Contracts
Attachment D - Radford University Sports Medicine Athletics Insurance Policies and Procedures
Attachment E - Radford University Intercollegiate Athletic Sports Teams Listing
Attachment F - Radford University Loss History Reports
Attachment G - NCAA Catastrophic Injury Insurance Program
Attachment H - Radford University's Current US Fire/AG Administrators Aggregate Deductible Secondary Plan
Attachment I - Radford University's Current Voluntary Student Accident Student Athlete Coverage
Attachment J - Radford University's 2020-2021 International Policy

19. ***PRICING SCHEDULE:***

Offerors shall identify all costs associated with providing the full excess athletic injury insurance, international student athlete major medical and primary health insurance and uninsured domestic student athlete primary health insurance plans coverage as specified in this solicitation document. Please include a detailed summary of benefits for each proposed plan.

THE FOLLOWING PRICING TABLES ARE EXAMPLES ONLY. CONTRACTOR'S OWN TEMPALTES MAY BE UTILIZED. PLEASE NOTE THAT THIS IS THE MINIMUM PRICING INFORMATION THAT THE UNIVERSITY REQUIRES IN YOUR RESPONSE TO THIS SOLICITATION.

FULL EXCESS COVERAGE, ATHLETIC INJURY INSURANCE	**GRAND TOTAL DEDUCTIBLE, ANNUAL PREMIUM AND ADMINISTRATIVE COSTS**			
Annual Aggregate Deductible	**Aggregate Deductible**	**Stop Loss Premium**	**Administrative Fees**	**Total Potential Cost**
(1) Athletics Injury Insurance with $__0___ Deductible:	$	**$**	**$**	**$**
(2) Athletics Injury Insurance with $__5000___ Deductible:	$	**$**	**$**	**$**
Other Annual Deductible and Pricing	$	**$**	**$**	**$**

FULL EXCESS COVERAGE, ATHLETIC INJURY INSURANCE	**ANNUAL PREMIUM**		
Traditional Plan with Per Injury Deductible	Premium	Administrative Fees	Total Potential Cost
(1) $ -0- Deductible:	$	$	$
(2) $ 250.00 Deductible:	$	$	$
(3) $ 500.00 Deductible:	$	$	$
(4) $5000.00 Deductible:	$	$	$

Other Deductible: Describe Method and Deductible Pricing.			
	$	$	$

OPTIONAL BENEFITS	COVERAGE BENEFITS	ANNUAL PREMIUM PER STUDENT ATHLETE
(1) Voluntary Student Athlete Plan	$	$
(2) Mandatory Student Athlete Plan	$	$

INTERNATIONAL STUDENT ATHLETE PRIMARY INSURANCE PLANS: (PLEASE ATTACH A SCHEDULE OF BENEFITS FOR EACH PROPOSED PLAN)			
International Student Athlete Insurance	**Plan 1**	**Plan 2**	**Plan 3**
Underwriter			
Benefit Period			
Medical Maximum Annual	$	$	$
Medical Maximum per Injury/Illness	$	$	$
Deductible/Copay per Injury/Illness	$	$	$
Coinsurance	$	$	$
Intercollegiate Sports Benefit Per Injury	$	$	$
Prescription Medicine Benefit	$	$	$
Emergency Medical Evacuation Benefit	$	$	$

Repatriation of Mortal Remains Benefit	$	$	$
Emergency Reunion Benefit	$	$	$
AD & D Benefit	$	$	$
Dental (Emergency Benefit)	$	$	$
Physical Therapy Benefit	$	$	$
Home Country Coverage-Incidental Trips	$	$	$
Home Country Extension of Benefits	$	$	$
Monthly Premium:	$	$	$
UNINSURED DOMESTIC STUDENT ATHLETE HEALTH INSURANCE	**Plan 1**	**Plan 2**	**Plan 3**
Underwriter			
Benefit Period			
Medical Maximum Annual	$	$	$
Medical Maximum per Injury/Illness	$	$	$
Deductible	$	$	$
Coinsurance	$	$	$
Intercollegiate Sports Benefit	$	$	$
Prescription Medicine Benefit	$	$	$
AD & D Benefit	$	$	$
Dental (Emergency) Benefit	$	$	$
Physical Therapy Benefit	$	$	$
Monthly Premium	$	$	$

ATTACHMENT A

TERMS AND CONDITIONS

GENERAL TERMS AND CONDITIONS:

See:
GENERAL_TERMS_AND_CONDITIONS.pdf

ADDITIONAL TERMS AND CONDITIONS:

1. **ADDITIONAL GOOD AND SERVICES:** The University may acquire other goods or services that the supplier provides other than those specifically solicited. The University reserves the right, subject to mutual agreement, 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.

2. **AUDIT:** The Contractor hereby agrees to 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. Radford University, its authorized agents, and/or state auditors shall have full access and the right to examine any of said materials during said period.

3. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that Radford University shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this contract.

4. **CANCELLATION OF CONTRACT:** Radford University reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the Contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 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.

5. **CONTRACT DOCUMENTS:** The contract entered into by the parties shall consist of the Request for Proposal including all addendums thereof, the proposal submitted by the Contractor, the written results of negotiations, the University Standard Contract Form, all of which shall be referred to collectively as the Contract Documents.

6. **IDENTIFICATION OF PROPOSAL ENVELOPE:** The signed proposal should be returned in a separate envelop or package and identified as follows:

From

Name of Offeror	**Due Date**	**Time Due**
Street or Box Number		**Solicitation Number**
City, State, Zip Code		**Solicitation Title**

Name of Procurement Officer:

The envelope should be addressed to:

RU21039
RADFORD UNIVERSITY
Procurement and Contracts Department
P.O. Box 6885
501 Stockton Street
Radford, Virginia 24142

The offeror takes the risk that if the envelop is not marked as described above, it may be inadvertently opened and the information compromised, which may cause the proposal to be disqualified. Proposals may be hand delivered to the designated location in the office issuing the solicitation. No other correspondence or other proposals should be placed in the envelope.

7. **NOTICES:** Any notices to be given by either party to the other pursuant to any contract resulting from this solicitation shall be in writing, hand delivered, mailed or electronically submitted to the address of the respective party at the following address:

If to the Contractor: Address Shown on the RFP Cover Page
Attention: Name of Person Signing RFP

If to Radford University:

RADFORD UNIVERSITY
Procurement and Contracts Department
Attn: Ronda London
P.O. Box 6885
501 Stockton Street
Radford, Virginia 24142

8. **PUBLIC POSTING:** Radford University maintains a web-based contract database with a public gateway access. Any resulting cooperative contract(s) to this solicitation will be posted to the publicly accessible website. Contents identified and mutually negotiated, as proprietary information will not be made public.

9. **SEVERAL LIABILITY:** Radford University will be severally liable to the extent of its purchase made against any contract resulting from this solicitation. Applicable entities described herein will be severally liable to the extent of their purchases made against any contract resulting from this solicitation.

SPECIAL TERMS AND CONDITIONS:

1. **ACCEPTANCE PERIOD:** Any proposal submitted in responses to this solicitation shall be valid for ninety (90) days. At the end of the 90 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 canceled.

2. **ADVERTISING:** In the event a contract is awarded for supplies, equipment, or services resulting from this solicitation, no indication of such sales or services to Radford University will be used in product literature or advertising. The Contractor shall not state in any of the advertising or product literature that Radford University has purchased or uses its products or services, and the Contractor shall not include Radford University in any client list in advertising and promotion materials without the express written consent of the University.

3. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION**: The Contractor assures that the information and data obtained as to personal facts and circumstances related to students or staff will be collected and held confidential, during and following the contract, and unless disclosure is required pursuant to court order, subpoena or other regulatory authority, will not be divulged without the individual's and the University's written consent and only in accordance with federal law or *Code of Virginia*. Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the University of any breach or suspected breach in the security of such information. Contractors shall allow the University to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.

4. CONTINUITY OF SERVICES:

A. The Contractor recognizes that the services under this contract are vital to the University and must be continued without interruption and that, upon Contract expiration, a successor, either the University or another Contractor, may continue them. The Contractor agrees:

1. To exercise its best efforts and cooperation to affect an orderly and efficient transition to a successor;

2. To make all University owned facilities, equipment and data available to any successor at an appropriate time prior to the expiration of the Contract to facilitate transition to successor, and

3. That the University Contract Officer shall have final authority to resolve disputes related to the transition of the contract from the Contractor to its successor.

B. The Contractor shall, upon written notice from the Contract Officer, furnish phase-in/phase-out services for up to ninety (90) days after this Contract expires and shall negotiate in good faith a plan with the successor to execute the phase-in/phase-out services. This plan shall be subject to the Contract Officer's approval.

C. The Contractor shall be reimbursed for all reasonable, pre-approved phase-in/phase-out costs (i.e., costs incurred within the agreed period after Contract expiration that result from phase-in/phase-out operations) and a fee (profit) not to exceed a pro rate portion of the fee (profit) under this Contract. All phase-in/phase-out work fees must be approved by the Contract Officer in writing prior to commencement of said work.

5. CONTRACTOR/SUBCONTRACTOR LICENSE REQUIREMENT: By my signature on this solicitation, I certify that this firm/individual and subcontractor is properly licensed for providing the goods/services specified:

Contractor Name: _____
Contractor License# _____
Type _____

Subcontract Name:_____
LicenseNo._____
Type: _____

6. 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. The Offeror further certifies that the Contractor and any subcontractors will maintain these during the entire term of the contract and that all insurance coverages will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

INSURANCE COVERAGES AND LIMITS REQUIRED:

☑ Worker's Compensation - Statutory requirements and benefits.
☑ Employers Liability - $100,000.00
☑ Commercial General Liability - $1,000,000.00 per occurrence and $2,000,00 in the aggregate to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. Radford University shall be named as an additional insured to the policy by endorsement.
☐ Automobile Liability - $1,000,000 combined single limit.
☐ Builders Risk – For all renovation and new construction projects under $100,000 Radford University will provide All Risk – Builders Risk Insurance. For all renovation contracts, and new construction from $100,000 up to $500,000 the Contractor will be required to provide All Risk – Builders Risk Insurance in the amount of the Contract and name Radford University as additional insured. All insurance verifications of insurance will be through a valid insurance certificate.
*The Contractor agrees to be responsible for, indemnify, defend and hold harmless Radford University, its officers, agents and employees from the payment of all sums of money by reason of any claim against them arising out of

any and all occurrences resulting in bodily or mental injury or property damage that may happen to occur in connection with and during the performance of the Contract, including but not limited to claims under the Worker's Compensation Act. The Contractor agrees that it will, at all times, after the completion of the work, be responsible for, indemnify, defend and hold harmless Radford University, its officers, agents and employees from all liabilities resulting from bodily or mental injury or property damage directly or indirectly arising out of the performance or nonperformance of the Contract.

7. **LICENSE/REGISTRATION:** The Contractor shall possess and maintain through the period of the contract performance, all licenses required by Federal or Commonwealth of Virginia Laws or Regulations for the performance of any and all work required by this contract. Contractor shall provide written proof of licensing/registration when requested by the University.

8. **ORDER PLACEMENT:** The University does not place verbal orders for Goods and Services. The University may only place orders for Goods and Services by issuing a formal written Purchase Order in advance delivery of Goods and Services. For this Contract, the University will issue an order at the beginning of each term for the entire projected annual amount for the excess insurance. The University will issue a separate order for international insurance and domestic plans. If the Contractor provides Goods and Services prior to receipt of a formal written Purchase Order or incurs costs in excess of authorized purchase order fee amounts, it does so at its own risk.

9. **RENEWAL OF CONTRACT:** This contract may be renewed by the University for nine (9) successive one (1) year periods under the terms and conditions of the original contract or as negotiated. Premium increases may be negotiated only at the time of renewal. Written notice of the Commonwealth's intention to renew shall be given approximately ninety (90) days prior to the expiration date of each contract period.

Attachment B

SAMPLE CONTRACT FORM
Standard Contract form for reference only
Offerors do not need to fill in this form.

RADFORD UNIVERSITY

STANDARD CONTRACT
Contract Number: Rxxxxx

This contract entered into this __ day of _____, 20__, by _____, located at (insert complete physical address), hereinafter called the "Contractor" and Commonwealth of Virginia, **Radford University**, called the "Purchasing Agency or Radford University", located at 801 East Main Street, Radford, VA. 24142."

1. **WITNESSETH** that the Contractor and Radford University, in consideration of the mutual covenants, promises and agreements contained, agree as follows:

2. **SCOPE OF CONTRACT:** Contractor shall provide the _____ to Radford University as set forth in the Contract Documents.

3. **TERM OF CONTRACT:** From _____ through _____ with _____ **(number of years) year renewal options or as negotiated, to include all contractual provisions contained herein.**

4. **THE CONTRACT DOCUMENTS SHALL CONSIST OF:**

   This signed Radford University Standard Contract. Document;

   Radford University's Request for Proposal (RFP) Rxx-xxx dated _____, Addendum xxx dated _____ (list all addendums in this format).

   Contractor's Proposal signed and dated _____

   Negotiation Summation: **(List each document by title and execution date)**

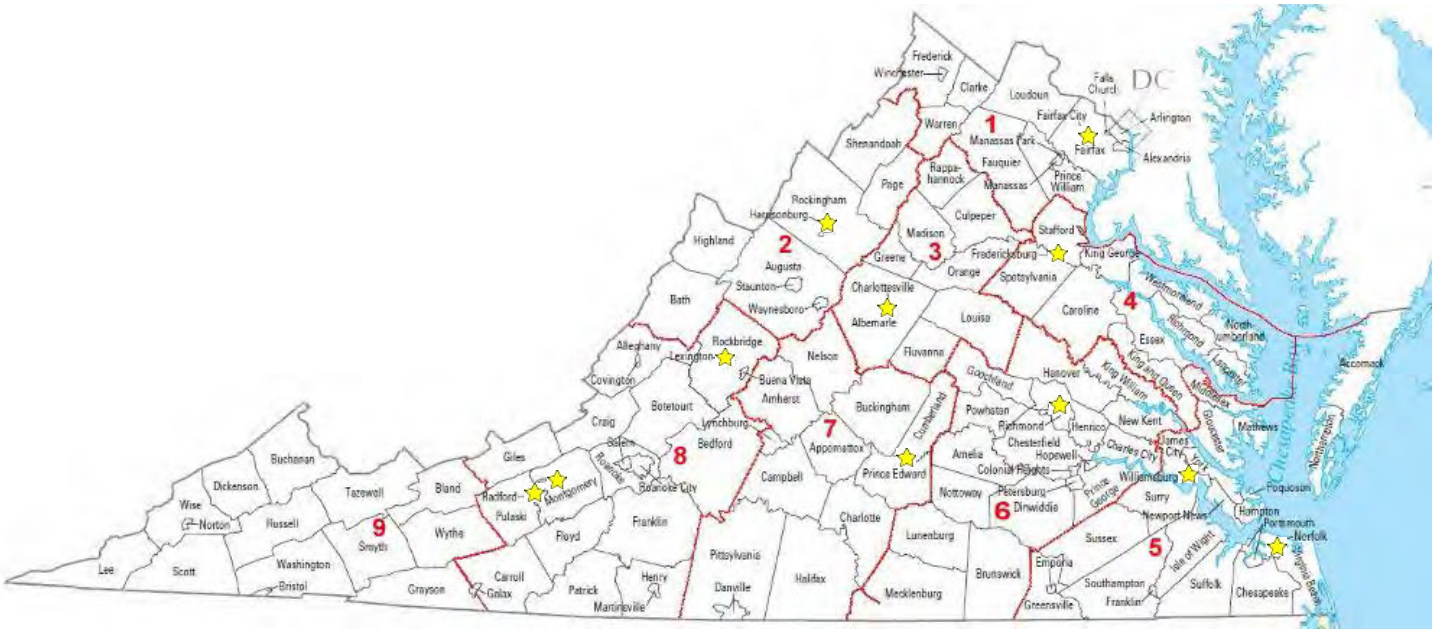
5. **COMPENSATION AND METHOD OF PAYMENT:** The Contractor shall be paid by Radford University in accordance with the contract documents. **(*Note: If advantageous you can list compensation here.)**

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

CONTRACTOR:	**RADFORD UNIVERSITY**
Print Name: _____	**Print Name:** _____
Title: _____	**Title:** _____
Signature: _____	**Signature:** _____
Date: _____	**Date:** _____

Attachment C

Zone Map



Virginia Association of State College & University Purchasing Professionals (VASCUPP)

List of member institutions by zones

Zone 1 George Mason University	**Zone 2** James Madison University (Harrisonburg)	**Zone 3** University of Virginia
Zone 4 University of Mary Washington (Fredericksburg)	**Zone 5** College of William and Mary (Williamsburg) Old Dominion University (Norfolk)	**Zone 6** Virginia Commonwealth University (Richmond)
Zone 7 Longwood University (Farmville)	**Zone 8** Virginia Military Institute (Lexington) Virginia Tech (Blacksburg) Radford University (Radford)	**Zone 9**

The zone map is provided for the offeror to determine appropriate pricing structures based on approved zones for cooperative institutions. If no other prices are offered, pricing provided will apply to all zones in the Commonwealth of Virginia. If you wish to provide pricing for a zone other than which this solicitation originated, please indicate you are doing so in the response. If you anticipate pricing differentials for different zones, a separate pricing sheet must be submitted for each zone that includes appropriate pricing for that zone.

RADFORD UNIVERSITY SPORTS MEDICINE
ATHLETICS INSURANCE POLICIES & PROCEDURES

Revised on 04-15-2020

The purpose of this document is to inform you of the policies and procedures associated with Radford University's athletic insurance policies and procedures for all participants in athletics at Radford University.

Please take the time to fill out the enclosed forms so that we can maintain accurate insurance information on your son or daughter. **We ask that the forms be returned with all other Sports Medicine forms.** Along with the forms, also send a copy (front and back) of the insurance card for the policy that covers the student-athlete (SA). If you have a dental plan, please include a photocopy of both sides of that card as well. **The *Primary Insurance Information and Authorization* form (2 pages) and an insurance card, or a photocopy of both sides, must be on file before a student can participate. This form should be updated yearly and at any time changes occur in your primary insurance plan (within 14 days). If there is a lapse in the SA's personal health insurance policy and an injury occurs, the SA (or their parents/guardians) will be responsible for all costs related to the injury.**

It is the strict policy of Radford University that all SA's provide evidence of valid and current major medical health insurance plan or accident plan **with a minimal benefit of $10,000 per incident** that includes coverage for athletically related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current and acceptable insurance coverage is on file with the Radford University Department of Athletics. Please note that some insurance policies do not cover an injury that is sustained while participating in collegiate athletics and/or have limited or no out-of-state or out-of-network coverage. The **Radford University Excess Policy will cover DEDUCTIBLE amounts up to $3500. The excess policy WILL NOT cover DEDUCTIBLE amounts in excess of $3500**. Deductible amounts over $3500 will be the responsibility of the policy holder. In addition, the excess policy will only cover the $3500 deductible amount once per injury. It is your responsibility to check with your insurance company about these issues and indicate your coverage limitations on the insurance form. Also, the excess policy will only cover charges for physical therapy up to $2500. Once the total amount of copays for physical therapy have reached $2500, copays for physical therapy will be the responsibility of the policy holder. When a student-athlete is asked to complete or continue physical therapy at home during a break period, then the student-athlete/parents/guardians will be responsible for paying for these services and will be able to submit the receipts, along with EOB's from the insurance company, for reimbursement from our excess policy up to the max amount of $2500.

If you are not currently covered by a sufficient primary insurance policy, please visit www.healthcare.gov and select an individual plan to cover your son/daughter. We highly recommend Anthem Blue Cross Blue Shield or United Health Care Individual Plans due to their high acceptance in our area. There is also a policy that will cover international student-athletes and includes coverage of athletic injuries. For help with obtaining a primary health insurance policy, please contact Chad Hyatt at 540-831-5877. ***If your student-athlete is eligible for Medicaid, please make sure that they are enrolled and active when they arrive on campus. To assist with this process, please go to www.medicaid.gov.***

PROCEDURES FOLLOWING AN ATHLETICALLY RELATED INJURY OR ILLNESS

When an athletic injury occurs, the SA must report the injury to the Radford Sports Medicine Staff within 48 hours. The staff will then devise a treatment plan and determine if a medical referral is warranted. When a SA is sent to an outside provider, the sports medicine staff will file an athletic injury claim form with our insurance carrier. The sports medicine staff will also present the medical care provider (clinic, hospital, etc.) with the information you have returned to us at the time of service. The provider, in turn, will file a claim with your primary insurance. Your primary insurance will consider the charges for payment. If there is a balance on your account after your insurance claim has been processed, you must send all Explanation of Benefits (EOB's) and bills to John Shifflett (see address below) within 30 days. The remaining balance will then be filed to the University's excess insurance policy for payment. Please be advised that our excess insurance company may contact you requesting additional information regarding any open claims your SA may have. Please comply with any requests that they make. Also, please read the *Radford University Excess Insurance Policy* that follows. In addition, please realize that you MUST submit any EOB's and bills in a timely manner (within 30 days of receipt) in order to be eligible for payment under the University's excess policy. All excess payments are subject to the terms and conditions set forth by the insurer and are not a guarantee of payment.

RADFORD UNIVERSITY EXCESS INSURANCE POLICY FOR ATHLETIC INJURIES

The Radford University Athletics Department has a program that will assist parents and guardians if a SA is injured while participating in intercollegiate athletics by providing **EXCESS** medical coverage. **THIS POLICY IS SECONDARY TO, OR IN EXCESS OF PERSONAL FAMILY MEDICAL INSURANCE COVERAGE**. This will assist in the payment for injuries that occur during organized and supervised practices, strength and conditioning sessions, competition and travel to and from practice sessions or games. **Radford University's excess insurance policy becomes effective only after all other insurance benefits have been utilized. The policy will cover all copays and coinsurance related to an athletic injury and will cover up to $3500 in deductible. The policy WILL NOT cover deductible amounts in excess of $3500. For instance, if your deductible is $5000, then the Athletic policy will cover the first $3500 and you will be responsible for the remaining $1500. It is our recommendation that you have a policy for your son or daughter with a deductible less than $5000.**

Please review the following policies governing this coverage:

1. Radford University's excess insurance policy will go into effect only after receiving proof that the expenses have been filed on the SA's primary insurance and that those benefits have already been paid or denied payment. Once your insurance has paid on or denied a claim, they will send you an EOB form stating what and how much was covered. This EOB and any concurrent bills and itemized statements must then be forwarded to John Shifflett at:

   Radford University Sports Medicine
   PO Box 6913
   Radford, VA 24142
   (540) 831-6114 *fax*
   Jshifflett2@radford.edu

   All EOB's and bills must be forwarded to us within 30 DAYS of receipt in order to further process the claim. Documents received outside of this time frame will not be eligible for payment under Radford University's excess insurance policy. It is imperative that you submit all documents in a timely manner. If we do not have all necessary documents, the claim will go unpaid and this may affect your son or daughter's credit history.

2. Radford University and its excess insurance policy will not be responsible for any pre-existing condition, regardless if it has been previously treated or not. It is the responsibility of the SA to disclose any condition or injury that they have incurred and/or are receiving treatment for to the Radford Sports Medicine Staff.

3. Radford University's excess insurance policy will only consider those bills incurred for an injury sustained while representing the Radford University Athletics Program.

4. The Radford Athletic Department assumes NO financial responsibility for:
   - Injuries sustained while playing intramurals, inside a dormitory room and campus events, or injuries sustained while not enrolled in the academic semester
   - Any medical expenses for which the SA was not referred by a member of the RU Sports Medicine Staff
   - Required or elective surgery where an injury or illness is not the direct cause of athletic participation
   - Injuries occurring after the SA has exhausted their eligibility
   - Injuries occurring after graduation or early departure from the University
   - In the event a SA or policy holder does not notify or indicate changes with their personal medical insurance within **14 days.**

5. Radford University's excess insurance policy will only be responsible for bills incurred for one year from the date of injury as long as the procedures in policy 1 are followed.

6. ***NOTICE:*** Radford University does not accept TRICARE PRIME as your primary medical insurance.

   If you currently have TRICARE PRIME as your primary medical insurance, we REQUIRE that you switch your son/daughter to TRICARE STANDARD due to past difficulties with securing referrals for those Student-Athletes with TRICARE PRIME. There are no TRICARE PRIME providers in our area. By switching from TRICARE PRIME to TRICARE STANDARD, there is no military referral necessary to see a local physician or specialist. For instance, if your son/daughter is referred to a urologist or dermatologist and can't come home to be seen on a military base, they can be seen locally without a referral from your primary military doctor if they have TRICARE STANDARD. We realize that by switching to TRICARE STANDARD, there may be more out of pocket cost for you. With this extra cost, you will know that your son/daughter will be covered in the area and a portion of your bill may be paid rather than nothing at all with TRICARE PRIME. ***Failure to switch to TRICARE STANDARD may result in denial of coverage through our EXCESS insurer and you will be responsible for any medical costs incurred.***

   If you currently have **MEDICAID** or **Kaiser Permanente** as your son or daughters primary medical coverage, please contact Chad Hyatt at 540-831-5877 to discuss any special requirements for his/her policy. These insurances may require that a student come home for medical care other than emergency.

7. If you currently have HMO coverage, you will be REQUIRED to contact your insurance company directly and obtain benefits in the Radford/Blacksburg area or switch your Primary Care Physician to one of our Team Physicians. This will help us to eliminate delays in referrals to providers and help to reduce the overall cost of healthcare for the SA.

OBTAINING GUEST PRIVILEGES OR CHANGING PRIMARY CARE PHYSICIAN (PCP)

If your current provider does not have coverage in the Radford/Blacksburg area (typical for an out of area HMO), please contact your insurance carrier to see if you can register your son/daughter for "guest privileges" in our area. You may also have the option to change his/her Primary Care Physician (PCP). If you need to change your PCP, this must be done with your provider prior to your son's/daughter's arrival at Radford University and we will need the provider's name and contact information for our files. *We suggest, Dr. Delmas Bolin at Performance Sports Medicine in Roanoke, VA., as he also serves as our Head Team Physician and Medical Director. His address can be found below. If Dr. Bolin is not on your provider network, we suggest Dr. Thomas Knisley at the Student Health Center whose information can also be found below (Dr. Kincaid is in network with Anthem Healthkeepers).*

The following is a list of providers whom we generally refer our SA's to for Radford University Athletics. Please check with your insurance company to insure that these offices are indeed on your list of providers. You may be able to add them or access "guest privileges" to them through your current insurance policy.

Carilion New River Valley Medical Center
2900 Lamb Circle
Christiansburg, VA 24073 (540) 731-2000

Dr. Delmas Bolin (Head Team Physician)
1215 Corporate Circle SW Suite 201
Roanoke, VA 24018 (540) 772-1890

Dr. Thomas Knisley (Student Health Medical Dir.)
Radford University Student Health Center
Moffett Hall
(540) 831-5111

If your insurance company will not grant coverage in our area or allow you to change your son's/daughter's PCP, it is imperative that we have their Primary Care Physician (PCP) information on file so that we can contact the PCP to obtain the proper referrals. Please provide this information on the insurance form. If your son/daughter requires a REFERRAL from a PCP in order for your insurance to pay, prior to being seen elsewhere, please make sure that your son/daughter understands this process. They will also need to make their RU Staff Athletic Trainer aware that a referral is needed prior to scheduling an appointment and include the necessary information on the *Primary Insurance Information and Authorization* form. Please note that if you are unable to obtain the proper referrals from your son's/daughter's PCP, this will delay the scheduling of non-emergency diagnostic testing and medical procedures and your son/daughter may be required to return home or travel to the nearest provider required by your insurance company to obtain advanced diagnostic imaging or treatment (MRI's, CT Scans, etc.) If your current insurance will not allow for any out of network coverage, then you should consider a primary medical plan that will cover your son or daughter in Radford, VA.

If you have any questions or concerns regarding athletic insurance coverage or if you need to purchase a primary insurance plan, please email Chad Hyatt at mhyatt2@radford.edu or call him at 540-831-5877.

RADFORD UNIVERSITY EXCESS INSURANCE POLICY COVERAGE LIMITATIONS

Pre-existing and Non-Athletic Injuries

It is our duty and privilege to take care of any and all injuries and illnesses that affect our student athletes. However, Radford University and its excess insurance carrier will not be financially responsible for any injuries or illnesses that occur before the beginning of the student athlete's career at Radford. Any medical testing, procedures, etc., that are required for an incoming student athlete to be cleared for participation will be the responsibility of the student athlete, guardian and their medical insurance. Also, Radford University will not be financially responsible for any non-athletic related injuries or illnesses. Only injuries that occur during supervised collegiate activity (i.e. practice, game or conditioning) will be eligible for coverage under Radford University's excess insurance plan.

Payment for Medications

We will make every effort to keep the costs to the student athlete as low as possible. Usually, when the student athlete requires a prescription medication, the Team Physician will prescribe a generic medication that the student athlete can pick up from a local pharmacy. **The student athlete, not the Athletics Department, will be responsible for the cost of the medication.**

Maximum Allowed Payments and/or Reimbursements (per injury)

Physical Therapy- payments will not total more than $2500 per injury. When a student-athlete is required to complete or continue physical therapy at home during a break period, then the student-athlete/parents/guardians will be responsible for paying for these services and will be able to submit the receipts, along with EOB's from the insurance company, for reimbursement from our excess policy up to the max amount of $2500.

Deductibles- our policy will only cover deductible amounts up to **$3500**. Any deductible amount over $3500 will be the responsibility of the patient and parents/guardians.

Our Best and Go Highlanders!

M. Chad Hyatt, MEd, ATC

Chad Hyatt, Assistant Athletic Director for Sports Medicine
Radford University
540-831-5877
mhyatt2@radford.edu

ATTACHMENT E

Radford University Intercollegiate Athletic Sports Teams Listing

October 2020

SPORT	NUMBER OF PARTICIPANTS		
	Men	Women	Total
BASEBALL	35	0	35
BASKETBALL	16	16	32
CHEERLEADERS	2	20	22
LACROSSE	0	30	30
GOLF	8	8	16
SOCCER	35	35	70
SOFTBALL	0	20	20
STUDENT MANAGERS	8	4	12
TENNIS	8	8	16
TRACK & FIELD	0	30	30
VOLLEYBALL	0	24	24
DANCE	0	18	18
STUDENT ATHLETIC TRAINERS	5	5	10
TOTALS:	136	233	335

ATTACHMENT F

RADFORD UNIVERSITY
CLAIMS
SELF-FUNDING

DATE FUNDS RECEIVED	AMOUNT APPLIED TO SELF-FUND	BALANCE IN SELF-FUNDED ACCOUNT	DATE OF REPORT	2016-2017 CLAIMS PAID AGGREGATE: 160,000.00	2016-2017 CLAIMS PAID OUTSIDE RE-INSURANCE	2017-2018 CLAIMS PAID AGGREGATE: 145,000.00	2017-2018 CLAIMS PAID OUTSIDE RE-INSURANCE	2018-2019 CLAIMS PAID AGGREGATE: 160,000.00	2018-2019 CLAIMS PAID OUTSIDE RE-INSURANCE	2019-2020 CLAIMS PAID AGGREGATE: 160,000.00	2019-2020 CLAIMS PAID OUTSIDE RE-INSURANCE	2020-2021 CLAIMS PAID AGGREGATE: 160,000.00	2020-2021 CLAIMS PAID OUTSIDE RE-INSURANCE
		104,202.95	9/30/17	5,084.68	-	115.00	22.00						
		93,784.85	10/31/17	6,829.57	708.08	470.44	2,083.91						
		90,432.45	11/30/17	1,682.08	90.00	1,416.32	164.00						
		86,925.44	12/31/17	845.46	-	1,261.11	1,369.41						
		76,037.43	1/31/18	1,315.82	-	8,068.09	1,504.10						
		68,167.89	2/28/18	3,439.42	-	2,840.12	1,590.00						
		63,185.27	3/31/18	3,342.52	-	1,514.10	126.00						
		54,628.62	4/30/18	2,150.88	-	5,782.20	623.57						
		39,324.73	5/31/18	2,132.60	319.00	10,472.60	2,379.69						
		10,508.60	6/30/18	4,886.64	-	22,285.19	1,644.30						
		314.79	7/31/18	4,470.20	-	14,090.12	(8,366.51)						
8/6/2018	124,000.00	106,867.78	8/31/18	4,872.65	-	12,527.36	47.00	-	-				
		98,896.61	9/30/18	1,386.99	-	6,716.80	(132.62)	-	-				
		81,911.10	10/31/18	10,757.56	-	5,931.31	138.50	158.14	-				
		76,839.00	11/30/18	-	-	3,837.39	14.00	1,220.71	-				
		75,597.01	12/31/18	-	-	587.90	-	504.09	150.00				
		74,176.76	1/31/19	(20.00)	-	1,201.96	-	2,808.35	-				
		75,052.63	2/28/19	-	-	(315.87)	-	(560.00)	-				
		70,497.19	3/31/19	-	-	1,612.11	-	2,920.33	23.00				
		55,503.51	4/30/19	-	-	7,900.08	1,552.60	4,389.80	1,151.20				
		51,009.19	5/31/19	-	-	560.95	-	3,933.37	-				
		45,348.85	6/30/19	-	-	2,945.00	-	2,715.34	-				
7/24/19	124,000.00	161,103.07	7/31/19	-	-	3,350.64	-	4,392.84	502.30				
		155,414.64	8/31/19	-	-	1,036.04	-	3,756.84	895.55	-	-		
		138,181.93	9/30/19	-	-	14,297.40	-	1,131.90	286.00	1,285.41	232.00		
		136,174.97	10/31/19	-	-	126.32	-	994.97	640.00	-	245.67		
		129,674.49	11/30/19	-	-	77.63	-	3,870.21	228.16	1,927.58	396.90		
		119,671.59	12/31/19	-	-	-	279.00	6,440.20	247.51	2,955.19	81.00		
		107,227.29	1/31/20	-	-	5,877.11	-	3,408.49		2,941.86	216.84		
		105,521.89	2/29/20	-	-	(46.98)	-	1,457.53	(143.57)	438.42	-		
		98,046.96	3/31/20	-	-	4,034.88	-	1,481.00	43.09	1,422.78	493.18		
		94,012.42	4/30/20	-	-	30.00	-	475.70	373.92	603.80	2,551.12		
		90,224.76	5/31/20	-	-	-	-	85.00	-	3,717.63	(14.97)		
		82,522.36	6/30/20	-	-	131.81	-	734.23	27.01	6,519.35	290.00		
		80,443.35	7/31/20	-	-	-	-	(108.93)	-	1,648.17	539.77		
		80,204.65	8/31/20	-	-	(1,008.72)	-	-	-	1,667.42	(420.00)	-	-
	$ 1,079,000.00			144,980.00	3,517.06	139,726.41	5,160.95	46,210.11	4,424.17	25,127.61	4,611.51	0.00	0.00

TOTAL FUNDS RECEIVED	$ 1,079,000.00
TOTAL CLAIMS PAID	$ 998,795.35
BALANCE IN S/F ACCOUNT	$ 80,204.65
TOTAL CLAIMS PAID TO DATE 2010	$ 95,000.00
TOTAL CLAIMS PAID TO DATE 2011	$ 99,992.91
TOTAL CLAIMS PAID TO DATE 2012	$ 82,942.89
TOTAL CLAIMS PAID TO DATE 2013	$ 114,894.99
TOTAL CLAIMS PAID TO DATE 2014	$ 96,923.17
TOTAL CLAIMS PAID TO DATE 2015	$ 118,418.95
TOTAL CLAIMS PAID TO DATE 2016	$ 144,980.00
TOTAL CLAIMS PAID TO DATE 2017	$ 139,726.41
TOTAL CLAIMS PAID TO DATE 2018	$ 46,210.11
TOTAL CLAIMS PAID TO DATE 2019	$ 25,127.61
TOTAL CLAIMS PAID TO DATE 2020	$ -
TOTAL CLAIMS PAID OUTSIDE S/F 2010	$ 1,637.70
TOTAL CLAIMS PAID OUTSIDE S/F 2012	$ 205.88
TOTAL CLAIMS PAID OUTSIDE S/F 2013	$ 3,745.32
TOTAL CLAIMS PAID OUTSIDE S/F 2014	$ 3,790.24
TOTAL CLAIMS PAID OUTSIDE S/F 2015	$ 7,485.48
TOTAL CLAIMS PAID OUTSIDE S/F 2016	$ 3,517.06
TOTAL CLAIMS PAID OUTSIDE S/F 2017	$ 5,160.95
TOTAL CLAIMS PAID OUTSIDE S/F 2018	$ 4,424.17
TOTAL CLAIMS PAID OUTSIDE S/F 2019	$ 4,611.51
TOTAL CLAIMS PAID OUTSIDE S/F 2020	$ -
TO BE PAID BEFORE STOP-LOSS 2010	$ -
TO BE PAID BEFORE STOP-LOSS 2011	$ 7.09
TO BE PAID BEFORE STOP-LOSS 2012	$ 67,057.11
TO BE PAID BEFORE STOP-LOSS 2013	$ 60,105.01
TO BE PAID BEFORE STOP-LOSS 2014	$ 78,076.83
TO BE PAID BEFORE STOP-LOSS 2015	$ 41,581.05
TO BE PAID BEFORE STOP-LOSS 2016	$ 15,020.00
TO BE PAID BEFORE STOP-LOSS 2017	$ 5,273.59
TO BE PAID BEFORE STOP-LOSS 2018	$ 113,789.89
TO BE PAID BEFORE STOP-LOSS 2019	$ 134,872.39
TO BE PAID BEFORE STOP-LOSS 2020	$ 160,000.00

RU21039

NCAA
CATASTROPHIC INJURY INSURANCE PROGRAM
BENEFIT SUMMARY
FOR THE PERIOD 8/1/19 THROUGH 7/31/21

This document is a summary of the NCAA Catastrophic Injury Insurance Program. The insurance policy on file with the NCAA contains all the provisions, exclusions and limitations and qualifications of the insurance benefits. If any discrepancy exists between this piece and the Policy, the Policy will govern and control the payment of benefits.

The Catastrophic Injury Insurance Program provided by the NCAA covers student-athletes, student coaches, student managers, student trainers and student cheerleaders who are catastrophically injured while participating in a Covered Event. The policy provides benefits in excess of any other valid and collectible insurance. Following is a benefit schedule:

The Maximum Benefit Amount per Insured Person per Covered Accident, for all benefits combined (except Accidental Death), is $20,000,000.

MEDICAL, DENTAL, REHABILITATION AND CUSTODIAL CARE EXPENSE BENEFITS

1. For those Insured Persons who incur a Covered Loss in excess of the Covered Accident Deductible, the Policy provides Medical, Dental, Rehabilitation and Custodial Care Expense Benefits.

Maximum Benefit Period:	Lifetime
Benefit Percentage after satisfaction of the Covered Accident Deductible	100%
Covered Accident Deductible	$90,000

The following sublimits apply:

- Custodial Care Maximum Benefit per Calendar Year (subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year)	$100,000*
- Home Health Care Maximum Benefit per Calendar Year (subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year)	$100,000*
- Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	$100,000*
- Private Duty Nursing Maximum Benefit per Calendar Year (subject to the Combined Private Duty Nursing, Combined Home Health Care & Custodial Care Maximum Benefit per Calendar Year)	$250,000
- Combined Private Duty Nursing, Custodial Care and Home Health Care Maximum Benefit per Calendar Year	$250,000

**For injuries incurred during the 2018-2019 policy term: Beginning January 1, 2019 and effective January 1 of each year thereafter this maximum benefit will increase annually. The amount of the increase will be equal to the lesser of: 2%; or the percentage of increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers, based on the year-over-year change reported as of the immediately preceding November.*

**For injuries incurred during the 2019-2020 policy term: Beginning January 1, 2020 and effective January 1 of each year thereafter this maximum benefit will increase annually. The amount of the increase will be equal to the lesser of: 2%; or the percentage of increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers, based on the year-over-year change reported as of the immediately preceding November.*

**For injuries incurred during the 2020-2021 policy term: Beginning January 1, 2021 and effective January 1 of each year thereafter this maximum benefit will increase annually. The amount of the increase will be equal to the lesser of: 2%; or the percentage of increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers, based on the year-over-year change reported as of the immediately preceding November.*

2. Payment for covered Medical Expense resulting from a Covered Accident for care and treatment of mental or nervous disorders by a Doctor shall not exceed $90.00 for each visit, not more than one visit on any one day, not more than fifty (50) visits in each calendar year.

Covered Medical Expense for Hospital inpatient care or treatment of a mental or nervous disorder whether in a general Hospital or a psychiatric Hospital, will be limited to the first forty-five (45) days of such treatment during each calendar year. For Partial Hospitalization for care or treatment of a mental or nervous disorder, each two (2) days of Partial Hospitalization will be treated as one (1) day of inpatient hospitalization for purposes of accumulating the forty-five (45) days of inpatient treatment maximum per calendar year. These limitations for mental or nervous disorders will not apply when the primary condition requiring such care and treatment is due to a brain injury Incurred as the result of a Covered Accident.

3. Payment for outpatient physical therapy due to a Covered Accident shall not exceed $75,000 in each calendar year. Outpatient physical therapy must qualify as a Rehabilitation Expense. Outpatient physical therapy includes, but is not limited to: (a) heat treatment; (b) diathermy; (c) microtherm; (d) ultrasonic; (e) adjustment; (f) manipulation; (g) massage therapy; and (h) acupuncture.

   If surgical treatment is rendered while the patient is under general anesthesia, this limitation shall not apply to covered Medical Expense for treatment of subluxation or dislocation of the spine or treatment for the general purpose of correction of nerve interference and its effects, by manual or mechanical means when interference results from or is related to distortion or misalignment of or in the vertebral column.

4. Payment for all prosthetic devices/limbs, including adjustments, replacements, refittings and supplies, in combination, shall not exceed $100,000 during the first two (2) years after the Covered Accident. Payment shall not exceed $100,000 ($200,000 if the Covered Accident results in an amputation of the leg above the knee) during each consecutive ten (10) year period immediately thereafter, not to exceed a $500,000 Lifetime maximum ($750,000 Lifetime maximum if the Covered Accident results in an amputation of the leg above the knee).

5. Payment for covered Medical Expenses incurred within 24 months following the Date of Recovery of a Covered Accident shall not exceed $25,000.

DISABILITY BENEFITS

For those Insured Persons who incur a Covered Loss in excess of the Covered Accident Deductible, and who are Partially or Totally Disabled as defined in the Policy, the following benefits are provided:

1. **Total Disability Benefit** – $400 each month, not to exceed twelve (12) months, and $2,700 each month thereafter during which the Insured Person remains Totally Disabled. The $2,700 monthly Total Disability benefit amount will be increased by 3% after the $2,700 benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Totally Disabled.

   Total Disability Benefit Offset Provision
   The monthly benefit for Total Disability will be reduced by one-half (1/2) of the after-tax monthly compensation earned by the Insured Person in excess of $1,000 per month beginning on the first anniversary after the date of the Covered Accident. That $1,000 will be increased by 2.5% each subsequent twelve (12) consecutive month period thereafter.

2. **Partial Disability Benefit** (for an Insured Person that has not previously received Total Disability benefits under this policy) $270 each month, not to exceed twelve (12) months, and $1,800 each month thereafter during which the Insured Person remains Partially Disabled. The $1,800 monthly Partial Disability benefit amount will be increased by 3% after that benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Partially Disabled.

   Partial Disability Change in Status Benefit (for an Insured Person who previously received Total Disability benefits under this policy) - Maximum initial monthly benefit for continuous Partial Disability is 2/3 of the Total Disability Benefit that was paid for the month immediately preceding the change in status to Partial Disability. The monthly Partial Disability benefit amount will be increased by 3% after that benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Partially Disabled.

   Partial Disability Benefit Offset Provision
   The monthly benefit for Partial Disability will be reduced by one-half (1/2) of the after-tax monthly compensation earned by the Insured Person in excess of $1,400 per month beginning on the first anniversary after the date of the Covered Accident. That $1,400 will be increased by 2.5% each subsequent twelve (12) consecutive month period thereafter.

Adjustment Expense Benefit Maximum **$50,000 Lifetime**

a. Payment for expense of training of Immediate Family members to perform rehabilitative or custodial functions for the Insured Person shall not exceed $5,000, and such training must be rendered during the twenty-four (24) consecutive month period immediately following the date of the Covered Accident which necessitates such training.

b. Payment will be made for travel of Immediate Family members which occurs within the period of twenty-four (24) consecutive months immediately following the date of the Covered Accident to the Insured Person which necessitates such family travel and shall not exceed $6,000 for each Immediate Family member who actually travels to the Hospital or Rehabilitation Facility.

c. Loss of earnings by the Insured Person's spouse, or parent/legal guardian if the Insured Person is not married, will be limited to 75% of gross lost earnings of the spouse or one parent/guardian only due to the injury to the Insured Person, not to exceed $500 per week for a maximum of twenty-six (26) weeks during the twenty-four (24) consecutive months immediately following the date of the Covered Accident. Gross earnings will be determined based on the average monthly gross earnings for the twelve (12)-month period immediately preceding the date of the Covered Accident.

Special Expense Benefit - Provided the Covered Accident Deductible is satisfied this benefit provides payment for Reasonable and Customary expenses incurred for special items approved by the Totally or Partially Disabled Insured Person's Doctor to accommodate his or her physical disability, such as home or automobile modifications. Benefits are limited to:

- $175,000 during the first 10 years following the date of the Covered Accident;
- $ 70,000 for years 10-20 after the date of the Covered Accident;
- $ 85,000 for years 20-30 after the date of the Covered Accident;
- $105,000 for years 30-40 after the date of the Covered Accident and
- $125,000 for each 10 year period thereafter following the date of the Covered Accident.

Ancillary Injury Benefit - Covers medical and dental expenses for an accidental bodily injury resulting from a separate accident unrelated to a Covered Accident of a Totally or Partially Disabled Insured Person during the period the Insured Person is receiving Total or Partial Disability benefits under the Policy. This Benefit is limited to a $100,000 lifetime aggregate and is subject to a $2,000 Calendar Year Deductible.

College Education Benefit – The Policy provides payment for the full standard cost of attendance for a Totally or Partially Disabled Insured Person to complete his or her undergraduate and/or graduate degree. The Insured Person must recommence studies within five (5) years and complete the degree requirements within twenty (20) years thereafter. The maximum lifetime college education benefit is $120,000.

Vocational Rehabilitation Benefit - The Vocational Rehabilitation Benefit provides payment for Reasonable and Customary expenses Incurred for services rendered through a vocational rehabilitation program or for vocational rehabilitation counseling services intended to enable the Totally or Partially Disabled Insured Person to develop skills necessary for gainful employment, and to participate in a job search and find gainful employment. The maximum lifetime Vocational Rehabilitation Benefit is $60,000.

Assimilation Benefit - The Policy provides for payment up to a lifetime maximum of $50,000 for the Totally or Partially Disabled Insured Person to participate in a specialized, intensive, rehabilitation program at an accredited medical facility specializing in research, surgery, and training for injuries to the spinal cord, the nervous system, or closed head injuries within two (2) years of the date of the Covered Accident.

DEATH BENEFIT

The Policy will pay $25,000 if an Insured Person dies as a result of a Covered Accident or sustains injury due to a Covered Accident which, independent of all other causes, results directly in the death of the Insured Person within twelve (12) months following the date of such injury.

NONDUPLICATION OF BENEFITS

If any item of expense is payable under more than one provision of the Policy, payment will be made only under the provision providing the greater benefit.

DEFINITIONS:

"Activities of Daily Living *(ADLs)"* means:

- transferring oneself (such as moving in or out of a bed or chair);
- dressing (putting on or removing from oneself items of clothing);
- bathing (washing oneself in a bathtub or shower or by sponge bath);
- feeding (giving oneself food or nourishment, including through a feeding tube);
- toileting (getting oneself on or off a toilet and related hygiene); and
- continence (maintaining one's control of bladder or bowel functions or maintaining care of a catheter or colostomy bag if one cannot control bladder or bowel functions).

"Covered Accident" means an accident that occurs while the Policy is in effect, which directly results in bodily injury or death (not excluded from coverage by the Policy Exclusions and Limitations) of an Insured Person, and which: a) occurs while he or she is participating in a Covered Event; or b) occurs during Covered Travel to or from the location of a Covered Event; or c) occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel that is authorized by, organized by or directly supervised by an official representative of the Insured Person's Participating School; or d) results from a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event; and: a) for which the Insured Person Incurs a Covered Loss, within twenty-four (24) consecutive months immediately following the date of the accident, in excess of the Covered Accident Deductible; or b) that results directly in the death (not excluded from coverage by the Policy Exclusions and Limitations) of the Insured Person within twelve (12) consecutive months immediately following the date of that accident.

"Covered Accident Deductible" means an amount of Medical Expenses and/or Dental Expenses and/or Rehabilitation Expenses and/or Custodial Care Expenses, as shown in the Schedule of Benefits, Incurred by the Insured Person as a result of a Covered Accident within the period of twenty-four (24) consecutive months immediately following the date of that Covered Accident, for which no benefits are payable under the Policy. Such expenses must qualify as Covered Loss under the Policy.

"Covered Event" means, for **players on an athletic team**: (a.) a Qualifying Intercollegiate Sport competition scheduled by the Insured Person's Participating School; (b.) official team activities; (c.) Conditioning; or (d.) practice sessions.

For players on an athletic team, Covered Event must be authorized by, organized by or directly supervised by an official representative of the Insured Person's Participating School (not including any activities not directly a part of a Qualifying Intercollegiate Sport, such as camps, clinics and other events not conducted by the Insured Person's Participating School).

Covered Event means, for **Student Coaches, Student Managers and Student Trainers**, only those activities directly associated with the covered activities of a Qualifying Intercollegiate Sport team or covered activities of Student Cheerleaders and under the direct supervision of an official representative of the Participating School.

Covered Event means, for **Student Cheerleaders:** (a) activities performed as part of the cheer unit for a Qualifying Intercollegiate Sport team competition scheduled by the Insured Person's Participating School; or (b) practice sessions and pep rallies both of which must be authorized by, organized by and directly supervised by a safety-certified official coach or advisor of the Insured Person's Participating School, other than a member of the cheer unit or other undergraduate Student, and in preparation for a Qualifying Intercollegiate Sport team competition.

The coach or advisor must have a current safety certification by a nationally recognized formal credentialing program for safety certification. However, the safety-certification requirement does not apply with respect to practice sessions that are held solely by dance team members or mascots. A graduate student can meet the safety-certification requirement if:

i) officially designated by the school as the official coach or advisor; and
ii) the school has given the graduate student the authority to authorize, organize and directly supervise.

Covered Event, for **Student Cheerleaders**, does not include any activities, camps, clinics, national competitions, fund-raisers, alumni events; unless the activity is directly associated with the activities of a Qualifying Intercollegiate Sport team or conducted by the Insured Person's Participating School.

"Covered Loss" means Reasonable and Customary: a) Medical Expense; b) Dental Expense; c) Rehabilitation Expense; d) Custodial Care Expense; e) Adjustment Expense; f) Special Expense; g) Medical Expense and Dental Expense that are covered under the Ancillary Injury Benefit; and h) Expenses that are covered under the Vocational Rehabilitation Benefit as described in the Policy which are Incurred by an Insured Person as a result of a Covered Accident.

Covered Loss shall also include the: a) cost of school attendance that is covered under the College Education Benefit, and b) program expenses covered under the Assimilation Benefit as described in the Policy which are Incurred by an Insured Person as a result of a Covered Accident. An expense will be a Covered Loss under the Policy after all adjustments (including, but not limited to, discounts, write-offs, and negotiated fees) have been applied only to the extent that the expense is for Medically Necessary services, and not excluded under Exclusions and Limitations (Section VIII) in the Policy. Further, for those Insured Persons who have satisfied the Covered Accident Deductible, Covered Loss shall not include any expenses sustained after the respective Date of Recovery (except as shown on the Schedule of Benefits, Section B-5)..

"Covered Travel" means team or individual travel, for purposes of representing the Participating School, that is to or from the location of a Covered Event and is authorized by the Insured Person's Participating School, provided the travel is paid for or subject to reimbursement by the Participating School. Covered Travel to a Covered Event will commence upon embarkation from an authorized departure point and terminate upon arrival at the location of the Covered Event.

Covered Travel from a Covered Event will commence upon departing from the location of the Covered Event and terminate upon return to the authorized place from which such Covered Travel to the Covered Event began.

"Custodial Care" means Medically Necessary services or treatment which, regardless of where provided: (a) could be rendered safely by a person without medical skills; and (b) provides a routine level of maintenance care designed primarily to help the patient with daily living activities, including (but not limited to):

1) personal care such as help in walking and getting in and out of bed; help with bathing; help with eating by spoon, tube or gastrostomy; exercising, dressing; enema and using the toilet; 2) homemaking such as preparing meals or special diets; 3) acting as companion or sitter or providing a protective environment; 4) supervising medication which can usually be self-administered; 5) oral hygiene; and 6) ordinary skin and nail care; or

(c) in the case of a Totally Disabled Insured Person, cannot be self-administered.

Custodial Care does not include exercise, physical therapy, occupational therapy or rehabilitation services or treatment, including those that may be payable under this Policy as a Rehabilitation Expense.

No benefits will be paid for Custodial Care services or treatment which is provided by a member of the Insured Person's Immediate Family or by an individual who resides with the Insured Person, unless specifically agreed to in writing by the Company. Custodial Care does not include Home Health Care services or treatment.

"Date of Recovery" means:

a. for an Insured Person who suffered the complete and irreparable severance of an arm or leg at or above the wrist or ankle joint, but who was not Totally Disabled, the date immediately following a period of twenty-four (24) consecutive months during which the Insured Person received no Medically Necessary treatment or service as a result of the Covered Accident for which benefits had been received under the Policy;
b. for an Insured Person not Totally Disabled and who has not suffered the complete and irreparable severance of an arm or leg at or above the wrist or ankle joint, the earlier of:
    1) the date the Insured Person receives medical clearance to participate in Qualifying Intercollegiate Sports; or
    2) the date immediately following a period of **"**twenty-four" (24) consecutive months during which the Insured Person received no Medically Necessary treatment or service as a result of the Covered Accident for which benefits had been received under the Policy; or
c. For an Insured Person who was Totally Disabled, the date such Insured Person no longer qualifies as Totally Disabled as defined herein, subject to "b" above.

"Home Health Care" means nursing care and treatment provided to an Insured Person in his/her home, which: (a) is required for progressive and positive improvement of the Insured Person's medical condition, or (b) is necessary to provide care and treatment that cannot be self administered for a Totally Disabled Insured Person. To qualify for Home Health Care:

a. A Home Health Care plan must be established and approved in writing by the attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care; and
b. 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
c. Home Health Care must commence within seven (7) days of discharge from a Hospital or Extended Care Facility or Rehabilitation Facility and be immediately preceded by a Hospital or Extended Care Facility or Rehabilitation Facility confinement of five (5) consecutive days or more; and
d. Home physical, speech, and occupational therapies must be initiated in conjunction with discharge placement through a Rehabilitation Facility and approved by the attending Doctor.

No benefits will be paid for Home Health Care, which is provided by a member of the Insured Person's Immediate Family or by an individual who resides with the Insured Person, unless specifically agreed to in writing by the Company. Home Health Care does not include Custodial Care or Private Duty Nursing.

"Hospital" means an institution, which meets all of the following requirements: a) it is licensed (if required by law) as a hospital by applicable licensing authorities; and b) it is open at all times; and c) it is operated mainly to diagnose and treat illnesses on an inpatient basis; and d) it has a staff of one (1) or more Doctors on call at all times; and e) it has twenty-four (24) hour nursing services by Registered Nurses; and f) it is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescence home, or like place; and g) it has organized facilities for major surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

"Immediate Family" means the mother, father, sister, brother, husband, wife, or children of the Insured Person, who are members of the same household as the Insured Person. In their absence, others that may be considered as "Immediate Family" are grandparents, aunts or uncles, who share the same household, or any other person legally responsible for the care of the Insured Person.

"Incur" or "Incurred" means that an expense is sustained by the Insured Person, after all adjustments (including, but not limited to, discounts, write-offs and negotiated fees). A Covered Loss shall be considered to be Incurred on the date the treatment or service is rendered or the purchase or rental occurs.

"Instrumental Activities of Daily Living (IADLs)" means:

- using the telephone and other communication devices;
- shopping;
- preparing meals;
- housekeeping or basic home maintenance;
- doing laundry;
- driving or arranging transportation;
- self-administering medication(s);
- handling finances.

"Insured Person" means:

a. a Student attending or registered to attend the Participating School and participating as:
   1) a player on an athletic team in a Qualifying Intercollegiate Sport sanctioned and recognized by the Participating School; or as
   2) a Student cheerleader of a cheer team officially recognized as such by the Participating School (includes dance team members and mascots); or as
   3) a Student coach, Student manager, or Student trainer of an athletic team in a Qualifying Intercollegiate Sport sanctioned and recognized by the Participating School or of a cheerleading unit officially recognized as such by the Participating School;

b. a person as identified by the Participating School and as approved in writing by the Company and endorsed onto the Policy; or

c. a prospective student that has graduated from high school and signed an irrevocable commitment to participate in a Qualifying Intercollegiate Sport (or its equivalent for cheerleading) at a Participating School.

"Medical Expense" means the Reasonable and Customary charges: a) of a professional ambulance service for Medically Necessary transportation to and from a Hospital; b) of a Doctor for Medically Necessary care and treatment; c) of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary); d) for Medically Necessary Hospital inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services to a maximum payment of $300 per month); e) for Medically Necessary out-patient and emergency room care and treatment; f) for confinement in an Extended Care Facility; g) for Home Health Care; h) for Private Duty Nursing; and i) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Doctor operating within the scope of his or her license.

"Medically Necessary" means a service or supply that is ordered, prescribed or rendered by a Doctor or Hospital and determined by the Company to be: a) provided for the diagnosis or treatment of the patient's condition; and b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of the Insured Person's condition; and c) provided in accordance with generally accepted professional standards and/or medical practice; and d) the most appropriate supply or level of service which can be provided on a cost effective basis (including but not limited to, inpatient vs. outpatient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

In the case of Hospital or Extended Care Facility confinement, Home Health Care or Private Duty Nursing or Custodial Care, the length of confinement or treatment and the services or supplies furnished by the Hospital or Extended Care Facility, Home Health Care or Private Duty Nursing or Custodial Care plan will be Medically Necessary only if it is reasonably determined by the Company that they are related to the care or treatment of the patient's condition. The services or supplies must not be an Experimental or Investigational Drug or Treatment in nature. The fact that a Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Participating School" means a college or university, which is an active member of the NCAA. For purposes of this policy, a provisional member of the NCAA that becomes an active member of the NCAA during the August 1, 2020 to August 1, 2021 School Year, will be considered an active member of the NCAA on August 1, 2020. Also for purposes of this policy, a provisional member of the NCAA that becomes an active member of the NCAA during the August 1, 2020 to August 1, 2021 School Year, will be considered an active member of the NCAA on August 1, 2020.

"Qualifying Intercollegiate Sport" means a sport: a.) which has been accorded varsity status by the Participating School as an NCAA sport; and (b.) which is administered by such school's department of intercollegiate athletics; and (c.) for which the eligibility of the participating Student athlete is reviewed and certified in accordance with NCAA legislation, rules, or regulations; and (d.) which entitles qualified participants to receive the Participating School's official awards.

"Partial Disability or Partially Disabled" means the Insured Person, within two years of the date of a Covered Accident and as a result of that Covered Accident:

- has suffered an irrecoverable loss of use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least one ADL(s); or
- has suffered an irrecoverable loss of speech, hearing of both ears or sight in both eyes and is unable to perform at least one ADL(s) or at least one IADL(s); or
- has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least one ADL(s) or at least two IADL(s).

"Rehabilitation Expense" means the Reasonable and Customary charges for Medically Necessary physical and occupational rehabilitation provided: (a) by a Doctor; (b) under the supervision of a duly licensed Rehabilitation Facility; or (c) by an individual with an accredited certification in fitness, strength training, conditioning, sports medicine or related therapy, including (but not limited to) Certified Strength and Conditioning Specialists and Certified Personal Trainers.

"Student" means an individual who is actually enrolled and attending school as a full time Student at a Participating School, or recognized as a full time Student by a Participating School.

"Total Disability or Totally Disabled" means the Insured Person, within two years of the date of a Covered Accident and as a result of that Covered Accident:

- has suffered an irrecoverable loss of use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least three ADL(s); or
- has suffered an irrecoverable loss of speech, hearing of both ears, or sight in both eyes and is unable to perform at least three ADL(s) or at least three IADL(s); or
- has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least three ADL(s) or at least four IADL(s).

"True Catastrophic Claim" means a covered claim for a Totally Disabled Insured Person. True Catastrophic Claim also includes a covered claim for an Insured Person with one or more limbs amputated because of a Covered Accident.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover, and the Covered Accident Deductible may not be satisfied by, any Covered Loss, Total Disability, Partial Disability or death caused or contributed by or resulting from:

(a) self destruction or attempted self destruction, while sane or insane, or intentional self inflicted injury;
(b) the Insured Person's commission of, or attempted commission of, a criminal or felonious act, EXCEPT this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of the Insured Person's participation in that Covered Event; or
(c) the Insured Person being intoxicated, or being under the influence of drugs or narcotics unless as prescribed by a Doctor for a medical condition other than drug addiction, EXCEPT this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of the Insured Person's participation in that Covered Event.
An Insured Person shall be presumed to be intoxicated if the level of alcohol in his or her blood is determined to exceed the level above which a person is held under the law of the location at which the Covered Accident occurs, to be intoxicated if operating a motor vehicle, regardless of whether the Insured Person is in fact operating a motor vehicle when the Covered Accident occurs.
(d) Any injury or illness suffered by an Insured Person where the Insured Person's Participating School required the Insured Person to sign a waiver relieving that Participating School of responsibility or liability based on notification by a Doctor that the Insured Person's participation exposed the Insured Person to increased risk for that type of injury, cardiovascular accident or stroke or other similar traumatic event incurred.

The Policy does not cover and the Covered Accident Deductible may not be satisfied by, disease or illness, EXCEPT:

(a) as provided in the Ancillary Injury provision of the Policy; or
(b) when treatment for a disease or illness is Medically Necessary and the disease or illness is a direct result of a Covered Accident; or
(c) for a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event.

Coverage Underwritten By:
Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, Nebraska 68175

2019-20 Schedule of Benefits & Premium Quotation

RU21039

Option #1- Aggregate Ded. Plan w/o MSAP

Covered Intercollegiate Sports
Baseball, Basketball, Cheer/Dance, Cross Country, Golf, Lacrosse, Soccer, Softball, Student Managers, Tennis, Track & Field, Volleyball, Other,

Schedule of Benefits		
Maximum Benefit per Injury		$90,000
Aggregate Deductible		$160,000
Specific Deductible		$0
Insured Percentage		100%
Initial Treatment Period		180 days
Benefit Period		104 weeks
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum	
Expanded Medical		Included
Re-aggravation/Reinjury of Pre-Existing Conditions		Included
Heart & Circulatory		Included
HMO/PPO Denials		Included
Guest Recruit Coverage (including PSA tryouts)		Available
Proposed Effective Date		August 1, 2019

Annual Premium	$23,000
Administration Fees	$23,000
Total Hard Costs	$46,000
Recommended upfront funding of claims account (negotiable)	$80,000
Total initial funding request	$126,000
Total potential maximum annual cost	**$206,000**

Program Information	
Insurance Carrier:	United States Fire Insurance Company
Claims Payer:	A-G Administrators Inc.
Broker/Program Coordinator:	Dissinger Reed

Notice of Acceptance

By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.

Name	Title
Signature	Date

This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.

Primary Insurance - Domestic

Voluntary Student Accident Plan - For Athletes

This voluntary student accident plan is offered to your student athletes that arrive on campus without any primary insurance. It pays 100% of Usual and Customary medical charges related to a covered accident up to $5,000 maximum per injury. This policy does not have a specific deductible and will pay from the first dollar up to the maximum. Enrollments are done via an excel spreadsheet and invoicing goes directly to the institution instead of the student athlete directly.

PROGRAM-AT-A-GLANCE

Potential Program Benefits
Excess Accident Medical Expenses
Supplemental Accident Death Benefit
Supplemental Accidental Dismemberment Benefit

Benefit Period	$5,000 Medical Maximum
Price	$850/student/year

DID YOU KNOW?

Commercial Insurance Deductibles on the rise!

- 72-74% of health plans now have a general annual deductible
- The average general annual deductible for all commercial health plans is now over $1,200

High Deductible Health Plans Increasing

- 15.5 million people have a HDHP
- Average HDHP Deductible = $4,037
- 20% of all students are now covered by an HDHP
- Unprecedented 15% annual growth in HDHPs over past several years
- Northeastern US States (NY, NJ, PA) have a particularly high number of HDHPs

BENEFITS HIGHTLIGHT

Blanket coverage for all full-time students

- $5,000 accident medical benefit per Accident`
- Graduate and undergraduate students covered

Reduces liability exposures for on-campus accidents

- Covers slips, trips and falls, motorized vehicle, bike and scooter accidents.
- Covers intramural, club, intercollegiate athletic injuries

Provides athletics insurance program stabilization

- Relieves burden of lower cost claims on excess plan stabilize program from potential volatility

Inexpensive cost/rich benefit-local provider discount contracts apply

Provides consistent administration & coordination of student accident claims seamless integration with Athletic Insurance claims

$0 Deductible, pays 100% UCR up to plan limits excess of all other coverage

World Class Coverage Plan *designed for*

Radford University

2020-2021

Policy # GLM N10893069

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company, a member of the Chubb Group of Companies

Question(s) or need assistance?
CISI Claims Department (9-5 EST, M-F): Phone: (800) 303-8120 ext. 5130 **|** (203) 399-5130 **| E-mail**: claimhelp@mycisi.com
Team Assist (24/7/365) – AXA Assistance: Phone: (855) 327-1411 **|** (312) 935-1703 **| E-mail:** medassist-usa@axa-assistance.us
Locate a provider through Aetna's preferred provider network: https://www.culturalinsurance.com/aetna-provider-search

Schedule of Benefits Coverage and Services	Maximum Limits
Accidental Death and Dismemberment Per Insured Person	$15,000
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
*Deductible for Emergency Room visits as a result of a Covered Sickness***:	*$500*
Benefit Maximum Per Insured Student	$500,000 at 100%
Benefit Maximum Per Insured Dependent	$100,000 at 100%
Emergency Medical Reunion	(incl. hotel/meals, max $200/day) $5,000
Home Country Coverage Limit	up to the Medical Maximum
Trip Interruption	$1,500
Emergency Medical Evacuation	$250,000
Repatriation/Return of Mortal Remains	$100,000
***The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the illness is life threatening. Life threatening means the illness will likely cause the death of the Insured Person.*	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Radford University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Eligibility and Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as Radford University - International Students and Scholars participants, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States and outside their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount:
Life	100%
Two or more Members	100%
Speech and Hearing in Both Ears	100%
One Member	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of 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 one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is $1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Expenses incurred for treatment of specified therapies, including acupuncture and physiotherapy are payable on an inpatient or outpatient basis up to a combined total of $2,500. Physiotherapy means a physical or mechanical therapy, diathermy, ultrasonic, heat treatment in any form, manipulation or massage.
- Nervous or Mental Disorders are treated as any other condition.
- Chiropractic Care and Therapeutic Services shall be limited to a total of $50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. The overall maximum coverage per Injury or Sickness is $500 which includes x-ray and evaluation charges.
- Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $500 ($250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are treated as any other medical condition after the first 6 months of continuous coverage.

Aetna Preferred Provider Network (Within the U.S.A. only)

This Policy utilizes the Aetna Preferred Provider hospital and Doctor network for the purpose of delivering quality health care at a preferred fee. You are not required to use the PPO network, but can receive information on participating providers by visiting: **https://www.culturalinsurance.com/aetna-provider-search**, or access it from our website: https://www.culturalinsurance.com/, and click on **'U.S. Provider Search'** on the top bar.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized.

We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape.

The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Home Country Benefit

We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's coverage would otherwise end or the end of the Policy Term.

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a Family Member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, this Insurance does not cover Medical Expense Benefits for:

- Charges for a Pre-Existing Condition incurred during the first 6 months of coverage.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.

- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Company shall be ACE American Insurance Company.
Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.
Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.
Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.
Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and sub-mucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Family Member or **Immediate Family Member** means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or **Medical Necessity** means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence or **Country of Residence** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov

This information provides 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 policy issued in the state in which the policy was delivered under form number AH- 15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number. In the U.S., call 1 (855) 327-1411, worldwide call (01 312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation Benefit

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the *Schedule of Benefits*, if any Injury or Covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation Benefit

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the *Schedule of Benefits*, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country or Permanent Residence, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations, and Escort Services: expenses

for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

Note: All Covered Expenses in connection with either **Emergency Medical Evacuation** or **Return of Mortal Remain**s must be pre-approved and authorized by an Assistance Company representative appointed by the Company.

The TAP offers these services *(These services are not insured benefits):*

Medical Assistance

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring: In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Prescription Drug Replacement/Shipment: Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal: The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash: The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services: The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Frequently Asked Questions (FAQs)

CISI Claims Department (9-5 EST, M-F): Phone: (800) 303-8120 | (203) 399-5130 | **Email:** claimhelp@mycisi.com
Team Assist (24/7/365) - AXA: Phone: (855) 327-1411 | (312) 935-1703 | **Email:** medassist-usa@axa-assistance.us

How will I receive my insurance documents?

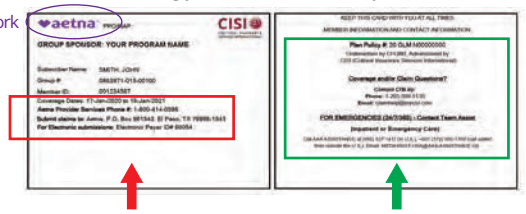
Once you are enrolled, you will receive an email from **CISI Enrollments (enrollments@culturalinsurance.com)**, with the subject line **'CISI Materials'**. The email will contain:

- **Insurance ID Card -** You will need this if you need to seek treatment
- **Policy Brochure -** This outlines the coverage under your plan
- **Claim Form -** If you sought treatment and need to submit a claim
- Link to download the myCISI Traveler App and create a myCISI login *(so you can have access to your insurance documents at all times!)*

Your Insurance ID Card

Understanding your insurance card information:

Your Preferred Provider Network



FOR THE MEDICAL PROVIDER

Do NOT call this number on the front. This information is for the Medical Provider and is NOT the Aetna Provider Search Phone Number.

FOR YOU

The backside of the card/second box is contact information. If you have questions or need assistance, contact CISI or Team Assist.

Need to go to the Doctor?

1. Locate a Medical Provider

Medical Provider *refers to a doctor, urgent care, hospital, or other medical facility.*

Aetna is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

To locate an In-Network provider near you, use the Aetna Preferred Provider Network website:

https://www.culturalinsurance.com/aetna-provider-search

(This link is also available in your brochure, on our website mycisi.com, Participant Portal and within the myCISI Traveler App)

2. Schedule an Appointment

If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an Appoinment. If you need assistance, contact CISI or Team Assist.

3. At Your Appointment

Make sure you have your Insurance ID card either printed, or saved on your phone (this can be done through the myCISI Traveler App).

Present your card at your visit so they can see that Aetna is your PPO Network. Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

What is 'In-Network' and 'Out-of-Network'?

Aetna is your Preferred Provider (PPO) Network. The providers within their network are known as In-Network Providers. This means you will receive medical services with Aetna's discounted rates. If you go to a Medical Provider Out-of-Network, you will be subjected to the Medical Provider's rates with no discount from Aetna. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

Do I have to pay at the time of my appointment?

Depending on your type of visit, you may have a copay. If you have a copay, it will appear on the front of your insurance card under 'In-Network Copay'. If there is no 'In-Network Copay' listed on your card, you have no copay ($0).

What is a Copay or Coinsurance?

This is the amount of money you will have to pay out-of-pocket for covered medical services.

What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before CISI pays). Please see your plan's Schedule of Benefits to see if you have any Deductible(s). (Your Plan brochure is attached to your welcome email and posted within the participant portal).

Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's coverage in the Policy Brochure which can be found attached to your welcome email and within the Participant Portal. If you have specific questions that you are unsure of, call CISI.

Who pays when picking up a prescription at a pharmacy?

Prescription medication will be an out-of-pocket expense. As long as the medication is for an illness or injury that is covered under your policy, you can be reimbursed. Complete a claim form and state clearly why you needed the medication. Submit the completed claim form with the prescription receipt to CISI. See the other side for claim submission questions.

What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt!

- › Your Name
- › Your Doctor's name
- › Name of the Medication
- › Dosage of medication
- › Date medication filled
- › Amount of medication

What do I do in case of inpatient care/serious accident?

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with AXA Assistance (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

RU21039

Claim questions?

How do I submit a claim?

If you seek medical treatment for an Injury or Illness and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible).

Step 1: Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.

Step 2: Attach itemized bills for all amounts being claimed and documentation. **If mailing, We recommend you provide us with a copy and keep the originals for yourself.*

Step 3: You can submit claims by
Mail: 1 High Ridge Park, Stamford, CT 06905,
Email: claimhelp@mycisi.com, *or*
Fax: (203) 399-5596

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. For claim submission questions, call (203) 399-5130, or email claimhelp@mycisi.com.

How long will it take to be reimbursed for medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, our website mycisi.com & on the myCISI Participant Portal.

I received a bill from a medical provider. What do I do?

1. Does the bill include your insurance information? If not, you may just have to provide it to them.
2. On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.
3. Once the medical provider has this information, they can send CISI a bill.
4. The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

Can I send the bill to CISI?

Yes, but you should also give your insurance information to your medical provider. Email a copy to us at claimhelp@mycisi.com and complete the insurance information and send back to the medical provider.

I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

This means that we need a certain type of bill from the medical provider. If you received the letter, we have sent one to the medical provider as well. However, it does speed things up if you call to request an itemized bill and forward it to CISI. This should ensure that we get what is needed to pay your claims.

I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.

What services can Team Assist provide?

The Team Assist Plan (The AP or TAP) is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855) 327-1411, worldwide call (312) 935-1703 (collect calls accepted) or email medassist-usa@axa-assistance.us.

Medical Assistance

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day.
Medical Monitoring: In the event the Insured is admitted to a hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.
Prescription Drug Replacement/Shipment: Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.
Emergency Message Transmittal: The AP will forward an emergency message to and from a family member, friend or medical provider.
Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash: The AP will advise how to obtain or to send emergency funds world-wide.
Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.
Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.
Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.
Locating Legal Services: The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.
Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.
Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Cultural Insurance Services International – Claim Form

- **Program Name:** Radford University – International Students & Scholars
- **Policy Number:** GLM N10893069
- **Participant ID Number** (from the front of your insurance card)**:**

Mailing Address: **1 High Ridge Park, Stamford, CT 06905 | *E-mail:* claimhelp@mycisi.com | *Fax:* (203) 399-5596**
For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

See next page for state specific disclaimers and claimant cooperation provision.

► NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured:_____ Date of Birth: _____/_____/_____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address:_____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

► IF IN AN ACCIDENT

Date of Accident:_____/_____/_____ Place of Accident: _____ Date of Doctor/Hospital Visit:_____/_____/_____

Description/Details of Injury *(attach additional notes if necessary)*:_____

_____

► IF SICKNESS/ILLNESS

Description of Sickness/Illness *(attach additional notes if necessary)*:_____

*Onset Date of Symptoms: _____/_____/_____ *Date of Doctor/Hospital Visit: _____/_____/_____

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

► REIMBURSEMENT

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, **you must include the payment receipt(s).** Any eligible reimbursements will be made in U.S currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

► FOR CLAIMS RELATED TO TRIP INTERRUPTION BENEFIT

In order to claim monies back related to the Trip Interruption Benefit, you **MUST** submit the following documentation:

- Proof of Payment
- Flight Itinerary including your name, travel dates and departure and arrival locations
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)
- If death of a family member, obituary or a copy of the death certificate is required as proof

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

_____

► CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): _____

Signature: _____Date:_____

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Cultural Insurance Services International – Claim Form

Page 2

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

For residents of Alabama: Any person who knowingly 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 or confinement in prison, or any combination thereof.

For residents of Arkansas, Louisiana, New Mexico: Any person who 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.

For residents of 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.

For residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly 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.

For residents of 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

For residents of Kentucky: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance 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 crime.

For residents of Rhode Island: Any person who 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.

For residents of Maine, Tennessee, Virginia, 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 include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or 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.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly 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.

For residents of Ohio: Any person who, 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.

For residents of Oklahoma: Any person who knowingly, 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.

For residents of Oregon: Any person who knowingly, and with intent to defraud any insurance company or other persons 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, may be subject to prosecution for insurance fraud.

For residents of Pennsylvania: Any person who knowingly and with the 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.

For claimants not residing in Alabama, Arkansas California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia nor Washington: Any person who, knowingly presents a false or fraudulent claim for payment of 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.

RADFORD UNIVERSITY

Addendum Number One

Date: December 10, 2020

Reference Request For Proposal Number:	**R21-002**
Commodity:	**Intercollegiate Athletic Insurance**
Dated	**November 20, 2020**
For Delivery To:	**Radford University** **Agency, Commonwealth of Virginia** **501 Stockton Street** **Radford, Virginia 24142**
Proposal Due Date/Time:	**January 21, 2020/3:00PM Eastern Time**

Questions/Inquiries and Responses:

1. **Question:** Does the University have a breakdown of the losses over the last five (5) years?
   Response: Please see Attachment A to this Addendum for a breakout of the Claims History and Attachment B for a summary of the University's updated claims totals.

   The University has had increasing write-offs with our main healthcare provider, Carilion New River Valley Medical Center (Carilion). Upon the execution of an extension with Carilion, the University will receive a 25% discount on all remaining balances after payment by the primary and then write-offs after discount of up to $35,000 per year thus claims payouts will continue to trend down.

2. **Question:** Does the University have the last 5 years of Premiums that the University has been paying?
   Response: The University's premiums have remained fairly consistent. The Aggregate Deductibles are as follows:

   - 2016 - $21,000
   - 2017 - $21,000
   - 2018 through 2020 - $23,000

3. **Question:** Do you anticipate extending the bid due date?
   Response: No. **Also Please Note:** This is a Request for Proposal not an Invitation for Bid.

4. **Question:** What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?
   Response: Please refer to the Selection Criteria and Award Section 11 for the details on **identifying how the Offerors will be selected by the University to move forward to the** negotiations stage.

5. **Question:** Was this bid posted to the nationwide free bid notification website at www.mygovwatch.com/free?
   Response: No.

6. **Question:** Other than your own website, where was this bid posted?
   Response: The RFP was publicly posted, as required by the Virginia Association of State College and University Purchasing Professionals (VASCUPP) Governing Rules which can be found at https://vascupp.org/ and the Newspaper of General Circulation (Roanoke Times and World News which is closest to our demographic area) and the Virginia Business Opportunities (VBO) which can be found at https://eva.virginia.gov/ and then click of Business Opportunities.

7. **Question:** May we have a copy of the fully policy? There are many intricacies within policies that may not show on a Plan Summary.
   Response: See Attachment C. **Note:** The policy pays for anything that the University claims as a sports injury under the deductible and anything that is not the University can utilize discretionary funds to cover the charges. The University has never had anything denied.

8. **Question:** Have there been any Plan Design Changes in the past five years? If so, what are they?
   Response: No. The University has had an aggregate deductible plan for 10 years now with no changes to the plan design.

9. **Question:** Can you provide a claims report with a run date no older than November 30, 2020? Typically, we would use what is submitted, however, since we are working on this so early, the carrier is requesting loss runs as close to a current date as possible.
   Response: See Attachment B.

10. **Question:** What electronic injury tracking system are you currently using? We want to confirm that our TPA is compatible.
    Response: Presagia Injury Zone

11. **Question:** A copy of the October 2019 Census to see if there were any significant changes.
    Response: There are no changes. Same sports and numbers.

12. **Question:** Page 11, 7a, the claimant would be liable for additional charges if it is above the U&C – All services within the contract will be covered according to the Policy. Any services outside of the contract (above and beyond) what is covered in the policy, could be balance

billed to the patient. This is not likely because the ICS plan is 100% and then the CAT plan kicks in. However, the carrier will not state that the "claimant will not be liable for any charges". Given this, will you still accept the proposal? I would imagine, all carriers technically adhere to what I'm stating.
Response: Yes.

13. **Question:** How many international student athletes are there? I see 335 total athletes and need to know how many are internationals?
Response: Approximately 25-35.

14. **Question:** Claims experience for current and three years prior - International Plan (similar report **as page 33** of 54).
Response: See Attachment D. The University does not have reports as they are individual plans.

15. **Question:** Section 9.B.3.c (page 9) states: "The Contractor should accept additional insureds at any time during the policy year. Can you be more specific? Once we underwrite your program using the athletic census and ancillary insureds (student coaches, etc.) we are not able to simply add additional insureds at any time during the policy year. We would have to wait until the following policy year to underwrite appropriately and insure them properly. Will that work for your needs or can you further specify what this item is referring to?
Response: There are times when the University has additions to a roster mid-year. They will need to be covered under the supplemental policy at that time. Also, if the University has a mid-year transfer student athlete that has no insurance, the University would like to be able to purchase an individual accident policy for that individual.

16. **Question:** What is the annual cost of the international CISI insurance plan for school year 2020-21.
Response: The cost was approximately $1,400 for each international student athlete.

17. **Question:** What are the average number of domestic student athletes that are uninsured or underinsured?
Response: Eight (8) to twelve (12).

18. **Question:** Are your international student athletes going to be required to enroll in the international plan on a mandatory basis?
Response: They will be required to enroll in a plan such as the University Plan as long as it continues to cover athletics. They will not be required to enroll in any proposed plans as a result of this RFP.

Respectfully,

Ronda London

Radford University
Ronda London, Senior Contract Officer
Phone: 540-831-5090
Email: rlondon1@radford.edu

A-G Administrators, Inc.

Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Client: Radford University
Underwriting Year: 2016
Policy: AG000067
Coverage: Outside
Checking Account: RADFO

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0095859; Activity: Dance; Diagnosis: Internal; Anatomy: Unspecified; Date Incurred: 03/30/2017									
03/30/2017	ACO Medical Supply, Inc.	Medical Equipment	$319.00	$0.00		$319.00	04/17/2017	04/18/2017	6401227
03/30/2017	ACO Medical Supply, Inc.	Medical Equipment	$319.00	$0.00		$319.00	05/03/2018	05/04/2018	6401849
Claim # AGA-0095859 Totals :			**$638.00**	**$0.00**		**$638.00**			
Claim: AGA-0108668; Activity: Mens Baseball; Diagnosis: Abcess; Anatomy: Thumb; Date Incurred: 07/24/2017									
07/24/2017	Carilion Clinic	Medical Treatment	$112.00	$11.20	Primary Adjustm	$100.80	08/24/2017	08/29/2017	6401485
Claim # AGA-0108668 Totals :			**$112.00**	**$11.20**		**$100.80**			
Claim: AGA-0074870; Activity: Womens Lacrosse; Diagnosis: Fatigue; Anatomy: Internal; Date Incurred: 11/08/2016									
11/11/2016	Carilion Healthcare Corp	Medical Treatment	$22.00	$0.00		$22.00	11/30/2016	12/02/2016	6401025
11/11/2016	Carilion Services Inc	Medical Treatment	$59.00	$0.00		$59.00	11/30/2016	12/02/2016	6401030
11/11/2016	Carilion Healthcare Corp	Medical Treatment	$175.00	$0.00		$175.00	11/30/2016	12/02/2016	6401034
11/11/2016	Carilion NRV Med Center	Medical Treatment	$947.04	$947.04	Write-off	$0.00	12/22/2016	12/23/2016	999999999
11/11/2016	Carilion NRV Med Center	Medical Treatment	$2,681.46	$670.40	Provider Discount		12/22/2016	12/23/2016	999999999
				$2,011.06	Disc.radford	$0.00	12/22/2016	12/23/2016	999999999
Claim # AGA-0074870 Totals :			**$3,884.50**	**$3,628.50**		**$256.00**			
Claim: AGA-0117301; Activity: Womens Cross-Country; Diagnosis: Medical Examination; Anatomy: Cardiac; Date Incurred: 04/10/2017									
04/10/2017	Carilion Clinic	Echo	$2,236.00	$995.26	Primary Adjustm		10/25/2017	10/27/2017	6401607
				$992.59	Other Ins Paid	$248.15	10/25/2017	10/27/2017	6401607
04/10/2017	Carilion Clinic	X-ray,Radiology	$161.00	$88.10	Primary Adjustm		10/25/2017	10/27/2017	6401607
				$58.32	Other Ins Paid	$14.58	10/25/2017	10/27/2017	6401607
04/10/2017	Carilion Clinic	Lab,Pathology	$22.00	$12.28	Primary Adjustm		10/25/2017	10/27/2017	6401607
				$7.78	Other Ins Paid	$1.94	10/25/2017	10/27/2017	6401607
Claim # AGA-0117301 Totals :			**$2,419.00**	**$2,154.33**		**$264.67**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0073728; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 10/04/2016									
10/04/2016	Carilion Services Inc	X-ray,Radiology	$28.00	$4.86	Write-off	$23.14	11/21/2016	11/23/2016	6401015
10/04/2016	Carilion Clinic	Medical Treatment	$116.55	$0.00		$116.55	03/02/2017	03/03/2017	6401153
10/05/2016	Carilion Clinic	Medical Treatment	$1,440.60	$0.00		$1,440.60	03/02/2017	03/03/2017	6401153
10/04/2016	Carilion Clinic	X-ray, Lab	$28.00	$0.97	Write-off		03/02/2017	03/03/2017	6401149
				$23.14	Other Ins Paid	$3.89	03/02/2017	03/03/2017	6401149
10/05/2016	Carilion Clinic	Echo	$175.00	$35.00	Write-off	$140.00	03/02/2017	03/03/2017	6401149
Claim # AGA-0073728 Totals :			**$1,788.15**	**$63.97**		**$1,724.18**			
Claim: AGA-0073727; Activity: Mens Cross-Country; Diagnosis: Vision Care; Anatomy: Eye; Date Incurred: 09/20/2016									
09/20/2016	Johnson Curran Optometry	Medical Treatment	$378.00	$9.57	Primary Adjustm	$368.43	10/13/2017	10/17/2017	6401588
09/20/2016	Johnson Curran Optometry	Medical Treatment	$75.00	$0.02	Primary Adjustm	$74.98	10/13/2017	10/17/2017	6401588
Claim # AGA-0073727 Totals :			**$453.00**	**$9.59**		**$443.41**			
Claim: AGA-0118271; Activity: Mens Baseball; Diagnosis: Neurologic Disorders; Anatomy: Unspecified; Date Incurred: 05/16/2017									
05/16/2017	Professional Rehab Associates	Phys.therapy	$195.00	$80.00	Primary Adjustm		11/02/2017	11/03/2017	6401611
				$70.00	Other Ins Paid	$45.00	11/02/2017	11/03/2017	6401611
05/18/2017	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Primary Adjustm		11/02/2017	11/03/2017	6401612
				$63.00	Other Ins Paid	$45.00	11/02/2017	11/03/2017	6401612
Claim # AGA-0118271 Totals :			**$330.00**	**$240.00**		**$90.00**			
2016 Sub Total: Checking Account RADFO Totals:			**$9,624.65**	**$6,107.59**		**$3,517.06**			
2016 Sub Total: Coverage Outside Totals:			**$9,624.65**	**$6,107.59**		**$3,517.06**			
2016 Sub Total: Policy AG000067 Totals:			**$9,624.65**	**$6,107.59**		**$3,517.06**			

Policy: **US746533**

Coverage: **Intercollegiate Sports**

Checking Account: **RADFO**

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0071808; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 10/08/2016									
10/13/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$0.00		$22.00	10/28/2016	10/28/2016	6400965
10/13/2016	Carilion NRV Med Center	X-ray,Radiology	$54.68	$54.68	Write-off	$0.00	11/15/2016	11/18/2016	999999999
10/13/2016	Carilion NRV Med Center	X-ray,Radiology	$154.82	$38.71	Provider Discount		11/15/2016	11/18/2016	999999999
				$116.11	Disc.radford	$0.00	11/15/2016	11/18/2016	999999999
10/19/2016	Montgomery Radiology Associate	Mri	$855.00	$373.66	Write-off		12/21/2016	12/23/2016	6401057
				$433.20	Other Ins Paid	$48.14	12/21/2016	12/23/2016	6401057
10/19/2016	Lewisgale Hos Montgomery	Outpatient	$7,407.00	$2,807.25	Write-off		01/04/2017	01/06/2017	999999999
				$3,933.16	Other Ins Paid		01/04/2017	01/06/2017	999999999
				$666.59	Disc.radford	$0.00	01/04/2017	01/06/2017	999999999
Claim # AGA-0071808 Totals :			**$8,493.50**	**$8,423.36**		**$70.14**			
Claim: AGA-0065883; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 09/09/2016									
09/12/2016	SW VA Orthopedics And Spine	X-ray,Radiology	$132.00	$65.69	Write-off	$66.31	01/19/2017	01/20/2017	6401099
09/12/2016	SW VA Orthopedics And Spine	Medical Treatment	$263.00	$102.47	Write-off		01/19/2017	01/20/2017	6401099
				$108.42	Other Ins Paid	$52.11	01/19/2017	01/20/2017	6401099
Claim # AGA-0065883 Totals :			**$395.00**	**$276.58**		**$118.42**			
Claim: AGA-0092370; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Eye; Date Incurred: 01/11/2017									
01/12/2017	Johnson Curran Optometry Centers	Medical Treatment	$104.00	$0.00		$104.00	04/04/2017	04/04/2017	6401198
Claim # AGA-0092370 Totals :			**$104.00**	**$0.00**		**$104.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0068674; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 08/10/2016									
09/26/2016	Carilion NRV Med Center	X-ray,Radiology	$38.11	$38.11	Write-off	$0.00	10/24/2016	10/25/2016	999999999
09/26/2016	Carilion NRV Med Center	X-ray,Radiology	$107.89	$26.97	Provider Discount		10/24/2016	10/25/2016	999999999
				$80.92	Disc.radford	$0.00	10/24/2016	10/25/2016	999999999
09/26/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$10.58	Write-off	$11.42	10/28/2016	10/28/2016	6400962
09/30/2016	Carilion NRV Med Center	Mri	$1,901.31	$607.74	Write-off		11/03/2016	11/04/2016	999999999
				$1,293.57	Other Ins Paid	$0.00	11/03/2016	11/04/2016	999999999
09/30/2016	Carilion NRV Med Center	Mri	$427.19	$106.80	Provider Discount		11/03/2016	11/04/2016	999999999
				$320.39	Disc.radford	$0.00	11/03/2016	11/04/2016	999999999
09/30/2016	Carilion Services Inc	Mri	$170.00	$81.25	Write-off	$88.75	11/03/2016	11/04/2016	6400979
Claim # AGA-0068674 Totals :			**$2,666.50**	**$2,566.33**		**$100.17**			
Claim: AGA-0073092; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 10/18/2016									
10/26/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		11/28/2016	11/29/2016	6401020
				$19.74	Other Ins Paid	$40.00	11/28/2016	11/29/2016	6401020
10/20/2016	Carilion Healthcare Corp	Medical Treatment	$162.00	$14.33	Write-off		11/28/2016	11/29/2016	6401021
				$107.67	Other Ins Paid	$40.00	11/28/2016	11/29/2016	6401021
11/06/2016	Carilion NRV Med Center	Mri	$2,095.00	$344.33	Write-off		11/30/2016	12/02/2016	999999999
				$1,750.67	Other Ins Paid	$0.00	11/30/2016	12/02/2016	999999999
11/06/2016	Carilion NRV Med Center	Mri	$350.00	$87.50	Provider Discount		11/30/2016	12/02/2016	999999999
				$262.50	Disc.radford	$0.00	11/30/2016	12/02/2016	999999999
11/04/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		12/02/2016	12/02/2016	6401029
				$19.74	Other Ins Paid	$40.00	12/02/2016	12/02/2016	6401029
11/09/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		12/22/2016	12/23/2016	6401056
				$19.74	Other Ins Paid	$40.00	12/22/2016	12/23/2016	6401056
11/30/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		01/04/2017	01/06/2017	6401075
				$19.74	Other Ins Paid	$40.00	01/04/2017	01/06/2017	6401075
12/19/2016	Carilion Healthcare Corp	Medical Treatment	$109.00	$10.07	Write-off		01/31/2017	01/31/2017	6401120
				$58.93	Other Ins Paid	$40.00	01/31/2017	01/31/2017	6401120
Claim # AGA-0073092 Totals :			**$2,980.00**	**$2,740.00**		**$240.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0072511; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: Wrist; Date Incurred: 09/01/2016									
10/27/2016	Carilion Services Inc	X-ray,Radiology	$20.00	$6.98	Write-off	$13.02	11/21/2016	11/23/2016	6401009
10/27/2016	Carilion NRV Med Center	X-ray,Radiology	$79.27	$32.29	Write-off		11/30/2016	12/02/2016	999999999
				$46.98	Other Ins Paid	$0.00	11/30/2016	12/02/2016	999999999
10/27/2016	Carilion NRV Med Center	X-ray,Radiology	$98.73	$24.68	Provider Discount		11/30/2016	12/02/2016	999999999
				$74.05	Disc.radford	$0.00	11/30/2016	12/02/2016	999999999
02/21/2017	Lewis Gale Physicians	Surgery	$219.00	$80.60	Other Ins Paid		03/17/2017	03/21/2017	6401178
				$118.24	Write-off	$20.16	03/17/2017	03/21/2017	6401178
01/31/2017	Lewis Gale Physicians	Medical Treatment	$400.00	$149.85	Write-off		04/06/2017	04/07/2017	6401206
				$180.12	Other Ins Paid	$70.03	04/06/2017	04/07/2017	6401206
11/02/2016	Montgomery Radiology Associate	Surgery	$306.00	$193.29	Write-off		05/19/2017	05/23/2017	6401311
				$90.17	Other Ins Paid	$22.54	05/19/2017	05/23/2017	6401311
11/02/2016	Montgomery Radiology Associate	X-ray,Radiology	$113.00	$79.92	Write-off		05/19/2017	05/23/2017	6401311
				$26.46	Other Ins Paid	$6.62	05/19/2017	05/23/2017	6401311
04/10/2017	Lewis Gale Physicians	Medical Treatment	$176.00	$65.79	Primary Adjustm		06/08/2017	06/09/2017	6401374
				$68.17	Other Ins Paid	$42.04	06/08/2017	06/09/2017	6401374
11/02/2016	Lewis Gale Hospital Montgomery	Mri	$7,407.00	$6,995.60	Other Insurance	$411.40	11/09/2017	11/10/2017	6401623
Claim # AGA-0072511 Totals :			**$8,819.00**	**$8,233.19**		**$585.81**			
Claim: AGA-0077357; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 09/15/2016									
11/07/2016	Carilion NRV Med Center	X-ray,Radiology	$153.50	$38.38	Provider Discount		11/29/2016	12/02/2016	999999999
				$115.12	Disc.radford	$0.00	11/29/2016	12/02/2016	999999999
11/07/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$0.00		$22.00	11/29/2016	12/02/2016	6401026
Claim # AGA-0077357 Totals :			**$175.50**	**$153.50**		**$22.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0097532; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 04/12/2017									
04/13/2017	Carilion Healthcare Corp	Surgery	$173.00	$34.60	Disc: Hrgi	$138.40	05/19/2017	05/23/2017	6401312
04/13/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	05/19/2017	05/23/2017	6401312
04/13/2017	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$11.20	Disc: Hrgi	$44.80	05/19/2017	05/23/2017	6401312
04/13/2017	Carilion Healthcare Corp	Medical Treatment	$20.00	$4.00	Disc: Hrgi	$16.00	05/19/2017	05/23/2017	6401312
04/13/2017	HealthRisk Resource Group LLC	Repricing Fee	$9.86	$0.00		$9.86	05/19/2017	05/23/2017	6401310
04/19/2017	Carilion Healthcare Corp	Surgery	$414.00	$82.80	Disc: Hrgi	$331.20	05/25/2017	05/26/2017	6401332
04/19/2017	HealthRisk Resource Group LLC	Repricing Fee	$9.93	$0.00		$9.93	05/25/2017	05/26/2017	6401314
05/10/2017	HealthRisk Resource Group LLC	Repricing Fee	$4.80	$0.00		$4.80	06/08/2017	06/09/2017	6401363
05/10/2017	Carilion Healthcare Corp	Medical Treatment	$200.00	$40.00	Disc: Hrgi	$160.00	06/08/2017	06/09/2017	6401378
Claim # AGA-0097532 Totals :			**$1,049.59**	**$205.00**		**$844.59**			
Claim: AGA-0102563; Activity: Womens Track; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 05/06/2017									
05/08/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$11.88	Primary Adjustm		08/01/2017	08/29/2017	6401464
				$125.12	Other Ins Paid	$25.00	08/01/2017	08/29/2017	6401464
Claim # AGA-0102563 Totals :			**$162.00**	**$137.00**		**$25.00**			

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0072371; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/10/2016									
10/13/2016	Carilion Healthcare Corp	Medical Treatment	$162.00	$14.33	Write-off		11/14/2016	11/15/2016	6400989
				$107.67	Other Ins Paid	$40.00	11/14/2016	11/15/2016	6400989
10/17/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		11/18/2016	11/18/2016	6401002
				$19.74	Other Ins Paid	$40.00	11/18/2016	11/18/2016	6401002
11/03/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		12/13/2016	12/16/2016	6401048
				$19.74	Other Ins Paid	$40.00	12/13/2016	12/16/2016	6401048
03/13/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		05/01/2017	05/02/2017	6401243
				$20.25	Other Ins Paid	$40.00	05/01/2017	05/02/2017	6401243
03/06/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Write-off		05/01/2017	05/02/2017	6401244
				$61.23	Other Ins Paid	$40.00	05/01/2017	05/02/2017	6401244
04/14/2017	Carilion Healthcare Corp	Surgery	$1,286.00	$654.60	Write-off	$631.40	05/18/2017	05/19/2017	6401308
04/14/2017	Carilion NRV Med Center	Surgery	$19,546.00	$13,356.99	Write-off		05/26/2017	05/26/2017	6401339
				$3,738.65	Other Ins Paid		05/26/2017	05/26/2017	6401339
				$612.59	Provider Discount	$1,837.77	05/26/2017	05/26/2017	6401339
04/06/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Write-off		05/23/2017	05/26/2017	6401323
				$61.23	Other Ins Paid	$40.00	05/23/2017	05/26/2017	6401323
04/17/2017	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Write-off		06/06/2017	06/06/2017	6401353
				$74.45	Other Ins Paid	$40.00	06/06/2017	06/06/2017	6401353
04/21/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Write-off		06/06/2017	06/06/2017	6401353
				$26.33	Other Ins Paid	$40.00	06/06/2017	06/06/2017	6401353
05/09/2017	Tidewater Phys Multispec Grp	Phys.therapy	$202.00	$84.82	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$77.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
05/11/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$44.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
05/15/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$44.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
05/18/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$44.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
05/25/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$44.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
05/31/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$44.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
06/02/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		07/24/2017	08/29/2017	6401511

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0072371; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/10/2016									
				$44.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
06/07/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$44.18	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
06/23/2017	Tidewater Phys Multispec Grp	Phys.therapy	$137.00	$57.33	Primary Adjustm		07/24/2017	08/29/2017	6401511
				$39.67	Other Ins Paid	$40.00	07/24/2017	08/29/2017	6401511
05/22/2017	Tidewater Phys Multispec Grp	Phys.therapy	$228.00	$143.82	Primary Adjustm		10/26/2017	10/27/2017	6401599
				$44.18	Other Ins Paid	$40.00	10/26/2017	10/27/2017	6401599
Claim # AGA-0072371 Totals :			**$23,903.00**	**$20,713.83**		**$3,189.17**			
Claim: AGA-0080981; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/14/2016									
11/16/2016	Carilion Services Inc	X-ray,Radiology	$28.00	$14.35	Write-off		12/22/2016	12/23/2016	6401055
				$10.92	Other Ins Paid	$2.73	12/22/2016	12/23/2016	6401055
11/17/2016	Carilion Services Inc	Mri	$172.00	$95.17	Write-off		12/22/2016	12/23/2016	6401055
				$61.47	Other Ins Paid	$15.36	12/22/2016	12/23/2016	6401055
12/19/2016	ACO Medical Supply, Inc.	Med.supplies	$1,212.75	$0.00		$1,212.75	01/24/2017	01/27/2017	6401118
01/11/2017	ACO Medical Supply, Inc.	Medical Equipment	$482.28	$0.00		$482.28	02/28/2017	03/03/2017	6401151
03/29/2017	Academic Primary Care Associat	Medical Treatment	$375.00	$70.12	Write-off		05/04/2017	05/05/2017	6401261
				$249.88	Other Ins Paid	$55.00	05/04/2017	05/05/2017	6401261
Claim # AGA-0080981 Totals :			**$2,270.03**	**$501.91**		**$1,768.12**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0084683; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/22/2016									
12/08/2016	Orthocarolina, PA	Mri	$1,199.00	$500.00	Write-off	$699.00	01/18/2017	01/20/2017	6401104
12/08/2016	Orthocarolina, pa	Medical Treatment	$237.00	$93.00	Write-off	$144.00	01/18/2017	01/20/2017	6401100
12/08/2016	Mecklenburg Radiology	Mri	$303.00	$75.41	Write-off	$227.59	01/31/2017	02/03/2017	6401129
12/14/2016	Orthocarolina	Medical Treatment	$535.00	$147.00	Write-off		02/13/2017	02/14/2017	6401137
				$291.00	Other Ins Paid	$97.00	02/13/2017	02/14/2017	6401137
12/14/2016	Orthocarolina	Surgery	$440.00	$185.00	Write-off		02/13/2017	02/14/2017	6401137
				$191.25	Other Ins Paid	$63.75	02/13/2017	02/14/2017	6401137
12/14/2016	CHS Anesthesia Services Group	Anesthesia	$2,320.00	$704.00	Write-off		03/01/2017	03/03/2017	6401152
				$1,212.00	Other Ins Paid	$404.00	03/01/2017	03/03/2017	6401152
12/14/2016	CHS Anesthesia Services Group	Injection	$1,015.00	$272.00	Write-off		03/01/2017	03/03/2017	6401152
				$557.25	Other Ins Paid	$185.75	03/01/2017	03/03/2017	6401152
12/21/2016	CHS University	Medical Treatment	$1,226.20	$686.67	Write-off		03/15/2017	03/15/2017	6401168
				$377.67	Other Ins Paid	$161.86	03/15/2017	03/15/2017	6401168
12/14/2016	Orthocarolina	Surgery	$2,770.00	$2,451.00	Write-off		03/28/2017	03/28/2017	6401185
				$239.25	Other Ins Paid	$79.75	03/28/2017	03/28/2017	6401185
12/14/2016	Cmc Pineville	Surgery	$42,277.11	$30,862.29	Write-off		03/29/2017	03/31/2017	6401188
				$11,398.25	Other Ins Paid	$16.57	03/29/2017	03/31/2017	6401188
01/01/2017	T And T Technology	Cpm Equipment	$105.00	$42.00	Need EOB's	$63.00	04/14/2017	04/14/2017	6401216
11/27/2016	Carilion NRV Med Center	Mri	$2,445.00	$611.25	Provider Discount	$1,833.75	06/06/2017	06/06/2017	6401359
05/08/2017	Singer, Ronald	Medical Treatment	$151.00	$58.00	Primary Adjustm		06/13/2017	06/13/2017	6401382
				$38.20	Other Ins Paid	$54.80	06/13/2017	06/13/2017	6401382
05/15/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		06/26/2017	06/27/2017	6401402
				$93.00	Other Ins Paid	$31.00	06/26/2017	06/27/2017	6401402
05/17/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		06/26/2017	06/27/2017	6401402
				$93.00	Other Ins Paid	$31.00	06/26/2017	06/27/2017	6401402
05/19/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		06/26/2017	06/27/2017	6401402
				$93.00	Other Ins Paid	$31.00	06/26/2017	06/27/2017	6401402
06/02/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/10/2017	07/11/2017	6401427
				$93.00	Other Ins Paid	$31.00	07/10/2017	07/11/2017	6401427
05/31/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/10/2017	07/11/2017	6401427
				$93.00	Other Ins Paid	$31.00	07/10/2017	07/11/2017	6401427
06/05/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/10/2017	07/11/2017	6401427
				$93.00	Other Ins Paid	$31.00	07/10/2017	07/11/2017	6401427

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0084683; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/22/2016									
05/22/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/25/2017	07/28/2017	6401450
				$93.00	Other Ins Paid	$31.00	07/25/2017	07/28/2017	6401450
05/24/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/25/2017	07/28/2017	6401450
				$93.00	Other Ins Paid	$31.00	07/25/2017	07/28/2017	6401450
05/26/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/25/2017	07/28/2017	6401450
				$93.00	Other Ins Paid	$31.00	07/25/2017	07/28/2017	6401450
11/27/2016	HealthRisk Resource Group LLC	Repricing Fee	$4.12	$0.00		$4.12	07/31/2017	08/29/2017	6401454
11/27/2016	Carilion Services Inc	Mri	$172.00	$34.40	Disc: Hrgi	$137.60	07/31/2017	08/29/2017	6401494
06/16/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/31/2017	08/29/2017	6401477
				$93.00	Other Ins Paid	$31.00	07/31/2017	08/29/2017	6401477
06/19/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/31/2017	08/29/2017	6401477
				$93.00	Other Ins Paid	$31.00	07/31/2017	08/29/2017	6401477
06/07/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/18/2017	08/29/2017	6401492
				$93.00	Other Ins Paid	$31.00	07/18/2017	08/29/2017	6401492
06/09/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/18/2017	08/29/2017	6401492
				$93.00	Other Ins Paid	$31.00	07/18/2017	08/29/2017	6401492
06/12/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/18/2017	08/29/2017	6401492
				$93.00	Other Ins Paid	$31.00	07/18/2017	08/29/2017	6401492
06/14/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		07/18/2017	08/29/2017	6401492
				$93.00	Other Ins Paid	$31.00	07/18/2017	08/29/2017	6401492
06/21/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		08/24/2017	08/29/2017	6401465
				$93.00	Other Ins Paid	$31.00	08/24/2017	08/29/2017	6401465
01/24/2017	Professional Rehab Associates	Phys.therapy	$135.00	$70.00	Primary Adjustm	$65.00	08/24/2017	08/29/2017	6401478
01/19/2017	Professional Rehab Associates	Phys.therapy	$150.00	$40.00	Disc.radford	$110.00	08/24/2017	08/29/2017	6401487
11/23/2016	HealthRisk Resource Group LLC	Repricing Fee	$3.88	$0.00		$3.88	07/28/2017	08/29/2017	6401455
12/01/2016	HealthRisk Resource Group LLC	Repricing Fee	$1.58	$0.00		$1.58	07/28/2017	08/29/2017	6401455
11/23/2016	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	07/28/2017	08/29/2017	6401507
12/01/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	07/28/2017	08/29/2017	6401507
08/11/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		09/27/2017	09/29/2017	6401555
				$93.00	Other Ins Paid	$31.00	09/27/2017	09/29/2017	6401555
12/16/2016	Architech Sports And Phys Ther	Phys.therapy	$290.00	$119.00	Primary Adjustm		10/05/2017	10/06/2017	6401575
				$128.25	Other Ins Paid	$42.75	10/05/2017	10/06/2017	6401575
12/19/2016	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401575

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0084683; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/22/2016									
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401575
12/20/2016	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401575
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401575
12/23/2016	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401575
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401575
12/27/2016	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401575
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401575
12/28/2016	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401575
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401575
12/30/2016	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401575
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401575
01/04/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/05/2017	10/06/2017	6401575
01/11/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/05/2017	10/06/2017	6401575
01/12/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/05/2017	10/06/2017	6401575
01/13/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/05/2017	10/06/2017	6401575
03/06/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/05/2017	10/06/2017	6401575
03/08/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/05/2017	10/06/2017	6401575
03/10/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/05/2017	10/06/2017	6401575
05/08/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401575
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401575
05/10/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/05/2017	10/06/2017	6401569
				$93.00	Other Ins Paid	$31.00	10/05/2017	10/06/2017	6401569
08/16/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm		10/13/2017	10/17/2017	6401586
				$93.00	Other Ins Paid	$31.00	10/13/2017	10/17/2017	6401586
08/18/2017	Architech Sports And Phys Ther	Phys.therapy	$198.00	$74.00	Primary Adjustm	$124.00	10/13/2017	10/17/2017	6401586
12/21/2016	Orthocarolina	X-ray,Radiology	$166.00	$70.00	Primary Adjustm		01/30/2018	02/02/2018	6401715
				$72.00	Other Ins Paid	$24.00	01/30/2018	02/02/2018	6401715
Claim # AGA-0084683 Totals :			**$62,905.89**	**$56,505.74**		**$6,400.15**			

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Claim: AGA-0085638; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 12/17/2016									
12/19/2016	Carilion NRV Med Center	X-ray,Radiology	$63.68	$63.68	Write-off	$0.00	01/24/2017	01/27/2017	999999999
12/19/2016	Carilion NRV Med Center	X-ray,Radiology	$180.32	$45.10	Provider Discount		01/24/2017	01/27/2017	999999999
				$135.22	Disc.radford	$0.00	01/24/2017	01/27/2017	999999999
12/19/2016	Carilion Services Inc	X-ray,Radiology	$28.00	$13.38	Write-off	$14.62	01/26/2017	01/27/2017	6401114
Claim # AGA-0085638 Totals :			**$272.00**	**$257.38**		**$14.62**			
Claim: AGA-0073497; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 10/12/2016									
10/14/2016	Carilion NRV Med Center	X-ray,Radiology	$262.30	$83.50	Write-off		11/16/2016	11/18/2016	999999999
				$178.80	Other Ins Paid	$0.00	11/16/2016	11/18/2016	999999999
10/14/2016	Carilion NRV Med Center	X-ray,Radiology	$44.70	$11.20	Provider Discount		11/16/2016	11/18/2016	999999999
				$33.50	Disc.radford	$0.00	11/16/2016	11/18/2016	999999999
10/17/2016	Carilion NRV Med Center	Mri	$2,089.01	$665.04	Write-off		11/16/2016	11/18/2016	999999999
				$1,423.97	Other Ins Paid	$0.00	11/16/2016	11/18/2016	999999999
10/17/2016	Carilion NRV Med Center	Mri	$355.99	$89.00	Provider Discount		11/16/2016	11/18/2016	999999999
				$266.99	Disc.radford	$0.00	11/16/2016	11/18/2016	999999999
10/14/2016	Carilion Services Inc	X-ray,Radiology	$44.00	$19.08	Write-off		11/17/2016	11/18/2016	6400990
				$19.94	Other Ins Paid	$4.98	11/17/2016	11/18/2016	6400990
10/17/2016	Carilion Services Inc	Mri	$172.00	$75.12	Write-off		11/21/2016	11/23/2016	6401011
				$77.50	Other Ins Paid	$19.38	11/21/2016	11/23/2016	6401011
Claim # AGA-0073497 Totals :			**$2,968.00**	**$2,943.64**		**$24.36**			
Claim: AGA-0096002; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 03/29/2017									
04/03/2017	Carilion Healthcare Corp	Medical Treatment	$112.00	$7.22	Primary Adjustm	$104.78	10/26/2017	10/27/2017	6401604
04/04/2017	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$16.44	Primary Adjustm	$44.56	10/26/2017	10/27/2017	6401602
04/06/2017	Carilion Services Inc	Mri	$204.00	$84.44	Primary Adjustm	$119.56	10/25/2017	10/27/2017	6401605
04/06/2017	Carilion NRV Med Center	Mri	$1,276.02	$1,276.02	Primary Adjustm	$0.00	11/01/2017	11/03/2017	999999999
04/06/2017	Carilion NRV Med Center	Mri	$2,786.48	$696.62	Provider Discount		11/01/2017	11/03/2017	999999999
				$2,089.86	Disc.radford	$0.00	11/01/2017	11/03/2017	999999999
Claim # AGA-0096002 Totals :			**$4,439.50**	**$4,170.60**		**$268.90**			

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Claim: AGA-0097697; Activity: Womens Lacrosse; Diagnosis: Hyperextension; Anatomy: R-knee; Date Incurred: 03/11/2017									
05/12/2017	First Health	Repricing Fee	$90.00	$0.00		$90.00	07/17/2017	07/18/2017	6401441
05/12/2017	Academic Primary Care Associat	Medical Treatment	$1,500.00	$600.00	First Health Disc	$900.00	07/17/2017	07/18/2017	6401445
06/07/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		07/27/2017	08/29/2017	6401515
				$151.12	Other Ins Paid	$16.79	07/27/2017	08/29/2017	6401515
06/12/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		07/27/2017	08/29/2017	6401515
				$151.12	Other Ins Paid	$16.79	07/27/2017	08/29/2017	6401515
06/14/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		07/27/2017	08/29/2017	6401515
				$151.12	Other Ins Paid	$16.79	07/27/2017	08/29/2017	6401515
06/16/2017	MSK Group	Phys.therapy	$144.00	$32.06	Primary Adjustm		07/27/2017	08/29/2017	6401515
				$100.75	Other Ins Paid	$11.19	07/27/2017	08/29/2017	6401515
05/26/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm	$167.91	07/27/2017	08/29/2017	6401515
05/30/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm	$167.91	07/27/2017	08/29/2017	6401515
06/02/2017	MSK Group	Phys.therapy	$207.00	$42.59	Primary Adjustm	$164.41	07/27/2017	08/29/2017	6401515
06/05/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		07/27/2017	08/29/2017	6401515
				$93.23	Other Ins Paid	$74.68	07/27/2017	08/29/2017	6401515
06/19/2017	MSK Group	Phys.therapy	$144.00	$32.06	Primary Adjustm		07/28/2017	08/29/2017	6401495
				$100.75	Other Ins Paid	$11.19	07/28/2017	08/29/2017	6401495
06/21/2017	MSK Group	Phys.therapy	$288.00	$64.12	Primary Adjustm		07/28/2017	08/29/2017	6401495
				$201.49	Other Ins Paid	$22.39	07/28/2017	08/29/2017	6401495
06/22/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		07/28/2017	08/29/2017	6401495
				$151.12	Other Ins Paid	$16.79	07/28/2017	08/29/2017	6401495
06/28/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		07/28/2017	08/29/2017	6401495
				$151.12	Other Ins Paid	$16.79	07/28/2017	08/29/2017	6401495
06/29/2017	MSK Group	Medical Treatment	$141.00	$13.68	Primary Adjustm		07/28/2017	08/29/2017	6401495
				$67.32	Other Ins Paid	$60.00	07/28/2017	08/29/2017	6401495
06/29/2017	MSK Group	Phys.therapy	$144.00	$32.06	Primary Adjustm		07/28/2017	08/29/2017	6401495
				$100.75	Other Ins Paid	$11.19	07/28/2017	08/29/2017	6401495
07/07/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		07/31/2017	08/29/2017	6401462
				$151.12	Other Ins Paid	$16.79	07/31/2017	08/29/2017	6401462
07/06/2017	MSK Group	Phys.therapy	$144.00	$32.06	Primary Adjustm		07/31/2017	08/29/2017	6401458
				$100.75	Other Ins Paid	$11.19	07/31/2017	08/29/2017	6401458
07/12/2017	MSK Group	Phys.therapy	$216.00	$48.09	Primary Adjustm		08/10/2017	08/29/2017	6401463
				$151.12	Other Ins Paid	$16.79	08/10/2017	08/29/2017	6401463

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0097697; Activity: Womens Lacrosse; Diagnosis: Hyperextension; Anatomy: R-knee; Date Incurred: 03/11/2017									
07/18/2017	MSK Group	Phys.therapy	$288.00	$64.12	Primary Adjustm		08/18/2017	08/29/2017	6401471
				$201.49	Other Ins Paid	$22.39	08/18/2017	08/29/2017	6401471
07/20/2017	MSK Group	Phys.therapy	$288.00	$64.12	Primary Adjustm		08/18/2017	08/29/2017	6401471
				$201.49	Other Ins Paid	$22.39	08/18/2017	08/29/2017	6401471
04/17/2017	Carilion Clinic	Medical Treatment	$4,098.50	$1,033.70	Primary Adjustm		08/24/2017	08/29/2017	6401512
				$2,758.29	Other Ins Paid	$306.51	08/24/2017	08/29/2017	6401512
04/20/2017	Carilion Clinic	Outpatient	$66.00	$5.75	Primary Adjustm		08/24/2017	08/29/2017	6401512
				$0.25	Other Ins Paid	$60.00	08/24/2017	08/29/2017	6401512
04/17/2017	Carilion Clinic	Mri	$204.00	$110.04	Primary Adjustm		08/24/2017	08/29/2017	6401512
				$84.56	Other Ins Paid	$9.40	08/24/2017	08/29/2017	6401512
04/20/2017	First Health	Repricing Fee	$3.66	$0.00		$3.66	09/26/2017	09/29/2017	6401551
04/20/2017	Academic Primary Care Associat	Consultation	$260.00	$22.85	First Health Disc	$237.15	09/26/2017	09/29/2017	6401564
04/20/2017	Academic Primary Care Associat	Medical Treatment	$150.00	$1.55	First Health Disc	$148.45	09/26/2017	09/29/2017	6401564
04/13/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Primary Adjustm		10/11/2017	10/13/2017	6401582
				$41.23	Other Ins Paid	$60.00	10/11/2017	10/13/2017	6401582
04/17/2017	Carilion Services Inc	Surgery	$159.00	$67.47	Primary Adjustm		10/11/2017	10/13/2017	6401579
				$82.38	Other Ins Paid	$9.15	10/11/2017	10/13/2017	6401579
05/22/2017	MSK Group	Phys.therapy	$144.00	$32.06	Primary Adjustm	$111.94	11/09/2017	11/10/2017	6401622
05/22/2017	MSK Group	Phys.therapy	$230.00	$74.40	Primary Adjustm	$155.60	11/09/2017	11/10/2017	6401622
08/01/2017	Academic Primary Care Associat	Medical Treatment	$115.00	$34.47	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$45.53	Other Ins Paid	$35.00	01/26/2018	01/26/2018	6401709
08/01/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$17.69	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$37.18	Other Ins Paid	$4.13	01/26/2018	01/26/2018	6401709
08/22/2017	Academic Primary Care Associat	Medical Treatment	$115.00	$34.47	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$45.53	Other Ins Paid	$35.00	01/26/2018	01/26/2018	6401709
08/22/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$17.69	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$37.18	Other Ins Paid	$4.13	01/26/2018	01/26/2018	6401709
10/04/2017	Academic Primary Care Associat	Medical Treatment	$115.00	$34.47	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$45.53	Other Ins Paid	$35.00	01/26/2018	01/26/2018	6401709
10/04/2017	Academic Primary Care Associat	X-ray,Radiology	$353.00	$283.34	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$62.69	Other Ins Paid	$6.97	01/26/2018	01/26/2018	6401709
10/04/2017	Academic Primary Care Associat	Injection	$200.00	$108.06	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$82.75	Other Ins Paid	$9.19	01/26/2018	01/26/2018	6401709

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0097697; Activity: Womens Lacrosse; Diagnosis: Hyperextension; Anatomy: R-knee; Date Incurred: 03/11/2017									
10/31/2017	Academic Primary Care Associat	Medical Treatment	$150.00	$37.25	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$77.75	Other Ins Paid	$35.00	01/26/2018	01/26/2018	6401709
10/31/2017	Academic Primary Care Associat	Medical Treatment	$750.00	$750.00	Primary Adjustm	$0.00	01/26/2018	01/26/2018	6401709
10/31/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$17.69	Primary Adjustm		01/26/2018	01/26/2018	6401709
				$37.18	Other Ins Paid	$4.13	01/26/2018	01/26/2018	6401709
12/13/2017	First Health	Repricing Fee	$7.50	$0.00		$7.50	02/09/2018	02/13/2018	6401725
12/13/2017	Academic Primary Care Associat	Medical Treatment	$115.00	$20.05	First Health Disc	$94.95	02/09/2018	02/13/2018	6401738
12/13/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$17.95	First Health Disc	$41.05	02/09/2018	02/13/2018	6401738
12/13/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$12.00	First Health Disc	$47.00	02/09/2018	02/13/2018	6401738
10/31/2017	First Health	Repricing Fee	$48.34	$0.00		$48.34	03/13/2018	03/13/2018	6401758
10/31/2017	Academic Primary Care Associat	Medical Treatment	$150.00	$10.26	First Health Disc	$139.74	03/13/2018	03/13/2018	6401759
10/31/2017	Academic Primary Care Associat	Medical Treatment	$750.00	$300.00	First Health Disc	$450.00	03/13/2018	03/13/2018	6401759
10/31/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$12.00	First Health Disc	$47.00	03/13/2018	03/13/2018	6401759
01/11/2018	Academic Primary Care Associat	Medical Treatment	$790.00	$488.87	Primary Adjustm		03/23/2018	03/27/2018	6401775
				$251.47	Other Ins Paid	$49.66	03/23/2018	03/27/2018	6401775
02/08/2018	First Health	Repricing Fee	$5.34	$0.00		$5.34	04/19/2018	04/20/2018	6401805
02/08/2018	Academic Primary Care Associat	Medical Treatment	$150.00	$10.26	First Health Disc	$139.74	04/19/2018	04/20/2018	6401816
02/08/2018	Academic Primary Care Associat	Medical Treatment	$180.00	$25.36	First Health Disc	$154.64	04/19/2018	04/20/2018	6401816
02/09/2018	Academic Primary Care Associat	Surgery	$2,247.00	$861.76	Other Ins Paid		06/07/2018	06/08/2018	6401907
				$1,341.15	Primary Adjustm	$44.09	06/07/2018	06/08/2018	6401907
03/15/2018	Academic Primary Care Associat	Medical Treatment	$174.00	$82.71	Other Ins Paid		06/07/2018	06/08/2018	6401907
				$51.98	Primary Adjustm	$39.31	06/07/2018	06/08/2018	6401907
06/08/2018	Carilion NRV Med Center	Mri	$2,347.68	$1,919.88	Other Ins Paid		07/10/2018	07/13/2018	999999999
				$427.80	Primary Adjustm	$0.00	07/10/2018	07/13/2018	999999999
06/08/2018	Carilion NRV Med Center	Mri	$213.32	$53.33	Provider Discount		07/10/2018	07/13/2018	999999999
				$159.99	Disc.radford	$0.00	07/10/2018	07/13/2018	999999999
05/31/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$8.75	Other Ins Paid		07/11/2018	07/17/2018	6402017
				$12.28	Primary Adjustm	$0.97	07/11/2018	07/17/2018	6402017
06/08/2018	Carilion Medical Center	Mri	$170.00	$91.83	Primary Adjustm		07/16/2018	07/17/2018	6402021
				$70.35	Other Ins Paid	$7.82	07/16/2018	07/17/2018	6402021
05/29/2018	Academic Primary Care Associat	Medical Treatment	$209.00	$169.87	Other Insurance	$39.13	07/10/2018	07/17/2018	6402037
06/27/2018	Academic Primary Care Associat	Medical Treatment	$150.00	$77.75	Other Ins Paid		07/31/2018	08/07/2018	6402086
				$37.25	Primary Adjustm	$35.00	07/31/2018	08/07/2018	6402086

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim # AGA-0097697 Totals :			**$20,843.34**	**$16,327.28**		**$4,516.06**			
Claim: AGA-0114215; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 04/28/2017									
10/11/2017	HealthRisk Resource Group LLC	Repricing Fee	$4.46	$0.00		$4.46	05/25/2018	05/25/2018	6401879
10/11/2017	Carilion Medical Center	Medical Treatment	$186.00	$37.20	Disc: Hrgi	$148.80	05/25/2018	05/25/2018	6401893
Claim # AGA-0114215 Totals :			**$190.46**	**$37.20**		**$153.26**			
Claim: AGA-0089571; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 02/12/2017									
02/14/2017	Carilion Healthcare Corp	Medical Treatment	$175.00	$80.12	Write-off		05/18/2017	05/19/2017	6401290
				$75.90	Other Ins Paid	$18.98	05/18/2017	05/19/2017	6401290
02/12/2017	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$96.78	Write-off		05/18/2017	05/19/2017	6401297
				$125.78	Other Ins Paid	$56.44	05/18/2017	05/19/2017	6401297
02/12/2017	Carilion Healthcare Corp	Medical Treatment	$22.00	$9.73	Write-off		05/18/2017	05/19/2017	6401287
				$9.82	Other Ins Paid	$2.45	05/18/2017	05/19/2017	6401287
02/12/2017	Carilion NRV Med Center	Dr.visit-emerg Room	$1,774.00	$241.26	Write-off		05/24/2017	05/26/2017	6401333
				$1,066.18	Other Ins Paid		05/24/2017	05/26/2017	6401333
				$116.64	Provider Discount	$349.92	05/24/2017	05/26/2017	6401333
02/14/2017	Carilion NRV Med Center	Medical Treatment	$2,058.00	$279.89	Write-off		05/24/2017	05/26/2017	6401331
				$1,342.49	Other Ins Paid		05/24/2017	05/26/2017	6401331
				$108.91	Provider Discount	$326.71	05/24/2017	05/26/2017	6401331
05/11/2017	Carilion NRV Med Center	Dr.visit-emerg Room	$1,626.00	$221.14	Primary Adjustm		06/29/2017	06/30/2017	6401413
				$963.88	Other Ins Paid		06/29/2017	06/30/2017	6401413
				$110.25	Provider Discount	$330.73	06/29/2017	06/30/2017	6401413
02/12/2017	Radford Ambulance Service	Ambulance	$504.13	$0.00		$504.13	08/17/2017	08/29/2017	6401514
02/12/2017	Radford Ambulance Service	Ambulance	$700.00	$60.59	Primary Adjustm		10/16/2017	10/17/2017	6401587
				$237.59	Other Ins Paid	$401.82	10/16/2017	10/17/2017	6401587
02/12/2017	Radford Ambulance Service	Ambulance	$80.00	$25.32	Primary Adjustm		10/16/2017	10/17/2017	6401587
				$38.28	Other Ins Paid	$16.40	10/16/2017	10/17/2017	6401587
	Radford Ambulance Service		$0.00	$0.00		-$418.22	11/27/2017	11/27/2017	0
Claim # AGA-0089571 Totals :			**$7,218.13**	**$5,628.77**		**$1,589.36**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0099969; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 05/11/2017									
05/11/2017	Carilion Services Inc	X-ray,Radiology	$23.00	$9.14	Primary Adjustm		06/09/2017	06/09/2017	6401362
				$11.09	Other Ins Paid	$2.77	06/09/2017	06/09/2017	6401362
05/11/2017	Carilion Healthcare Corp	Medical Treatment	$44.00	$19.64	Other Ins Paid		06/09/2017	06/09/2017	6401364
				$19.09	Primary Adjustm	$5.27	06/09/2017	06/09/2017	6401364
05/11/2017	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$102.78	Primary Adjustm		06/28/2017	06/30/2017	6401406
				$125.78	Other Ins Paid	$50.44	06/28/2017	06/30/2017	6401406
Claim # AGA-0099969 Totals :			**$346.00**	**$287.52**		**$58.48**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092884; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 03/07/2017									
04/11/2017	Carilion Healthcare Corp	Surgery	$2,378.00	$653.40	Primary Adjustm		06/29/2017	06/30/2017	999999999
				$1,724.60	Other Ins Paid	$0.00	06/29/2017	06/30/2017	999999999
04/11/2017	Carilion Healthcare Corp	Surgery	$713.40	$713.40	Primary Adjustm	$0.00	07/07/2017	07/11/2017	999999999
05/18/2017	Centers For Rehab Services	Phys.therapy	$104.00	$84.00	Other Insurance	$20.00	08/04/2017	08/29/2017	6401484
05/19/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Other Insurance	$20.00	08/04/2017	08/29/2017	6401484
05/22/2017	Centers For Rehab Services	Phys.therapy	$104.00	$84.00	Other Insurance	$20.00	08/04/2017	08/29/2017	6401484
05/24/2017	Centers For Rehab Services	Phys.therapy	$104.00	$84.00	Other Insurance	$20.00	08/04/2017	08/29/2017	6401484
05/31/2017	Centers For Rehab Services	Phys.therapy	$104.00	$84.00	Other Insurance	$20.00	08/04/2017	08/29/2017	6401484
07/19/2017	Centers For Rehab Services	Phys.therapy	$187.00	$167.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
07/26/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
07/28/2017	Centers For Rehab Services	Phys.therapy	$208.00	$188.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
07/11/2017	Centers For Rehab Services	Phys.therapy	$208.00	$188.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
07/12/2017	Centers For Rehab Services	Phys.therapy	$31.00	$17.48	Other Insurance	$13.52	09/01/2017	09/01/2017	6401520
07/12/2017	Centers For Rehab Services	Phys.therapy	$156.00	$149.52	Other Insurance	$6.48	09/01/2017	09/01/2017	6401520
07/18/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
06/05/2017	Centers For Rehab Services	Phys.therapy	$104.00	$84.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
06/07/2017	Centers For Rehab Services	Phys.therapy	$104.00	$84.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
06/12/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
06/14/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
06/19/2017	Centers For Rehab Services	Phys.therapy	$31.00	$17.48	Other Insurance	$13.52	09/01/2017	09/01/2017	6401520
06/19/2017	Centers For Rehab Services	Phys.therapy	$104.00	$97.52	Other Insurance	$6.48	09/01/2017	09/01/2017	6401520
06/21/2017	Centers For Rehab Services	Phys.therapy	$104.00	$84.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
06/26/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
06/28/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Other Insurance	$20.00	09/01/2017	09/01/2017	6401520
04/11/2017	Carilion NRV Med Center	Surgery	$28,107.00	$28,107.00	Other Ins Paid	$0.00	09/08/2017	09/08/2017	999999999
04/11/2017	Carilion NRV Med Center	Surgery	$1,500.00	$375.00	Provider Discount		09/08/2017	09/08/2017	999999999
				$1,125.00	Disc.radford	$0.00	09/08/2017	09/08/2017	999999999
08/01/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Primary Adjustm	$20.00	09/14/2017	09/15/2017	6401539
08/02/2017	Centers For Rehab Services	Phys.therapy	$156.00	$136.00	Primary Adjustm	$20.00	09/14/2017	09/15/2017	6401539
08/24/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.75	Primary Adjustm		11/21/2017	11/21/2017	999999999
				$55.25	Other Ins Paid	$0.00	11/21/2017	11/21/2017	999999999
04/11/2017	Carilion Healthcare Corp	Surgery	$653.40	$0.00		$653.40	11/28/2017	11/28/2017	6401639
09/13/2017	Professional Rehab Associates	Phys.therapy	$135.00	$92.00	Other Ins Paid	$43.00	12/04/2017	12/05/2017	6401648

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092884; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 03/07/2017									
04/11/2017	HealthRisk Resource Group LLC	Repricing Fee	$17.12	$0.00		$17.12	01/10/2018	01/12/2018	6401686
04/11/2017	Carilion Healthcare Corp	Surgery	$713.40	$142.68	Disc: Hrgi	$570.72	01/10/2018	01/12/2018	6401693
10/05/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.75	Primary Adjustm		03/01/2018	03/02/2018	999999999
				$55.25	Other Ins Paid	$0.00	03/01/2018	03/02/2018	999999999
02/01/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$44.27	Other Ins Paid		05/03/2018	05/04/2018	6401839
				$10.67	Primary Adjustm	$11.06	05/03/2018	05/04/2018	6401839
03/01/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$44.40	Other Ins Paid		06/25/2018	07/03/2018	6401969
				$10.50	Primary Adjustm	$11.10	06/25/2018	07/03/2018	6401969
01/29/2018	Professional Rehab Associates	Phys.therapy	$187.00	$19.05	Primary Adjustm		06/25/2018	07/03/2018	6401992
				$3.08	Other Ins Paid		06/25/2018	07/03/2018	6401992
				$89.87	A-G Discount	$75.00	06/25/2018	07/03/2018	6401992
01/31/2018	Professional Rehab Associates	Phys.therapy	$187.00	$19.05	Primary Adjustm		06/25/2018	07/03/2018	6401992
				$134.36	Other Ins Paid	$33.59	06/25/2018	07/03/2018	6401992
04/11/2017	Carilion Clinic	Surgery	$3,091.40	$2,948.72	Other Insurance	$142.68	09/17/2018	09/18/2018	6402173
Claim # AGA-0092884 Totals :			**$41,003.72**	**$39,026.05**		**$1,977.67**			
Claim: AGA-0096953; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 04/09/2017									
04/09/2017	Carilion Services Inc	X-ray,Radiology	$22.00	$0.00		$22.00	05/03/2017	05/05/2017	6401257
04/09/2017	Carilion NRV Med Center	Dr.visit-emerg Room	$956.50	$265.08	Write-off		05/18/2017	05/19/2017	6401306
				$49.65	Other Ins Paid		05/18/2017	05/19/2017	6401306
				$160.44	Provider Discount	$481.33	05/18/2017	05/19/2017	6401306
04/09/2017	RMH Emergency Svc	Dr.visit-emerg Room	$96.00	$36.43	Primary Adjustm	$59.57	04/25/2018	04/27/2018	6401823
Claim # AGA-0096953 Totals :			**$1,074.50**	**$511.60**		**$562.90**			
Claim: AGA-0070909; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 09/05/2016									
10/12/2016	Carilion Clinic	Medical Treatment	$199.50	$99.15	Write-off		10/27/2016	10/28/2016	6400970
				$60.35	Other Ins Paid	$40.00	10/27/2016	10/28/2016	6400970
10/06/2016	Lewisgale Hos Montgomery	Outpatient	$7,439.00	$3,657.89	Write-off		01/04/2017	01/06/2017	999999999
				$3,531.11	Other Ins Paid		01/04/2017	01/06/2017	999999999
				$250.00	Disc.radford	$0.00	01/04/2017	01/06/2017	999999999
Claim # AGA-0070909 Totals :			**$7,638.50**	**$7,598.50**		**$40.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0105833; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 07/14/2017									
07/26/2017	Carilion Healthcare Corp	Medical Treatment	$283.00	$130.39	Primary Adjustm	$152.61	08/16/2017	08/29/2017	6401502
07/19/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$10.52	Primary Adjustm	$151.48	08/17/2017	08/29/2017	6401501
07/26/2017	Carilion NRV Med Center	Medical Treatment	$838.49	$838.49	Primary Adjustm	$0.00	10/17/2017	10/20/2017	999999999
07/26/2017	Carilion NRV Med Center	Medical Treatment	$1,831.01	$457.75	Provider Discount		10/17/2017	10/20/2017	999999999
				$1,373.26	Disc.radford	$0.00	10/17/2017	10/20/2017	999999999
Claim # AGA-0105833 Totals :			**$3,114.50**	**$2,810.41**		**$304.09**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0097984; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 02/27/2017									
04/28/2017	Carilion NRV Med Center	Mri	$4,227.50	$1,327.85	Write-off		06/06/2017	06/06/2017	6401360
				$151.66	Other Ins Paid		06/06/2017	06/06/2017	6401360
				$686.99	Provider Discount	$2,061.00	06/06/2017	06/06/2017	6401360
04/28/2017	Carilion Services Inc	Mri	$204.00	$84.44	Write-off		06/06/2017	06/09/2017	6401366
				$107.60	Other Ins Paid	$11.96	06/06/2017	06/09/2017	6401366
04/28/2017	Carilion Clinic	Mri	$4,227.50	$1,327.85	Primary Adjustm		06/21/2017	06/23/2017	6401401
				$2,212.66	Other Ins Paid	$686.99	06/21/2017	06/23/2017	6401401
07/17/2017	Orthovirginia, Inc	Outpatient	$118.00	$4.48	Primary Adjustm	$113.52	08/16/2017	08/29/2017	6401488
12/26/2017	Abby Gardner	Phys.therapy	$288.00	$71.15	Other Ins Paid		03/20/2018	03/23/2018	6401771
				$208.00	Primary Adjustm	$8.85	03/20/2018	03/23/2018	6401771
12/28/2017	Abby Gardner	Phys.therapy	$240.00	$71.15	Other Ins Paid		03/20/2018	03/23/2018	6401771
				$160.00	Primary Adjustm	$8.85	03/20/2018	03/23/2018	6401771
01/02/2018	Abby Gardner	Phys.therapy	$240.00	$160.00	Primary Adjustm	$80.00	03/20/2018	03/23/2018	6401771
01/04/2018	Abby Gardner	Medical Treatment	$300.00	$220.00	Primary Adjustm	$80.00	03/20/2018	03/23/2018	6401771
12/14/2017	OrthoVirginia Operatory	Surgery	$6,267.00	$5,077.00	Primary Adjustm		03/29/2018	03/30/2018	6401780
				$1,071.00	Other Ins Paid	$119.00	03/29/2018	03/30/2018	6401780
12/14/2017	Abby Gardner	Surgery	$0.00	$0.00		V $0.00	04/03/2018	04/04/2018	6401786
12/14/2017	Orthovirginia, Inc	Anesthesia	$1,430.00	$1,059.54	Primary Adjustm		04/23/2018	04/24/2018	6401819
				$333.41	Other Ins Paid	$37.05	04/23/2018	04/24/2018	6401819
12/14/2017	Orthovirginia, Inc	Surgery	$5,276.00	$3,506.14	Primary Adjustm		04/23/2018	04/24/2018	6401819
				$978.06	Other Ins Paid	$791.80	04/23/2018	04/24/2018	6401819
12/14/2017	Orthovirginia, Inc	Orthopedic Appliance	$145.00	$130.50	Other Ins Paid	$14.50	04/23/2018	04/24/2018	6401819
12/14/2017	Abby Gardner	Surgery	$200.00	$0.00		$200.00	04/26/2018	04/27/2018	6401829
01/18/2018	The Center 4 HPT, LLC	Phys.therapy	$157.00	$101.78	Primary Adjustm	$55.22	05/03/2018	05/04/2018	6401850
01/10/2018	The Center 4 HPT, LLC	Phys.therapy	$195.00	$105.81	Primary Adjustm	$89.19	05/03/2018	05/04/2018	6401850
02/08/2018	The Center 4 HPT, LLC	Phys.therapy	$138.00	$89.29	Primary Adjustm	$48.71	05/03/2018	05/04/2018	6401850
02/20/2018	The Center 4 HPT, LLC	Phys.therapy	$204.00	$139.02	Primary Adjustm	$64.98	05/03/2018	05/04/2018	6401850
02/23/2018	The Center 4 HPT, LLC	Phys.therapy	$182.00	$118.94	Primary Adjustm	$63.06	05/03/2018	05/04/2018	6401850
01/30/2018	The Center 4 HPT, LLC	Phys.therapy	$188.00	$124.39	Primary Adjustm	$63.61	05/03/2018	05/04/2018	6401850
01/23/2018	The Center 4 HPT, LLC	Phys.therapy	$157.00	$101.78	Primary Adjustm	$55.22	05/03/2018	05/04/2018	6401850
02/01/2018	The Center 4 HPT, LLC	Phys.therapy	$138.00	$89.29	Primary Adjustm	$48.71	05/03/2018	05/04/2018	6401850
02/06/2018	The Center 4 HPT, LLC	Phys.therapy	$182.00	$118.94	Primary Adjustm	$63.06	05/03/2018	05/04/2018	6401850
02/27/2018	The Center 4 HPT, LLC	Phys.therapy	$196.00	$131.39	Primary Adjustm	$64.61	05/03/2018	05/04/2018	6401850

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0097984; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 02/27/2017									
03/16/2018	Orthovirginia, Inc	Medical Treatment	$118.00	$4.48	Primary Adjustm	$113.52	06/21/2018	06/22/2018	6401958
04/24/2018	The Center 4 HPT, LLC	Phys.therapy	$210.00	$141.42	Primary Adjustm	$68.58	06/21/2018	06/22/2018	6401956
04/10/2018	The Center 4 HPT, LLC	Phys.therapy	$196.00	$130.49	Primary Adjustm	$65.51	06/28/2018	07/03/2018	6401993
04/17/2018	The Center 4 HPT, LLC	Phys.therapy	$196.00	$130.49	Primary Adjustm	$65.51	06/28/2018	07/03/2018	6401993
Claim # AGA-0097984 Totals :			**$25,620.00**	**$20,476.99**		**$5,143.01**			
Claim: AGA-0069654; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/30/2016									
10/05/2016	SW VA Orthopedics And Spine	X-ray,Radiology	$395.00	$252.80	Write-off		12/13/2016	12/13/2016	6401045
				$106.65	Other Ins Paid	$35.55	12/13/2016	12/13/2016	6401045
10/07/2016	SW VA Orthopedics And Spine	Medical Treatment	$176.00	$103.66	Write-off		12/13/2016	12/13/2016	6401045
				$54.25	Other Ins Paid	$18.09	12/13/2016	12/13/2016	6401045
Claim # AGA-0069654 Totals :			**$571.00**	**$517.36**		**$53.64**			
Claim: AGA-0097800; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 04/03/2017									
04/19/2017	Carilion Healthcare Corp	Medical Treatment	$157.00	$18.56	Primary Adjustm		02/22/2018	02/23/2018	6401747
				$88.44	Other Ins Paid	$50.00	02/22/2018	02/23/2018	6401747
05/03/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Primary Adjustm		02/22/2018	02/23/2018	6401747
				$5.78	Other Ins Paid	$50.00	02/22/2018	02/23/2018	6401747
Claim # AGA-0097800 Totals :			**$223.00**	**$123.00**		**$100.00**			
Claim: AGA-0073175; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 09/28/2016									
10/23/2016	Carilion NRV Med Center	Mri	$2,395.00	$344.33	Write-off		11/11/2016	11/15/2016	999999999
				$2,050.67	Other Ins Paid	$0.00	11/11/2016	11/15/2016	999999999
10/23/2016	Carilion NRV Med Center	Mri	$50.00	$12.50	Provider Discount		11/11/2016	11/15/2016	999999999
				$37.50	Disc.radford	$0.00	11/11/2016	11/15/2016	999999999
Claim # AGA-0073175 Totals :			**$2,445.00**	**$2,445.00**		**$0.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0084433; Activity: Womens Track; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 12/03/2016									
12/08/2016	Carilion Services Inc	X-ray,Radiology	$44.00	$0.00		$44.00	01/12/2017	01/13/2017	6401086
12/08/2016	Carilion NRV Med Center	X-ray,Radiology	$277.18	$108.12	Write-off		02/06/2017	02/07/2017	999999999
				$169.06	Other Ins Paid	$0.00	02/06/2017	02/07/2017	999999999
12/08/2016	Carilion NRV Med Center	X-ray,Radiology	$29.82	$7.50	Provider Discount		02/06/2017	02/07/2017	999999999
				$22.32	Disc.radford	$0.00	02/06/2017	02/07/2017	999999999
03/29/2017	Carilion NRV Med Center	Mri	$2,445.00	$344.33	Write-off		05/05/2017	05/09/2017	6401274
				$1,488.07	Other Ins Paid		05/05/2017	05/09/2017	6401274
				$153.15	Provider Discount	$459.45	05/05/2017	05/09/2017	6401274
Claim # AGA-0084433 Totals :			**$2,796.00**	**$2,292.55**		**$503.45**			
Claim: AGA-0076660; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 11/04/2016									
11/04/2016	Carilion NRV Med Center	Mri	$909.99	$909.99	Write-off	$0.00	01/24/2017	01/27/2017	999999999
11/04/2016	Carilion NRV Med Center	Mri	$1,688.51	$422.13	Provider Discount		01/24/2017	01/27/2017	999999999
				$1,266.38	Disc.radford	$0.00	01/24/2017	01/27/2017	999999999
11/04/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$0.00		$22.00	02/13/2017	02/14/2017	6401135
11/04/2016	Carilion Services Inc	Mri	$170.00	$78.41	Write-off	$91.59	03/09/2017	03/10/2017	6401161
	Carilion Clinic		$0.00	$0.00		-$10.13	04/17/2017	04/17/2017	0
Claim # AGA-0076660 Totals :			**$2,790.50**	**$2,687.04**		**$103.46**			
Claim: AGA-0073067; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 09/05/2016									
02/05/2017	Carilion NRV Med Center	Mri	$2,445.00	$344.33	Write-off		03/22/2017	03/24/2017	6401183
				$1,950.67	Other Ins Paid		03/22/2017	03/24/2017	6401183
				$37.50	Provider Discount	$112.50	03/22/2017	03/24/2017	6401183
Claim # AGA-0073067 Totals :			**$2,445.00**	**$2,332.50**		**$112.50**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0080827; Activity: Womens Track; Diagnosis: Pain; Anatomy: Back; Date Incurred: 12/03/2016									
12/03/2016	Lewis-gale Med Ctr	Dr.visit-emerg Room	$5,028.00	$3,414.70	Write-off		01/04/2017	01/04/2017	6401068
				$1,488.30	Other Ins Paid	$125.00	01/04/2017	01/04/2017	6401068
12/03/2016	City Of Salem	Ambulance	$442.40	$0.00		$442.40	01/12/2017	01/13/2017	6401093
12/03/2016	Roanoke Physician Service	Surgery	$115.00	$104.08	Write-off	$10.92	03/01/2017	03/03/2017	6401146
	City Of Salem Fire And Ems		$0.00	$0.00		-$342.40	03/29/2017	03/29/2017	0
Claim # AGA-0080827 Totals :			**$5,585.40**	**$5,349.48**		**$235.92**			
Claim: AGA-0073843; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 09/23/2016									
10/11/2016	Carilion NRV Med Center	X-ray,Radiology	$45.81	$45.81	Write-off	$0.00	11/11/2016	11/15/2016	999999999
10/11/2016	Carilion NRV Med Center	X-ray,Radiology	$129.69	$32.42	Provider Discount		11/11/2016	11/15/2016	999999999
				$97.27	Disc.radford	$0.00	11/11/2016	11/15/2016	999999999
10/16/2016	Carilion NRV Med Center	Mri	$1,372.68	$638.15	Write-off		11/11/2016	11/15/2016	999999999
				$734.53	Other Ins Paid	$0.00	11/11/2016	11/15/2016	999999999
10/16/2016	Carilion NRV Med Center	Mri	$1,072.32	$268.10	Provider Discount		11/11/2016	11/15/2016	999999999
				$804.22	Disc.radford	$0.00	11/11/2016	11/15/2016	999999999
10/11/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$10.58	Write-off	$11.42	11/15/2016	11/15/2016	6400987
10/16/2016	Carilion Services Inc	Mri	$170.00	$81.25	Write-off		11/17/2016	11/18/2016	6400992
				$79.88	Other Ins Paid	$8.87	11/17/2016	11/18/2016	6400992
Claim # AGA-0073843 Totals :			**$2,812.50**	**$2,792.21**		**$20.29**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0105832; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 04/19/2017									
07/28/2017	Star Physical Therapy	Phys.therapy	$197.00	$122.00	Primary Adjustm	$75.00	08/24/2017	08/29/2017	6401499
07/31/2017	Star Physical Therapy	Phys.therapy	$150.00	$75.00	Primary Adjustm	$75.00	08/24/2017	08/29/2017	6401499
07/26/2017	Star Physical Therapy	Phys.therapy	$197.00	$122.00	Primary Adjustm	$75.00	08/17/2017	08/29/2017	6401481
07/13/2017	Star Physical Therapy	Phys.therapy	$150.00	$75.00	Primary Adjustm	$75.00	08/11/2017	08/29/2017	6401509
07/17/2017	Star Physical Therapy	Phys.therapy	$197.00	$122.00	Primary Adjustm	$75.00	08/11/2017	08/29/2017	6401509
07/19/2017	Star Physical Therapy	Phys.therapy	$197.00	$122.00	Primary Adjustm	$75.00	08/11/2017	08/29/2017	6401509
07/10/2017	Star Physical Therapy	Phys.therapy	$278.00	$203.00	Primary Adjustm	$75.00	08/02/2017	08/29/2017	6401480
08/02/2017	Star Physical Therapy	Phys.therapy	$150.00	$75.00	Primary Adjustm		08/31/2017	09/01/2017	6401518
				$51.35	Other Ins Paid	$23.65	08/31/2017	09/01/2017	6401518
08/07/2017	Star Physical Therapy	Phys.therapy	$247.00	$172.00	Primary Adjustm		08/31/2017	09/01/2017	6401518
				$67.50	Other Ins Paid	$7.50	08/31/2017	09/01/2017	6401518
07/05/2017	Vanderbilt Medical Group	Medical Treatment	$252.00	$46.75	Primary Adjustm	$205.25	09/05/2017	09/06/2017	6401525
07/05/2017	Vanderbilt Medical Group	X-ray,Radiology	$121.00	$61.58	Primary Adjustm	$59.42	09/05/2017	09/06/2017	6401525
08/10/2017	Star Physical Therapy	Phys.therapy	$200.00	$125.00	Primary Adjustm		09/11/2017	09/12/2017	6401532
				$67.50	Other Ins Paid	$7.50	09/11/2017	09/12/2017	6401532
08/14/2017	Star Physical Therapy	Phys.therapy	$271.00	$196.00	Primary Adjustm		09/11/2017	09/12/2017	6401532
				$67.51	Other Ins Paid	$7.49	09/11/2017	09/12/2017	6401532
08/16/2017	Star Physical Therapy	Phys.therapy	$224.00	$149.00	Primary Adjustm		09/18/2017	09/19/2017	6401544
				$67.50	Other Ins Paid	$7.50	09/18/2017	09/19/2017	6401544
08/17/2017	Vanderbilt Medical Group	Medical Treatment	$434.00	$149.55	Primary Adjustm		09/26/2017	09/26/2017	6401549
				$256.01	Other Ins Paid	$28.44	09/26/2017	09/26/2017	6401549
08/23/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$36.85	Primary Adjustm		09/26/2017	09/29/2017	6401552
				$112.64	Other Ins Paid	$12.51	09/26/2017	09/29/2017	6401552
07/19/2017	Cool Springs Imaging	Mri	$1,649.00	$864.44	Primary Adjustm	$784.56	10/02/2017	10/03/2017	6401566
07/19/2017	Cool Springs Imaging	Surgery	$894.00	$415.89	Primary Adjustm	$478.11	10/02/2017	10/03/2017	6401566
01/11/2018	Vanderbilt Medical Group	Medical Treatment	$775.27	$462.10	Primary Adjustm	$313.17	04/16/2018	04/17/2018	6401803
05/10/2018	Star Physical Therapy	Phys.therapy	$305.00	$230.00	Primary Adjustm	$75.00	06/25/2018	07/03/2018	6402006
05/14/2018	Star Physical Therapy	Phys.therapy	$150.00	$75.00	Primary Adjustm	$75.00	06/25/2018	07/03/2018	6402006
05/16/2018	Star Physical Therapy	Phys.therapy	$200.00	$125.00	Primary Adjustm	$75.00	06/25/2018	07/03/2018	6402006
05/23/2018	Star Physical Therapy	Phys.therapy	$227.00	$152.00	Primary Adjustm		06/25/2018	07/03/2018	6402006
				$67.50	Other Ins Paid	$7.50	06/25/2018	07/03/2018	6402006
05/30/2018	Star Physical Therapy	Phys.therapy	$256.00	$181.00	Primary Adjustm		06/25/2018	07/03/2018	6402006
				$67.51	Other Ins Paid	$7.49	06/25/2018	07/03/2018	6402006

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0105832; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 04/19/2017									
06/01/2018	Star Physical Therapy	Phys.therapy	$256.00	$181.00	Primary Adjustm		06/25/2018	07/03/2018	6402006
				$67.51	Other Ins Paid	$7.49	06/25/2018	07/03/2018	6402006
05/25/2018	Star Physical Therapy	Phys.therapy	$203.00	$128.00	Primary Adjustm		06/25/2018	07/03/2018	6402006
				$67.50	Other Ins Paid	$7.50	06/25/2018	07/03/2018	6402006
05/29/2018	Star Physical Therapy	Phys.therapy	$203.00	$128.00	Primary Adjustm		06/25/2018	07/03/2018	6402006
				$67.50	Other Ins Paid	$7.50	06/25/2018	07/03/2018	6402006
05/08/2018	Dominion Pathology Assoc	Lab,Pathology	$40.00	$8.00	Primary Adjustm	$32.00	06/25/2018	07/03/2018	6401980
05/21/2018	Star Physical Therapy	Phys.therapy	$200.00	$125.00	Primary Adjustm	$75.00	06/27/2018	07/03/2018	6401997
05/18/2018	Star Physical Therapy	Phys.therapy	$174.00	$99.00	Primary Adjustm	$75.00	06/27/2018	07/03/2018	6401997
06/06/2018	Star Physical Therapy	Phys.therapy	$256.00	$67.51	Other Ins Paid		07/05/2018	07/17/2018	6402019
				$181.00	Primary Adjustm	$7.49	07/05/2018	07/17/2018	6402019
06/07/2018	Star Physical Therapy	Phys.therapy	$256.00	$67.51	Other Ins Paid		07/10/2018	07/17/2018	6402020
				$181.00	Primary Adjustm	$7.49	07/10/2018	07/17/2018	6402020
06/04/2018	Star Physical Therapy	Phys.therapy	$256.00	$67.51	Other Ins Paid		07/05/2018	07/17/2018	6402025
				$181.00	Primary Adjustm	$7.49	07/05/2018	07/17/2018	6402025
06/11/2018	Star Physical Therapy	Phys.therapy	$256.00	$67.51	Other Ins Paid		07/05/2018	07/17/2018	6402025
				$181.00	Primary Adjustm	$7.49	07/05/2018	07/17/2018	6402025
06/16/2018	Star Physical Therapy	Phys.therapy	$256.00	$181.00	Primary Adjustm		07/13/2018	07/17/2018	6402028
				$67.51	Other Ins Paid	$7.49	07/13/2018	07/17/2018	6402028
06/15/2018	Star Physical Therapy	Phys.therapy	$256.00	$181.00	Primary Adjustm		07/13/2018	07/17/2018	6402028
				$67.51	Other Ins Paid	$7.49	07/13/2018	07/17/2018	6402028
06/20/2018	Star Physical Therapy	Phys.therapy	$253.00	$178.00	Primary Adjustm		07/13/2018	07/17/2018	6402028
				$67.51	Other Ins Paid	$7.49	07/13/2018	07/17/2018	6402028
06/27/2018	Star Physical Therapy	Phys.therapy	$206.00	$131.00	Primary Adjustm		07/24/2018	08/07/2018	6402070
				$67.50	Other Ins Paid	$7.50	07/24/2018	08/07/2018	6402070
06/22/2018	Star Physical Therapy	Phys.therapy	$200.00	$67.50	Other Ins Paid		07/25/2018	08/07/2018	6402071
				$125.00	Primary Adjustm	$7.50	07/25/2018	08/07/2018	6402071
06/29/2018	Star Physical Therapy	Phys.therapy	$309.00	$67.50	Other Ins Paid		07/31/2018	08/07/2018	6402075
				$234.00	Primary Adjustm	$7.50	07/31/2018	08/07/2018	6402075
07/02/2018	Star Physical Therapy	Phys.therapy	$206.00	$67.50	Other Ins Paid		07/31/2018	08/07/2018	6402075
				$131.00	Primary Adjustm	$7.50	07/31/2018	08/07/2018	6402075
06/25/2018	Star Physical Therapy	Phys.therapy	$256.00	$67.51	Other Ins Paid		08/06/2018	08/07/2018	6402069
				$181.00	Primary Adjustm	$7.49	08/06/2018	08/07/2018	6402069

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0105832; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 04/19/2017									
07/06/2018	Star Physical Therapy	Phys.therapy	$203.00	$67.50	Other Ins Paid		08/06/2018	08/07/2018	6402079
				$128.00	Primary Adjustm	$7.50	08/06/2018	08/07/2018	6402079
07/11/2018	Star Physical Therapy	Phys.therapy	$206.00	$67.50	Other Ins Paid		08/06/2018	08/07/2018	6402079
				$131.00	Primary Adjustm	$7.50	08/06/2018	08/07/2018	6402079
07/09/2018	Star Physical Therapy	Phys.therapy	$308.00	$67.50	Other Ins Paid		08/06/2018	08/07/2018	6402079
				$233.00	Primary Adjustm	$7.50	08/06/2018	08/07/2018	6402079
04/16/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$73.42	Other Ins Paid		09/17/2018	09/18/2018	6402169
				$27.42	Primary Adjustm	$8.16	09/17/2018	09/18/2018	6402169
05/08/2018	Carilion NRV Med Center	Surgery	$17,091.42	$4,973.62	Primary Adjustm		10/09/2018	10/09/2018	999999999
				$12,117.80	Other Ins Paid	$0.00	10/09/2018	10/09/2018	999999999
05/08/2018	Carilion NRV Med Center	Surgery	$1,964.58	$491.16	Provider Discount		10/09/2018	10/09/2018	999999999
				$1,473.42	Disc.radford	$0.00	10/09/2018	10/09/2018	999999999
08/22/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$44.84	Other Ins Paid		10/18/2018	10/19/2018	6402201
				$16.18	Primary Adjustm	$4.98	10/18/2018	10/19/2018	6402201
Claim # AGA-0105832 Totals :			**$31,873.27**	**$28,843.13**		**$3,030.14**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092084; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/19/2017									
03/03/2017	Anesthesiology Associates	Anesthesia	$560.00	$520.00	Other Ins Paid	$40.00	04/04/2017	04/07/2017	6401203
02/21/2017	Carilion NRV Med Center	Mri	$2,445.00	$344.33	Write-off		04/11/2017	04/14/2017	6401219
				$1,680.54	Other Ins Paid		04/11/2017	04/14/2017	6401219
				$105.03	Provider Discount	$315.10	04/11/2017	04/14/2017	6401219
02/27/2017	Carilion Healthcare Corp	Medical Treatment	$484.00	$7.77	Write-off		04/19/2017	04/21/2017	6401232
				$361.23	Other Ins Paid	$115.00	04/19/2017	04/21/2017	6401232
03/03/2017	Orthos Pros Express Inc	Medical Treatment	$44.00	$7.39	Write-off		04/19/2017	04/21/2017	6401228
				$29.29	Other Ins Paid	$7.32	04/19/2017	04/21/2017	6401228
03/14/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Write-off		04/26/2017	04/28/2017	6401237
				$56.33	Other Ins Paid	$10.00	04/26/2017	04/28/2017	6401237
03/16/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Write-off		04/26/2017	04/28/2017	6401237
				$56.33	Other Ins Paid	$10.00	04/26/2017	04/28/2017	6401237
02/20/2017	Carilion Healthcare Corp	Medical Treatment	$223.00	$32.38	Write-off		05/01/2017	05/02/2017	6401245
				$142.52	Other Ins Paid	$48.10	05/01/2017	05/02/2017	6401245
02/21/2017	Carilion Clinic	Mri	$172.00	$17.20	Write-off	$154.80	05/17/2017	05/19/2017	6401303
03/03/2017	New River Valley Surgery Cent	Surgery	$8,760.00	$6,029.41	Write-off		05/17/2017	05/19/2017	6401309
				$2,024.47	Other Ins Paid	$706.12	05/17/2017	05/19/2017	6401309
03/03/2017	Carilion Healthcare Corp	Surgery	$1,326.00	$553.66	Write-off		05/18/2017	05/19/2017	6401295
				$732.34	Other Ins Paid	$40.00	05/18/2017	05/19/2017	6401295
05/08/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Write-off		06/06/2017	06/09/2017	6401368
				$56.33	Other Ins Paid	$10.00	06/06/2017	06/09/2017	6401368
05/10/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Write-off		06/06/2017	06/09/2017	6401368
				$56.33	Other Ins Paid	$10.00	06/06/2017	06/09/2017	6401368
03/10/2017	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		06/12/2017	06/13/2017	6401380
				$104.45	Other Ins Paid	$10.00	06/12/2017	06/13/2017	6401380
05/16/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/27/2017	06/30/2017	6401404
				$56.33	Other Ins Paid	$10.00	06/27/2017	06/30/2017	6401404
05/18/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/27/2017	06/30/2017	6401404
				$56.33	Other Ins Paid	$10.00	06/27/2017	06/30/2017	6401404
08/29/2017	Professional Rehab Associates	Medical Treatment	$100.00	$37.22	Primary Adjustm		09/25/2017	09/26/2017	6401547
				$52.78	Other Ins Paid	$10.00	09/25/2017	09/26/2017	6401547
09/07/2017	Carilion Clinic	Medical Treatment	$66.00	$18.07	Primary Adjustm		10/25/2017	10/27/2017	6401600
				$7.93	Other Ins Paid	$40.00	10/25/2017	10/27/2017	6401600

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Pay Dates: 08/01/2016 - 06/30/2019

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092084; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/19/2017									
07/06/2017	Sentara Norfolk General	Phys.therapy	$3,168.00	$779.97	Primary Adjustm		12/04/2017	12/05/2017	6401650
				$1,854.41	Other Ins Paid	$533.62	12/04/2017	12/05/2017	6401650
08/02/2017	Sentara Norfolk General	Phys.therapy	$2,304.00	$567.25	Primary Adjustm		12/04/2017	12/05/2017	6401650
				$1,349.39	Other Ins Paid	$387.36	12/04/2017	12/05/2017	6401650
Claim # AGA-0092084 Totals :			**$20,657.00**	**$18,189.58**		**$2,467.42**			
Claim: AGA-0094619; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 03/13/2017									
03/16/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$11.88	Write-off	$150.12	05/01/2017	05/02/2017	6401252
03/22/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off	$60.25	05/08/2017	05/09/2017	6401270
Claim # AGA-0094619 Totals :			**$228.00**	**$17.63**		**$210.37**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0080943; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 10/13/2016									
12/04/2016	Carilion NRV Med Center	Mri	$2,754.50	$387.15	Write-off		03/24/2017	03/24/2017	6401184
				$1,893.88	Other Ins Paid		03/24/2017	03/24/2017	6401184
				$118.37	Provider Discount	$355.10	03/24/2017	03/24/2017	6401184
10/28/2017	Carilion NRV Med Center	Mri	$2,404.70	$481.49	Primary Adjustm		12/27/2017	12/29/2017	999999999
				$1,923.21	Other Ins Paid	$0.00	12/27/2017	12/29/2017	999999999
10/28/2017	Carilion NRV Med Center	Mri	$480.80	$120.20	Provider Discount		12/27/2017	12/29/2017	999999999
				$360.60	Disc.radford	$0.00	12/27/2017	12/29/2017	999999999
12/26/2017	Physical Therapy Solutions	Phys.therapy	$260.00	$200.00	Primary Adjustm		02/02/2018	02/02/2018	6401716
				$35.00	Other Ins Paid	$25.00	02/02/2018	02/02/2018	6401716
12/12/2017	Professional Rehab Associates	Phys.therapy	$195.00	$135.00	Primary Adjustm		02/05/2018	02/06/2018	6401721
				$35.00	Other Ins Paid	$25.00	02/05/2018	02/06/2018	6401721
12/21/2017	Physical Therapy Solutions	Phys.therapy	$215.00	$35.00	Other Ins Paid		02/05/2018	02/06/2018	6401722
				$155.00	Primary Adjustm	$25.00	02/05/2018	02/06/2018	6401722
12/28/2017	Physical Therapy Solutions	Phys.therapy	$260.00	$35.00	Other Ins Paid		02/05/2018	02/06/2018	6401722
				$200.00	Primary Adjustm	$25.00	02/05/2018	02/06/2018	6401722
12/18/2017	Physical Therapy Solutions	Phys.therapy	$290.00	$230.00	Primary Adjustm		02/12/2018	02/13/2018	6401727
				$35.00	Other Ins Paid	$25.00	02/12/2018	02/13/2018	6401727
12/22/2017	Physical Therapy Solutions	Phys.therapy	$215.00	$155.00	Primary Adjustm		02/12/2018	02/13/2018	6401729
				$35.00	Other Ins Paid	$25.00	02/12/2018	02/13/2018	6401729
01/02/2018	Physical Therapy Solutions	Phys.therapy	$260.00	$200.00	Primary Adjustm		02/22/2018	02/23/2018	6401745
				$35.00	Other Ins Paid	$25.00	02/22/2018	02/23/2018	6401745
01/06/2018	Physical Therapy Solutions	Phys.therapy	$265.00	$205.00	Primary Adjustm		02/22/2018	02/23/2018	6401744
				$35.00	Other Ins Paid	$25.00	02/22/2018	02/23/2018	6401744
Claim # AGA-0080943 Totals :			**$7,600.00**	**$7,044.90**		**$555.10**			

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0063215; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 08/11/2016									
09/08/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Write-off		10/06/2016	10/07/2016	6400942
				$19.82	Other Ins Paid	$30.00	10/06/2016	10/07/2016	6400942
08/12/2016	Carilion Healthcare Corp	Medical Treatment	$154.00	$28.85	Write-off		09/14/2016	10/11/2016	6400946
				$95.15	Other Ins Paid	$30.00	09/14/2016	10/11/2016	6400946
09/22/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Write-off		10/27/2016	10/28/2016	6400968
				$19.82	Other Ins Paid	$30.00	10/27/2016	10/28/2016	6400968
Claim # AGA-0063215 Totals :			**$286.00**	**$196.00**		**$90.00**			
Claim: AGA-0096982; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 01/10/2017									
10/10/2018	Carilion NRV Med Center	Mri	$9,450.00	$2,362.50	Provider Discount		12/07/2018	01/25/2019	999999999
				$7,087.50	Disc.radford	$0.00	12/07/2018	01/25/2019	999999999
Claim # AGA-0096982 Totals :			**$9,450.00**	**$9,450.00**		**$0.00**			
Claim: AGA-0103505; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 04/07/2017									
04/12/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$11.61	Primary Adjustm		06/16/2017	06/16/2017	6401388
				$37.39	Other Ins Paid	$60.00	06/16/2017	06/16/2017	6401388
Claim # AGA-0103505 Totals :			**$109.00**	**$49.00**		**$60.00**			
Claim: AGA-0095313; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Hip; Date Incurred: 03/22/2017									
03/23/2017	Carilion Services Inc	Medical Treatment	$30.00	$7.70	Write-off	$22.30	04/20/2017	04/21/2017	6401229
03/23/2017	Carilion NRV Med Center	Medical Treatment	$228.50	$59.64	Write-off		04/28/2017	05/02/2017	6401251
				$42.22	Provider Discount	$126.64	04/28/2017	05/02/2017	6401251
04/14/2017	Carilion Services Inc	Surgery	$222.00	$96.14	Write-off	$125.86	05/15/2017	05/16/2017	6401285
04/14/2017	Carilion Services Inc	Mri	$204.00	$96.93	Write-off		05/23/2017	05/26/2017	6401329
				$30.32	Other Ins Paid	$76.75	05/23/2017	05/26/2017	6401329
04/14/2017	Carilion NRV Med Center	Mri	$3,773.50	$984.88	Write-off		06/06/2017	06/06/2017	6401354
				$2,509.76	Other Ins Paid		06/06/2017	06/06/2017	6401354
				$69.72	Provider Discount	$209.14	06/06/2017	06/06/2017	6401354
Claim # AGA-0095313 Totals :			**$4,458.00**	**$3,897.31**		**$560.69**			

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason		Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0094416; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 03/15/2017										
03/16/2017	Carilion NRV Med Center	X-ray,Radiology	$153.50	$54.06	Write-off			04/10/2017	04/11/2017	6401213
				$24.86	Provider Discount		$74.58	04/10/2017	04/11/2017	6401213
03/16/2017	Carilion Services Inc	X-ray,Radiology	$0.00	$12.28	Write-off	V	$0.00	04/17/2017	04/18/2017	6401221
03/20/2017	Carilion Services Inc	Mri	$170.00	$91.83	Write-off		$78.17	04/18/2017	04/21/2017	6401230
03/20/2017	Carilion NRV Med Center	Mri	$2,445.00	$344.33	Write-off			05/01/2017	05/02/2017	6401254
				$1,647.30	Other Ins Paid			05/01/2017	05/02/2017	6401254
				$113.34	Provider Discount		$340.03	05/01/2017	05/02/2017	6401254
03/16/2017	Carilion Services Inc	X-ray,Radiology	$22.00	$12.28	Write-off		$9.72	05/16/2017	05/19/2017	6401289
Claim # AGA-0094416 Totals :			**$2,790.50**	**$2,288.00**			**$502.50**			
Claim: AGA-0102661; Activity: Womens Track; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 04/20/2017										
04/27/2017	Carilion NRV Med Center	X-ray,Radiology	$269.50	$95.48	Primary Adjustm			06/22/2017	06/23/2017	6401398
				$134.02	Other Ins Paid			06/22/2017	06/23/2017	6401398
				$10.00	Provider Discount		$30.00	06/22/2017	06/23/2017	6401398
10/19/2017	Carilion NRV Med Center	X-ray,Radiology	$473.00	$283.50	Primary Adjustm			11/29/2017	12/01/2017	999999999
				$189.50	Other Ins Paid		$0.00	11/29/2017	12/01/2017	999999999
10/19/2017	Carilion NRV Med Center	X-ray,Radiology	$40.00	$10.00	Provider Discount			11/29/2017	12/01/2017	999999999
				$30.00	Disc.radford		$0.00	11/29/2017	12/01/2017	999999999
01/24/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm			04/26/2018	04/27/2018	6401821
				$36.33	Other Ins Paid		$30.00	04/26/2018	04/27/2018	6401821
Claim # AGA-0102661 Totals :			**$917.50**	**$857.50**			**$60.00**			

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason		Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0087480; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 01/29/2017										
02/14/2017	Anesthesiology Associates	Anesthesia	$1,050.00	$570.00	Write-off			04/06/2017	04/07/2017	6401207
				$408.00	Other Ins Paid		$72.00	04/06/2017	04/07/2017	6401207
02/06/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$5.89	Write-off			04/06/2017	04/07/2017	6401208
				$53.11	Other Ins Paid		$50.00	04/06/2017	04/07/2017	6401208
02/14/2017	Carilion Healthcare Corp	Surgery	$713.40	$553.70	Write-off			04/06/2017	04/07/2017	6401208
				$135.74	Other Ins Paid		$23.96	04/06/2017	04/07/2017	6401208
01/30/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$8.64	Write-off			04/06/2017	04/07/2017	6401205
				$103.36	Other Ins Paid		$50.00	04/06/2017	04/07/2017	6401205
02/03/2017	Carilion Services Inc	Surgery	$217.00	$73.47	Write-off		$143.53	04/06/2017	04/07/2017	6401210
02/03/2017	Carilion Services Inc	Mri	$204.00	$82.31	Write-off		$121.69	04/06/2017	04/07/2017	6401210
02/03/2017	Carilion NRV Med Center	Mri	$4,062.50	$1,015.63	Write-off			04/11/2017	04/14/2017	6401220
				$1,965.27	Other Ins Paid			04/11/2017	04/14/2017	6401220
				$270.40	Provider Discount		$811.20	04/11/2017	04/14/2017	6401220
02/03/2017	Carilion NRV Med Center	Surgery	$31,026.50	$7,756.63	Write-off			04/11/2017	04/14/2017	6401220
				$20,329.14	Other Ins Paid			04/11/2017	04/14/2017	6401220
				$735.18	Provider Discount		$2,205.55	04/11/2017	04/14/2017	6401220
02/03/2017	Carilion Clinic	Mri	$4,062.50	$1,015.63	Primary Adjustm			06/15/2017	06/16/2017	6401392
				$2,776.47	Other Ins Paid		$270.40	06/15/2017	06/16/2017	6401392
05/12/2017	Atlantic Physical Therapy	Phys.therapy	$345.00	$177.44	Primary Adjustm		$167.56	07/07/2017	07/11/2017	6401429
05/16/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		$151.30	07/07/2017	07/11/2017	6401429
05/17/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		$151.30	07/07/2017	07/11/2017	6401429
05/19/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		$151.30	07/07/2017	07/11/2017	6401429
05/25/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		$151.30	07/07/2017	07/11/2017	6401429
05/26/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		$151.30	07/07/2017	07/11/2017	6401429
05/31/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		$151.30	07/07/2017	07/11/2017	6401429
06/01/2017	Atlantic Physical Therapy	Phys.therapy	$0.00	$173.70	Primary Adjustm	V	$0.00	07/14/2017	07/14/2017	6401432
06/03/2017	Atlantic Physical Therapy	Phys.therapy	$0.00	$173.70	Primary Adjustm	V	$0.00	07/14/2017	07/14/2017	6401432
06/07/2017	Atlantic Physical Therapy	Phys.therapy	$0.00	$173.70	Primary Adjustm	V	$0.00	07/14/2017	07/14/2017	6401432
06/21/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm			07/25/2017	08/29/2017	6401503
				$67.23	Other Ins Paid		$84.07	07/25/2017	08/29/2017	6401503
06/23/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm			07/25/2017	08/29/2017	6401503
				$75.65	Other Ins Paid		$75.65	07/25/2017	08/29/2017	6401503
02/16/2017	Professional Rehab Associates	Phys.therapy	$195.00	$85.03	Primary Adjustm			07/31/2017	08/29/2017	6401461

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0087480; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 01/29/2017									
				$93.48	Other Ins Paid	$16.49	07/31/2017	08/29/2017	6401461
06/09/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm	$151.30	07/20/2017	08/29/2017	6401513
06/13/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm	$151.30	07/20/2017	08/29/2017	6401513
06/14/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm	$151.30	07/20/2017	08/29/2017	6401513
06/29/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		08/14/2017	08/29/2017	6401510
				$75.65	Other Ins Paid	$75.65	08/14/2017	08/29/2017	6401510
06/30/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		08/14/2017	08/29/2017	6401510
				$75.65	Other Ins Paid	$75.65	08/14/2017	08/29/2017	6401510
07/03/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		08/14/2017	08/29/2017	6401510
				$75.65	Other Ins Paid	$75.65	08/14/2017	08/29/2017	6401510
07/11/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		08/14/2017	08/29/2017	6401510
				$75.65	Other Ins Paid	$75.65	08/14/2017	08/29/2017	6401510
07/13/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		08/24/2017	08/29/2017	6401500
				$75.65	Other Ins Paid	$75.65	08/24/2017	08/29/2017	6401500
07/19/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		08/24/2017	08/29/2017	6401500
				$75.65	Other Ins Paid	$75.65	08/24/2017	08/29/2017	6401500
07/21/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		09/06/2017	09/06/2017	6401524
				$75.65	Other Ins Paid	$75.65	09/06/2017	09/06/2017	6401524
07/26/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		09/06/2017	09/06/2017	6401524
				$75.65	Other Ins Paid	$75.65	09/06/2017	09/06/2017	6401524
06/01/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm	$151.30	10/03/2017	10/03/2017	6401565
06/03/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm	$151.30	10/03/2017	10/03/2017	6401565
06/07/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm	$151.30	10/03/2017	10/03/2017	6401565
07/27/2017	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm		10/06/2017	10/10/2017	6401576
				$75.65	Other Ins Paid	$75.65	10/06/2017	10/10/2017	6401576
09/06/2017	Professional Rehab Associates	Phys.therapy	$190.00	$80.00	A-G Discount	$110.00	11/16/2017	11/17/2017	6401631
01/29/2018	Professional Rehab Associates	Phys.therapy	$180.00	$63.40	Primary Adjustm	$116.60	04/19/2018	04/20/2018	6401814
02/01/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$4.12	Primary Adjustm		04/19/2018	04/20/2018	6401812
				$1.88	Other Ins Paid	$60.00	04/19/2018	04/20/2018	6401812
01/24/2018	Professional Rehab Associates	Phys.therapy	$190.00	$131.70	Primary Adjustm	$58.30	04/25/2018	04/27/2018	6401822
02/05/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm	$87.45	05/01/2018	05/04/2018	6401845
02/19/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm	$87.45	05/07/2018	05/08/2018	6401856
04/12/2018	Professional Rehab Associates	Phys.therapy	$208.00	$80.80	Primary Adjustm		06/22/2018	07/03/2018	6401989

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0087480; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 01/29/2017									
				$52.20	A-G Discount	$75.00	06/22/2018	07/03/2018	6401989
Claim # AGA-0087480 Totals :			**$50,725.90**	**$43,542.55**		**$7,183.35**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0090713; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 02/18/2017									
02/22/2017	Carilion Services Inc	Mri	$172.00	$69.99	Write-off		05/18/2017	05/19/2017	6401292
				$81.61	Other Ins Paid	$20.40	05/18/2017	05/19/2017	6401292
02/22/2017	Carilion NRV Med Center	Mri	$2,445.00	$332.52	Write-off		05/24/2017	05/26/2017	6401330
				$1,689.98	Other Ins Paid		05/24/2017	05/26/2017	6401330
				$105.63	Provider Discount	$316.87	05/24/2017	05/26/2017	6401330
03/14/2017	Anesthesiology Associates	Anesthesia	$980.00	$588.00	Disc: Hrgi	$392.00	05/26/2017	05/31/2017	6401344
03/14/2017	HealthRisk Resource Group LLC	Repricing Fee	$70.56	$0.00		$70.56	05/26/2017	05/31/2017	6401340
03/14/2017	Carilion NRV Med Center	Out-pat.surgery	$50,839.50	$25,419.75	Disc.radford		05/23/2017	05/31/2017	6401346
				$12,885.16	Other Ins Paid	$12,534.59	05/23/2017	05/31/2017	6401346
02/20/2017	Carilion Healthcare Corp	Medical Treatment	$223.00	$8.01	Primary Adjustm		06/29/2017	06/30/2017	6401407
				$171.99	Other Ins Paid	$43.00	06/29/2017	06/30/2017	6401407
04/20/2017	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$8.01	Primary Adjustm		06/29/2017	06/30/2017	6401407
				$42.39	Other Ins Paid	$10.60	06/29/2017	06/30/2017	6401407
05/08/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		07/17/2017	07/18/2017	6401435
				$56.00	Other Ins Paid	$14.00	07/17/2017	07/18/2017	6401435
05/10/2017	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		07/17/2017	07/18/2017	6401435
				$56.00	Other Ins Paid	$14.00	07/17/2017	07/18/2017	6401435
03/24/2017	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		08/10/2017	08/29/2017	6401469
				$56.00	Other Ins Paid	$14.00	08/10/2017	08/29/2017	6401469
03/21/2017	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		08/10/2017	08/29/2017	6401469
				$56.00	Other Ins Paid	$14.00	08/10/2017	08/29/2017	6401469
03/16/2017	Professional Rehab Associates	Phys.therapy	$240.00	$170.00	Primary Adjustm		08/10/2017	08/29/2017	6401469
				$56.00	Other Ins Paid	$14.00	08/10/2017	08/29/2017	6401469
08/08/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		09/25/2017	09/26/2017	6401550
				$32.00	Other Ins Paid	$38.00	09/25/2017	09/26/2017	6401550
08/15/2017	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		09/25/2017	09/26/2017	6401548
				$56.00	Other Ins Paid	$14.00	09/25/2017	09/26/2017	6401548
08/10/2017	Professional Rehab Associates	Phys.therapy	$315.00	$245.00	Primary Adjustm	$70.00	09/26/2017	09/29/2017	6401562
08/17/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		10/04/2017	10/06/2017	6401568
				$56.00	Other Ins Paid	$14.00	10/04/2017	10/06/2017	6401568
10/05/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid		02/12/2018	02/13/2018	6401728
				$8.20	Primary Adjustm	$25.00	02/12/2018	02/13/2018	6401728
11/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid		06/12/2018	06/15/2018	6401925

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0090713; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 02/18/2017									
				$8.20	Primary Adjustm	$25.00	06/12/2018	06/15/2018	6401925
Claim # AGA-0090713 Totals :			**$56,603.06**	**$42,959.04**		**$13,644.02**			
Claim: AGA-0090714; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 02/14/2017									
02/16/2017	Carilion Services Inc	X-ray,Radiology	$42.00	$15.88	Write-off		05/01/2017	05/02/2017	6401241
				$20.89	Other Ins Paid	$5.23	05/01/2017	05/02/2017	6401241
02/16/2017	Carilion NRV Med Center	X-ray,Radiology	$365.00	$212.00	Write-off		05/01/2017	05/02/2017	6401250
				$38.25	Provider Discount	$114.75	05/01/2017	05/02/2017	6401250
Claim # AGA-0090714 Totals :			**$407.00**	**$287.02**		**$119.98**			

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Pay Dates: 08/01/2016 - 06/30/2019

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0087688; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 01/25/2017									
02/04/2017	Carilion Services Inc	X-ray,Radiology	$22.00	$0.00		$22.00	02/28/2017	03/03/2017	6401147
02/04/2017	Carilion NRV Med Center	X-ray,Radiology	$209.50	$28.49	Write-off		03/13/2017	03/15/2017	6401166
				$64.81	Other Ins Paid		03/13/2017	03/15/2017	6401166
				$29.10	Provider Discount	$87.10	03/13/2017	03/15/2017	6401166
05/18/2017	Rodrigo Magalhaes	Surgery Center	$364.40	$0.00		$364.40	05/25/2017	05/26/2017	6401335
05/18/2017	Rodrigo Magalhaes	Prescriptions	$15.00	$0.00		$15.00	05/25/2017	05/26/2017	6401335
02/08/2017	Montgomery Radiology Associate	Mri	$275.00	$183.11	Write-off		06/06/2017	06/06/2017	6401347
				$73.51	Other Ins Paid	$18.38	06/06/2017	06/06/2017	6401347
04/10/2017	Lewis Gale Physicians	Medical Treatment	$263.00	$98.78	Write-off		06/06/2017	06/06/2017	6401351
				$111.38	Other Ins Paid	$52.84	06/06/2017	06/06/2017	6401351
02/24/2017	Carilion Clinic	Medical Treatment	$209.50	$28.49	Primary Adjustm		06/08/2017	06/09/2017	6401370
				$151.91	Other Ins Paid	$29.10	06/08/2017	06/09/2017	6401370
02/08/2017	Lewisgale Hos Montgomery	Mri	$3,562.00	$2,416.36	Primary Adjustm		07/03/2017	07/05/2017	999999999
				$796.51	Other Ins Paid		07/03/2017	07/05/2017	999999999
				$349.13	Disc.radford	$0.00	07/03/2017	07/05/2017	999999999
05/18/2017	Lewis Gale Physicians	Medical Treatment	$1,071.00	$466.60	Primary Adjustm		07/28/2017	08/29/2017	6401490
				$483.52	Other Ins Paid	$120.88	07/28/2017	08/29/2017	6401490
05/22/2017	Djo Llc	Orthopedic Appliance	$67.71	$23.70	A-G Discount	$44.01	07/28/2017	08/29/2017	6401470
05/18/2017	HealthRisk Resource Group LLC	Repricing Fee	$5.59	$0.00		$5.59	10/27/2017	10/27/2017	6401596
05/18/2017	Associated Pathologists	Lab,Pathology	$233.00	$46.60	Disc: Hrgi	$186.40	10/27/2017	10/27/2017	6401606
	Associated Pathologists		$0.00	$0.00		-$167.65	01/12/2018	01/12/2018	0
05/18/2017	Blue Ridge Anesthesia Assoc	Anesthesia	$450.00	$285.00	Primary Adjustm		01/19/2018	01/23/2018	6401703
				$132.00	Other Ins Paid	$33.00	01/19/2018	01/23/2018	6401703
	DJO, LLC		$0.00	$0.00		-$44.01	10/12/2018	10/12/2018	0
	Lewis Gale Physicians		$0.00	$0.00		-$20.00	01/09/2019	01/09/2019	0
Claim # AGA-0087688 Totals :			**$6,747.70**	**$6,000.66**		**$747.04**			

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0103030; Activity: Womens Track; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 05/11/2017									
05/11/2017	South Carolina Sports Medicine	Medical Treatment	$141.00	$69.27	Primary Adjustm		06/14/2017	06/16/2017	6401389
				$46.73	Other Ins Paid	$25.00	06/14/2017	06/16/2017	6401389
05/11/2017	South Carolina Sports Medicine	X-ray,Radiology	$76.00	$40.65	Primary Adjustm	$35.35	06/14/2017	06/16/2017	6401389
05/15/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$11.88	Primary Adjustm		06/20/2017	06/20/2017	6401396
				$100.12	Other Ins Paid	$50.00	06/20/2017	06/20/2017	6401396
05/15/2017	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$20.76	Primary Adjustm	$35.24	06/20/2017	06/20/2017	6401396
05/15/2017	Carilion Healthcare Corp	Orthopedic Appliance	$162.00	$0.00		$162.00	06/20/2017	06/20/2017	6401396
Claim # AGA-0103030 Totals :			**$597.00**	**$289.41**		**$307.59**			
Claim: AGA-0072120; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 10/12/2016									
01/16/2017	Carilion Clinic	X-ray,Radiology	$156.00	$41.19	Write-off	$114.81	04/21/2017	04/21/2017	6401233
02/13/2017	Carilion Clinic	X-ray,Radiology	$113.00	$29.95	Write-off	$83.05	04/21/2017	04/21/2017	6401233
Claim # AGA-0072120 Totals :			**$269.00**	**$71.14**		**$197.86**			
Claim: AGA-0077646; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 08/18/2016									
09/26/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		11/29/2016	12/02/2016	6401032
				$52.30	Other Ins Paid	$17.70	11/29/2016	12/02/2016	6401032
09/12/2016	Professional Rehab Associates	Phys.therapy	$150.00	$80.00	Write-off		11/29/2016	12/02/2016	6401032
				$52.30	Other Ins Paid	$17.70	11/29/2016	12/02/2016	6401032
09/30/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		11/29/2016	12/02/2016	6401032
				$52.30	Other Ins Paid	$17.70	11/29/2016	12/02/2016	6401032
09/20/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		11/29/2016	12/02/2016	6401032
				$52.30	Other Ins Paid	$17.70	11/29/2016	12/02/2016	6401032
09/13/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		11/29/2016	12/02/2016	6401032
				$52.30	Other Ins Paid	$17.70	11/29/2016	12/02/2016	6401032
Claim # AGA-0077646 Totals :			**$690.00**	**$601.50**		**$88.50**			

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0101800; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 04/04/2017									
04/11/2017	Carilion NRV Med Center	Mri	$4,077.03	$1,179.47	Primary Adjustm		08/01/2017	08/04/2017	999999999
				$2,897.56	Other Ins Paid	$0.00	08/01/2017	08/04/2017	999999999
04/11/2017	Carilion NRV Med Center	Mri	$150.47	$37.62	Provider Discount		08/01/2017	08/04/2017	999999999
				$112.85	Disc.radford	$0.00	08/01/2017	08/04/2017	999999999
04/05/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$21.86	Primary Adjustm		08/01/2017	08/29/2017	6401459
				$125.14	Other Ins Paid	$15.00	08/01/2017	08/29/2017	6401459
04/13/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Primary Adjustm		08/01/2017	08/29/2017	6401460
				$40.78	Other Ins Paid	$15.00	08/01/2017	08/29/2017	6401460
Claim # AGA-0101800 Totals :			**$4,455.50**	**$4,425.50**		**$30.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0100965; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 04/14/2017									
04/17/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$11.88	Write-off		05/26/2017	05/31/2017	6401342
				$50.12	Other Ins Paid	$100.00	05/26/2017	05/31/2017	6401342
04/20/2017	Carilion Services Inc	Mri	$172.00	$93.43	Write-off	$78.57	05/26/2017	05/31/2017	6401341
04/25/2017	Anesthesiology Associates	Anesthesia	$2,589.00	$1,504.04	Write-off	$1,084.96	05/26/2017	05/31/2017	6401345
04/20/2017	Carilion NRV Med Center	Mri	$2,445.00	$344.33	Write-off		06/06/2017	06/06/2017	6401358
				$1,680.54	Other Ins Paid		06/06/2017	06/06/2017	6401358
				$105.03	Provider Discount	$315.10	06/06/2017	06/06/2017	6401358
04/27/2017	Professional Rehab Associates	Phys.therapy	$240.00	$103.44	Write-off		06/06/2017	06/06/2017	6401356
				$44.22	Other Ins Paid	$92.34	06/06/2017	06/06/2017	6401356
05/02/2017	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Write-off	$88.44	06/06/2017	06/06/2017	6401356
05/04/2017	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Write-off	$88.44	06/06/2017	06/06/2017	6401356
04/24/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Primary Adjustm		06/09/2017	06/09/2017	6401377
				$1.23	Other Ins Paid	$100.00	06/09/2017	06/09/2017	6401377
04/25/2017	Carilion Healthcare Corp	Surgery	$4,146.60	$2,506.80	Primary Adjustm		06/12/2017	06/13/2017	6401384
				$1,040.00	Other Ins Paid	$599.80	06/12/2017	06/13/2017	6401384
04/25/2017	Carilion NRV Med Center	Surgery	$40,934.50	$27,402.20	Primary Adjustm		06/14/2017	06/16/2017	6401393
				$12,937.58	Other Ins Paid		06/14/2017	06/16/2017	6401393
				$148.68	Provider Discount	$446.04	06/14/2017	06/16/2017	6401393
05/31/2017	Jacksonville Orthopaedic	Phys.therapy	$196.00	$133.87	Primary Adjustm	$62.13	06/27/2017	06/30/2017	6401414
05/29/2017	Jacksonville Orthopaedic	Phys.therapy	$196.00	$133.87	Primary Adjustm	$62.13	06/27/2017	06/30/2017	6401414
05/26/2017	Jacksonville Orthopaedic	Phys.therapy	$188.00	$126.89	Primary Adjustm	$61.11	06/27/2017	06/30/2017	6401414
05/24/2017	Jacksonville Orthopaedic	Phys.therapy	$196.00	$133.87	Primary Adjustm	$62.13	06/27/2017	06/30/2017	6401414
05/22/2017	Jacksonville Orthopaedic	Phys.therapy	$196.00	$133.87	Primary Adjustm	$62.13	06/27/2017	06/30/2017	6401414
05/17/2017	Jacksonville Orthopaedic	Phys.therapy	$196.00	$133.87	Primary Adjustm	$62.13	06/27/2017	06/30/2017	6401414
05/15/2017	Jacksonville Orthopaedic	Phys.therapy	$196.00	$133.87	Primary Adjustm	$62.13	06/27/2017	06/30/2017	6401414
05/11/2017	Jacksonville Orthopaedic	Phys.therapy	$188.00	$126.89	Primary Adjustm	$61.11	06/27/2017	06/30/2017	6401414
05/10/2017	Jacksonville Orthopaedic	Phys.therapy	$312.00	$222.87	Primary Adjustm	$89.13	06/27/2017	06/30/2017	6401414
05/11/2017	Jacksonville Orthopaedic	Medical Treatment	$115.00	$7.31	Primary Adjustm		06/28/2017	06/30/2017	6401409
				$7.69	Other Ins Paid	$100.00	06/28/2017	06/30/2017	6401409
04/25/2017	Dj Orthopedics Llc	Medical Treatment	$250.00	$100.00	A-G Discount	$150.00	06/30/2017	07/05/2017	6401419
06/05/2017	Jacksonville Orthopaedic	Phys.therapy	$188.00	$126.89	Primary Adjustm	$61.11	07/05/2017	07/07/2017	6401422
08/23/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	12/27/2017	12/29/2017	6401673
10/20/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	12/27/2017	12/29/2017	6401673

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0100965; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 04/14/2017									
06/07/2017	Jacksonville Orthopaedic	Phys.therapy	$196.00	$133.87	Primary Adjustm		01/23/2018	01/23/2018	6401701
				$50.65	Other Ins Paid	$11.48	01/23/2018	01/23/2018	6401701
Claim # AGA-0100965 Totals :			**$54,041.10**	**$49,990.69**		**$4,050.41**			

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0076506; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/11/2016									
10/12/2016	Academic Primary Care Associat	Medical Treatment	$201.00	$84.11	Write-off		11/18/2016	11/23/2016	6401012
				$96.89	Other Ins Paid	$20.00	11/18/2016	11/23/2016	6401012
10/17/2016	Carilion Healthcare Corp	Medical Treatment	$109.00	$10.07	Write-off		11/18/2016	11/23/2016	6401013
				$78.93	Other Ins Paid	$20.00	11/18/2016	11/23/2016	6401013
10/19/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		11/18/2016	11/23/2016	6401014
				$39.74	Other Ins Paid	$20.00	11/18/2016	11/23/2016	6401014
10/18/2016	Carilion Services Inc	Surgery	$110.00	$49.94	Write-off		11/18/2016	11/23/2016	6401010
				$45.04	Other Ins Paid	$15.02	11/18/2016	11/23/2016	6401010
10/27/2016	Dj Orthopedics Llc	Orthopedic Appliance	$1,290.05	$524.71	Write-off		11/28/2016	11/29/2016	6401022
				$574.00	Other Ins Paid	$191.34	11/28/2016	11/29/2016	6401022
11/22/2016	Carilion Healthcare Corp	Surgery	$2,122.00	$985.93	Write-off		01/03/2017	01/04/2017	6401069
				$852.05	Other Ins Paid	$284.02	01/03/2017	01/04/2017	6401069
11/22/2016	Carilion Healthcare Corp	Surgery	$1,388.00	$1,059.42	Write-off		01/03/2017	01/04/2017	6401069
				$246.43	Other Ins Paid	$82.15	01/03/2017	01/04/2017	6401069
11/22/2016	Carilion Healthcare Corp	Surgery	$636.60	$477.55	Write-off		01/03/2017	01/04/2017	6401069
				$119.29	Other Ins Paid	$39.76	01/03/2017	01/04/2017	6401069
11/14/2016	Carilion Healthcare Corp	Medical Treatment	$109.00	$10.07	Write-off		01/03/2017	01/04/2017	6401064
				$78.93	Other Ins Paid	$20.00	01/03/2017	01/04/2017	6401064
11/14/2016	Carilion Healthcare Corp	Medical Treatment	$375.00	$281.25	Other Ins Paid	$93.75	01/03/2017	01/04/2017	6401067
11/30/2016	Professional Rehab Associates	Phys.therapy	$135.00	$71.82	Write-off		01/04/2017	01/04/2017	6401066
				$47.38	Other Ins Paid	$15.80	01/04/2017	01/04/2017	6401066
11/25/2016	Professional Rehab Associates	Phys.therapy	$229.00	$104.98	Write-off		01/04/2017	01/04/2017	6401066
				$93.01	Other Ins Paid	$31.01	01/04/2017	01/04/2017	6401066
11/28/2016	Professional Rehab Associates	Phys.therapy	$180.00	$95.76	Write-off		01/04/2017	01/04/2017	6401066
				$63.18	Other Ins Paid	$21.06	01/04/2017	01/04/2017	6401066
11/23/2016	Carilion Healthcare Corp	Ph.visit In-hos	$111.00	$10.00	Write-off		01/04/2017	01/06/2017	6401071
				$75.75	Other Ins Paid	$25.25	01/04/2017	01/06/2017	6401071
11/22/2016	Carilion Healthcare Corp	Medical Treatment	$314.00	$235.50	Other Ins Paid	$78.50	01/11/2017	01/13/2017	6401088
11/23/2016	Carilion Healthcare Corp	Ph.visit In-hos	$111.00	$10.00	Write-off		01/11/2017	01/13/2017	6401088
				$75.75	Other Ins Paid	$25.25	01/11/2017	01/13/2017	6401088
11/22/2016	Anesthesiology Associates	Surgery	$2,728.00	$1,572.14	Write-off		01/20/2017	01/20/2017	6401103
				$876.35	Other Ins Paid	$279.51	01/20/2017	01/20/2017	6401103
10/11/2016	Carilion NRV Med Center	Surgery	$51,762.17	$51,762.17	Other Ins Paid	$0.00	02/21/2017	02/22/2017	999999999

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0076506; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/11/2016									
10/11/2016	Carilion NRV Med Center	Surgery	$1,717.33	$429.33	Provider Discount		02/21/2017	02/22/2017	999999999
				$1,288.00	Disc.radford	$0.00	02/21/2017	02/22/2017	999999999
04/12/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		05/26/2017	05/26/2017	6401317
				$40.25	Other Ins Paid	$20.00	05/26/2017	05/26/2017	6401317
02/24/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/12/2017	06/13/2017	6401381
				$49.75	Other Ins Paid	$16.58	06/12/2017	06/13/2017	6401381
08/18/2017	Professional Rehab Associates	Phys.therapy	$240.00	$103.44	Primary Adjustm		09/08/2017	09/12/2017	6401533
				$102.41	Other Ins Paid	$34.15	09/08/2017	09/12/2017	6401533
08/17/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		09/26/2017	09/29/2017	6401553
				$40.25	Other Ins Paid	$20.00	09/26/2017	09/29/2017	6401553
Claim # AGA-0076506 Totals :			**$64,201.15**	**$62,848.00**		**$1,353.15**			
Claim: AGA-0063216; Activity: Womens Soccer; Diagnosis: Heat Exhaustion; Anatomy: Internal; Date Incurred: 08/06/2016									
08/06/2016	RMH Emergency Svc	Dr.visit-emerg Room	$415.00	$169.11	Write-off		11/15/2016	11/18/2016	6401006
				$176.71	Other Ins Paid	$69.18	11/15/2016	11/18/2016	6401006
08/06/2016	Carilion Clinic	Dr.visit-emerg Room	$808.00	$146.57	Write-off		12/01/2016	12/02/2016	6401038
				$253.01	Other Ins Paid	$408.42	12/01/2016	12/02/2016	6401038
08/06/2016	Dominion Pathology Assoc	Lab,Pathology	$80.00	$0.00		$80.00	04/06/2017	04/07/2017	6401209
Claim # AGA-0063216 Totals :			**$1,303.00**	**$745.40**		**$557.60**			

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Pay Dates: 08/01/2016 - 06/30/2019

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0090852; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 02/02/2017									
06/12/2017	Montgomery Radiology Associate	Medical Treatment	$468.00	$135.41	Primary Adjustm		07/06/2017	07/07/2017	6401423
				$266.07	Other Ins Paid	$66.52	07/06/2017	07/07/2017	6401423
04/06/2017	Montgomery Regional Hosp	Surgery	$73,900.00	$28,008.12	Primary Adjustm		11/02/2017	11/03/2017	6401613
				$45,729.25	Other Ins Paid	$162.63	11/02/2017	11/03/2017	6401613
04/06/2017	Valley Anesthesia	Anesthesia	$1,040.00	$650.00	Primary Adjustm		03/15/2018	03/16/2018	6401764
				$312.00	Other Ins Paid	$78.00	03/15/2018	03/16/2018	6401764
04/06/2017	Valley Anesthesia	Injection	$600.00	$0.00		$600.00	03/15/2018	03/16/2018	6401764
04/06/2017	Valley Anesthesia	X-ray,Radiology	$118.00	$91.18	Primary Adjustm		03/15/2018	03/16/2018	6401764
				$21.46	Other Ins Paid	$5.36	03/15/2018	03/16/2018	6401764
04/06/2017	Valley Anesthesia	Anesthesia	$1,027.00	$637.00	Primary Adjustm		03/15/2018	03/16/2018	6401764
				$312.00	Other Ins Paid	$78.00	03/15/2018	03/16/2018	6401764
08/07/2017	Southwest Virginia Ortho	Medical Treatment	$176.00	$78.07	Other Ins Paid		04/02/2018	04/04/2018	6401782
				$78.41	Primary Adjustm	$19.52	04/02/2018	04/04/2018	6401782
04/25/2017	Professional Rehab Associates	Phys.therapy	$195.00	$59.50	Other Ins Paid		06/13/2018	06/15/2018	6401923
				$125.00	Primary Adjustm	$10.50	06/13/2018	06/15/2018	6401923
Claim # AGA-0090852 Totals :			**$77,524.00**	**$76,503.47**		**$1,020.53**			
Claim: AGA-0081649; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Jaw; Date Incurred: 10/20/2016									
11/08/2016	Carilion Clinic	Medical Treatment	$219.00	$57.16	Other Ins Paid	$161.84	01/20/2017	01/20/2017	6401102
10/21/2016	NRV Oral & Maxillofacial Surgery	Medical Treatment	$245.00	$0.00		$245.00	03/09/2017	03/10/2017	6401162
10/27/2016	NRV Oral & Maxillofacial Surgery	Medical Treatment	$370.00	$0.00		$370.00	03/09/2017	03/10/2017	6401162
Claim # AGA-0081649 Totals :			**$834.00**	**$57.16**		**$776.84**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0107644; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 06/01/2017									
08/14/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	09/05/2017	09/06/2017	6401521
07/31/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$11.88	Primary Adjustm		09/07/2017	09/08/2017	6401526
				$110.12	Other Ins Paid	$40.00	09/07/2017	09/08/2017	6401526
08/22/2017	Acv Inc	Anesthesia	$1,660.00	$719.65	Primary Adjustm		09/14/2017	09/15/2017	6401540
				$892.65	Other Ins Paid	$47.70	09/14/2017	09/15/2017	6401540
08/01/2017	Carilion Clinic	Medical Treatment	$3,748.00	$881.81	Primary Adjustm		09/14/2017	09/15/2017	6401543
				$2,166.33	Other Ins Paid	$699.86	09/14/2017	09/15/2017	6401543
08/18/2017	Carilion NRV Med Center	Cat Scan	$858.29	$103.45	Primary Adjustm		09/26/2017	09/29/2017	999999999
				$754.84	Other Ins Paid	$0.00	09/26/2017	09/29/2017	999999999
08/18/2017	Carilion NRV Med Center	Cat Scan	$188.71	$47.18	Provider Discount		09/26/2017	09/29/2017	999999999
				$141.53	Disc.radford	$0.00	09/26/2017	09/29/2017	999999999
08/22/2017	Carilion Medical Center	Surgery	$1,114.00	$509.74	Primary Adjustm		09/26/2017	09/29/2017	6401557
				$564.26	Other Ins Paid	$40.00	09/26/2017	09/29/2017	6401557
08/21/2017	Carilion Medical Center	Medical Treatment	$109.00	$7.77	Primary Adjustm		09/26/2017	09/29/2017	6401558
				$61.23	Other Ins Paid	$40.00	09/26/2017	09/29/2017	6401558
08/07/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		09/26/2017	09/29/2017	6401559
				$20.25	Other Ins Paid	$40.00	09/26/2017	09/29/2017	6401559
09/06/2017	Carilion Medical Center	Medical Treatment	$30.00	$9.80	Primary Adjustm		10/20/2017	10/20/2017	6401589
				$16.16	Other Ins Paid	$4.04	10/20/2017	10/20/2017	6401589
08/22/2017	Carilion Roanoke Mem Hosp	Surgery	$23,086.50	$16,946.08	Primary Adjustm		10/27/2017	10/31/2017	6401609
				$6,015.42	Other Ins Paid	$125.00	10/27/2017	10/31/2017	6401609
08/01/2017	Carilion Medical Center	Surgery	$170.00	$82.11	Primary Adjustm		11/08/2017	11/10/2017	6401619
				$47.89	Other Ins Paid	$40.00	11/08/2017	11/10/2017	6401619
08/01/2017	Carilion Medical Center	X-ray,Radiology	$49.00	$16.60	Primary Adjustm	$32.40	11/08/2017	11/10/2017	6401619
10/11/2017	Professional Rehab Associates	Phys.therapy	$240.00	$103.44	Primary Adjustm		11/22/2017	11/28/2017	6401635
				$121.56	Other Ins Paid	$15.00	11/22/2017	11/28/2017	6401635
10/13/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		11/22/2017	11/28/2017	6401635
				$51.33	Other Ins Paid	$15.00	11/22/2017	11/28/2017	6401635
10/16/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		11/22/2017	11/28/2017	6401635
				$51.33	Other Ins Paid	$15.00	11/22/2017	11/28/2017	6401635
10/18/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		11/22/2017	11/28/2017	6401635
				$51.33	Other Ins Paid	$15.00	11/22/2017	11/28/2017	6401635
10/05/2017	Carilion Medical Center	Orthopedic Appliance	$35.00	$28.00	Other Ins Paid	$7.00	11/29/2017	12/01/2017	6401640

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0107644; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 06/01/2017									
08/14/2017	Carilion Medical Center	X-ray,Radiology	$35.00	$5.03	Primary Adjustm		01/09/2018	01/12/2018	6401685
				$24.13	Other Ins Paid	$5.84	01/09/2018	01/12/2018	6401685
11/21/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		01/26/2018	01/30/2018	6401712
				$51.33	Other Ins Paid	$15.00	01/26/2018	01/30/2018	6401712
08/01/2017	Carilion Medical Center	Mri	$204.00	$110.04	Primary Adjustm	$93.96	05/25/2018	05/25/2018	6401890
Claim # AGA-0107644 Totals :			**$32,317.50**	**$31,004.70**		**$1,312.80**			
Claim: AGA-0067584; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 09/20/2016									
09/21/2016	Carilion Healthcare Corp	Medical Treatment	$156.00	$18.46	Write-off		10/25/2016	10/28/2016	6400966
				$108.68	Other Ins Paid	$28.86	10/25/2016	10/28/2016	6400966
10/20/2016	Carilion Healthcare Corp	Medical Treatment	$156.00	$18.46	Write-off		11/17/2016	11/18/2016	6400997
				$108.68	Other Ins Paid	$28.86	11/17/2016	11/18/2016	6400997
11/03/2016	Carilion Healthcare Corp	Medical Treatment	$156.00	$18.46	Write-off		12/02/2016	12/02/2016	6401027
				$108.68	Other Ins Paid	$28.86	12/02/2016	12/02/2016	6401027
Claim # AGA-0067584 Totals :			**$468.00**	**$381.42**		**$86.58**			
Claim: AGA-0105771; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 05/07/2017									
06/21/2017	Carilion Healthcare Corp	Surgery	$133.00	$71.93	Primary Adjustm		07/19/2017	07/28/2017	6401448
				$35.71	Other Ins Paid	$25.36	07/19/2017	07/28/2017	6401448
Claim # AGA-0105771 Totals :			**$133.00**	**$107.64**		**$25.36**			
Claim: AGA-0065957; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 09/14/2016									
09/15/2016	Carilion Healthcare Corp	Medical Treatment	$221.00	$46.02	Write-off	$174.98	10/17/2016	10/18/2016	6400958
09/22/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off	$59.74	10/25/2016	10/28/2016	6400973
10/06/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off	$59.74	11/09/2016	11/11/2016	6400984
Claim # AGA-0065957 Totals :			**$353.00**	**$58.54**		**$294.46**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0090351; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 01/16/2017									
02/16/2017	Carilion Clinic	Medical Treatment	$175.50	$0.00		$175.50	06/08/2017	06/09/2017	6401379
02/16/2017	Carilion Clinic	X-ray,Radiology	$22.00	$2.13	Primary Adjustm	$19.87	06/08/2017	06/09/2017	6401379
07/24/2017	Lewisgale Hos Montgomery	Cat Scan	$3,081.00	$2,929.33	Primary Adjustm	$151.67	04/30/2018	05/01/2018	6401835
07/24/2017	Lewisgale Hos Montgomery	Cat Scan	$2,829.33	$0.00		$2,829.33	10/23/2018	10/23/2018	6402210
Claim # AGA-0090351 Totals :			**$6,107.83**	**$2,931.46**		**$3,176.37**			
Claim: AGA-0106304; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 07/24/2017									
07/25/2017	Carilion Clinic	Medical Treatment	$193.50	$0.00		$193.50	08/31/2017	09/01/2017	6401519
07/25/2017	Carilion Clinic	X-ray,Radiology	$22.00	$4.40	Primary Adjustm	$17.60	09/15/2017	09/15/2017	6401538
09/13/2017	Carilion NRV Med Center	X-ray,Radiology	$126.39	$126.39	Primary Adjustm	$0.00	01/16/2019	01/25/2019	999999999
09/13/2017	Carilion NRV Med Center	X-ray,Radiology	$86.61	$21.65	Provider Discount		01/16/2019	01/25/2019	999999999
				$64.96	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
05/02/2018	Carilion NRV Med Center	Mri	$2,365.89	$2,237.10	Primary Adjustm		01/16/2019	01/25/2019	999999999
				$128.79	Other Ins Paid	$0.00	01/16/2019	01/25/2019	999999999
05/02/2018	Carilion NRV Med Center	Mri	$195.11	$48.80	Provider Discount		01/16/2019	01/25/2019	999999999
				$146.31	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
09/13/2017	Carilion NRV Med Center	Mri	$2,029.52	$2,013.91	Primary Adjustm		01/16/2019	01/25/2019	999999999
				$15.61	Other Ins Paid	$0.00	01/16/2019	01/25/2019	999999999
09/13/2017	Carilion NRV Med Center	Mri	$298.48	$74.62	Provider Discount		01/16/2019	01/25/2019	999999999
				$223.86	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
09/26/2017	Carilion NRV Med Center	Surgery	$22,989.72	$16,556.01	Primary Adjustm		01/16/2019	01/25/2019	999999999
				$6,433.71	Other Ins Paid	$0.00	01/16/2019	01/25/2019	999999999
09/13/2017	Carilion NRV Med Center	Surgery	$825.78	$206.46	Provider Discount		01/16/2019	01/25/2019	999999999
				$619.32	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
Claim # AGA-0106304 Totals :			**$29,133.00**	**$28,921.90**		**$211.10**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0096688; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 02/19/2017									
03/03/2017	Carilion NRV Med Center	Mri	$2,445.00	$767.97	Write-off		05/12/2017	05/16/2017	6401286
				$923.80	Other Ins Paid		05/12/2017	05/16/2017	6401286
				$188.31	Provider Discount	$564.92	05/12/2017	05/16/2017	6401286
03/28/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.13	Write-off		05/12/2017	05/16/2017	6401280
				$20.87	Other Ins Paid	$40.00	05/12/2017	05/16/2017	6401280
03/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.13	Write-off		05/12/2017	05/16/2017	6401281
				$20.87	Other Ins Paid	$40.00	05/12/2017	05/16/2017	6401281
03/03/2017	Carilion Services Inc	Mri	$170.00	$70.59	Write-off	$99.41	05/12/2017	05/16/2017	6401284
03/06/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$10.52	Write-off		05/12/2017	05/16/2017	6401282
				$111.48	Other Ins Paid	$40.00	05/12/2017	05/16/2017	6401282
04/06/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.13	Write-off		05/23/2017	05/26/2017	6401321
				$20.87	Other Ins Paid	$40.00	05/23/2017	05/26/2017	6401321
05/09/2017	Emory Phys Ther	Phys.therapy	$300.00	$54.04	Write-off		06/06/2017	06/09/2017	6401373
				$205.96	Other Ins Paid	$40.00	06/06/2017	06/09/2017	6401373
05/11/2017	Emory Phys Ther	Phys.therapy	$215.00	$54.04	Primary Adjustm		06/07/2017	06/09/2017	6401372
				$120.96	Other Ins Paid	$40.00	06/07/2017	06/09/2017	6401372
05/04/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.13	Primary Adjustm		06/09/2017	06/09/2017	6401371
				$20.87	Other Ins Paid	$40.00	06/09/2017	06/09/2017	6401371
04/06/2017	Professional Rehab Associates	Phys.therapy	$195.00	$125.00	Primary Adjustm		08/18/2017	08/29/2017	6401466
				$30.00	Other Ins Paid	$40.00	08/18/2017	08/29/2017	6401466
06/16/2017	Emory Phys Ther	Phys.therapy	$240.00	$171.44	Other Ins Paid		08/11/2017	08/29/2017	6401468
				$28.56	Primary Adjustm	$40.00	08/11/2017	08/29/2017	6401468
Claim # AGA-0096688 Totals :			**$3,991.00**	**$2,966.67**		**$1,024.33**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0087492; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 01/20/2017									
02/03/2017	Carilion NRV Med Center	X-ray,Radiology	$1,472.50	$200.26	Write-off		04/24/2017	04/25/2017	6401236
				$856.66	Other Ins Paid		04/24/2017	04/25/2017	6401236
				$103.90	Provider Discount	$311.68	04/24/2017	04/25/2017	6401236
11/15/2017	Performance Medicine Of Sw	Surgery	$560.00	$414.60	Primary Adjustm		01/18/2018	01/19/2018	6401700
				$130.86	Other Ins Paid	$14.54	01/18/2018	01/19/2018	6401700
11/15/2017	Performance Medicine Of Sw	Surgery	$560.00	$414.60	Primary Adjustm		01/18/2018	01/19/2018	6401700
				$130.86	Other Ins Paid	$14.54	01/18/2018	01/19/2018	6401700
11/15/2017	Performance Medicine Of Sw	Surgery	$560.00	$269.21	Primary Adjustm		01/18/2018	01/19/2018	6401700
				$105.75	Other Ins Paid	$185.04	01/18/2018	01/19/2018	6401700
11/15/2017	Performance Medicine Of Sw	Surgery	$560.00	$269.21	Primary Adjustm		01/18/2018	01/19/2018	6401700
				$261.72	Other Ins Paid	$29.07	01/18/2018	01/19/2018	6401700
11/15/2017	Performance Medicine Of Sw	Surgery	$560.00	$414.60	Primary Adjustm		01/18/2018	01/19/2018	6401700
				$130.86	Other Ins Paid	$14.54	01/18/2018	01/19/2018	6401700
11/15/2017	Performance Medicine Of Sw	Surgery	$560.00	$414.60	Primary Adjustm		01/18/2018	01/19/2018	6401700
				$130.86	Other Ins Paid	$14.54	01/18/2018	01/19/2018	6401700
11/15/2017	Performance Medicine Of Sw	Medical Treatment	$345.00	$128.75	Primary Adjustm		01/18/2018	01/19/2018	6401700
				$191.25	Other Ins Paid	$25.00	01/18/2018	01/19/2018	6401700
12/08/2017	New River Valley Surgery Cent	Surgery	$6,980.00	$5,035.32	Primary Adjustm		02/05/2018	02/06/2018	6401723
				$1,750.22	Other Ins Paid	$194.46	02/05/2018	02/06/2018	6401723
11/27/2017	Carilion Healthcare Corp	Medical Treatment	$157.00	$44.25	Primary Adjustm		02/12/2018	02/13/2018	6401730
				$77.75	Other Ins Paid	$35.00	02/12/2018	02/13/2018	6401730
12/08/2017	Carilion Healthcare Corp	Surgery	$2,184.00	$1,315.87	Primary Adjustm		02/13/2018	02/13/2018	6401736
				$781.32	Other Ins Paid	$86.81	02/13/2018	02/13/2018	6401736
12/08/2017	Anesthesiology Associates	Anesthesia	$560.00	$504.00	Other Ins Paid	$56.00	02/12/2018	02/13/2018	6401735
12/27/2017	Champion Phy. Therapy Cumming	Phys.therapy	$195.00	$61.78	Primary Adjustm		03/08/2018	03/09/2018	6401756
				$119.90	Other Ins Paid	$13.32	03/08/2018	03/09/2018	6401756
06/07/2018	The Emory Clinic Inc	Mri	$508.00	$286.00	Other Ins Paid		07/10/2018	07/17/2018	6402049
				$190.22	Primary Adjustm	$31.78	07/10/2018	07/17/2018	6402049
06/12/2018	The Emory Clinic Inc	Medical Treatment	$232.00	$113.02	Other Ins Paid		07/10/2018	07/17/2018	6402049
				$83.98	Primary Adjustm	$35.00	07/10/2018	07/17/2018	6402049
06/14/2018	Emory Clinic	Medical Treatment	$184.00	$69.32	Primary Adjustm		07/12/2018	07/17/2018	6402024
				$103.22	Other Ins Paid	$11.46	07/12/2018	07/17/2018	6402024
01/11/2018	Champion Phy. Therapy Cumming	Phys.therapy	$183.00	$97.46	Other Ins Paid		07/05/2018	07/17/2018	6402023

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0087492; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 01/20/2017									
				$74.72	Primary Adjustm	$10.82	07/05/2018	07/17/2018	6402023
03/21/2018	Performance Medicine Of Sw	Surgery	$2,785.00	$2,247.26	Other Insurance	$537.74	07/05/2018	07/17/2018	6402058
05/15/2018	Emory Clinic	Medical Treatment	$1,029.00	$517.39	Other Ins Paid		07/05/2018	07/17/2018	6402048
				$446.94	Primary Adjustm	$64.67	07/05/2018	07/17/2018	6402048
06/28/2018	The Emory Clinic Inc	Medical Treatment	$341.00	$182.70	Other Ins Paid		07/17/2018	08/07/2018	6402085
				$123.30	Primary Adjustm	$35.00	07/17/2018	08/07/2018	6402085
07/16/2018	The Emory Clinic Inc	Surgery	$5,928.00	$2,160.59	Other Ins Paid		08/09/2018	08/10/2018	6402117
				$3,527.34	Primary Adjustm	$240.07	08/09/2018	08/10/2018	6402117
07/16/2018	The Emory Clinic Inc	Surgery	$802.00	$302.48	Other Ins Paid		08/09/2018	08/10/2018	6402117
				$465.91	Primary Adjustm	$33.61	08/09/2018	08/10/2018	6402117
Claim # AGA-0087492 Totals :			**$27,245.50**	**$25,250.81**		**$1,994.69**			
Claim: AGA-0092270; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 11/20/2016									
03/03/2017	Carilion NRV Med Center	X-ray,Radiology	$340.00	$85.00	Provider Discount	$255.00	05/04/2017	05/05/2017	6401263
03/19/2017	Carilion NRV Med Center	Mri	$2,445.00	$611.25	Provider Discount	$1,833.75	05/04/2017	05/05/2017	6401265
03/03/2017	Carilion Services Inc	X-ray,Radiology	$44.00	$0.00		$44.00	05/04/2017	05/05/2017	6401260
03/22/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	05/08/2017	05/09/2017	6401272
03/22/2017	HealthRisk Resource Group LLC	Repricing Fee	$3.88	$0.00		$3.88	05/08/2017	05/09/2017	6401266
03/19/2017	HealthRisk Resource Group LLC	Repricing Fee	$7.22	$0.00		$7.22	09/11/2017	09/12/2017	6401531
03/19/2017	Carilion Services Inc	Mri	$172.00	$60.20	Disc: Hrgi	$111.80	09/11/2017	09/12/2017	6401536
04/26/2017	Academic Primary Care Associat	Consultation	$260.00	$52.00	Disc: Hrgi	$208.00	07/10/2018	07/17/2018	6402056
04/26/2017	Academic Primary Care Associat	Medical Treatment	$150.00	$30.00	Disc: Hrgi	$120.00	07/10/2018	07/17/2018	6402056
04/26/2017	HealthRisk Resource Group LLC	Repricing Fee	$9.84	$0.00		$9.84	07/10/2018	07/17/2018	6402022
Claim # AGA-0092270 Totals :			**$3,593.94**	**$870.85**		**$2,723.09**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0099971; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 05/10/2017									
05/19/2017	Carilion Services Inc	Surgery	$217.00	$104.00	Primary Adjustm	$113.00	06/13/2017	06/16/2017	6401391
05/11/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		06/20/2017	06/20/2017	6401394
				$48.20	Other Ins Paid	$12.05	06/20/2017	06/20/2017	6401394
05/19/2017	Carilion Services Inc	Mri	$204.00	$110.04	Primary Adjustm		06/20/2017	06/20/2017	6401395
				$75.17	Other Ins Paid	$18.79	06/20/2017	06/20/2017	6401395
05/19/2017	Carilion NRV Med Center	Mri	$4,044.50	$2,311.59	Other Ins Paid		06/20/2017	06/23/2017	6401400
				$1,155.35	Primary Adjustm		06/20/2017	06/23/2017	6401400
				$144.39	Provider Discount	$433.17	06/20/2017	06/23/2017	6401400
06/29/2017	First Health	Repricing Fee	$45.00	$0.00		$45.00	07/17/2017	07/18/2017	6401437
06/29/2017	Academic Primary Care Associat	Medical Treatment	$750.00	$300.00	First Health Disc	$450.00	07/17/2017	07/18/2017	6401443
07/11/2017	Chippenham Jw Hospital	Phys.therapy	$2,589.00	$1,867.63	Primary Adjustm		08/29/2017	08/29/2017	6401497
				$577.08	Other Ins Paid	$144.29	08/29/2017	08/29/2017	6401497
08/08/2017	Chippenham Jw Hospital	Phys.therapy	$1,530.00	$1,121.30	Primary Adjustm		10/09/2017	10/10/2017	6401577
				$326.95	Other Ins Paid	$81.75	10/09/2017	10/10/2017	6401577
09/14/2017	Academic Primary Care Associat	Medical Treatment	$174.00	$52.16	Primary Adjustm		01/11/2018	01/12/2018	6401687
				$97.47	Other Ins Paid	$24.37	01/11/2018	01/12/2018	6401687
08/15/2017	Academic Primary Care Associat	Medical Treatment	$174.00	$91.76	Other Ins Paid		02/02/2018	02/02/2018	6401719
				$59.30	Primary Adjustm	$22.94	02/02/2018	02/02/2018	6401719
05/31/2017	Academic Primary Care Associat	Medical Treatment	$185.00	$108.38	Other Ins Paid		02/02/2018	02/02/2018	6401719
				$49.53	Primary Adjustm	$27.09	02/02/2018	02/02/2018	6401719
05/31/2017	Academic Primary Care Associat	Medical Treatment	$772.55	$0.00		$772.55	06/08/2018	06/12/2018	6401920
Claim # AGA-0099971 Totals :			**$10,751.05**	**$8,606.05**		**$2,145.00**			
Claim: AGA-0092371; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 12/21/2016									
04/24/2017	Carilion Clinic	X-ray,Radiology	$220.00	$44.00	Primary Adjustm	$176.00	07/28/2017	08/29/2017	6401506
03/20/2017	Lewisgale Hos Montgomery	Mri	$3,562.00	$2,088.04	Primary Adjustm		03/23/2018	03/23/2018	6401773
				$669.79	Other Ins Paid	$804.17	03/23/2018	03/23/2018	6401773
Claim # AGA-0092371 Totals :			**$3,782.00**	**$2,801.83**		**$980.17**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0088773; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 01/24/2017									
01/31/2017	Lewisgale Hos Montgomery	Outpatient	$4,289.00	$2,358.95	Disc.radford	$1,930.05	05/10/2017	05/12/2017	6401279
Claim # AGA-0088773 Totals :			**$4,289.00**	**$2,358.95**		**$1,930.05**			
Claim: AGA-0083810; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Chin; Date Incurred: 12/16/2016									
12/16/2016	Carilion Healthcare Corp	Surgery	$312.00	$176.31	Write-off		01/10/2017	01/13/2017	6401089
				$28.55	Other Ins Paid	$107.14	01/10/2017	01/13/2017	6401089
Claim # AGA-0083810 Totals :			**$312.00**	**$204.86**		**$107.14**			
Claim: AGA-0092261; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Nose; Date Incurred: 03/11/2017									
03/13/2017	Carilion Services Inc	X-ray,Radiology	$22.00	$8.67	Write-off		05/01/2017	05/02/2017	6401240
				$10.66	Other Ins Paid	$2.67	05/01/2017	05/02/2017	6401240
03/13/2017	Carilion NRV Med Center	X-ray,Radiology	$186.50	$25.36	Write-off		05/03/2017	05/05/2017	6401258
				$128.91	Other Ins Paid		05/03/2017	05/05/2017	6401258
				$8.06	Provider Discount	$24.17	05/03/2017	05/05/2017	6401258
Claim # AGA-0092261 Totals :			**$208.50**	**$181.66**		**$26.84**			
Claim: AGA-0065503; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 09/10/2016									
09/10/2016	Carilion NRV Med Center	Dr.visit-emerg Room	$3,496.00	$932.03	Write-off		10/17/2016	10/18/2016	999999999
				$2,563.97	Other Ins Paid	$0.00	10/17/2016	10/18/2016	999999999
09/10/2016	Carilion NRV Med Center	Dr.visit-emerg Room	$75.00	$18.75	Provider Discount		10/17/2016	10/18/2016	999999999
				$56.25	Disc.radford	$0.00	10/17/2016	10/18/2016	999999999
09/10/2016	Radford Ambulance Service	Ambulance	$780.00	$91.65	Write-off		11/22/2016	11/23/2016	999999999
				$688.35	Other Ins Paid	$0.00	11/22/2016	11/23/2016	999999999
Claim # AGA-0065503 Totals :			**$4,351.00**	**$4,351.00**		**$0.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0091429; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 02/18/2017									
03/02/2017	ACO Medical Supply, Inc.	Medical Equipment	$103.40	$0.00		$103.40	03/29/2017	03/31/2017	6401192
02/20/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Write-off		04/07/2017	04/07/2017	6401202
				$56.58	Other Ins Paid	$25.00	04/07/2017	04/07/2017	6401202
03/02/2017	Carilion Healthcare Corp	Medical Treatment	$0.00	$27.42	Write-off	V	04/17/2017	04/18/2017	6401224
				$56.58	Other Ins Paid	$0.00	04/17/2017	04/18/2017	6401224
04/03/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Write-off		05/18/2017	05/19/2017	6401293
				$24.82	Other Ins Paid	$25.00	05/18/2017	05/19/2017	6401293
03/02/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Write-off		05/16/2017	05/19/2017	6401294
				$56.58	Other Ins Paid	$25.00	05/16/2017	05/19/2017	6401294
Claim # AGA-0091429 Totals :			**$387.40**	**$209.00**		**$178.40**			
Claim: AGA-0064315; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 08/28/2016									
08/29/2016	Carilion Healthcare Corp	Medical Treatment	$106.00	$13.65	Write-off		11/02/2016	11/04/2016	6400978
				$47.35	Other Ins Paid	$45.00	11/02/2016	11/04/2016	6400978
Claim # AGA-0064315 Totals :			**$106.00**	**$61.00**		**$45.00**			
Claim: AGA-0069113; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 10/01/2016									
10/03/2016	Carilion Healthcare Corp	Medical Treatment	$422.00	$25.38	Write-off		11/09/2016	11/11/2016	6400985
				$91.62	Other Ins Paid	$305.00	11/09/2016	11/11/2016	6400985
10/17/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$11.63	Write-off		11/17/2016	11/18/2016	6401003
				$9.37	Other Ins Paid	$45.00	11/17/2016	11/18/2016	6401003
11/07/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$11.63	Write-off		12/13/2016	12/16/2016	6401050
				$9.37	Other Ins Paid	$45.00	12/13/2016	12/16/2016	6401050
Claim # AGA-0069113 Totals :			**$554.00**	**$159.00**		**$395.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0072761; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 10/15/2016									
10/16/2016	Carilion NRV Med Center	X-ray,Radiology	$154.25	$47.24	Write-off		11/11/2016	11/15/2016	999999999
				$107.01	Other Ins Paid	$0.00	11/11/2016	11/15/2016	999999999
10/16/2016	Carilion NRV Med Center	X-ray,Radiology	$26.75	$6.70	Provider Discount		11/11/2016	11/15/2016	999999999
				$20.05	Disc.radford	$0.00	11/11/2016	11/15/2016	999999999
10/16/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$10.58	Write-off		11/15/2016	11/15/2016	6400986
				$9.14	Other Ins Paid	$2.28	11/15/2016	11/15/2016	6400986
Claim # AGA-0072761 Totals :			**$203.00**	**$200.72**		**$2.28**			
Claim: AGA-0099765; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 04/22/2017									
04/27/2017	Carilion Services Inc	X-ray,Radiology	$71.00	$34.08	Write-off		05/26/2017	05/26/2017	6401313
				$29.54	Other Ins Paid	$7.38	05/26/2017	05/26/2017	6401313
05/04/2017	Carilion Services Inc	Surgery	$176.00	$74.42	Write-off		05/26/2017	05/26/2017	6401318
				$81.26	Other Ins Paid	$20.32	05/26/2017	05/26/2017	6401318
04/27/2017	Carilion NRV Med Center	X-ray,Radiology	$548.50	$143.15	Write-off		06/06/2017	06/06/2017	6401357
				$44.28	Other Ins Paid		06/06/2017	06/06/2017	6401357
				$90.27	Provider Discount	$270.80	06/06/2017	06/06/2017	6401357
11/06/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		02/02/2018	02/02/2018	6401714
				$65.26	Other Ins Paid	$16.32	02/02/2018	02/02/2018	6401714
Claim # AGA-0099765 Totals :			**$904.50**	**$589.68**		**$314.82**			
Claim: AGA-0099767; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 02/02/2017									
05/01/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Write-off		06/06/2017	06/09/2017	6401367
				$65.26	Other Ins Paid	$16.32	06/06/2017	06/09/2017	6401367
05/04/2017	Carilion Services Inc	Mri	$204.00	$96.93	Write-off		06/06/2017	06/09/2017	6401369
				$85.66	Other Ins Paid	$21.41	06/06/2017	06/09/2017	6401369
06/01/2017	Joseph Mcnutt Md	Orthopedic Appliance	$823.00	$484.36	Primary Adjustm		09/06/2017	09/06/2017	6401522
				$270.92	Other Ins Paid	$67.72	09/06/2017	09/06/2017	6401522
06/01/2017	Gateway Diagnostic Imaging	Mri	$1,169.00	$650.00	Primary Adjustm		09/11/2017	09/12/2017	6401535
				$415.20	Other Ins Paid	$103.80	09/11/2017	09/12/2017	6401535
Claim # AGA-0099767 Totals :			**$2,305.00**	**$2,095.75**		**$209.25**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0097877; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 04/08/2017									
04/10/2017	Carilion Healthcare Corp	Medical Treatment	$112.00	$27.40	Write-off		05/23/2017	05/26/2017	6401322
				$44.60	Other Ins Paid	$40.00	05/23/2017	05/26/2017	6401322
09/05/2017	Carilion NRV Med Center	Phys.therapy	$1,642.50	$491.30	Primary Adjustm		11/14/2017	11/17/2017	999999999
				$1,151.20	Other Ins Paid	$0.00	11/14/2017	11/17/2017	999999999
09/05/2017	Carilion NRV Med Center	Phys.therapy	$240.00	$60.00	Provider Discount		11/14/2017	11/17/2017	999999999
				$180.00	Disc.radford	$0.00	11/14/2017	11/17/2017	999999999
Claim # AGA-0097877 Totals :			**$1,994.50**	**$1,954.50**		**$40.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0064309; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/27/2016									
08/29/2016	Carilion Healthcare Corp	Medical Treatment	$154.00	$17.38	Write-off		09/27/2016	09/27/2016	6400938
				$126.62	Other Ins Paid	$10.00	09/27/2016	09/27/2016	6400938
08/31/2016	Carilion Healthcare Corp	Medical Treatment	$103.00	$13.95	Write-off		10/10/2016	10/11/2016	6400943
				$79.05	Other Ins Paid	$10.00	10/10/2016	10/11/2016	6400943
09/06/2016	ACO Medical Supply, Inc.	Med Equipment	$332.50	$0.00		$332.50	10/12/2016	10/14/2016	6400955
09/12/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		11/18/2016	11/18/2016	6401004
				$60.00	Other Ins Paid	$10.00	11/18/2016	11/18/2016	6401004
09/14/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		11/18/2016	11/18/2016	6401004
				$60.00	Other Ins Paid	$10.00	11/18/2016	11/18/2016	6401004
09/19/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		11/18/2016	11/18/2016	6401004
				$60.00	Other Ins Paid	$10.00	11/18/2016	11/18/2016	6401004
09/21/2016	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Write-off		11/18/2016	11/18/2016	6401004
				$60.00	Other Ins Paid	$10.00	11/18/2016	11/18/2016	6401004
10/04/2016	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Write-off		11/18/2016	11/18/2016	6401004
				$60.00	Other Ins Paid	$10.00	11/18/2016	11/18/2016	6401004
10/10/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		12/27/2016	12/28/2016	6401060
				$60.00	Other Ins Paid	$10.00	12/27/2016	12/28/2016	6401060
10/20/2016	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Write-off		12/27/2016	12/28/2016	6401060
				$60.00	Other Ins Paid	$10.00	12/27/2016	12/28/2016	6401060
10/11/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		12/27/2016	12/28/2016	6401060
				$60.00	Other Ins Paid	$10.00	12/27/2016	12/28/2016	6401060
10/21/2016	Professional Rehab Associates	Phys.therapy	$225.00	$155.00	Write-off		12/27/2016	12/28/2016	6401060
				$60.00	Other Ins Paid	$10.00	12/27/2016	12/28/2016	6401060
10/31/2016	Professional Rehab Associates	Phys.therapy	$225.00	$155.00	Write-off		12/27/2016	12/28/2016	6401060
				$60.00	Other Ins Paid	$10.00	12/27/2016	12/28/2016	6401060
10/26/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		12/27/2016	12/28/2016	6401060
				$60.00	Other Ins Paid	$10.00	12/27/2016	12/28/2016	6401060
10/24/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		12/27/2016	12/28/2016	6401060
				$60.00	Other Ins Paid	$10.00	12/27/2016	12/28/2016	6401060
10/14/2016	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Write-off		12/30/2016	12/30/2016	6401061
				$60.00	Other Ins Paid	$10.00	12/30/2016	12/30/2016	6401061
10/28/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		01/03/2017	01/04/2017	6401065
				$60.00	Other Ins Paid	$10.00	01/03/2017	01/04/2017	6401065

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0064309; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/27/2016									
11/07/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		01/03/2017	01/04/2017	6401065
				$60.00	Other Ins Paid	$10.00	01/03/2017	01/04/2017	6401065
11/09/2016	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Write-off		01/03/2017	01/04/2017	6401065
				$60.00	Other Ins Paid	$10.00	01/03/2017	01/04/2017	6401065
11/04/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		01/03/2017	01/04/2017	6401065
				$60.00	Other Ins Paid	$10.00	01/03/2017	01/04/2017	6401065
11/02/2016	Professional Rehab Associates	Phys.therapy	$270.00	$200.00	Write-off		01/03/2017	01/04/2017	6401065
				$60.00	Other Ins Paid	$10.00	01/03/2017	01/04/2017	6401065
11/16/2016	Professional Rehab Associates	Phys.therapy	$225.00	$155.00	Write-off		01/06/2017	01/10/2017	6401080
				$60.00	Other Ins Paid	$10.00	01/06/2017	01/10/2017	6401080
11/14/2016	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		01/06/2017	01/10/2017	6401080
				$60.00	Other Ins Paid	$10.00	01/06/2017	01/10/2017	6401080
11/11/2016	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Write-off		01/06/2017	01/10/2017	6401080
				$60.00	Other Ins Paid	$10.00	01/06/2017	01/10/2017	6401080
10/28/2016	ACO Medical Supply, Inc.	Med.supplies	$1,886.84	$0.00		$1,886.84	01/24/2017	01/24/2017	6401113
10/18/2016	Anesthesiology Associates	Anesthesia	$350.00	$210.00	Disc: Hrgi	$140.00	02/02/2017	02/03/2017	6401130
10/18/2016	Anesthesiology Associates	Anesthesia	$345.00	$207.00	Disc: Hrgi	$138.00	02/02/2017	02/03/2017	6401130
10/18/2016	HealthRisk Resource Group LLC	Repricing Fee	$50.04	$0.00		$50.04	02/02/2017	02/03/2017	6401126
01/19/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Write-off		03/30/2017	03/31/2017	6401187
				$45.78	Other Ins Paid	$10.00	03/30/2017	03/31/2017	6401187
02/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Write-off		04/07/2017	04/11/2017	6401212
				$45.78	Other Ins Paid	$10.00	04/07/2017	04/11/2017	6401212
11/29/2016	Professional Rehab Associates	Phys.therapy	$225.00	$225.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
11/30/2016	Professional Rehab Associates	Phys.therapy	$270.00	$270.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
12/02/2016	Professional Rehab Associates	Phys.therapy	$225.00	$225.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
12/05/2016	Professional Rehab Associates	Phys.therapy	$135.00	$135.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
12/07/2016	Professional Rehab Associates	Phys.therapy	$180.00	$180.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
12/09/2016	Professional Rehab Associates	Phys.therapy	$225.00	$225.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
12/12/2016	Professional Rehab Associates	Phys.therapy	$180.00	$180.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
01/17/2017	Professional Rehab Associates	Phys.therapy	$135.00	$135.00	Write-off	$0.00	04/26/2017	04/28/2017	999999999
11/29/2016	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	05/08/2017	05/09/2017	6401268
02/24/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		05/08/2017	05/09/2017	6401268
				$60.00	Other Ins Paid	$10.00	05/08/2017	05/09/2017	6401268

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0064309; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/27/2016									
05/04/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Primary Adjustm		06/28/2017	06/30/2017	6401403
				$45.78	Other Ins Paid	$10.00	06/28/2017	06/30/2017	6401403
12/02/2016	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	10/26/2017	10/27/2017	6401598
01/17/2017	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	10/26/2017	10/27/2017	6401598
11/30/2016	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	10/26/2017	10/27/2017	6401597
12/05/2016	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	11/09/2017	11/10/2017	6401616
12/07/2016	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	11/09/2017	11/10/2017	6401616
12/09/2016	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	11/09/2017	11/10/2017	6401616
12/12/2016	Professional Rehab Associates	Phys.therapy	$10.00	$0.00		$10.00	03/23/2018	03/27/2018	6401774
Claim # AGA-0064309 Totals :			**$9,664.38**	**$6,767.00**		**$2,897.38**			
Claim: AGA-0076123; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 10/06/2016									
11/17/2016	Carilion NRV Med Center	X-ray,Radiology	$123.67	$54.06	Write-off		12/22/2016	12/23/2016	999999999
				$69.61	Other Ins Paid	$0.00	12/22/2016	12/23/2016	999999999
11/17/2016	Carilion NRV Med Center	X-ray,Radiology	$29.83	$7.50	Provider Discount		12/22/2016	12/23/2016	999999999
				$22.33	Disc.radford	$0.00	12/22/2016	12/23/2016	999999999
11/17/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$12.25	Write-off		12/22/2016	12/23/2016	6401053
				$6.83	Other Ins Paid	$2.92	12/22/2016	12/23/2016	6401053
12/08/2016	Foot Management, Inc.	Orthotics	$107.50	$0.00		$107.50	12/22/2016	12/23/2016	6401059
Claim # AGA-0076123 Totals :			**$283.00**	**$172.58**		**$110.42**			
Claim: AGA-0108676; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 07/20/2017									
07/20/2017	Carilion Medical Center	Mri	$170.00	$91.83	Primary Adjustm		09/01/2017	09/01/2017	6401517
				$54.72	Other Ins Paid	$23.45	09/01/2017	09/01/2017	6401517
07/20/2017	Carilion Clinic	X-ray,Radiology	$56.00	$23.60	Primary Adjustm		11/30/2017	12/01/2017	6401642
				$15.88	Other Ins Paid	$16.52	11/30/2017	12/01/2017	6401642
02/09/2018	Carilion Roanoke Mem Hosp	Mri	$2,328.00	$227.33	Primary Adjustm	$2,100.67	02/09/2018	02/13/2018	6401739
	Carilion Roanoke Mem Hosp		$0.00	$0.00		-$777.27	04/25/2018	04/25/2018	0
Claim # AGA-0108676 Totals :			**$2,554.00**	**$1,190.63**		**$1,363.37**			

A-G Administrators, Inc.

Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0102720; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 05/25/2017									
05/30/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$152.00	Other Ins Paid	$10.00	08/24/2017	08/29/2017	6401457
06/28/2017	HealthRisk Resource Group LLC	Repricing Fee	$59.52	$0.00		$59.52	09/07/2017	09/08/2017	6401527
06/28/2017	Baptist Health Dba Gulf Breeze	X-ray,Radiology	$1,240.00	$496.00	Disc: Hrgi	$744.00	09/07/2017	09/08/2017	6401529
06/07/2017	Johns Hopkins University	Mri	$1,491.00	$1,399.48	Other Ins Paid	$91.52	09/14/2017	09/15/2017	6401541
06/29/2017	Andrews Institute Asc	Surgery	$8,040.00	$884.40	Primary Adjustm		10/03/2017	10/06/2017	6401574
				$6,046.12	Other Ins Paid	$1,109.48	10/03/2017	10/06/2017	6401574
06/29/2017	Andrews Institute Asc	Surgery	$8,040.00	$884.40	Primary Adjustm		10/09/2017	10/10/2017	6401578
				$6,046.12	Other Ins Paid	$1,109.48	10/09/2017	10/10/2017	6401578
07/07/2017	Physiotherapy Associates	Phys.therapy	$559.00	$386.06	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$58.35	Other Ins Paid	$114.59	12/04/2017	12/05/2017	6401649
07/12/2017	Physiotherapy Associates	Phys.therapy	$243.00	$184.86	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$46.51	Other Ins Paid	$11.63	12/04/2017	12/05/2017	6401649
07/19/2017	Physiotherapy Associates	Phys.therapy	$484.00	$364.37	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$95.70	Other Ins Paid	$23.93	12/04/2017	12/05/2017	6401649
07/28/2017	Physiotherapy Associates	Phys.therapy	$484.00	$364.37	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$95.70	Other Ins Paid	$23.93	12/04/2017	12/05/2017	6401649
07/31/2017	Physiotherapy Associates	Phys.therapy	$484.00	$364.37	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$95.70	Other Ins Paid	$23.93	12/04/2017	12/05/2017	6401649
07/10/2017	Physiotherapy Associates	Phys.therapy	$322.00	$242.37	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$63.70	Other Ins Paid	$15.93	12/04/2017	12/05/2017	6401649
07/14/2017	Physiotherapy Associates	Phys.therapy	$408.00	$308.93	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$79.25	Other Ins Paid	$19.82	12/04/2017	12/05/2017	6401649
07/17/2017	Physiotherapy Associates	Phys.therapy	$484.00	$364.37	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$95.70	Other Ins Paid	$23.93	12/04/2017	12/05/2017	6401649
07/24/2017	Physiotherapy Associates	Phys.therapy	$484.00	$364.37	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$95.70	Other Ins Paid	$23.93	12/04/2017	12/05/2017	6401649
07/25/2017	Physiotherapy Associates	Phys.therapy	$484.00	$364.37	Primary Adjustm		12/04/2017	12/05/2017	6401649
				$95.70	Other Ins Paid	$23.93	12/04/2017	12/05/2017	6401649
	Andrews Institute Asc		$0.00	$0.00		-$1,109.48	12/11/2017	12/11/2017	0
05/31/2017	Carilion Services Inc	Surgery	$217.00	$75.95	Primary Adjustm		01/19/2018	01/19/2018	6401698
				$112.84	Other Ins Paid	$28.21	01/19/2018	01/19/2018	6401698
05/31/2017	Carilion NRV Med Center	Mri	$3,131.21	$730.63	Other Ins Paid		02/12/2018	02/13/2018	999999999
				$2,400.58	Primary Adjustm	$0.00	02/12/2018	02/13/2018	999999999

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0102720; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 05/25/2017									
05/31/2017	Carilion NRV Med Center	Mri	$913.29	$228.32	Provider Discount		02/12/2018	02/13/2018	999999999
				$684.97	Disc.radford	$0.00	02/12/2018	02/13/2018	999999999
06/29/2017	Paradigm Anesthesia, PA	Anesthesia	$1,530.00	$424.34	Primary Adjustm		03/02/2018	03/06/2018	6401755
				$552.83	Other Ins Paid	$552.83	03/02/2018	03/06/2018	6401755
05/31/2017	Carilion Services Inc	Mri	$204.00	$71.40	Primary Adjustm		04/07/2018	04/10/2018	6401793
				$106.08	Other Ins Paid	$26.52	04/07/2018	04/10/2018	6401793
Claim # AGA-0102720 Totals :			**$29,464.02**	**$26,536.39**		**$2,927.63**			
Claim: AGA-0079753; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Back; Date Incurred: 11/02/2016									
11/15/2016	Carilion NRV Med Center	X-ray,Radiology	$395.19	$158.73	Write-off		12/21/2016	12/23/2016	999999999
				$236.46	Other Ins Paid	$0.00	12/21/2016	12/23/2016	999999999
11/15/2016	Carilion NRV Med Center	X-ray,Radiology	$78.81	$19.70	Provider Discount		12/21/2016	12/23/2016	999999999
				$59.11	Disc.radford	$0.00	12/21/2016	12/23/2016	999999999
11/15/2016	Carilion Services Inc	X-ray,Radiology	$67.00	$36.97	Write-off		12/22/2016	12/23/2016	6401054
				$24.04	Other Ins Paid	$5.99	12/22/2016	12/23/2016	6401054
Claim # AGA-0079753 Totals :			**$541.00**	**$535.01**		**$5.99**			
Claim: AGA-0099778; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 02/07/2017									
04/27/2017	Carilion Services Inc	X-ray,Radiology	$44.00	$24.56	Write-off	$19.44	05/26/2017	05/26/2017	6401316
05/16/2017	Beaches Open Mri Of Boynton	Mri	$1,820.00	$1,372.28	Primary Adjustm	$447.72	09/08/2017	09/08/2017	6401528
05/17/2017	Beaches Open Mri Of Boynton	Mri	$1,820.00	$1,372.28	Primary Adjustm	$447.72	04/09/2018	04/10/2018	6401794
Claim # AGA-0099778 Totals :			**$3,684.00**	**$2,769.12**		**$914.88**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0080871; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/02/2016									
12/07/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Write-off		01/06/2017	01/06/2017	6401070
				$33.38	Other Ins Paid	$16.44	01/06/2017	01/06/2017	6401070
12/06/2016	Carilion Services Inc	Mri	$172.00	$83.25	Write-off		01/06/2017	01/06/2017	6401072
				$59.46	Other Ins Paid	$29.29	01/06/2017	01/06/2017	6401072
12/05/2016	Carilion Healthcare Corp	Medical Treatment	$223.00	$54.76	Write-off		01/10/2017	01/13/2017	6401087
				$112.72	Other Ins Paid	$55.52	01/10/2017	01/13/2017	6401087
12/06/2016	Carilion NRV Med Center	Mri	$1,848.74	$638.15	Write-off		01/20/2017	01/20/2017	999999999
				$1,210.59	Other Ins Paid	$0.00	01/20/2017	01/20/2017	999999999
12/06/2016	Carilion NRV Med Center	Mri	$596.26	$149.10	Provider Discount		01/20/2017	01/20/2017	999999999
				$447.16	Disc.radford	$0.00	01/20/2017	01/20/2017	999999999
01/09/2017	Surgicenter Of Eastern Nc	Surgery	$12,750.20	$1,275.03	Write-off		02/06/2017	02/07/2017	6401131
				$7,688.37	Other Ins Paid	$3,786.80	02/06/2017	02/07/2017	6401131
01/09/2017	Orthopaedics East Inc	Surgery	$4,960.00	$3,407.11	Write-off		03/13/2017	03/15/2017	6401170
				$1,040.44	Other Ins Paid	$512.45	03/13/2017	03/15/2017	6401170
12/16/2016	Orthopaedics East Inc	Medical Treatment	$150.00	$67.21	Write-off		03/15/2017	03/17/2017	6401174
				$55.47	Other Ins Paid	$27.32	03/15/2017	03/17/2017	6401174
02/02/2017	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Write-off		03/16/2017	03/17/2017	6401177
				$54.00	Other Ins Paid	$54.00	03/16/2017	03/17/2017	6401177
01/31/2017	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Write-off		03/16/2017	03/17/2017	6401177
				$54.00	Other Ins Paid	$54.00	03/16/2017	03/17/2017	6401177
01/27/2017	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Write-off		03/16/2017	03/17/2017	6401177
				$54.00	Other Ins Paid	$54.00	03/16/2017	03/17/2017	6401177
01/26/2017	Professional Rehab Associates	Phys.therapy	$195.00	$39.00	Write-off		03/16/2017	03/17/2017	6401177
				$78.00	Other Ins Paid	$78.00	03/16/2017	03/17/2017	6401177
02/07/2017	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Write-off		03/28/2017	03/31/2017	6401189
				$72.00	Other Ins Paid	$72.00	03/28/2017	03/31/2017	6401189
03/06/2017	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Write-off		04/26/2017	04/28/2017	6401239
				$54.00	Other Ins Paid	$54.00	04/26/2017	04/28/2017	6401239
03/08/2017	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Write-off		04/26/2017	04/28/2017	6401239
				$72.00	Other Ins Paid	$72.00	04/26/2017	04/28/2017	6401239
05/08/2017	Orthopaedics East Inc	Medical Treatment	$90.00	$29.60	Write-off		06/06/2017	06/06/2017	6401348
				$40.47	Other Ins Paid	$19.93	06/06/2017	06/06/2017	6401348
05/19/2017	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Primary Adjustm		07/12/2017	07/14/2017	6401430

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0080871; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/02/2016									
				$72.00	Other Ins Paid	$72.00	07/12/2017	07/14/2017	6401430
06/06/2017	Professional Rehab Associates	Phys.therapy	$225.00	$45.00	Primary Adjustm		07/19/2017	08/29/2017	6401504
				$90.00	Other Ins Paid	$90.00	07/19/2017	08/29/2017	6401504
06/09/2017	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Primary Adjustm		07/19/2017	08/29/2017	6401504
				$72.00	Other Ins Paid	$72.00	07/19/2017	08/29/2017	6401504
01/09/2017	East Carolina Anesthesia Associate	Anesthesia	$2,536.00	$811.35	Primary Adjustm		07/25/2017	08/29/2017	6401516
				$1,155.52	Other Ins Paid	$569.13	07/25/2017	08/29/2017	6401516
01/09/2017	East Carolina Anesthesia Associate	Anesthesia	$806.00	$463.45	Primary Adjustm		07/25/2017	08/29/2017	6401516
				$229.51	Other Ins Paid	$113.04	07/25/2017	08/29/2017	6401516
04/07/2017	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Primary Adjustm		08/10/2017	08/29/2017	6401479
				$72.00	Other Ins Paid	$72.00	08/10/2017	08/29/2017	6401479
08/24/2017	Orthopaedics East Inc	Medical Treatment	$150.00	$67.21	Primary Adjustm		09/21/2017	09/22/2017	6401546
				$55.47	Other Ins Paid	$27.32	09/21/2017	09/22/2017	6401546
09/08/2017	Dj Orthopedics Llc	Orthopedic Appliance	$1,642.97	$699.36	Primary Adjustm		10/11/2017	10/13/2017	6401583
				$758.95	Other Ins Paid	$184.66	10/11/2017	10/13/2017	6401583
09/01/2017	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Primary Adjustm		10/13/2017	10/17/2017	6401585
				$54.00	Other Ins Paid	$54.00	10/13/2017	10/17/2017	6401585
07/11/2018	Carilion Healthcare Corp	Medical Treatment	$170.00	$45.33	Primary Adjustm		08/06/2018	08/07/2018	6402089
				$83.53	Other Ins Paid	$41.14	08/06/2018	08/07/2018	6402089
07/23/2018	Carilion Medical Center	Mri	$204.00	$96.93	Primary Adjustm		09/06/2018	09/07/2018	6402163
				$71.74	Other Ins Paid	$35.33	09/06/2018	09/07/2018	6402163
07/23/2018	Carilion Medical Center	Surgery	$110.00	$43.52	Other Ins Paid		09/11/2018	09/14/2018	6402168
				$45.05	Primary Adjustm	$21.43	09/11/2018	09/14/2018	6402168
07/23/2018	Carilion Medical Center	X-ray,Radiology	$49.00	$23.51	Other Ins Paid		09/11/2018	09/14/2018	6402168
				$13.91	Primary Adjustm	$11.58	09/11/2018	09/14/2018	6402168
09/12/2018	Carilion Healthcare Corp	Surgery	$429.00	$155.17	Other Ins Paid		10/17/2018	10/19/2018	6402204
				$197.40	Primary Adjustm	$76.43	10/17/2018	10/19/2018	6402204
09/05/2018	Carilion Healthcare Corp	Surgery	$429.00	$155.17	Other Ins Paid		10/18/2018	10/19/2018	6402205
				$197.40	Primary Adjustm	$76.43	10/18/2018	10/19/2018	6402205
08/29/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$54.66	Other Ins Paid		10/18/2018	10/19/2018	6402203
				$27.42	Primary Adjustm	$26.92	10/18/2018	10/19/2018	6402203
07/23/2018	Carilion NRV Med Center	Mri	$2,996.16	$1,034.21	Primary Adjustm		11/15/2018	11/16/2018	999999999
				$1,961.95	Other Ins Paid	$0.00	11/15/2018	11/16/2018	999999999

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0080871; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/02/2016									
07/23/2018	Carilion NRV Med Center	Mri	$966.34	$241.59	Provider Discount		11/15/2018	11/16/2018	999999999
				$724.75	Disc.radford	$0.00	11/15/2018	11/16/2018	999999999
Claim # AGA-0080871 Totals :			**$33,448.67**	**$27,019.51**		**$6,429.16**			

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0084975; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 10/15/2016									
12/05/2016	Carilion Clinic	Medical Treatment	$66.00	$11.63	Write-off	$54.37	01/17/2017	01/18/2017	6401097
12/01/2016	Carilion Clinic	Mri	$4,227.50	$1,179.47	Write-off		01/17/2017	01/18/2017	6401097
				$1,774.86	Other Ins Paid	$1,273.17	01/17/2017	01/18/2017	6401097
12/01/2016	Carilion Clinic	Injection	$176.00	$65.11	Write-off		01/17/2017	01/18/2017	6401097
				$65.89	Other Ins Paid	$45.00	01/17/2017	01/18/2017	6401097
12/01/2016	Carilion Clinic	Mri	$204.00	$87.13	Write-off		01/17/2017	01/18/2017	6401097
				$87.65	Other Ins Paid	$29.22	01/17/2017	01/18/2017	6401097
11/28/2016	Carilion Clinic	X-ray,Radiology	$127.00	$27.80	Write-off		01/17/2017	01/18/2017	6401097
				$44.20	Other Ins Paid	$55.00	01/17/2017	01/18/2017	6401097
11/17/2016	Carilion Clinic	Medical Treatment	$66.00	$11.63	Write-off	$54.37	01/17/2017	01/18/2017	6401097
11/09/2016	Carilion Clinic	Medical Treatment	$268.00	$74.73	Write-off		01/17/2017	01/18/2017	6401097
				$138.27	Other Ins Paid	$55.00	01/17/2017	01/18/2017	6401097
01/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Write-off		03/15/2017	03/17/2017	6401176
				$0.78	Other Ins Paid	$55.00	03/15/2017	03/17/2017	6401176
02/17/2017	Carilion Healthcare Corp	Surgery	$2,243.00	$737.76	Write-off		03/29/2017	03/31/2017	6401193
				$906.10	Other Ins Paid	$599.14	03/29/2017	03/31/2017	6401193
02/17/2017	Carilion Healthcare Corp	Surgery	$1,447.00	$494.11	Write-off	$952.89	03/29/2017	03/31/2017	6401193
02/01/2017	Carilion Healthcare Corp	Orthopedic Appliance	$151.00	$113.25	Other Ins Paid	$37.75	03/30/2017	03/31/2017	6401190
02/01/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Write-off		03/30/2017	03/31/2017	6401190
				$36.35	Other Ins Paid	$55.00	03/30/2017	03/31/2017	6401190
02/17/2017	Anesthesiology Associates	Anesthesia	$828.00	$241.50	Other Ins Paid		03/31/2017	04/04/2017	6401199
				$506.00	Write-off	$80.50	03/31/2017	04/04/2017	6401199
02/17/2017	Anesthesiology Associates	Anesthesia	$840.00	$241.50	Other Ins Paid		03/31/2017	04/04/2017	6401199
				$518.00	Write-off	$80.50	03/31/2017	04/04/2017	6401199
02/20/2017	Professional Rehab Associates	Phys.therapy	$195.00	$125.00	Write-off		04/12/2017	04/14/2017	6401218
				$47.88	Other Ins Paid	$22.12	04/12/2017	04/14/2017	6401218
02/22/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		04/12/2017	04/14/2017	6401218
				$15.00	Other Ins Paid	$55.00	04/12/2017	04/14/2017	6401218
02/24/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		04/12/2017	04/14/2017	6401218
				$15.00	Other Ins Paid	$55.00	04/12/2017	04/14/2017	6401218
02/27/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		04/12/2017	04/14/2017	6401218
				$15.00	Other Ins Paid	$55.00	04/12/2017	04/14/2017	6401218
03/01/2017	Professional Rehab Associates	Phys.therapy	$90.00	$20.00	Write-off		04/12/2017	04/14/2017	6401218

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0084975; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 10/15/2016									
				$15.00	Other Ins Paid	$55.00	04/12/2017	04/14/2017	6401218
03/03/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		04/12/2017	04/14/2017	6401218
				$15.00	Other Ins Paid	$55.00	04/12/2017	04/14/2017	6401218
03/07/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		04/26/2017	04/28/2017	6401238
				$15.00	Other Ins Paid	$55.00	04/26/2017	04/28/2017	6401238
03/15/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Write-off		04/26/2017	04/28/2017	6401238
				$15.00	Other Ins Paid	$55.00	04/26/2017	04/28/2017	6401238
06/26/2017	Professional Sports Care And R	Phys.therapy	$120.00	$50.00	Primary Adjustm		08/24/2017	08/29/2017	6401508
				$15.00	Other Ins Paid	$55.00	08/24/2017	08/29/2017	6401508
06/21/2017	Professional Sports Care And R	Phys.therapy	$365.00	$295.00	Primary Adjustm		08/24/2017	08/29/2017	6401508
				$15.00	Other Ins Paid	$55.00	08/24/2017	08/29/2017	6401508
06/29/2017	Professional Sports Care And R	Phys.therapy	$365.00	$295.00	Primary Adjustm		08/24/2017	08/29/2017	6401508
				$15.00	Other Ins Paid	$55.00	08/24/2017	08/29/2017	6401508
07/10/2017	Professional Sports Care And R	Phys.therapy	$350.00	$280.00	Primary Adjustm		08/24/2017	08/29/2017	6401508
				$15.00	Other Ins Paid	$55.00	08/24/2017	08/29/2017	6401508
02/17/2017	Carilion NRV Med Center	Surgery	$25,338.90	$7,663.01	Primary Adjustm		09/14/2017	09/15/2017	999999999
				$17,675.89	Other Ins Paid	$0.00	09/14/2017	09/15/2017	999999999
02/17/2017	Carilion NRV Med Center	Surgery	$2,127.10	$531.78	Provider Discount		09/14/2017	09/15/2017	999999999
				$1,595.32	Disc.radford	$0.00	09/14/2017	09/15/2017	999999999
06/28/2017	Professional Sports Care And R	Phys.therapy	$365.00	$295.00	Primary Adjustm		10/06/2017	10/06/2017	6401571
				$15.00	Other Ins Paid	$55.00	10/06/2017	10/06/2017	6401571
06/12/2017	Champion Phy. Therapy	Phys.therapy	$107.00	$49.66	Primary Adjustm		11/14/2017	11/14/2017	6401624
				$2.34	Other Ins Paid	$55.00	11/14/2017	11/14/2017	6401624
Claim # AGA-0084975 Totals :			**$41,051.50**	**$36,887.47**		**$4,164.03**			

A-G Administrators, Inc.

Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0065956; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 08/19/2016									
09/22/2016	Carilion Healthcare Corp	Medical Treatment	$109.00	$9.67	Write-off		11/18/2016	11/18/2016	6400995
				$79.46	Other Ins Paid	$19.87	11/18/2016	11/18/2016	6400995
09/08/2016	Carilion Healthcare Corp	Medical Treatment	$175.00	$20.25	Write-off		11/28/2016	11/29/2016	6401019
				$123.80	Other Ins Paid	$30.95	11/28/2016	11/29/2016	6401019
09/30/2016	Carilion NRV Med Center	Medical Treatment	$1,219.80	$490.98	Write-off		12/01/2016	12/02/2016	999999999
				$728.82	Other Ins Paid	$0.00	12/01/2016	12/02/2016	999999999
09/30/2016	Carilion NRV Med Center	Medical Treatment	$182.20	$45.60	Provider Discount		12/01/2016	12/02/2016	999999999
				$136.60	Disc.radford	$0.00	12/01/2016	12/02/2016	999999999
10/11/2016	Foot Management, Inc.	Orthotics	$86.50	$0.00		$86.50	01/24/2017	01/24/2017	6401111
09/30/2016	Carilion Services Inc	X-ray,Radiology	$79.00	$36.54	Write-off		02/15/2017	02/17/2017	6401139
				$33.97	Other Ins Paid	$8.49	02/15/2017	02/17/2017	6401139
Claim # AGA-0065956 Totals :			**$1,851.50**	**$1,705.69**		**$145.81**			
Claim: AGA-0102721; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 06/03/2017									
06/07/2017	Maryview Hospital	Medical Treatment	$318.00	$198.57	Primary Adjustm		07/05/2017	07/07/2017	6401421
				$79.43	Other Ins Paid	$40.00	07/05/2017	07/07/2017	6401421
06/07/2017	Maryview Hospital	X-ray,Radiology	$79.00	$48.22	Primary Adjustm		07/05/2017	07/07/2017	6401421
				$24.62	Other Ins Paid	$6.16	07/05/2017	07/07/2017	6401421
07/19/2017	Maryview Hospital	Medical Treatment	$215.00	$134.47	Primary Adjustm		08/18/2017	08/29/2017	6401467
				$40.53	Other Ins Paid	$40.00	08/18/2017	08/29/2017	6401467
Claim # AGA-0102721 Totals :			**$612.00**	**$525.84**		**$86.16**			
Claim: AGA-0068304; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 09/24/2016									
09/26/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		10/25/2016	10/28/2016	6400963
				$44.80	Other Ins Paid	$14.94	10/25/2016	10/28/2016	6400963
Claim # AGA-0068304 Totals :			**$66.00**	**$51.06**		**$14.94**			

A-G Administrators, Inc.
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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0087111; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Back; Date Incurred: 01/10/2017									
01/23/2017	Carilion NRV Med Center	Mri	$2,754.50	$374.61	Write-off		05/01/2017	05/02/2017	6401255
				$1,823.91	Other Ins Paid		05/01/2017	05/02/2017	6401255
				$138.99	Provider Discount	$416.99	05/01/2017	05/02/2017	6401255
01/19/2017	Carilion NRV Med Center	X-ray,Radiology	$514.10	$84.52	Primary Adjustm		08/10/2017	08/11/2017	999999999
				$429.58	Other Ins Paid	$0.00	08/10/2017	08/11/2017	999999999
01/19/2017	Carilion NRV Med Center	X-ray,Radiology	$107.40	$26.85	Provider Discount		08/10/2017	08/11/2017	999999999
				$80.55	Disc.radford	$0.00	08/10/2017	08/11/2017	999999999
01/23/2017	Carilion Services Inc	Mri	$188.00	$89.15	Primary Adjustm	$98.85	09/05/2017	09/06/2017	6401523
01/19/2017	HealthRisk Resource Group LLC	Repricing Fee	$2.34	$0.00		$2.34	09/08/2017	09/12/2017	6401530
01/19/2017	Carilion Services Inc	X-ray,Radiology	$85.00	$19.53	Disc: Hrgi	$65.47	09/08/2017	09/12/2017	6401534
Claim # AGA-0087111 Totals :			**$3,651.34**	**$3,067.69**		**$583.65**			

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0101224; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 05/09/2017									
05/19/2017	Carilion NRV Med Center	Mri	$3,931.50	$982.88	Primary Adjustm		06/29/2017	06/30/2017	6401415
				$2,162.16	Other Ins Paid		06/29/2017	06/30/2017	6401415
				$196.62	Provider Discount	$589.84	06/29/2017	06/30/2017	6401415
05/19/2017	Carilion Services Inc	Mri	$204.00	$82.31	Primary Adjustm	$121.69	06/28/2017	06/30/2017	6401410
05/19/2017	Carilion Services Inc	Surgery	$170.00	$58.24	Primary Adjustm	$111.76	06/28/2017	06/30/2017	6401412
05/19/2017	Carilion Services Inc	X-ray,Radiology	$49.00	$7.71	Primary Adjustm	$41.29	06/28/2017	06/30/2017	6401412
06/14/2017	Chesapeake Anesthesiologist	Surgery	$900.00	$225.00	Primary Adjustm		07/26/2017	07/28/2017	6401451
				$573.75	Other Ins Paid	$101.25	07/26/2017	07/28/2017	6401451
05/11/2017	Carilion Clinic	Medical Treatment	$209.50	$52.38	Primary Adjustm	$157.12	07/26/2017	08/29/2017	6401505
05/11/2017	Carilion Clinic	X-ray,Radiology	$22.00	$8.76	Primary Adjustm	$13.24	07/26/2017	08/29/2017	6401505
06/16/2017	Sentara Norfolk General	Phys.therapy	$3,301.00	$2,317.33	Primary Adjustm		08/28/2017	08/29/2017	6401498
				$836.13	Other Ins Paid	$147.54	08/28/2017	08/29/2017	6401498
06/14/2017	Sports Medicine and Orthopaedic Center	Surgery	$1,375.00	$845.24	Primary Adjustm		08/17/2017	08/29/2017	6401482
				$450.30	Other Ins Paid	$79.46	08/17/2017	08/29/2017	6401482
06/14/2017	The Surgery Center of Chesapeake	Medical Treatment	$5,170.25	$3,786.25	Primary Adjustm		09/11/2017	09/12/2017	6401537
				$1,176.40	Other Ins Paid	$207.60	09/11/2017	09/12/2017	6401537
07/03/2017	Sentara Norfolk General	Phys.therapy	$8,025.00	$5,633.62	Primary Adjustm		09/15/2017	09/15/2017	6401542
				$2,032.66	Other Ins Paid	$358.72	09/15/2017	09/15/2017	6401542
06/08/2017	Sports Med.& Ortho.	Medical Treatment	$165.00	$58.63	Primary Adjustm		09/26/2017	09/29/2017	6401556
				$66.37	Other Ins Paid	$40.00	09/26/2017	09/29/2017	6401556
08/02/2017	Sentara Norfolk General	Phys.therapy	$4,268.00	$2,996.18	Primary Adjustm		10/18/2017	10/20/2017	6401593
				$1,081.04	Other Ins Paid	$190.78	10/18/2017	10/20/2017	6401593
07/27/2017	Sports Med.& Ortho.	Medical Treatment	$200.00	$94.14	Primary Adjustm		11/08/2017	11/10/2017	6401618
				$65.86	Other Ins Paid	$40.00	11/08/2017	11/10/2017	6401618
09/06/2017	Lewis-gale Physicians	Medical Treatment	$400.00	$149.89	Primary Adjustm		11/14/2017	11/14/2017	6401625
				$190.11	Other Ins Paid	$60.00	11/14/2017	11/14/2017	6401625
10/16/2017	Professional Rehab Associates	Phys.therapy	$195.00	$85.03	Primary Adjustm		12/05/2017	12/05/2017	6401647
				$93.48	Other Ins Paid	$16.49	12/05/2017	12/05/2017	6401647
10/18/2017	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm		12/05/2017	12/05/2017	6401647
				$74.33	Other Ins Paid	$13.12	12/05/2017	12/05/2017	6401647
09/29/2017	Blue Ridge Anesthesia Assoc	Surgery	$793.00	$173.62	Primary Adjustm		12/20/2017	12/22/2017	6401664
				$526.47	Other Ins Paid	$92.91	12/20/2017	12/22/2017	6401664
09/29/2017	DJO, LLC	Medical Treatment	$25.00	$0.00		$25.00	12/20/2017	12/22/2017	6401661

A-G Administrators, Inc.

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0101224; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 05/09/2017									
09/29/2017	Blue Ridge Surgery Center	Surgery	$5,439.00	$2,565.00	Primary Adjustm		01/11/2018	01/12/2018	6401692
				$2,606.49	Other Ins Paid	$267.51	01/11/2018	01/12/2018	6401692
02/16/2018	Montgomery Radiology Associate	Surgery	$748.00	$487.22	Primary Adjustm	$260.78	04/25/2018	04/27/2018	6401830
02/06/2018	Lewis-gale Physicians	Medical Treatment	$176.00	$49.32	Other Ins Paid		04/27/2018	05/01/2018	6401834
				$66.68	Primary Adjustm	$60.00	04/27/2018	05/01/2018	6401834
09/29/2017	Lewis-gale Physicians	Surgery	$1,747.00	$941.45	Primary Adjustm		05/09/2018	05/11/2018	6401863
				$684.72	Other Ins Paid	$120.83	05/09/2018	05/11/2018	6401863
02/20/2018	Cody Schneider	Consultation	$450.00	$0.00		$450.00	05/10/2018	05/11/2018	6401865
03/29/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm		05/23/2018	05/25/2018	6401888
				$74.33	Other Ins Paid	$13.12	05/23/2018	05/25/2018	6401888
03/27/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm		05/23/2018	05/25/2018	6401888
				$74.33	Other Ins Paid	$13.12	05/23/2018	05/25/2018	6401888
03/20/2018	Professional Rehab Associates	Phys.therapy	$195.00	$85.03	Primary Adjustm		05/23/2018	05/25/2018	6401888
				$93.48	Other Ins Paid	$16.49	05/23/2018	05/25/2018	6401888
03/22/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm		05/23/2018	05/25/2018	6401888
				$74.33	Other Ins Paid	$13.12	05/23/2018	05/25/2018	6401888
01/23/2018	Lewis-gale Physicians	Surgery	$395.00	$140.37	Other Ins Paid		05/24/2018	05/25/2018	6401889
				$187.03	Primary Adjustm	$67.60	05/24/2018	05/25/2018	6401889
02/25/2018	Cody Schneider	Reimbursement	$2,750.00	$0.00		$2,750.00	06/11/2018	06/12/2018	6401921
03/02/2018	Hospital for Special Surgery	Operating Room	$23,399.00	$18,919.45	Other Ins Paid		06/12/2018	06/15/2018	6401936
				$3,416.46	Primary Adjustm	$1,063.09	06/12/2018	06/15/2018	6401936
01/02/2018	Sentara Norfolk General	Phys.therapy	$1,260.00	$889.57	Primary Adjustm	$370.43	06/25/2018	07/03/2018	6402009
03/02/2018	Robert N Hotchkiss Md Pc	Surgery	$24,900.00	$594.77	Other Ins Paid		06/25/2018	07/17/2018	6402061
				$22,208.71	Primary Adjustm	$2,096.52	06/25/2018	07/17/2018	6402061
03/02/2018	East River Medical Associates PC	Anesthesia	$4,842.00	$877.25	Other Ins Paid	$3,964.75	06/27/2018	08/07/2018	6402106
07/17/2018	Joseph Schneider	Medical Treatment	$250.00	$0.00		$250.00	07/23/2018	08/07/2018	6402101
07/17/2018	HSS Radiologists	X-ray,Radiology	$36.00	$0.00		$36.00	07/31/2018	08/07/2018	6402087
02/16/2018	Lewisgale Hos Montgomery	Mri	$6,545.60	$5,377.79	Other Ins Paid	$1,167.81	09/18/2018	09/21/2018	6402176
03/02/2018	Robert N Hotchkiss Md Pc	Surgery	$13,758.71	$0.00		$13,758.71	10/22/2018	10/23/2018	6402211
03/02/2018	Robert N Hotchkiss Md Pc	Split Payment	-$5,971.23	$0.00	Split Payment	-$5,971.23	10/22/2018	10/23/2018	6402211
Claim # AGA-0101224 Totals :			**$110,863.33**	**$87,686.87**		**$23,176.46**			

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Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0069907; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 09/26/2016									
10/03/2016	Carilion Healthcare Corp	Medical Treatment	$162.00	$71.04	Write-off	$90.96	10/28/2016	10/28/2016	6400976
10/03/2016	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$27.86	Write-off	$28.14	10/28/2016	10/28/2016	6400976
10/17/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$23.00	Write-off		11/15/2016	11/18/2016	6400998
				$9.08	Other Ins Paid	$33.92	11/15/2016	11/18/2016	6400998
Claim # AGA-0069907 Totals :			**$284.00**	**$130.98**		**$153.02**			

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092672; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/03/2016									
02/26/2017	Carilion NRV Med Center	Mri	$2,445.00	$344.33	Write-off		04/04/2017	04/04/2017	6401200
				$880.54	Other Ins Paid		04/04/2017	04/04/2017	6401200
				$305.03	Provider Discount	$915.10	04/04/2017	04/04/2017	6401200
02/26/2017	Carilion Services Inc	Mri	$172.00	$93.43	Write-off		04/04/2017	04/04/2017	6401194
				$62.86	Other Ins Paid	$15.71	04/04/2017	04/04/2017	6401194
03/06/2017	Carilion Healthcare Corp	Medical Treatment	$0.00	$7.77	Write-off	V	04/17/2017	04/18/2017	6401225
				$51.23	Other Ins Paid	$0.00	04/17/2017	04/18/2017	6401225
03/08/2017	Academic Primary Care Associat	Medical Treatment	$375.00	$70.12	Write-off		05/17/2017	05/19/2017	6401300
				$228.64	Other Ins Paid	$76.24	05/17/2017	05/19/2017	6401300
03/06/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Write-off		05/17/2017	05/19/2017	6401296
				$51.23	Other Ins Paid	$50.00	05/17/2017	05/19/2017	6401296
05/09/2017	Academic Primary Care Associat	Medical Treatment	$174.00	$59.30	Primary Adjustm		06/20/2017	06/23/2017	6401399
				$64.70	Other Ins Paid	$50.00	06/20/2017	06/23/2017	6401399
06/13/2017	Academic Primary Care Associat	Medical Treatment	$233.00	$76.99	Primary Adjustm		07/07/2017	07/11/2017	6401426
				$97.75	Other Ins Paid	$58.26	07/07/2017	07/11/2017	6401426
03/16/2017	First Health	Repricing Fee	$90.00	$0.00		$90.00	07/17/2017	07/18/2017	6401440
03/16/2017	Academic Primary Care Associat	Medical Treatment	$1,500.00	$600.00	First Health Disc	$900.00	07/17/2017	07/18/2017	6401446
06/28/2017	Academic Primary Care Associat	Medical Treatment	$115.00	$34.47	Primary Adjustm		08/24/2017	08/29/2017	6401475
				$30.53	Other Ins Paid	$50.00	08/24/2017	08/29/2017	6401475
06/28/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$17.69	Primary Adjustm		08/24/2017	08/29/2017	6401475
				$33.05	Other Ins Paid	$8.26	08/24/2017	08/29/2017	6401475
08/08/2017	Academic Primary Care Associat	Medical Treatment	$115.00	$34.47	Primary Adjustm		08/24/2017	08/29/2017	6401476
				$30.53	Other Ins Paid	$50.00	08/24/2017	08/29/2017	6401476
08/08/2017	Academic Primary Care Associat	Medical Treatment	$59.00	$17.69	Primary Adjustm		08/24/2017	08/29/2017	6401476
				$33.05	Other Ins Paid	$8.26	08/24/2017	08/29/2017	6401476
Claim # AGA-0092672 Totals :			**$5,446.00**	**$3,174.17**		**$2,271.83**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0089191; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 02/08/2017									
03/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off	$60.25	05/04/2017	05/05/2017	6401262
04/20/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$0.00		$66.00	05/23/2017	05/26/2017	6401327
02/13/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$11.88	Primary Adjustm		06/13/2017	06/16/2017	6401386
				$110.12	Other Ins Paid	$40.00	06/13/2017	06/16/2017	6401386
05/25/2017	Champion Phy. Therapy Cumming	Phys.therapy	$107.00	$45.56	Primary Adjustm		06/16/2017	06/16/2017	6401387
				$21.44	Other Ins Paid	$40.00	06/16/2017	06/16/2017	6401387
05/23/2017	Carilion NRV Med Center	Surgery	$22,494.50	$16,302.49	Primary Adjustm		06/28/2017	06/30/2017	6401416
				$5,205.87	Other Ins Paid		06/28/2017	06/30/2017	6401416
				$246.54	Provider Discount	$739.60	06/28/2017	06/30/2017	6401416
05/12/2017	Carilion Services Inc	Mri	$204.00	$40.80	Disc: Hrgi	$163.20	07/03/2017	07/05/2017	6401420
05/12/2017	HealthRisk Resource Group LLC	Repricing Fee	$4.89	$0.00		$4.89	07/03/2017	07/05/2017	6401418
05/12/2017	Carilion Services Inc	Surgery	$176.00	$84.06	Primary Adjustm	$91.94	07/05/2017	07/07/2017	6401424
06/06/2017	Champion Phy. Therapy Cumming	Phys.therapy	$143.00	$70.52	Primary Adjustm		07/14/2017	07/14/2017	6401431
				$32.48	Other Ins Paid	$40.00	07/14/2017	07/14/2017	6401431
06/09/2017	Champion Phy. Therapy Cumming	Phys.therapy	$143.00	$70.52	Primary Adjustm		07/14/2017	07/14/2017	6401431
				$32.48	Other Ins Paid	$40.00	07/14/2017	07/14/2017	6401431
05/15/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Primary Adjustm		07/14/2017	07/18/2017	6401436
				$61.23	Other Ins Paid	$40.00	07/14/2017	07/18/2017	6401436
05/23/2017	Carilion Healthcare Corp	Surgery	$2,243.00	$1,004.10	Primary Adjustm		07/14/2017	07/18/2017	6401442
				$1,115.01	Other Ins Paid	$123.89	07/14/2017	07/18/2017	6401442
05/30/2017	Champion Phy. Therapy Cumming	Phys.therapy	$154.00	$83.41	Primary Adjustm		07/17/2017	07/18/2017	6401439
				$30.59	Other Ins Paid	$40.00	07/17/2017	07/18/2017	6401439
06/01/2017	Champion Phy. Therapy Cumming	Phys.therapy	$88.00	$38.42	Primary Adjustm		07/17/2017	07/18/2017	6401439
				$9.58	Other Ins Paid	$40.00	07/17/2017	07/18/2017	6401439
07/03/2017	Champion Phy. Therapy Cumming	Phys.therapy	$187.00	$89.74	Primary Adjustm		07/25/2017	07/28/2017	6401449
				$87.53	Other Ins Paid	$9.73	07/25/2017	07/28/2017	6401449
07/06/2017	Champion Phy. Therapy Cumming	Phys.therapy	$187.00	$89.74	Primary Adjustm		07/25/2017	07/28/2017	6401449
				$87.53	Other Ins Paid	$9.73	07/25/2017	07/28/2017	6401449
07/10/2017	Champion Phy. Therapy Cumming	Phys.therapy	$187.00	$89.74	Primary Adjustm		07/25/2017	07/28/2017	6401449
				$87.53	Other Ins Paid	$9.73	07/25/2017	07/28/2017	6401449
	Carilion Services Inc		$0.00	$0.00		-$153.80	08/21/2017	08/21/2017	0
05/15/2017	HealthRisk Resource Group LLC	Repricing Fee	$3.62	$0.00		$3.62	08/07/2017	08/29/2017	6401453
05/15/2017	Carilion Healthcare Corp	Orthopedic Appliance	$151.00	$30.20	Disc: Hrgi	$120.80	08/07/2017	08/29/2017	6401489

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0089191; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 02/08/2017									
05/23/2017	Anesthesiology Associates	Anesthesia	$2,247.00	$1,378.65	Primary Adjustm		08/04/2017	08/29/2017	6401483
				$781.51	Other Ins Paid	$86.84	08/04/2017	08/29/2017	6401483
09/11/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm		10/19/2017	10/20/2017	6401590
				$7.93	Other Ins Paid	$40.00	10/19/2017	10/20/2017	6401590
08/22/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		11/09/2017	11/10/2017	6401617
				$26.33	Other Ins Paid	$40.00	11/09/2017	11/10/2017	6401617
10/05/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm		11/21/2017	11/21/2017	6401632
				$7.93	Other Ins Paid	$40.00	11/21/2017	11/21/2017	6401632
11/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm	$47.93	02/12/2018	02/13/2018	6401732
12/07/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm	$47.93	02/12/2018	02/13/2018	6401733
08/21/2017	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		02/26/2018	02/27/2018	6401750
				$74.45	Other Ins Paid	$40.00	02/26/2018	02/27/2018	6401750
08/24/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		02/26/2018	02/27/2018	6401750
				$26.33	Other Ins Paid	$40.00	02/26/2018	02/27/2018	6401750
01/26/2018	Professional Rehab Associates	Phys.therapy	$190.00	$83.00	Primary Adjustm	$107.00	03/27/2018	03/27/2018	6401776
01/18/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm	$62.40	03/27/2018	03/30/2018	6401778
02/01/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	04/18/2018	04/20/2018	6401811
02/01/2018	HealthRisk Resource Group LLC	Repricing Fee	$1.58	$0.00		$1.58	04/18/2018	04/20/2018	6401804
Claim # AGA-0089191 Totals :			**$30,175.59**	**$28,039.53**		**$2,136.06**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092264; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/10/2017									
04/07/2017	New River Valley Surgery Cent	Surgery	$4,380.00	$2,559.61	Write-off		05/03/2017	05/05/2017	6401264
				$1,456.31	Other Ins Paid	$364.08	05/03/2017	05/05/2017	6401264
03/06/2017	Carilion NRV Med Center	Mri	$2,445.00	$344.33	Write-off		05/09/2017	05/12/2017	6401278
				$1,343.39	Other Ins Paid		05/09/2017	05/12/2017	6401278
				$189.32	Provider Discount	$567.96	05/09/2017	05/12/2017	6401278
04/07/2017	Anesthesiology Associates	Anesthesia	$490.00	$392.00	Other Ins Paid	$98.00	05/15/2017	05/16/2017	6401283
04/10/2017	Professional Rehab Associates	Phys.therapy	$240.00	$103.44	Write-off		05/24/2017	05/26/2017	6401320
				$109.25	Other Ins Paid	$27.31	05/24/2017	05/26/2017	6401320
04/12/2017	Professional Rehab Associates	Phys.therapy	$90.00	$45.78	Write-off		05/24/2017	05/26/2017	6401320
				$35.38	Other Ins Paid	$8.84	05/24/2017	05/26/2017	6401320
03/16/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Primary Adjustm		06/29/2017	06/30/2017	6401405
				$51.23	Other Ins Paid	$50.00	06/29/2017	06/30/2017	6401405
04/07/2017	Carilion Healthcare Corp	Surgery	$1,286.00	$654.60	Primary Adjustm		06/29/2017	06/30/2017	6401411
				$505.12	Other Ins Paid	$126.28	06/29/2017	06/30/2017	6401411
03/06/2017	Carilion Services Inc	Mri	$172.00	$93.43	Primary Adjustm	$78.57	06/29/2017	06/30/2017	6401408
05/31/2017	Ohio Orthopaedics & Sports Med	Phys.therapy	$110.00	$27.61	Primary Adjustm		07/14/2017	07/18/2017	6401438
				$65.91	Other Ins Paid	$16.48	07/14/2017	07/18/2017	6401438
06/06/2017	Ohio Orthopaedics & Sports Med	Phys.therapy	$110.00	$27.61	Primary Adjustm		07/14/2017	07/18/2017	6401438
				$65.91	Other Ins Paid	$16.48	07/14/2017	07/18/2017	6401438
06/05/2017	Ohio Orthopaedics & Sports Med	Phys.therapy	$110.00	$27.61	Primary Adjustm		07/14/2017	07/18/2017	6401438
				$65.91	Other Ins Paid	$16.48	07/14/2017	07/18/2017	6401438
05/31/2017	Ohio Orthopaedics & Sports Med	Phys.therapy	$195.00	$50.32	Primary Adjustm		07/14/2017	07/18/2017	6401438
				$115.74	Other Ins Paid	$28.94	07/14/2017	07/18/2017	6401438
07/12/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		08/09/2017	08/29/2017	6401472
				$10.25	Other Ins Paid	$50.00	08/09/2017	08/29/2017	6401472
08/23/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		09/26/2017	09/29/2017	6401561
				$10.25	Other Ins Paid	$50.00	09/26/2017	09/29/2017	6401561
09/05/2017	Carilion NRV Med Center	Mri	$3,072.21	$773.77	Primary Adjustm		10/03/2017	10/06/2017	999999999
				$2,298.44	Other Ins Paid	$0.00	10/03/2017	10/06/2017	999999999
09/05/2017	Carilion NRV Med Center	Mri	$574.29	$143.57	Provider Discount		10/03/2017	10/06/2017	999999999
				$430.72	Disc.radford	$0.00	10/03/2017	10/06/2017	999999999
09/06/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm	$47.93	10/11/2017	10/13/2017	6401581
09/05/2017	Carilion Medical Center	Mri	$204.00	$110.04	Primary Adjustm		10/11/2017	10/13/2017	6401580

A-G Administrators, Inc.
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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092264; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/10/2017									
				$75.17	Other Ins Paid	$18.79	10/11/2017	10/13/2017	6401580
10/02/2017	Academic Primary Care Associat	Consultation	$260.00	$71.92	Primary Adjustm		10/26/2017	10/27/2017	6401603
				$138.08	Other Ins Paid	$50.00	10/26/2017	10/27/2017	6401603
07/27/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$7.77	Primary Adjustm		11/15/2017	11/17/2017	6401630
				$51.23	Other Ins Paid	$50.00	11/15/2017	11/17/2017	6401630
10/05/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm	$47.93	11/21/2017	11/21/2017	6401633
10/19/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$28.47	Primary Adjustm		12/14/2017	12/15/2017	6401656
				$30.53	Other Ins Paid	$50.00	12/14/2017	12/15/2017	6401656
10/31/2017	Carilion Healthcare Corp	Surgery	$1,286.00	$654.60	Primary Adjustm		12/14/2017	12/15/2017	6401659
				$505.12	Other Ins Paid	$126.28	12/14/2017	12/15/2017	6401659
10/31/2017	Anesthesiology Associates	Anesthesia	$1,112.00	$536.00	Primary Adjustm		12/21/2017	12/22/2017	6401666
				$460.80	Other Ins Paid	$115.20	12/21/2017	12/22/2017	6401666
10/12/2017	Orthopedic One	Medical Treatment	$185.00	$60.17	Primary Adjustm		12/21/2017	12/22/2017	6401662
				$74.83	Other Ins Paid	$50.00	12/21/2017	12/22/2017	6401662
10/31/2017	Carilion NRV Med Center	Surgery	$15,147.04	$8,887.64	Primary Adjustm		12/27/2017	12/29/2017	999999999
				$6,259.40	Other Ins Paid	$0.00	12/27/2017	12/29/2017	999999999
10/31/2017	Carilion NRV Med Center	Surgery	$25.46	$6.36	Provider Discount		12/27/2017	12/29/2017	999999999
				$19.10	Disc.radford	$0.00	12/27/2017	12/29/2017	999999999
11/02/2017	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		12/22/2017	12/29/2017	6401668
				$91.56	Other Ins Paid	$22.89	12/22/2017	12/29/2017	6401668
01/09/2018	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm	$88.44	02/26/2018	02/27/2018	6401751
01/11/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm	$66.33	02/26/2018	02/27/2018	6401751
09/05/2017	Carilion Medical Center	Surgery	$159.00	$73.22	Other Ins Paid	$85.78	08/07/2018	08/10/2018	6402112
Claim # AGA-0092264 Totals :			**$32,754.00**	**$30,435.01**		**$2,318.99**			

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Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0096332; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/21/2016									
04/14/2017	Carilion Services Inc	Surgery	$159.00	$67.47	Write-off	$91.53	05/08/2017	05/09/2017	6401271
03/27/2017	Carilion Healthcare Corp	Medical Treatment	$170.00	$28.27	Write-off	$141.73	05/08/2017	05/09/2017	6401273
04/06/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		05/23/2017	05/26/2017	6401324
				$11.10	Other Ins Paid	$49.15	05/23/2017	05/26/2017	6401324
04/17/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		05/26/2017	05/26/2017	6401319
				$38.60	Other Ins Paid	$21.65	05/26/2017	05/26/2017	6401319
04/14/2017	Carilion NRV Med Center	Mri	$3,944.50	$995.20	Write-off		05/26/2017	05/26/2017	6401338
				$2,283.73	Other Ins Paid		05/26/2017	05/26/2017	6401338
				$166.39	Provider Discount	$499.18	05/26/2017	05/26/2017	6401338
07/17/2017	Carilion Healthcare Corp	Surgery	$149.00	$79.74	Primary Adjustm		08/25/2017	08/29/2017	6401473
				$55.41	Other Ins Paid	$13.85	08/25/2017	08/29/2017	6401473
07/17/2017	Carilion Healthcare Corp	Injection	$343.00	$200.28	Primary Adjustm		08/25/2017	08/29/2017	6401473
				$104.58	Other Ins Paid	$38.14	08/25/2017	08/29/2017	6401473
07/03/2017	Carilion Healthcare Corp	Surgery	$492.00	$280.02	Primary Adjustm		08/09/2017	08/29/2017	6401486
				$159.99	Other Ins Paid	$51.99	08/09/2017	08/29/2017	6401486
07/10/2017	Carilion Healthcare Corp	Surgery	$492.00	$280.02	Primary Adjustm		08/09/2017	08/29/2017	6401486
				$159.99	Other Ins Paid	$51.99	08/09/2017	08/29/2017	6401486
08/31/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		10/23/2017	10/24/2017	6401594
				$38.60	Other Ins Paid	$21.65	10/23/2017	10/24/2017	6401594
10/20/2017	Dj Orthopedics Llc	Orthopedic Appliance	$1,642.97	$1,420.97	Primary Adjustm		01/12/2018	01/17/2018	6401697
				$177.60	Other Ins Paid	$44.40	01/12/2018	01/17/2018	6401697
01/24/2018	Carilion Healthcare Corp	Surgery	$149.00	$79.74	Primary Adjustm	$69.26	04/04/2018	04/06/2018	6401791
01/17/2018	Carilion Healthcare Corp	Surgery	$149.00	$79.74	Primary Adjustm	$69.26	04/25/2018	04/27/2018	6401824
01/31/2018	Carilion Healthcare Corp	Surgery	$149.00	$79.74	Primary Adjustm	$69.26	05/02/2018	05/04/2018	6401843
03/06/2018	Carilion Healthcare Corp	Medical Treatment	$125.00	$17.16	Primary Adjustm	$107.84	05/24/2018	05/25/2018	6401891
04/19/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm	$62.40	06/25/2018	07/03/2018	6401988
07/12/2018	Carilion Healthcare Corp	Surgery	$149.00	$79.74	Primary Adjustm		08/15/2018	08/17/2018	6402129
				$45.81	Other Ins Paid	$23.45	08/15/2018	08/17/2018	6402129
06/28/2018	Carilion Healthcare Corp	Surgery	$407.00	$129.69	Other Ins Paid		08/15/2018	08/17/2018	6402133
				$232.90	Primary Adjustm	$44.41	08/15/2018	08/17/2018	6402133
07/05/2018	Carilion Healthcare Corp	Surgery	$149.00	$45.81	Other Ins Paid		08/15/2018	08/17/2018	6402133
				$79.74	Primary Adjustm	$23.45	08/15/2018	08/17/2018	6402133

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Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim # AGA-0096332 Totals :			**$8,933.47**	**$7,438.88**		**$1,494.59**			
Claim: AGA-0096333; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 02/18/2017									
03/23/2017	Carilion NRV Med Center	X-ray,Radiology	$209.50	$107.80	Write-off		04/28/2017	05/02/2017	6401247
				$25.43	Provider Discount	$76.27	04/28/2017	05/02/2017	6401247
03/23/2017	Carilion Services Inc	X-ray,Radiology	$22.00	$11.87	Write-off	$10.13	05/01/2017	05/02/2017	6401242
03/28/2017	Carilion Services Inc	Mri	$170.00	$91.43	Write-off	$78.57	05/01/2017	05/02/2017	6401248
03/28/2017	Carilion NRV Med Center	Mri	$2,446.50	$345.83	Write-off		05/26/2017	05/26/2017	6401334
				$1,604.54	Other Ins Paid		05/26/2017	05/26/2017	6401334
				$124.03	Provider Discount	$372.10	05/26/2017	05/26/2017	6401334
03/28/2017	Carilion Clinic	Mri	$2,446.50	$345.83	Primary Adjustm		06/19/2017	06/20/2017	6401397
				$1,976.64	Other Ins Paid	$124.03	06/19/2017	06/20/2017	6401397
04/14/2017	Carilion Clinic	Mri	$3,944.50	$995.20	Primary Adjustm		06/19/2017	06/20/2017	6401397
				$2,782.91	Other Ins Paid	$166.39	06/19/2017	06/20/2017	6401397
Claim # AGA-0096333 Totals :			**$9,239.00**	**$8,411.51**		**$827.49**			
Claim: AGA-0073066; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 09/13/2016									
10/05/2016	Carilion Clinic	Mri	$170.00	$101.71	Write-off	$68.29	11/16/2016	11/18/2016	6401005
09/22/2016	Carilion Clinic	Medical Treatment	$146.00	$0.00		$146.00	01/10/2017	01/13/2017	6401092
09/22/2016	Carilion Clinic	X-ray,Radiology	$20.00	$12.21	Write-off	$7.79	01/10/2017	01/13/2017	6401092
10/05/2016	Carilion Clinic	Mri	$2,445.00	$2,189.25	Write-off		01/10/2017	01/13/2017	6401092
				$130.53	Other Ins Paid	$125.22	01/10/2017	01/13/2017	6401092
05/05/2017	Carilion Services Inc	X-ray,Radiology	$22.00	$13.48	Write-off		06/06/2017	06/09/2017	6401361
				$6.39	Other Ins Paid	$2.13	06/06/2017	06/09/2017	6401361
Claim # AGA-0073066 Totals :			**$2,803.00**	**$2,453.57**		**$349.43**			

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Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0074888; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 11/04/2016									
11/04/2016	Carilion Services Inc	X-ray,Radiology	$22.00	$13.16	Write-off	$8.84	11/30/2016	12/02/2016	6401024
03/24/2017	Carilion Services Inc	Mri	$172.00	$103.04	Write-off	$68.96	05/01/2017	05/02/2017	6401246
03/22/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$54.06	Write-off		05/05/2017	05/09/2017	6401269
				$80.96	Other Ins Paid	$26.98	05/05/2017	05/09/2017	6401269
04/06/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$22.43	Write-off		05/23/2017	05/26/2017	6401315
				$32.68	Other Ins Paid	$10.89	05/23/2017	05/26/2017	6401315
11/04/2016	Carilion NRV Med Center	X-ray,Radiology	$129.65	$129.65	Primary Adjustm	$0.00	11/14/2017	11/14/2017	999999999
11/04/2016	Carilion NRV Med Center	X-ray,Radiology	$56.85	$14.21	Provider Discount		11/14/2017	11/14/2017	999999999
				$42.64	Disc.radford	$0.00	11/14/2017	11/14/2017	999999999
03/24/2017	Carilion NRV Med Center	Mri	$2,381.14	$2,235.61	Primary Adjustm		11/14/2017	11/14/2017	999999999
				$145.53	Other Ins Paid	$0.00	11/14/2017	11/14/2017	999999999
03/24/2017	Carilion NRV Med Center	Mri	$63.86	$15.97	Provider Discount		11/14/2017	11/14/2017	999999999
				$47.89	Disc.radford	$0.00	11/14/2017	11/14/2017	999999999
Claim # AGA-0074888 Totals :			**$3,053.50**	**$2,937.83**		**$115.67**			

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Pay Dates: 08/01/2016 - 06/30/2019

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0070622; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 09/09/2016									
09/09/2016	Carilion Healthcare Corp	Medical Treatment	$162.00	$28.85	Disc:hpo/ihg	$133.15	11/16/2016	11/18/2016	6401008
09/09/2016	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$16.22	Disc:fedmed	$39.78	11/16/2016	11/18/2016	6401008
09/22/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$12.66	Disc:fedmed	$53.34	11/16/2016	11/18/2016	6401008
09/09/2016	Zelis Claims Integrity	Repricing Fee	$10.11	$0.00		$10.11	11/16/2016	11/18/2016	6400993
11/08/2016	Carilion NRV Med Center	Mri	$2,172.00	$344.33	Write-off		11/30/2016	12/02/2016	999999999
				$1,827.67	Other Ins Paid	$0.00	11/30/2016	12/02/2016	999999999
11/08/2016	Carilion NRV Med Center	Mri	$273.00	$68.30	Provider Discount		11/30/2016	12/02/2016	999999999
				$204.70	Disc.radford	$0.00	11/30/2016	12/02/2016	999999999
12/01/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		01/12/2017	01/13/2017	6401083
				$49.74	Other Ins Paid	$10.00	01/12/2017	01/13/2017	6401083
12/15/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		01/31/2017	01/31/2017	6401119
				$49.74	Other Ins Paid	$10.00	01/31/2017	01/31/2017	6401119
01/19/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		03/15/2017	03/17/2017	6401173
				$40.25	Other Ins Paid	$20.00	03/15/2017	03/17/2017	6401173
02/14/2017	Professional Rehab Associates	Phys.therapy	$240.00	$122.16	Write-off		03/16/2017	03/17/2017	6401175
				$97.84	Other Ins Paid	$20.00	03/16/2017	03/17/2017	6401175
12/29/2016	Professional Rehab Associates	Phys.therapy	$180.00	$95.76	Write-off		03/16/2017	03/17/2017	6401175
				$74.24	Other Ins Paid	$10.00	03/16/2017	03/17/2017	6401175
12/27/2016	Professional Rehab Associates	Phys.therapy	$270.00	$129.60	Write-off		04/12/2017	04/14/2017	6401214
				$130.40	Other Ins Paid	$10.00	04/12/2017	04/14/2017	6401214
02/07/2017	Professional Rehab Associates	Phys.therapy	$255.00	$129.87	Write-off		04/14/2017	04/18/2017	6401223
				$105.13	Other Ins Paid	$20.00	04/14/2017	04/18/2017	6401223
04/06/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		07/14/2017	07/18/2017	6401433
				$46.33	Other Ins Paid	$20.00	07/14/2017	07/18/2017	6401433
05/17/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		07/18/2017	07/28/2017	6401447
				$40.25	Other Ins Paid	$20.00	07/18/2017	07/28/2017	6401447
Claim # AGA-0070622 Totals :			**$4,083.11**	**$3,706.73**		**$376.38**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0102722; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 06/03/2017									
06/05/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$12.68	Primary Adjustm	$9.32	08/17/2017	08/29/2017	6401456
07/22/2017	Carilion Clinic	Medical Treatment	$175.50	$35.10	Primary Adjustm	$140.40	08/03/2017	08/29/2017	6401496
06/05/2017	Carilion Clinic	X-ray,Radiology	$22.00	$9.32	Other Ins Paid	$12.68	10/16/2017	10/17/2017	6401584
Claim # AGA-0102722 Totals :			**$219.50**	**$57.10**		**$162.40**			
Claim: AGA-0094844; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/27/2016									
03/28/2017	Carilion Services Inc	Surgery	$159.00	$58.96	Write-off	$100.04	04/28/2017	05/02/2017	6401249
03/28/2017	Carilion Services Inc	Mri	$204.00	$96.93	Write-off		05/04/2017	05/05/2017	6401256
				$85.66	Other Ins Paid	$21.41	05/04/2017	05/05/2017	6401256
03/22/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$36.85	Write-off		05/17/2017	05/19/2017	6401298
				$65.15	Other Ins Paid	$60.00	05/17/2017	05/19/2017	6401298
03/28/2017	Carilion NRV Med Center	Mri	$3,902.50	$1,018.55	Write-off		05/24/2017	05/26/2017	6401336
				$2,307.16	Other Ins Paid		05/24/2017	05/26/2017	6401336
				$144.20	Provider Discount	$432.59	05/24/2017	05/26/2017	6401336
04/10/2017	Professional Rehab Associates	Phys.therapy	$229.00	$45.80	Write-off	$183.20	05/26/2017	05/31/2017	6401343
04/12/2017	Professional Rehab Associates	Phys.therapy	$90.00	$18.00	Write-off	$72.00	05/26/2017	05/31/2017	6401343
04/07/2017	Carilion Healthcare Corp	Surgery	$2,572.00	$1,374.10	Write-off		06/06/2017	06/06/2017	6401355
				$958.32	Other Ins Paid	$239.58	06/06/2017	06/06/2017	6401355
Claim # AGA-0094844 Totals :			**$7,318.50**	**$6,209.68**		**$1,108.82**			

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Pay Dates: 08/01/2016 - 06/30/2019

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0094845; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 01/13/2017									
04/02/2017	Carilion NRV Med Center	Mri	$2,445.00	$638.15	Write-off		05/05/2017	05/09/2017	6401275
				$996.51	Other Ins Paid		05/05/2017	05/09/2017	6401275
				$202.59	Provider Discount	$607.75	05/05/2017	05/09/2017	6401275
04/02/2017	Carilion Services Inc	Mri	$172.00	$83.25	Write-off	$88.75	05/11/2017	05/12/2017	6401276
04/07/2017	New River Valley Surgery Cent	Surgery	$4,380.00	$3,030.00	Write-off		05/11/2017	05/12/2017	6401277
				$1,080.00	Other Ins Paid	$270.00	05/11/2017	05/12/2017	6401277
04/07/2017	New River Valley Surgery Cent	Surgery	$4,380.00	$3,030.00	Write-off		05/11/2017	05/12/2017	6401277
				$1,080.00	Other Ins Paid	$270.00	05/11/2017	05/12/2017	6401277
04/05/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Write-off		05/23/2017	05/26/2017	6401325
				$21.58	Other Ins Paid	$60.00	05/23/2017	05/26/2017	6401325
04/07/2017	Anesthesiology Associates	Anesthesia	$630.00	$252.00	Write-off		06/06/2017	06/06/2017	6401352
				$302.40	Other Ins Paid	$75.60	06/06/2017	06/06/2017	6401352
06/08/2017	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Primary Adjustm	$144.00	07/07/2017	07/11/2017	6401428
Claim # AGA-0094845 Totals :			**$12,296.00**	**$10,779.90**		**$1,516.10**			
Claim: AGA-0099734; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 04/29/2017									
05/01/2017	Carilion Healthcare Corp	Medical Treatment	$548.00	$116.11	Primary Adjustm		06/13/2017	06/16/2017	6401390
				$345.51	Other Ins Paid	$86.38	06/13/2017	06/16/2017	6401390
05/31/2017	Carilion Healthcare Corp	Medical Treatment	$156.00	$19.13	Primary Adjustm		07/14/2017	07/18/2017	6401434
				$109.49	Other Ins Paid	$27.38	07/14/2017	07/18/2017	6401434
Claim # AGA-0099734 Totals :			**$704.00**	**$590.24**		**$113.76**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0066482; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 09/12/2016									
09/14/2016	Carilion Healthcare Corp	Medical Treatment	$112.00	$10.20	Write-off		10/17/2016	10/18/2016	6400956
				$71.80	Other Ins Paid	$30.00	10/17/2016	10/18/2016	6400956
09/27/2016	Carilion Services Inc	Surgery	$127.00	$68.89	Write-off	$58.11	10/28/2016	10/28/2016	6400972
09/29/2016	Carilion Healthcare Corp	Surgery	$149.00	$69.05	Write-off		10/28/2016	10/28/2016	6400969
				$49.95	Other Ins Paid	$30.00	10/28/2016	10/28/2016	6400969
09/22/2016	Carilion Healthcare Corp	Medical Treatment	$66.00	$6.26	Write-off		10/25/2016	10/28/2016	6400967
				$29.74	Other Ins Paid	$30.00	10/25/2016	10/28/2016	6400967
10/20/2016	Carilion Healthcare Corp	Medical Treatment	$109.00	$10.07	Write-off		11/28/2016	11/29/2016	6401018
				$68.93	Other Ins Paid	$30.00	11/28/2016	11/29/2016	6401018
10/28/2016	Carilion Healthcare Corp	Surgery	$2,243.00	$1,024.25	Write-off		12/02/2016	12/02/2016	6401035
				$975.00	Other Ins Paid	$243.75	12/02/2016	12/02/2016	6401035
10/28/2016	New River Valley Surgery Cent	Surgery	$10,305.00	$8,402.12	Write-off		12/02/2016	12/02/2016	6401037
				$1,522.31	Other Ins Paid	$380.57	12/02/2016	12/02/2016	6401037
10/28/2016	Anesthesiology Associates	Anesthesia	$1,418.00	$641.95	Write-off		11/30/2016	12/02/2016	6401040
				$274.89	Other Ins Paid	$501.16	11/30/2016	12/02/2016	6401040
11/02/2016	Professional Rehab Associates	Phys.therapy	$135.00	$71.82	Write-off		12/29/2016	12/30/2016	6401062
				$33.18	Other Ins Paid	$30.00	12/29/2016	12/30/2016	6401062
10/31/2016	Professional Rehab Associates	Phys.therapy	$240.00	$113.64	Write-off		12/29/2016	12/30/2016	6401062
				$96.36	Other Ins Paid	$30.00	12/29/2016	12/30/2016	6401062
11/11/2016	Professional Rehab Associates	Phys.therapy	$135.00	$71.82	Write-off		12/29/2016	12/30/2016	6401062
				$33.18	Other Ins Paid	$30.00	12/29/2016	12/30/2016	6401062
11/09/2016	Professional Rehab Associates	Phys.therapy	$135.00	$71.82	Write-off		12/29/2016	12/30/2016	6401062
				$33.18	Other Ins Paid	$30.00	12/29/2016	12/30/2016	6401062
12/22/2016	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		01/10/2017	01/13/2017	6401084
				$40.53	Other Ins Paid	$30.00	01/10/2017	01/13/2017	6401084
12/20/2016	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		01/10/2017	01/13/2017	6401085
				$40.53	Other Ins Paid	$30.00	01/10/2017	01/13/2017	6401085
12/29/2016	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		01/20/2017	01/24/2017	6401108
				$54.12	Other Ins Paid	$16.41	01/20/2017	01/24/2017	6401108
12/27/2016	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		01/24/2017	01/24/2017	6401110
				$40.53	Other Ins Paid	$30.00	01/24/2017	01/24/2017	6401110
01/03/2017	Stewart Physical Therapy	Phys.therapy	$219.00	$127.87	Write-off		01/24/2017	01/27/2017	6401116
				$61.13	Other Ins Paid	$30.00	01/24/2017	01/27/2017	6401116

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0066482; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 09/12/2016									
01/05/2017	Stewart Physical Therapy	Phys.therapy	$219.00	$127.87	Write-off		01/24/2017	01/27/2017	6401116
				$61.13	Other Ins Paid	$30.00	01/24/2017	01/27/2017	6401116
01/10/2017	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		02/01/2017	02/03/2017	6401123
				$40.53	Other Ins Paid	$30.00	02/01/2017	02/03/2017	6401123
01/12/2017	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		02/01/2017	02/03/2017	6401124
				$40.53	Other Ins Paid	$30.00	02/01/2017	02/03/2017	6401124
02/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		04/04/2017	04/04/2017	6401195
				$30.25	Other Ins Paid	$30.00	04/04/2017	04/04/2017	6401195
03/06/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Write-off		04/12/2017	04/14/2017	6401215
				$36.33	Other Ins Paid	$30.00	04/12/2017	04/14/2017	6401215
03/09/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Write-off		04/12/2017	04/14/2017	6401215
				$36.33	Other Ins Paid	$30.00	04/12/2017	04/14/2017	6401215
11/21/2016	Stewart Physical Therapy	Phys.therapy	$311.00	$196.02	Write-off		04/18/2017	04/21/2017	6401231
				$84.98	Other Ins Paid	$30.00	04/18/2017	04/21/2017	6401231
11/23/2016	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		04/18/2017	04/21/2017	6401231
				$40.53	Other Ins Paid	$30.00	04/18/2017	04/21/2017	6401231
11/25/2016	Stewart Physical Therapy	Phys.therapy	$173.00	$102.47	Write-off		04/18/2017	04/21/2017	6401231
				$40.53	Other Ins Paid	$30.00	04/18/2017	04/21/2017	6401231
03/16/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		05/04/2017	05/05/2017	6401259
				$30.25	Other Ins Paid	$30.00	05/04/2017	05/05/2017	6401259
04/20/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Write-off		06/06/2017	06/06/2017	6401349
				$30.25	Other Ins Paid	$30.00	06/06/2017	06/06/2017	6401349
08/31/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$5.75	Primary Adjustm		02/22/2018	02/23/2018	6401746
				$30.25	Other Ins Paid	$30.00	02/22/2018	02/23/2018	6401746
Claim # AGA-0066482 Totals :			**$17,841.00**	**$15,921.00**		**$1,920.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0065882; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/13/2016									
09/29/2016	Carilion Clinic	Mri	$2,328.50	$2,072.75	Write-off		10/13/2016	10/14/2016	6400950
				$191.81	Other Ins Paid	$63.94	10/13/2016	10/14/2016	6400950
10/04/2016	Carilion Healthcare Corp	Surgery	$2,122.00	$1,129.09	Write-off		11/28/2016	11/29/2016	6401023
				$744.68	Other Ins Paid	$248.23	11/28/2016	11/29/2016	6401023
10/04/2016	Carilion Healthcare Corp	Surgery	$636.60	$501.56	Write-off		12/16/2016	12/16/2016	6401047
				$101.28	Other Ins Paid	$33.76	12/16/2016	12/16/2016	6401047
09/14/2016	Carilion Clinic	Medical Treatment	$109.00	$36.66	Write-off		01/24/2017	01/27/2017	6401117
				$54.26	Other Ins Paid	$18.08	01/24/2017	01/27/2017	6401117
09/16/2016	Carilion Clinic	Mri	$172.00	$103.35	Write-off		01/24/2017	01/27/2017	6401117
				$51.49	Other Ins Paid	$17.16	01/24/2017	01/27/2017	6401117
09/19/2016	Carilion Clinic	Medical Treatment	$66.00	$23.00	Write-off		01/24/2017	01/27/2017	6401117
				$32.25	Other Ins Paid	$10.75	01/24/2017	01/27/2017	6401117
09/22/2016	Carilion Clinic	Medical Treatment	$109.00	$36.66	Write-off		01/24/2017	01/27/2017	6401117
				$54.26	Other Ins Paid	$18.08	01/24/2017	01/27/2017	6401117
11/14/2016	Anesthesiology Associates	Surgery	$1,807.00	$1,524.90	Write-off		02/08/2017	02/10/2017	6401132
				$211.58	Other Ins Paid	$70.52	02/08/2017	02/10/2017	6401132
10/04/2016	Anesthesiology Associates	Surgery	$2,589.00	$2,184.49	Write-off		03/03/2017	03/07/2017	6401154
				$190.88	Other Ins Paid	$213.63	03/03/2017	03/07/2017	6401154
10/04/2016	Carilion Clinic	Surgery	$43,079.00	$36,474.38	Write-off		03/03/2017	03/07/2017	6401155
				$4,953.46	Other Ins Paid	$1,651.16	03/03/2017	03/07/2017	6401155
11/14/2016	Carilion Clinic	Surgery	$33,017.00	$23,768.23	Write-off		03/03/2017	03/07/2017	6401155
				$9,106.90	Other Ins Paid	$141.87	03/03/2017	03/07/2017	6401155
11/14/2016	Carilion Clinic	X-ray, Lab	$23.00	$13.44	Write-off		03/03/2017	03/07/2017	6401155
				$7.17	Other Ins Paid	$2.39	03/03/2017	03/07/2017	6401155
11/14/2016	Carilion Clinic	Medical Treatment	$2,493.70	$1,462.32	Write-off		03/03/2017	03/07/2017	6401155
				$799.24	Other Ins Paid	$232.14	03/03/2017	03/07/2017	6401155
10/06/2016	Professional Rehab Associates	Phys.therapy	$240.00	$100.55	Write-off	$139.45	03/10/2017	03/15/2017	6401169
10/07/2016	Professional Rehab Associates	Phys.therapy	$165.00	$49.33	Write-off		03/10/2017	03/15/2017	6401169
				$78.84	Other Ins Paid	$36.83	03/10/2017	03/15/2017	6401169
10/11/2016	Professional Rehab Associates	Phys.therapy	$165.00	$49.33	Write-off		03/10/2017	03/15/2017	6401169
				$86.75	Other Ins Paid	$28.92	03/10/2017	03/15/2017	6401169
10/12/2016	Professional Rehab Associates	Phys.therapy	$210.00	$62.14	Write-off		03/10/2017	03/15/2017	6401169
				$110.90	Other Ins Paid	$36.96	03/10/2017	03/15/2017	6401169

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0065882; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/13/2016									
10/14/2016	Professional Rehab Associates	Phys.therapy	$135.00	$38.43	Write-off		03/10/2017	03/15/2017	6401169
				$72.43	Other Ins Paid	$24.14	03/10/2017	03/15/2017	6401169
10/17/2016	Professional Rehab Associates	Phys.therapy	$135.00	$38.43	Write-off		03/10/2017	03/15/2017	6401169
				$72.43	Other Ins Paid	$24.14	03/10/2017	03/15/2017	6401169
10/19/2016	Professional Rehab Associates	Phys.therapy	$135.00	$38.43	Write-off		03/10/2017	03/15/2017	6401169
				$72.43	Other Ins Paid	$24.14	03/10/2017	03/15/2017	6401169
10/21/2016	Professional Rehab Associates	Phys.therapy	$135.00	$38.43	Write-off		03/10/2017	03/15/2017	6401169
				$72.43	Other Ins Paid	$24.14	03/10/2017	03/15/2017	6401169
11/04/2016	Professional Rehab Associates	Phys.therapy	$240.00	$68.84	Write-off		03/10/2017	03/15/2017	6401169
				$128.37	Other Ins Paid	$42.79	03/10/2017	03/15/2017	6401169
04/06/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$0.00		$66.00	05/17/2017	05/19/2017	6401299
02/01/2018	Carilion Clinic	Phys.vst.	$66.00	$22.43	Primary Adjustm		07/06/2018	07/17/2018	6402038
				$2.57	Other Ins Paid	$41.00	07/06/2018	07/17/2018	6402038
Claim # AGA-0065882 Totals :			**$90,243.80**	**$87,033.58**		**$3,210.22**			
2016 Sub Total: Checking Account RADFO Totals:			**$1,241,708.67**	**$1,096,728.67**		**$144,980.00**			

Checking Account: FAIRM

Claim: AGA-0097697; Activity: Womens Lacrosse; Diagnosis: Hyperextension; Anatomy: R-knee; Date Incurred: 03/11/2017									
08/28/2018	VCOM Sports & Osteopathic	Medical Treatment	$1,702.00	$396.70	Primary Adjustm		12/13/2018	12/18/2018	278786
				$94.77	Other Ins Paid	$1,210.53	12/13/2018	12/18/2018	278786
Claim # AGA-0097697 Totals :			**$1,702.00**	**$491.47**		**$1,210.53**			
Claim: AGA-0114215; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 04/28/2017									
09/27/2017	HealthRisk Resource Group LLC	Repricing Fee	$7.48	$0.00		$7.48	01/24/2019	01/25/2019	280580
09/27/2017	Carilion Medical Center	Medical Treatment	$312.00	$62.40	Disc: Hrgi	$249.60	01/24/2019	01/25/2019	280676
Claim # AGA-0114215 Totals :			**$319.48**	**$62.40**		**$257.08**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0092884; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 03/07/2017									
02/12/2018	Professional Rehab Associates	Phys.therapy	$194.00	$147.84	Other Ins Paid		11/03/2018	11/06/2018	276369
				$9.21	Primary Adjustm	$36.95	11/03/2018	11/06/2018	276369
02/14/2018	Professional Rehab Associates	Phys.therapy	$187.00	$138.64	Other Ins Paid		11/03/2018	11/06/2018	276369
				$13.71	Primary Adjustm	$34.65	11/03/2018	11/06/2018	276369
02/19/2018	Professional Rehab Associates	Phys.therapy	$194.00	$147.84	Other Ins Paid		11/03/2018	11/06/2018	276369
				$9.21	Primary Adjustm	$36.95	11/03/2018	11/06/2018	276369
02/21/2018	Professional Rehab Associates	Phys.therapy	$187.00	$134.36	Other Ins Paid		11/03/2018	11/06/2018	276369
				$19.05	Primary Adjustm	$33.59	11/03/2018	11/06/2018	276369
02/28/2018	Professional Rehab Associates	Phys.therapy	$187.00	$134.36	Other Ins Paid		11/03/2018	11/06/2018	276369
				$19.05	Primary Adjustm	$33.59	11/03/2018	11/06/2018	276369
01/24/2018	Professional Rehab Associates	Phys.therapy	$187.00	$19.05	Primary Adjustm	$167.95	11/03/2018	11/06/2018	276408
01/26/2018	Professional Rehab Associates	Phys.therapy	$187.00	$19.05	Primary Adjustm	$167.95	11/03/2018	11/06/2018	276408
02/05/2018	Professional Rehab Associates	Phys.therapy	$187.00	$19.05	Primary Adjustm		11/03/2018	11/06/2018	276408
				$134.36	Other Ins Paid	$33.59	11/03/2018	11/06/2018	276408
02/07/2018	Professional Rehab Associates	Phys.therapy	$187.00	$19.05	Primary Adjustm		11/03/2018	11/06/2018	276408
				$134.36	Other Ins Paid	$33.59	11/03/2018	11/06/2018	276408
Claim # AGA-0092884 Totals :			**$1,697.00**	**$1,118.19**		**$578.81**			
Claim: AGA-0097984; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 02/27/2017									
03/29/2018	The Center 4 HPT, LLC	Phys.therapy	$196.00	$130.49	Primary Adjustm	$65.51	10/31/2018	11/02/2018	276017
04/05/2018	The Center 4 HPT, LLC	Phys.therapy	$196.00	$130.49	Primary Adjustm	$65.51	10/31/2018	11/02/2018	276017
03/20/2018	The Center 4 HPT, LLC	Phys.therapy	$196.00	$130.34	Primary Adjustm	$65.66	01/09/2019	01/11/2019	279664
Claim # AGA-0097984 Totals :			**$588.00**	**$391.32**		**$196.68**			
Claim: AGA-0105832; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 04/19/2017									
04/20/2018	Carilion Healthcare Corp	Orthopedic Appliance	$153.00	$68.85	Other Ins Paid		11/05/2018	11/06/2018	276253
				$76.50	Primary Adjustm	$7.65	11/05/2018	11/06/2018	276253
05/08/2018	Anesthesiology Associates	Anesthesia	$1,470.00	$573.30	Other Ins Paid		11/05/2018	11/06/2018	276312
				$833.00	Primary Adjustm	$63.70	11/05/2018	11/06/2018	276312
Claim # AGA-0105832 Totals :			**$1,623.00**	**$1,551.65**		**$71.35**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0106304; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 07/24/2017									
05/02/2018	Carilion Medical Center	Mri	$172.00	$85.35	Primary Adjustm		11/14/2018	11/16/2018	276998
				$69.32	Other Ins Paid	$17.33	11/14/2018	11/16/2018	276998
04/19/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.24	Primary Adjustm		11/14/2018	11/16/2018	277038
				$71.76	Other Ins Paid	$20.00	11/14/2018	11/16/2018	277038
05/03/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.24	Primary Adjustm		11/14/2018	11/16/2018	277038
				$71.76	Other Ins Paid	$20.00	11/14/2018	11/16/2018	277038
01/31/2018	Professional Rehab Associates	Phys.therapy	$249.00	$75.41	Primary Adjustm		12/14/2018	12/18/2018	278626
				$98.59	A-G Discount	$75.00	12/14/2018	12/18/2018	278626
Claim # AGA-0106304 Totals :			**$639.00**	**$506.67**		**$132.33**			
Claim: AGA-0087492; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 01/20/2017									
06/07/2018	Emory University Hospital	Mri	$5,396.00	$3,634.05	Other Ins Paid		11/09/2018	11/13/2018	276915
				$1,358.17	Primary Adjustm	$403.78	11/09/2018	11/13/2018	276915
07/16/2018	Physician Specialists In Anesth.	Anesthesia	$2,772.00	$1,543.16	Other Ins Paid		01/10/2019	01/11/2019	279715
				$1,057.38	Primary Adjustm	$171.46	01/10/2019	01/11/2019	279715
Claim # AGA-0087492 Totals :			**$8,168.00**	**$7,592.76**		**$575.24**			
Claim: AGA-0102720; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 05/25/2017									
08/07/2018	Professional Rehab Associates	Phys.therapy	$156.00	$131.04	Other Insurance	$24.96	11/03/2018	11/06/2018	276310
08/09/2018	Professional Rehab Associates	Phys.therapy	$208.00	$175.76	Other Insurance	$32.24	11/03/2018	11/06/2018	276310
Claim # AGA-0102720 Totals :			**$364.00**	**$306.80**		**$57.20**			
Claim: AGA-0080871; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/02/2016									
09/19/2018	Carilion Healthcare Corp	Surgery	$429.00	$197.40	Primary Adjustm		10/24/2018	10/26/2018	275606
				$155.17	Other Ins Paid	$76.43	10/24/2018	10/26/2018	275606
Claim # AGA-0080871 Totals :			**$429.00**	**$352.57**		**$76.43**			
Claim: AGA-0101224; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 05/09/2017									
03/02/2018	Robert N Hotchkiss Md Pc	Split Payment	$5,971.23	$0.00	Split Payment	$5,971.23	10/22/2018	10/23/2018	275502
Claim # AGA-0101224 Totals :			**$5,971.23**	**$0.00**		**$5,971.23**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0096332; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/21/2016									
11/15/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		01/15/2019	01/18/2019	280159
				$40.32	Other Ins Paid	$22.08	01/15/2019	01/18/2019	280159
11/12/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$74.28	Other Ins Paid		01/22/2019	01/23/2019	280403
				$4.16	Primary Adjustm	$30.56	01/22/2019	01/23/2019	280403
01/23/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm	$63.12	04/10/2019	04/12/2019	285377
Claim # AGA-0096332 Totals :			**$241.00**	**$125.24**		**$115.76**			

2016 Sub Total: Checking Account FAIRM Totals:	**$21,741.71**	**$12,499.07**	**$9,242.64**
2016 Sub Total: Coverage Intercollegiate Sports Totals:	**$1,263,450.38**	**$1,109,227.74**	**$154,222.64**
2016 Sub Total: Policy US746533 Totals:	**$1,263,450.38**	**$1,109,227.74**	**$154,222.64**
2016 Sub Totals:	**$1,273,075.03**	**$1,115,335.33**	**$157,739.70**
Radford University Sub Totals:	**$1,273,075.03**	**$1,115,335.33**	**$157,739.70**

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A-G Administrators, Inc.

Claims History Report

Pay Dates: 08/01/2016 - 06/30/2019

Report Criteria: Radford University, Policy Begin Year: 2016, Policy End Year: 2016

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
2016 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Outside**								
	Checking Account RADFO		**$9,624.65**	**$6,107.59**		**$3,517.06**			
Policy:	**US746533**								
Coverage:	**Intercollegiate Sports**								
	Checking Account RADFO		**$1,241,708.67**	**$1,096,728.67**		**$144,980.00**			
	Checking Account FAIRM		**$21,741.71**	**$12,499.07**		**$9,242.64**			
	2016 Grand Total		**$1,273,075.03**	**$1,115,335.33**		**$157,739.70**			
Grand Total									
	Checking Account RADFO		**$1,251,333.32**	**$1,102,836.26**		**$148,497.06**			
	Checking Account FAIRM		**$21,741.71**	**$12,499.07**		**$9,242.64**			
	Grand Totals		**$1,273,075.03**	**$1,115,335.33**		**$157,739.70**			

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A-G Administrators, Inc.

Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Client:	**Radford University**								
Underwriting Year:	**2017**								
Policy:	**AG000067**								
Coverage:	**Outside**								
Checking Account:	**RADFO**								
Claim: AGA-0128221; Activity: All Sports; Diagnosis: Pain; Anatomy: Foot; Date Incurred: 09/05/2017									
09/05/2017	Foot Management, Inc.	Orthotics	$129.50	$0.00		$129.50	01/04/2018	01/05/2018	6401675
Claim # AGA-0128221 Totals :			**$129.50**	**$0.00**		**$129.50**			
Claim: AGA-0152392; Activity: All Sports; Diagnosis: Pain; Anatomy: Heart; Date Incurred: 05/16/2018									
05/16/2018	Carilion Healthcare Corp	Medical Treatment	$161.00	$88.10	Primary Adjustm	$72.90	07/16/2018	07/17/2018	6402050
05/16/2018	Carilion New River Val Med Ctr	Medical Treatment	$1,499.79	$683.90	Primary Adjustm		11/05/2018	11/06/2018	999999999
				$815.89	Other Ins Paid	$0.00	11/05/2018	11/06/2018	999999999
05/16/2018	Carilion New River Val Med Ctr	Medical Treatment	$355.71	$88.93	Provider Discount		11/05/2018	11/06/2018	999999999
				$266.78	Disc.radford	$0.00	11/05/2018	11/06/2018	999999999
Claim # AGA-0152392 Totals :			**$2,016.50**	**$1,943.60**		**$72.90**			
Claim: AGA-0149705; Activity: All Sports; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 05/11/2018									
05/11/2018	Carilion Radiologists	Mri	$204.00	$79.53	Primary Adjustm	$124.47	06/13/2018	06/15/2018	6401931
Claim # AGA-0149705 Totals :			**$204.00**	**$79.53**		**$124.47**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0152737; Activity: All Sports; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 03/25/2018									
05/11/2018	Carilion Medical Center	Surgery	$176.00	$102.67	Other Ins Paid		07/16/2018	07/17/2018	6402032
				$47.67	Primary Adjustm	$25.66	07/16/2018	07/17/2018	6402032
03/25/2018	Carilion Medical Center	Medical Treatment	$23.00	$11.75	Other Ins Paid		07/16/2018	07/17/2018	6402032
				$8.31	Primary Adjustm	$2.94	07/16/2018	07/17/2018	6402032
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid	$33.20	07/16/2018	07/17/2018	6402053
03/26/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$109.60	Other Ins Paid	$52.40	07/16/2018	07/17/2018	6402053
03/25/2018	Carilion Medical Center	X-ray,Radiology	$23.00	$8.31	Primary Adjustm		09/05/2018	09/07/2018	6402162
				$11.75	Other Ins Paid	$2.94	09/05/2018	09/07/2018	6402162
03/25/2018	Carilion Medical Center	X-ray,Radiology	$23.00	$8.31	Primary Adjustm		09/05/2018	09/07/2018	6402162
				$11.75	Other Ins Paid	$2.94	09/05/2018	09/07/2018	6402162
05/11/2018	Carilion NRV Med Center	Surgery	$3,504.96	$566.82	Primary Adjustm		11/05/2018	11/06/2018	999999999
				$2,938.14	Other Ins Paid	$0.00	11/05/2018	11/06/2018	999999999
05/11/2018	Carilion NRV Med Center	Surgery	$734.54	$183.64	Provider Discount		11/05/2018	11/06/2018	999999999
				$550.90	Disc.radford	$0.00	11/05/2018	11/06/2018	999999999
04/06/2018	Professional Rehab Associates	Phys.therapy	$195.00	$125.00	Primary Adjustm		11/05/2018	11/06/2018	6402232
				$56.00	Other Ins Paid	$14.00	11/05/2018	11/06/2018	6402232
Claim # AGA-0152737 Totals :			**$4,907.50**	**$4,773.42**		**$134.08**			
Claim: AGA-0153036; Activity: All Sports; Diagnosis: Pain; Anatomy: Testes; Date Incurred: 04/26/2018									
04/26/2018	Carilion New River Val Med Ctr	Medical Treatment	$2,772.50	$831.75	Primary Adjustm		04/15/2019	04/16/2019	6402385
				$388.15	Other Ins Paid	$1,552.60	04/15/2019	04/16/2019	6402385
Claim # AGA-0153036 Totals :			**$2,772.50**	**$1,219.90**		**$1,552.60**			
Claim: AGA-0153107; Activity: All Sports; Diagnosis: Pain; Anatomy: Heart; Date Incurred: 05/16/2018									
05/16/2018	Carilion NRV Med Center	Medical Treatment	$1,171.60	$463.88	Provider Discount		07/16/2018	07/17/2018	999999999
				$707.72	Disc.radford	$0.00	07/16/2018	07/17/2018	999999999
05/16/2018	Carilion NRV Med Center	Medical Treatment	$683.90	$683.90	Primary Adjustm	$0.00	07/16/2018	07/17/2018	999999999
05/16/2018	Carilion Healthcare Corp	Medical Treatment	$161.00	$88.10	Primary Adjustm	$72.90	07/16/2018	07/17/2018	6402051
Claim # AGA-0153107 Totals :			**$2,016.50**	**$1,943.60**		**$72.90**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0108673; Activity: All Sports; Diagnosis: Internal; Anatomy: Head; Date Incurred: 08/02/2017									
08/03/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		08/24/2017	08/29/2017	6401491
				$32.00	Other Ins Paid	$38.00	08/24/2017	08/29/2017	6401491
08/07/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		08/24/2017	08/29/2017	6401491
				$56.00	Other Ins Paid	$14.00	08/24/2017	08/29/2017	6401491
08/02/2017	Professional Rehab Associates	Phys.therapy	$195.00	$125.00	Primary Adjustm	$70.00	08/24/2017	08/29/2017	6401491
Claim # AGA-0108673 Totals :			**$465.00**	**$343.00**		**$122.00**			
Claim: AGA-0119454; Activity: All Sports; Diagnosis: Internal; Anatomy: Head; Date Incurred: 08/02/2017									
08/02/2017	Professional Rehab Associates	Phys.therapy	$195.00	$125.00	Primary Adjustm	$70.00	11/02/2017	11/03/2017	6401614
08/03/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		11/02/2017	11/03/2017	6401614
				$32.00	Other Ins Paid	$38.00	11/02/2017	11/03/2017	6401614
08/07/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		11/02/2017	11/03/2017	6401614
				$56.00	Other Ins Paid	$14.00	11/02/2017	11/03/2017	6401614
08/09/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		11/02/2017	11/03/2017	6401614
				$56.00	Other Ins Paid	$14.00	11/02/2017	11/03/2017	6401614
08/14/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		11/02/2017	11/03/2017	6401614
				$56.00	Other Ins Paid	$14.00	11/02/2017	11/03/2017	6401614
08/17/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		11/02/2017	11/03/2017	6401614
				$56.00	Other Ins Paid	$14.00	11/02/2017	11/03/2017	6401614
Claim # AGA-0119454 Totals :			**$870.00**	**$706.00**		**$164.00**			
Claim: AGA-0155491; Activity: All Sports; Diagnosis: Pain; Anatomy: Foot; Date Incurred: 08/01/2017									
02/23/2018	Foot Management, Inc.	Medical Treatment	$47.00	$0.00		$47.00	07/18/2018	08/07/2018	6402090
Claim # AGA-0155491 Totals :			**$47.00**	**$0.00**		**$47.00**			
Claim: AGA-0137036; Activity: All Sports; Diagnosis: Pain; Anatomy: Abdomen; Date Incurred: 10/23/2017									
10/23/2017	Vanguard Financial Services, Inc.	Medical Treatment	$279.00	$0.00		$279.00	12/11/2019	12/13/2019	6402643
Claim # AGA-0137036 Totals :			**$279.00**	**$0.00**		**$279.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0138454; Activity: All Sports; Diagnosis: Vision Care-Non Accident; Anatomy: Eye; Date Incurred: 10/27/2017									
10/27/2017	Johnson Curran Optometry Centers	Vision Care	$110.00	$0.00		$110.00	03/27/2018	03/27/2018	6401777
Claim # AGA-0138454 Totals :			**$110.00**	**$0.00**		**$110.00**			
Claim: AGA-0134207; Activity: All Sports; Diagnosis: Misc.symptoms; Anatomy: Unspecified; Date Incurred: 01/01/2018									
01/01/2018	Connexin Software, Inc.	Misc Service	$1,590.00	$0.00		$1,590.00	02/21/2018	02/23/2018	6401748
Claim # AGA-0134207 Totals :			**$1,590.00**	**$0.00**		**$1,590.00**			
Claim: AGA-0138007; Activity: All Sports; Diagnosis: Pain; Anatomy: Toe; Date Incurred: 02/20/2018									
03/01/2018	Foot Management	Medical Treatment	$0.00	$0.00		V $0.00	06/22/2018	07/03/2018	6401995
03/01/2018	Foot Management, Inc.	Orthopedic Appliance	$138.50	$0.00		$138.50	09/28/2018	10/02/2018	6402186
Claim # AGA-0138007 Totals :			**$138.50**	**$0.00**		**$138.50**			
Claim: AGA-0117361; Activity: All Sports; Diagnosis: Internal; Anatomy: Internal; Date Incurred: 08/01/2017									
09/07/2017	Radford Student Health Carilion Clinic	Vaccine	$624.00	$0.00		$624.00	10/25/2017	10/27/2017	6401608
Claim # AGA-0117361 Totals :			**$624.00**	**$0.00**		**$624.00**			
2017 Sub Total: Checking Account RADFO Totals:			**$16,170.00**	**$11,009.05**		**$5,160.95**			
2017 Sub Total: Coverage Outside Totals:			**$16,170.00**	**$11,009.05**		**$5,160.95**			
2017 Sub Total: Policy AG000067 Totals:			**$16,170.00**	**$11,009.05**		**$5,160.95**			

Policy: **US747981**

Coverage: **Intercollegiate Sports**

Checking Account: **RADFO**

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Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0114406; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 09/21/2017									
09/21/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$109.60	Other Ins Paid	$52.40	12/14/2017	12/15/2017	6401660
09/21/2017	Carilion Healthcare Corp	Medical Treatment	$265.00	$102.53	Primary Adjustm		12/14/2017	12/15/2017	6401660
				$86.86	Other Ins Paid	$75.61	12/14/2017	12/15/2017	6401660
09/21/2017	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$9.90	Primary Adjustm	$46.10	12/14/2017	12/15/2017	6401660
10/26/2017	Carilion Medical Center	Mri	$172.00	$67.96	Primary Adjustm	$104.04	12/15/2017	12/15/2017	6401657
11/06/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$67.20	Other Ins Paid	$41.80	01/31/2018	02/02/2018	6401718
10/05/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid	$33.20	03/15/2018	03/16/2018	6401763
01/29/2018	Carilion Medical Center	Cat Scan	$138.00	$61.31	Primary Adjustm	$76.69	03/30/2018	04/04/2018	6401784
10/26/2017	Carilion NRV Med Center	Mri	$2,040.51	$342.41	Primary Adjustm		04/11/2018	04/13/2018	999999999
				$1,698.10	Other Ins Paid	$0.00	04/11/2018	04/13/2018	999999999
10/26/2017	Carilion NRV Med Center	Mri	$520.49	$130.12	Disc.radford		04/11/2018	04/13/2018	999999999
				$390.37	Disc.radford	$0.00	04/11/2018	04/13/2018	999999999
02/12/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$67.20	Other Ins Paid		06/14/2018	06/15/2018	6401926
				$16.80	Primary Adjustm	$25.00	06/14/2018	06/15/2018	6401926
11/06/2017	HealthRisk Resource Group LLC	Repricing Fee	$19.20	$0.00		$19.20	06/28/2018	07/03/2018	6401971
02/16/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$129.60	Other Ins Paid	$32.40	06/27/2018	07/03/2018	6401981
11/06/2017	Academic Primary Care Associat	Medical Treatment	$335.00	$160.00	Disc: Hrgi	$175.00	06/28/2018	07/03/2018	6401998
01/24/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$87.20	Other Ins Paid	$21.80	07/13/2018	07/17/2018	6402026
01/29/2018	Carilion NRV Med Center	Cat Scan	$199.51	$49.90	Provider Discount		07/30/2018	07/31/2018	999999999
				$149.61	Write-off	$0.00	07/30/2018	07/31/2018	999999999
01/29/2018	Carilion NRV Med Center	Cat Scan	$951.99	$153.96	Primary Adjustm		07/30/2018	07/31/2018	999999999
				$798.03	Other Ins Paid	$0.00	07/30/2018	07/31/2018	999999999
Claim # AGA-0114406 Totals :			**$5,414.70**	**$4,711.46**		**$703.24**			
Claim: AGA-0145266; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 03/17/2018									
03/28/2018	Carilion NRV Med Center	X-ray,Radiology	$426.50	$111.32	Primary Adjustm		06/06/2018	06/08/2018	6401913
				$78.80	Provider Discount	$236.38	06/06/2018	06/08/2018	6401913
04/04/2018	Carilion NRV Med Center	X-ray,Radiology	$1,458.50	$380.67	Primary Adjustm		06/06/2018	06/08/2018	6401913
				$803.71	Other Ins Paid		06/06/2018	06/08/2018	6401913
				$68.53	Provider Discount	$205.59	06/06/2018	06/08/2018	6401913
Claim # AGA-0145266 Totals :			**$1,885.00**	**$1,443.03**		**$441.97**			

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Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0147524; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/19/2018									
04/05/2018	HealthRisk Resource Group	Repricing Fee	$3.88	$0.00		$3.88	06/15/2018	06/15/2018	6401922
04/11/2018	HealthRisk Resource Group	Repricing Fee	$1.58	$0.00		$1.58	06/15/2018	06/15/2018	6401922
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	06/15/2018	06/15/2018	6401932
04/11/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	06/15/2018	06/15/2018	6401932
Claim # AGA-0147524 Totals :			**$233.46**	**$45.60**		**$187.86**			

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Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0111065; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/09/2017									
09/21/2017	Professional Rehab Associates	Phys.therapy	$240.00	$170.00	Primary Adjustm		11/29/2017	12/01/2017	6401643
				$56.00	Other Ins Paid	$14.00	11/29/2017	12/01/2017	6401643
09/22/2017	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		11/29/2017	12/01/2017	6401643
				$56.00	Other Ins Paid	$14.00	11/29/2017	12/01/2017	6401643
09/09/2017	Carilion Clinic	Medical Treatment	$196.50	$26.72	Primary Adjustm		12/19/2017	12/22/2017	6401665
				$55.82	Other Ins Paid	$113.96	12/19/2017	12/22/2017	6401665
09/25/2017	Carilion Healthcare Corp	Medical Treatment	$484.00	$1.58	Primary Adjustm		12/27/2017	12/29/2017	6401671
				$385.94	Other Ins Paid	$96.48	12/27/2017	12/29/2017	6401671
09/29/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	01/08/2018	01/09/2018	6401682
10/02/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	01/08/2018	01/09/2018	6401682
10/18/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	01/08/2018	01/09/2018	6401682
10/05/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	01/08/2018	01/09/2018	6401682
09/28/2017	Professional Rehab Associates	Phys.therapy	$190.00	$80.00	A-G Discount	$110.00	01/08/2018	01/09/2018	6401679
11/03/2017	Professional Rehab Associates	Phys.therapy	$225.00	$150.00	A-G Discount	$75.00	01/08/2018	01/09/2018	6401677
09/25/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	01/08/2018	01/09/2018	6401678
10/27/2017	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	01/08/2018	01/09/2018	6401682
09/26/2017	Anesthesiology Associates	Anesthesia	$980.00	$588.00	Disc: Hrgi	$392.00	01/12/2018	01/12/2018	6401694
09/26/2017	Anesthesiology Associates	Injection	$525.00	$105.00	Disc: Hrgi	$420.00	01/12/2018	01/12/2018	6401694
09/26/2017	Anesthesiology Associates	X-ray,Radiology	$118.00	$23.60	Disc: Hrgi	$94.40	01/12/2018	01/12/2018	6401694
09/26/2017	HealthRisk Resource Group LLC	Repricing Fee	$85.99	$0.00		$85.99	01/12/2018	01/12/2018	6401691
09/13/2017	Carilion NRV Med Center	Mri	$1,925.72	$316.61	Primary Adjustm		01/19/2018	01/19/2018	999999999
				$1,609.11	Other Ins Paid	$0.00	01/19/2018	01/19/2018	999999999
09/13/2017	Carilion NRV Med Center	Mri	$402.28	$100.57	Provider Discount		01/19/2018	01/19/2018	999999999
				$301.71	Disc.radford	$0.00	01/19/2018	01/19/2018	999999999
09/26/2017	Carilion Healthcare Corp	Surgery	$4,146.60	$829.32	Disc: Hrgi	$3,317.28	01/25/2018	01/26/2018	6401711
11/13/2017	Professional Rehab Associates	Phys.therapy	$270.00	$195.00	A-G Discount	$75.00	01/23/2018	01/26/2018	6401706
09/26/2017	HealthRisk Resource Group LLC	Repricing Fee	$99.51	$0.00		$99.51	01/25/2018	01/26/2018	6401707
11/09/2017	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$6.95	Primary Adjustm		01/31/2018	02/02/2018	6401713
				$43.24	Other Ins Paid	$10.81	01/31/2018	02/02/2018	6401713
11/10/2017	Professional Rehab Associates	Phys.therapy	$225.00	$150.00	A-G Discount	$75.00	02/12/2018	02/13/2018	6401737
12/08/2017	Professional Rehab Associates	Phys.therapy	$180.00	$105.00	A-G Discount	$75.00	02/12/2018	02/13/2018	6401737
12/11/2017	Professional Rehab Associates	Phys.therapy	$180.00	$105.00	A-G Discount	$75.00	03/01/2018	03/02/2018	6401753
09/11/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	03/20/2018	03/20/2018	6401766

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Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0111065; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/09/2017									
09/11/2017	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$12.20	Disc: Hrgi	$48.80	03/20/2018	03/20/2018	6401766
09/21/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	03/20/2018	03/20/2018	6401766
09/11/2017	HealthRisk Resource Group LLC	Repricing Fee	$6.93	$0.00		$6.93	03/20/2018	03/20/2018	6401765
	Carilion Clinic		$0.00	$0.00		-$113.96	03/22/2018	03/22/2018	0
08/09/2017	HealthRisk Resource Group LLC	Repricing Fee	$4.65	$0.00		$4.65	03/20/2018	03/23/2018	6401768
08/09/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$4.40	Disc: Hrgi	$17.60	03/20/2018	03/23/2018	6401770
09/13/2017	Carilion Medical Center	Mri	$172.00	$34.40	Disc: Hrgi	$137.60	03/20/2018	03/23/2018	6401770
01/18/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid	$33.20	04/03/2018	04/04/2018	6401783
01/26/2018	Professional Rehab Associates	Phys.therapy	$249.00	$174.00	A-G Discount	$75.00	05/03/2018	05/04/2018	6401848
02/02/2018	Professional Rehab Associates	Phys.therapy	$269.00	$194.00	A-G Discount	$75.00	05/03/2018	05/04/2018	6401848
02/05/2018	Professional Rehab Associates	Phys.therapy	$194.00	$119.00	A-G Discount	$75.00	05/03/2018	05/04/2018	6401848
09/26/2017	Carilion NRV Med Center	Surgery	$31,397.65	$23,557.50	Provider Discount		05/07/2018	05/08/2018	6401858
				$7,840.15	Other Ins Paid	$0.00	05/07/2018	05/08/2018	6401858
09/26/2017	Carilion NRV Med Center	Surgery	$15,717.35	$4,941.39	Primary Adjustm		05/07/2018	05/08/2018	6401858
				$6,203.29	Disc.radford	$4,572.67	05/07/2018	05/08/2018	6401858
02/19/2018	Professional Rehab Associates	Phys.therapy	$194.00	$119.00	A-G Discount	$75.00	05/10/2018	05/11/2018	6401864
02/12/2018	Professional Rehab Associates	Phys.therapy	$239.00	$164.00	A-G Discount	$75.00	05/10/2018	05/11/2018	6401864
02/28/2018	Professional Rehab Associates	Phys.therapy	$246.00	$171.00	A-G Discount	$75.00	05/10/2018	05/11/2018	6401864
03/15/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid		06/08/2018	06/08/2018	6401901
				$8.20	Primary Adjustm	$25.00	06/08/2018	06/08/2018	6401901
04/25/2018	Professional Rehab Associates	Phys.therapy	$246.00	$171.00	A-G Discount	$75.00	06/27/2018	07/03/2018	6402012
04/19/2018	Professional Rehab Associates	Phys.therapy	$246.00	$171.00	A-G Discount	$75.00	06/27/2018	07/03/2018	6402012
05/02/2018	Professional Rehab Associates	Phys.therapy	$194.00	$119.00	A-G Discount	$75.00	06/27/2018	07/03/2018	6402012
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.20	Other Ins Paid	$33.80	06/27/2018	07/03/2018	6401987
04/19/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid		06/27/2018	07/03/2018	6401987
				$7.00	Primary Adjustm	$26.20	06/27/2018	07/03/2018	6401987
03/26/2018	Professional Rehab Associates	Phys.therapy	$232.00	$157.00	A-G Discount	$75.00	06/27/2018	07/03/2018	6402012
04/13/2018	Professional Rehab Associates	Phys.therapy	$239.00	$164.00	A-G Discount	$75.00	06/27/2018	07/03/2018	6402012
04/06/2018	Professional Rehab Associates	Phys.therapy	$194.00	$119.00	A-G Discount	$75.00	06/27/2018	07/03/2018	6402012
05/18/2018	Indigo Therapy Specialists	Phys.therapy	$546.00	$336.00	Primary Adjustm		08/29/2018	08/31/2018	6402153
				$168.00	Other Ins Paid	$42.00	08/29/2018	08/31/2018	6402153
05/16/2018	Indigo Therapy Specialists	Phys.therapy	$532.00	$322.00	Primary Adjustm		08/29/2018	08/31/2018	6402153
				$168.00	Other Ins Paid	$42.00	08/29/2018	08/31/2018	6402153

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Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0111065; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/09/2017									
08/10/2018	New River Valley Surgery Center	Surgery	$4,380.00	$1,268.36	Other Ins Paid		10/10/2018	10/12/2018	6402198
				$2,794.55	Primary Adjustm	$317.09	10/10/2018	10/12/2018	6402198
08/10/2018	Provider Alliance Network	Repricing Fee	$76.80	$0.00		$76.80	10/30/2018	10/30/2018	6402219
08/10/2018	Anesthesiology Associates	Anesthesia	$560.00	$384.00	Disc:occunet	$176.00	10/30/2018	11/02/2018	6402228
08/29/2018	Dynasplint Systems Inc	Medical Equipment	$225.00	$180.00	Other Ins Paid	$45.00	11/09/2018	11/09/2018	6402243
08/10/2018	Carilion Healthcare Corp	Surgery	$1,231.00	$373.07	Primary Adjustm		06/13/2019	06/14/2019	6402439
				$686.34	Other Ins Paid	$171.59	06/13/2019	06/14/2019	6402439
08/27/2018	Professional Rehab Associates	Phys.therapy	$187.00	$52.30	Other Ins Paid		09/23/2019	09/24/2019	6402561
				$123.00	Primary Adjustm	$11.70	09/23/2019	09/24/2019	6402561
08/31/2018	Professional Rehab Associates	Phys.therapy	$135.00	$53.86	Other Ins Paid		09/23/2019	09/24/2019	6402561
				$63.44	Primary Adjustm	$17.70	09/23/2019	09/24/2019	6402561
09/07/2018	Professional Rehab Associates	Phys.therapy	$232.00	$54.03	Other Ins Paid		09/23/2019	09/24/2019	6402561
				$160.27	Primary Adjustm	$17.70	09/23/2019	09/24/2019	6402561
09/12/2018	Professional Rehab Associates	Phys.therapy	$104.00	$63.88	Other Ins Paid		09/23/2019	09/24/2019	6402561
				$22.42	Primary Adjustm	$17.70	09/23/2019	09/24/2019	6402561
09/14/2018	Professional Rehab Associates	Phys.therapy	$104.00	$53.86	Other Ins Paid		09/23/2019	09/24/2019	6402561
				$32.44	Primary Adjustm	$17.70	09/23/2019	09/24/2019	6402561
09/21/2018	Professional Rehab Associates	Phys.therapy	$180.00	$53.97	Other Ins Paid		09/23/2019	09/24/2019	6402561
				$108.33	Primary Adjustm	$17.70	09/23/2019	09/24/2019	6402561
09/28/2018	Professional Rehab Associates	Phys.therapy	$194.00	$53.97	Other Ins Paid		09/23/2019	09/24/2019	6402561
				$122.33	Primary Adjustm	$17.70	09/23/2019	09/24/2019	6402561
Claim # AGA-0111065 Totals :			**$70,781.98**	**$58,325.28**		**$12,456.70**			
Claim: AGA-0122533; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 08/08/2017									
08/09/2017	Carilion Clinic	Radiology Services	$196.50	$26.72	Primary Adjustm		11/22/2017	11/28/2017	6401636
				$55.82	Other Ins Paid	$113.96	11/22/2017	11/28/2017	6401636
08/09/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	05/11/2018	05/11/2018	6401861
	Carilion Medical Center		$0.00	$0.00		-$22.00	07/23/2018	07/23/2018	0
Claim # AGA-0122533 Totals :			**$218.50**	**$104.54**		**$113.96**			

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Pay Dates: 08/01/2017 - 07/31/2020

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0141895; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/17/2017									
01/02/2018	Carilion NRV Med Center	Mri	$2,561.00	$799.80	Primary Adjustm		06/13/2018	06/15/2018	6401935
				$1,010.50	Other Ins Paid		06/13/2018	06/15/2018	6401935
				$187.68	Provider Discount	$563.02	06/13/2018	06/15/2018	6401935
01/02/2018	Carilion Medical Center	Mri	$172.00	$70.07	Primary Adjustm	$101.93	06/13/2018	06/15/2018	6401929
01/27/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$27.09	Other Ins Paid		06/13/2018	06/15/2018	6401928
				$3.91	Primary Adjustm	$35.00	06/13/2018	06/15/2018	6401928
Claim # AGA-0141895 Totals :			**$2,799.00**	**$2,099.05**		**$699.95**			
Claim: AGA-0141494; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Back; Date Incurred: 01/24/2018									
01/24/2018	Carilion New River Val Med Ctr	X-ray,Radiology	$120.49	$30.12	Provider Discount		04/17/2018	04/20/2018	999999999
				$90.37	Disc.radford	$0.00	04/17/2018	04/20/2018	999999999
01/24/2018	Carilion New River Val Med Ctr	X-ray,Radiology	$147.01	$147.01	Primary Adjustm	$0.00	04/17/2018	04/20/2018	999999999
01/24/2018	Carilion Medical Center	X-ray,Radiology	$24.00	$13.06	Primary Adjustm	$10.94	04/17/2018	04/20/2018	6401806
Claim # AGA-0141494 Totals :			**$291.50**	**$280.56**		**$10.94**			

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Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0146292; Activity: Womens Soccer; Diagnosis: Cardiovascular Disorders; Anatomy: Cardiac; Date Incurred: 03/22/2018									
03/28/2018	Carilion Healthcare Corp	Medical Treatment	$161.00	$88.10	Primary Adjustm		05/23/2018	05/25/2018	6401881
				$61.97	Other Ins Paid	$10.93	05/23/2018	05/25/2018	6401881
03/22/2018	Carilion Medical Center	Medical Treatment	$28.00	$10.68	Other Ins Paid		05/25/2018	05/25/2018	6401884
				$15.44	Primary Adjustm	$1.88	05/25/2018	05/25/2018	6401884
03/22/2018	Carilion Medical Center	Cat Scan	$243.00	$89.17	Other Ins Paid		05/25/2018	05/25/2018	6401884
				$138.10	Primary Adjustm	$15.73	05/25/2018	05/25/2018	6401884
03/22/2018	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$148.80	Other Ins Paid		06/14/2018	06/15/2018	6401927
				$103.95	Primary Adjustm	$26.25	06/14/2018	06/15/2018	6401927
03/22/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$6,496.00	$2,910.52	Primary Adjustm		06/14/2018	06/15/2018	6401933
				$3,047.72	Other Ins Paid		06/14/2018	06/15/2018	6401933
				$134.44	Provider Discount	$403.32	06/14/2018	06/15/2018	6401933
03/28/2018	Carilion NRV Med Center	Medical Treatment	$1,866.01	$1,070.97	Other Ins Paid		07/11/2018	07/13/2018	999999999
				$795.04	Primary Adjustm	$0.00	07/11/2018	07/13/2018	999999999
03/28/2018	Carilion NRV Med Center	Medical Treatment	$188.99	$47.25	Provider Discount		07/11/2018	07/13/2018	999999999
				$141.74	Disc.radford	$0.00	07/11/2018	07/13/2018	999999999
03/23/2018	Carilion Healthcare Corp	Medical Treatment	$258.00	$147.17	Other Ins Paid		07/11/2018	07/17/2018	6402044
				$81.36	Primary Adjustm	$29.47	07/11/2018	07/17/2018	6402044
04/19/2018	Carilion Healthcare Corp	Medical Treatment	$157.00	$121.79	Other Ins Paid		07/11/2018	07/17/2018	6402044
				$10.21	Primary Adjustm	$25.00	07/11/2018	07/17/2018	6402044
04/05/2018	Carilion Healthcare Corp	Lab,Pathology	$209.00	$134.84	Other Ins Paid		07/11/2018	07/17/2018	6402031
				$46.86	Primary Adjustm	$27.30	07/11/2018	07/17/2018	6402031
03/22/2018	Carilion Healthcare Corp	Medical Treatment	$22.00	$8.27	Other Ins Paid		07/11/2018	07/17/2018	6402044
				$12.28	Primary Adjustm	$1.45	07/11/2018	07/17/2018	6402044
Claim # AGA-0146292 Totals :			**$9,908.00**	**$9,366.67**		**$541.33**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0156794; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 02/20/2018									
02/21/2018	Carilion NRV Med Center	Medical Treatment	$286.47	$71.62	Provider Discount		08/02/2018	08/03/2018	999999999
				$214.85	Disc.radford	$0.00	08/02/2018	08/03/2018	999999999
02/21/2018	Carilion NRV Med Center	Medical Treatment	$1,135.03	$750.21	Primary Adjustm		08/02/2018	08/03/2018	999999999
				$384.82	Other Ins Paid	$0.00	08/02/2018	08/03/2018	999999999
02/28/2018	Carilion Healthcare Corp	Medical Treatment	$67.00	$36.62	Primary Adjustm		08/02/2018	08/07/2018	6402081
				$25.83	Other Ins Paid	$4.55	08/02/2018	08/07/2018	6402081
03/15/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$6.51	Primary Adjustm		08/02/2018	08/07/2018	6402081
				$130.49	Other Ins Paid	$25.00	08/02/2018	08/07/2018	6402081
08/07/2018	Carilion Clinic	Medical Treatment	$109.00	$79.84	Other Ins Paid		12/05/2018	12/13/2018	6402266
				$4.16	Primary Adjustm	$25.00	12/05/2018	12/13/2018	6402266
Claim # AGA-0156794 Totals :			**$1,759.50**	**$1,704.95**		**$54.55**			
Claim: AGA-0150726; Activity: Mens Golf; Diagnosis: Athletic Injury; Anatomy: R-wrist; Date Incurred: 02/21/2018									
04/12/2018	Carilion Healthcare Corp	Medical Treatment	$220.00	$53.92	Primary Adjustm	$166.08	07/11/2018	07/17/2018	6402054
05/03/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Primary Adjustm	$49.82	07/11/2018	07/17/2018	6402054
Claim # AGA-0150726 Totals :			**$286.00**	**$70.10**		**$215.90**			
Claim: AGA-0113922; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 09/22/2017									
09/25/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$36.85	Primary Adjustm		02/01/2018	02/02/2018	6401717
				$85.15	Other Ins Paid	$40.00	02/01/2018	02/02/2018	6401717
Claim # AGA-0113922 Totals :			**$162.00**	**$122.00**		**$40.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0151317; Activity: All Sports; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 10/15/2017									
03/30/2018	HealthRisk Resource Group LLC	Repricing Fee	$10.43	$0.00		$10.43	06/28/2018	07/03/2018	6401970
04/25/2018	HealthRisk Resource Group LLC	Repricing Fee	$3.35	$0.00		$3.35	06/28/2018	07/03/2018	6401970
05/16/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.84	$0.00		$0.84	06/28/2018	07/03/2018	6401965
03/29/2018	HealthRisk Resource Group LLC	Repricing Fee	$137.16	$0.00		$137.16	06/25/2018	07/03/2018	6401994
05/16/2018	Carilion Medical Center	X-ray,Radiology	$35.00	$7.00	Disc: Hrgi	$28.00	06/28/2018	07/03/2018	6401976
03/30/2018	Carilion Roanoke Mem Hosp	Dr.visit-emerg Room	$869.50	$86.95	Disc: Hrgi	$782.55	06/28/2018	07/03/2018	6402014
04/25/2018	Carilion Roanoke Mem Hosp	Medical Equipment	$279.50	$27.95	Disc: Hrgi	$251.55	06/28/2018	07/03/2018	6402014
06/08/2018	Professional Rehab Associates	Phys.therapy	$277.00	$202.00	A-G Discount	$75.00	06/26/2018	07/03/2018	6402002
04/13/2018	Professional Rehab Associates	Phys.therapy	$240.00	$130.00	A-G Discount	$110.00	06/25/2018	07/03/2018	6402005
05/25/2018	Professional Rehab Associates	Phys.therapy	$194.00	$119.00	A-G Discount	$75.00	06/25/2018	07/03/2018	6402005
05/23/2018	Professional Rehab Associates	Phys.therapy	$194.00	$119.00	A-G Discount	$75.00	06/25/2018	07/03/2018	6402005
06/15/2018	Professional Rehab Associates	Phys.therapy	$180.00	$105.00	A-G Discount	$75.00	06/26/2018	07/03/2018	6402002
06/13/2018	Professional Rehab Associates	Phys.therapy	$180.00	$105.00	A-G Discount	$75.00	06/26/2018	07/03/2018	6402002
03/29/2018	Carilion Professional Service	Anesthesia	$931.50	$0.00		$931.50	07/12/2018	07/17/2018	6402060
03/29/2018	Carilion Medical Center	Surgery	$5,715.00	$1,143.00	Disc: Hrgi		06/25/2018	07/17/2018	6402062
				$1,664.35	Previously Paid	$2,907.65	06/25/2018	07/17/2018	6402062
07/06/2018	Carilion Medical Center	X-ray,Radiology	$35.00	$7.00	Disc: Hrgi	$28.00	07/24/2018	08/07/2018	6402080
07/06/2018	Carilion Medical Center	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	07/24/2018	08/07/2018	6402097
07/05/2018	Professional Rehab Associates	Phys.therapy	$180.00	$105.00	A-G Discount	$75.00	07/17/2018	08/07/2018	6402099
07/03/2018	Professional Rehab Associates	Phys.therapy	$232.00	$157.00	A-G Discount	$75.00	07/17/2018	08/07/2018	6402099
07/11/2018	Professional Rehab Associates	Phys.therapy	$187.00	$112.00	A-G Discount	$75.00	07/30/2018	08/07/2018	6402098
07/13/2018	Professional Rehab Associates	Phys.therapy	$254.00	$179.00	A-G Discount	$75.00	07/30/2018	08/07/2018	6402098
07/16/2018	Professional Rehab Associates	Phys.therapy	$187.00	$112.00	A-G Discount	$75.00	08/06/2018	08/07/2018	6402095
07/18/2018	Professional Rehab Associates	Phys.therapy	$194.00	$119.00	A-G Discount	$75.00	08/06/2018	08/07/2018	6402096
03/05/2018	Carilion NRV Med Center	Surgery	$4,077.50	$1,019.38	Provider Discount	$3,058.12	06/25/2018	08/07/2018	6402105
07/06/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.61	$0.00		$2.61	07/24/2018	08/07/2018	6402065
07/06/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	07/25/2018	08/07/2018	6402078
07/06/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.84	$0.00		$0.84	07/24/2018	08/07/2018	6402063
07/30/2018	Professional Rehab Associates	Phys.therapy	$187.00	$112.00	A-G Discount	$75.00	08/13/2018	08/14/2018	6402125
07/25/2018	Professional Rehab Associates	Phys.therapy	$187.00	$112.00	A-G Discount	$75.00	11/05/2018	11/06/2018	6402237
10/05/2018	Carilion Medical Center	X-ray,Radiology	$35.00	$7.00	Disc: Hrgi	$28.00	11/27/2018	11/30/2018	6402263
10/05/2018	Carilion Medical Center	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	11/27/2018	11/30/2018	6402263
10/05/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$4.40	Disc: Hrgi	$17.60	11/27/2018	11/30/2018	6402263

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0151317; Activity: All Sports; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 10/15/2017									
10/05/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.52	$0.00		$0.52	11/27/2018	11/30/2018	6402260
10/05/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.84	$0.00		$0.84	11/27/2018	11/30/2018	6402260
10/05/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.61	$0.00		$2.61	11/27/2018	11/30/2018	6402260
Claim # AGA-0151317 Totals :			**$15,272.20**	**$5,798.63**		**$9,473.57**			
Claim: AGA-0144314; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 01/21/2018									
01/30/2018	Carilion NRV Med Center	Surgery	$4,239.50	$566.82	Primary Adjustm		05/09/2018	05/11/2018	6401867
				$2,877.72	Other Ins Paid		05/09/2018	05/11/2018	6401867
				$198.74	Provider Discount	$596.22	05/09/2018	05/11/2018	6401867
Claim # AGA-0144314 Totals :			**$4,239.50**	**$3,643.28**		**$596.22**			
Claim: AGA-0120406; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 11/06/2017									
11/07/2017	Carilion NRV Med Center	X-ray,Radiology	$66.42	$66.42	Primary Adjustm	$0.00	02/26/2018	03/02/2018	999999999
11/07/2017	Carilion NRV Med Center	X-ray,Radiology	$188.08	$47.02	Provider Discount		02/26/2018	03/02/2018	999999999
				$141.06	Disc.radford	$0.00	02/26/2018	03/02/2018	999999999
Claim # AGA-0120406 Totals :			**$254.50**	**$254.50**		**$0.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0155075; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 01/20/2018									
04/19/2018	Carilion NRV Med Center	Mri	$4,077.50	$1,019.38	Provider Discount		08/27/2018	08/28/2018	999999999
				$3,058.12	Disc.radford	$0.00	08/27/2018	08/28/2018	999999999
04/24/2018	Acv Inc	Anesthesia	$1,300.00	$1,003.60	First Health Disc	$296.40	09/07/2018	09/11/2018	6402166
04/24/2018	First Health	Repricing Fee	$150.54	$0.00		$150.54	09/07/2018	09/11/2018	6402165
04/11/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	10/08/2018	10/09/2018	6402190
04/24/2018	HealthRisk Resource Group LLC	Repricing Fee	$26.73	$0.00		$26.73	10/11/2018	10/12/2018	6402197
04/11/2018	HealthRisk Resource Group LLC	Repricing Fee	$3.88	$0.00		$3.88	10/11/2018	10/12/2018	6402197
04/19/2018	HealthRisk Resource Group LLC	Repricing Fee	$5.25	$0.00		$5.25	10/11/2018	10/12/2018	6402197
04/24/2018	HealthRisk Resource Group LLC	Repricing Fee	$4.89	$0.00		$4.89	10/11/2018	10/12/2018	6402197
04/19/2018	Carilion Medical Center	X-ray,Radiology	$49.00	$9.80	Disc: Hrgi	$39.20	10/11/2018	10/12/2018	6402199
04/19/2018	Carilion Medical Center	Mri	$204.00	$40.80	Disc: Hrgi	$163.20	10/11/2018	10/12/2018	6402199
04/24/2018	Carilion Medical Center	Surgery	$1,114.00	$222.80	Disc: Hrgi	$891.20	10/11/2018	10/12/2018	6402199
04/11/2018	Carilion Medical Center	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	10/11/2018	10/12/2018	6402199
04/19/2018	Carilion Medical Center	Surgery	$170.00	$34.00	Disc: Hrgi	$136.00	10/11/2018	10/12/2018	6402199
04/11/2018	Carilion Medical Center	X-ray,Radiology	$35.00	$0.00		$35.00	12/19/2018	12/20/2018	6402274
04/24/2018	Carilion Roanoke Mem Hosp	Surgery	$25,537.00	$17,618.16	Other Ins Paid		03/26/2019	04/16/2019	6402359
				$3,414.30	Primary Adjustm	$4,504.54	03/26/2019	04/16/2019	6402359
09/12/2018	Professional Rehab Associates	Phys.therapy	$150.00	$40.00	A-G Discount	$110.00	08/09/2019	08/13/2019	6402504
Claim # AGA-0155075 Totals :			**$33,011.79**	**$26,493.36**		**$6,518.43**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0122901; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 09/24/2017									
10/18/2017	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$26.00	Primary Adjustm		12/21/2017	12/22/2017	6401663
				$32.00	Other Ins Paid	$8.00	12/21/2017	12/22/2017	6401663
11/07/2017	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$26.00	Primary Adjustm		12/21/2017	12/22/2017	6401663
				$32.00	Other Ins Paid	$8.00	12/21/2017	12/22/2017	6401663
11/08/2017	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$26.00	Primary Adjustm		12/21/2017	12/22/2017	6401663
				$32.00	Other Ins Paid	$8.00	12/21/2017	12/22/2017	6401663
10/10/2017	Tuck Chiropractic Clinic	Medical Treatment	$141.00	$26.00	Primary Adjustm		12/21/2017	12/22/2017	6401663
				$92.00	Other Ins Paid	$23.00	12/21/2017	12/22/2017	6401663
10/13/2017	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$26.00	Primary Adjustm		12/21/2017	12/22/2017	6401663
				$32.00	Other Ins Paid	$8.00	12/21/2017	12/22/2017	6401663
10/16/2017	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$26.00	Primary Adjustm		12/21/2017	12/22/2017	6401663
				$32.00	Other Ins Paid	$8.00	12/21/2017	12/22/2017	6401663
11/17/2017	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$26.00	Primary Adjustm		03/14/2018	03/16/2018	6401761
				$32.00	Other Ins Paid	$8.00	03/14/2018	03/16/2018	6401761
11/29/2017	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$26.00	Primary Adjustm		03/14/2018	03/16/2018	6401761
				$32.00	Other Ins Paid	$8.00	03/14/2018	03/16/2018	6401761
01/24/2018	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$32.00	Other Ins Paid		04/19/2018	04/20/2018	6401807
				$26.00	Primary Adjustm	$8.00	04/19/2018	04/20/2018	6401807
01/29/2018	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$32.00	Other Ins Paid		04/19/2018	04/20/2018	6401807
				$26.00	Primary Adjustm	$8.00	04/19/2018	04/20/2018	6401807
02/14/2018	Tuck Chiropractic Clinic	Manipulation/adjustment	$66.00	$32.00	Other Ins Paid		05/04/2018	05/08/2018	6401852
				$26.00	Primary Adjustm	$8.00	05/04/2018	05/08/2018	6401852
02/21/2018	Tuck Chiropractic Clinic	Manipulation/adjustment	$42.00	$18.40	Other Ins Paid		05/04/2018	05/08/2018	6401852
				$19.00	Primary Adjustm	$4.60	05/04/2018	05/08/2018	6401852
03/23/2018	Tuck Chiropractic Clinic	Manipulation/adjustment	$42.00	$18.40	Other Ins Paid		05/22/2018	05/25/2018	6401880
				$19.00	Primary Adjustm	$4.60	05/22/2018	05/25/2018	6401880
Claim # AGA-0122901 Totals :			**$885.00**	**$772.80**		**$112.20**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0115527; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 09/20/2017									
12/04/2017	Montgomery Radiology Associate	Mri	$435.00	$300.22	Primary Adjustm		02/12/2018	02/13/2018	6401734
				$107.82	Other Ins Paid	$26.96	02/12/2018	02/13/2018	6401734
12/04/2017	Montgomery Radiology Associate	Surgery	$306.00	$201.64	Primary Adjustm		02/12/2018	02/13/2018	6401734
				$83.49	Other Ins Paid	$20.87	02/12/2018	02/13/2018	6401734
12/04/2017	Montgomery Radiology Associate	X-ray,Radiology	$113.00	$82.67	Primary Adjustm		02/12/2018	02/13/2018	6401734
				$24.26	Other Ins Paid	$6.07	02/12/2018	02/13/2018	6401734
12/04/2017	Lewisgale Hos Montgomery	Mri	$7,401.87	$1,530.40	Other Ins Paid		05/09/2018	05/11/2018	6401866
				$5,338.87	Primary Adjustm	$532.60	05/09/2018	05/11/2018	6401866
Claim # AGA-0115527 Totals :			**$8,255.87**	**$7,669.37**		**$586.50**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0142662; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/06/2018									
03/07/2018	Carilion Healthcare Corp	Medical Treatment	$231.00	$30.96	Primary Adjustm		05/07/2018	05/08/2018	6401855
				$140.49	Other Ins Paid	$59.55	05/07/2018	05/08/2018	6401855
03/15/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		05/23/2018	05/25/2018	6401883
				$89.84	Other Ins Paid	$15.00	05/23/2018	05/25/2018	6401883
03/27/2018	Carilion Healthcare Corp	Surgery	$2,122.00	$970.99	Primary Adjustm		06/05/2018	06/08/2018	6401898
				$1,136.01	Other Ins Paid	$15.00	06/05/2018	06/08/2018	6401898
03/08/2018	Carilion NRV Med Center	Mri	$2,561.00	$427.80	Primary Adjustm		06/06/2018	06/08/2018	6401905
				$2,107.53	Other Ins Paid		06/06/2018	06/08/2018	6401905
				$6.42	Provider Discount	$19.25	06/06/2018	06/08/2018	6401905
03/27/2018	Carilion NRV Med Center	Surgery	$45,084.00	$29,021.29	Primary Adjustm		06/06/2018	06/08/2018	6401905
				$16,037.71	Other Ins Paid		06/06/2018	06/08/2018	6401905
				$6.25	Provider Discount	$18.75	06/06/2018	06/08/2018	6401905
04/04/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$51.33	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
04/02/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$51.33	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
03/29/2018	Professional Rehab Associates	Phys.therapy	$190.00	$83.00	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$92.00	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
04/17/2018	Professional Rehab Associates	Phys.therapy	$172.00	$92.55	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$64.45	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
04/26/2018	Professional Rehab Associates	Phys.therapy	$180.00	$91.80	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$73.20	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
04/30/2018	Professional Rehab Associates	Phys.therapy	$180.00	$91.80	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$73.20	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
03/21/2018	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$99.45	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
03/23/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$51.33	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
04/09/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$51.33	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
04/11/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		06/18/2018	06/19/2018	6401946
				$51.33	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
05/02/2018	Professional Rehab Associates	Phys.therapy	$180.00	$91.80	Primary Adjustm		06/18/2018	06/19/2018	6401946

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0142662; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/06/2018									
				$73.20	Other Ins Paid	$15.00	06/18/2018	06/19/2018	6401946
03/27/2018	Anesthesiology Associates	Injection	$490.00	$23.48	Other Ins Paid		06/18/2018	06/19/2018	6401938
				$451.52	Primary Adjustm	$15.00	06/18/2018	06/19/2018	6401938
03/22/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$89.84	Other Ins Paid		06/18/2018	06/19/2018	6401939
				$4.16	Primary Adjustm	$15.00	06/18/2018	06/19/2018	6401939
05/09/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$350.00	$87.48	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$247.52	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
05/10/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$350.00	$87.48	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$247.52	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
05/14/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$335.00	$90.93	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$229.07	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
05/16/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$335.00	$90.93	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$229.07	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
05/18/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$335.00	$90.93	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$229.07	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
05/21/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$335.00	$90.93	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$229.07	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
05/24/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$335.00	$90.93	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$229.07	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
05/07/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$255.00	$87.97	Other Ins Paid		08/30/2018	08/31/2018	6402154
				$152.03	Primary Adjustm	$15.00	08/30/2018	08/31/2018	6402154
07/11/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$405.00	$118.07	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$271.93	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
07/13/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$325.00	$75.77	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$234.23	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
07/16/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$325.00	$75.77	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$234.23	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
07/20/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$325.00	$75.77	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$234.23	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
06/25/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$78.48	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$196.52	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
06/28/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$64.25	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$210.75	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158

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Claim: AGA-0142662; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/06/2018									
06/21/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$78.48	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$196.52	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
06/22/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$78.48	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$196.52	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
05/25/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$335.00	$90.93	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$229.07	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
05/29/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$78.48	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$196.52	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
05/31/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$415.00	$138.67	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$261.33	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
06/05/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$335.00	$90.93	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$229.07	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
06/07/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$78.48	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$196.52	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
06/12/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$78.48	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$196.52	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
06/14/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$290.00	$78.48	Other Ins Paid		08/31/2018	09/05/2018	6402158
				$196.52	Primary Adjustm	$15.00	08/31/2018	09/05/2018	6402158
08/30/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		10/22/2018	10/23/2018	6402206
				$47.40	Other Ins Paid	$15.00	10/22/2018	10/23/2018	6402206
03/28/2018	Coolsystems Inc Game Ready	Medical Equipment	$3,215.00	$803.75	A-G Discount	$2,411.25	10/30/2018	10/30/2018	6402221
09/07/2018	Professional Rehab Associates	Phys.therapy	$208.00	$119.56	Primary Adjustm		11/07/2018	11/09/2018	6402244
				$73.44	Other Ins Paid	$15.00	11/07/2018	11/09/2018	6402244
08/27/2018	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		11/07/2018	11/09/2018	6402244
				$99.45	Other Ins Paid	$15.00	11/07/2018	11/09/2018	6402244
08/31/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		11/07/2018	11/09/2018	6402244
				$51.33	Other Ins Paid	$15.00	11/07/2018	11/09/2018	6402244
08/17/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$325.00	$75.77	Other Ins Paid		11/13/2018	11/13/2018	6402247
				$234.23	Primary Adjustm	$15.00	11/13/2018	11/13/2018	6402247
08/15/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$235.00	$75.77	Other Ins Paid		11/13/2018	11/13/2018	6402247
				$144.23	Primary Adjustm	$15.00	11/13/2018	11/13/2018	6402247
10/09/2018	Professional Rehab Associates	Phys.therapy	$156.00	$89.67	Primary Adjustm		12/13/2018	12/20/2018	6402273
				$51.33	Other Ins Paid	$15.00	12/13/2018	12/20/2018	6402273

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Claim: AGA-0142662; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/06/2018									
10/22/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$47.40	Other Ins Paid		01/03/2019	01/04/2019	6402280
				$3.60	Primary Adjustm	$15.00	01/03/2019	01/04/2019	6402280
11/26/2018	Professional Rehab Associates	Phys.therapy	$208.00	$73.44	Other Ins Paid		02/09/2019	03/05/2019	6402319
				$119.56	Primary Adjustm	$15.00	02/09/2019	03/05/2019	6402319
11/26/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		02/09/2019	03/05/2019	6402320
				$47.40	Other Ins Paid	$15.00	02/09/2019	03/05/2019	6402320
08/03/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$325.00	$75.77	Other Ins Paid		01/29/2019	03/05/2019	6402323
				$234.23	Primary Adjustm	$15.00	01/29/2019	03/05/2019	6402323
08/06/2018	Glen Burnie PT & Sportscare, LLC	Phys.therapy	$325.00	$75.77	Other Ins Paid		01/29/2019	03/05/2019	6402323
				$234.23	Primary Adjustm	$15.00	01/29/2019	03/05/2019	6402323
01/17/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$49.13	Other Ins Paid		04/23/2019	04/23/2019	6402390
				$1.87	Primary Adjustm	$15.00	04/23/2019	04/23/2019	6402390
01/16/2019	Professional Rehab Associates	Phys.therapy	$208.00	$119.56	Primary Adjustm		04/24/2019	04/26/2019	6402393
				$73.44	Other Ins Paid	$15.00	04/24/2019	04/26/2019	6402393
Claim # AGA-0142662 Totals :			**$65,692.00**	**$62,403.20**		**$3,288.80**			
Claim: AGA-0151633; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 04/28/2018									
04/28/2018	RMH Emergency Svc	Dr.visit-emerg Room	$401.00	$127.93	Other Ins Paid		07/17/2018	08/07/2018	6402084
				$241.08	Primary Adjustm	$31.99	07/17/2018	08/07/2018	6402084
06/21/2018	Richards Orthopaedic Cntr	Medical Treatment	$180.00	$87.60	Other Ins Paid		07/17/2018	08/07/2018	6402077
				$70.50	Primary Adjustm	$21.90	07/17/2018	08/07/2018	6402077
04/28/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$7.78	Other Ins Paid		07/17/2018	08/07/2018	6402064
				$12.28	Primary Adjustm	$1.94	07/17/2018	08/07/2018	6402064
07/20/2018	Richards Orthopaedic Cntr	Medical Treatment	$129.00	$56.00	Primary Adjustm		08/07/2018	08/10/2018	6402109
				$58.40	Other Ins Paid	$14.60	08/07/2018	08/10/2018	6402109
Claim # AGA-0151633 Totals :			**$732.00**	**$661.57**		**$70.43**			

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Claim: AGA-0157196; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 07/09/2018									
07/26/2018	Carilion Clinic	Radiology Services	$254.50	$103.84	Other Insurance	$150.66	09/17/2018	09/18/2018	6402174
07/26/2018	Carilion Clinic	X-ray,Radiology	$28.00	$11.64	Other Insurance	$16.36	09/17/2018	09/18/2018	6402174
07/31/2018	Carilion Clinic	Mri	$2,885.50	$1,177.28	Other Insurance	$1,708.22	09/17/2018	09/18/2018	6402174
07/31/2018	Carilion Clinic	Mri	$188.00	$78.21	Other Insurance	$109.79	09/17/2018	09/18/2018	6402174
08/10/2018	Carilion Clinic	Medical Treatment	$1,458.50	$595.06	Other Insurance	$863.44	09/17/2018	09/18/2018	6402174
08/15/2018	Carilion Clinic	Mri	$868.00	$753.53	Other Insurance	$114.47	09/17/2018	09/18/2018	6402174
08/15/2018	Carilion Clinic	Medical Treatment	$60.00	$22.94	Other Insurance	$37.06	09/17/2018	09/18/2018	6402174
12/07/2018	Ethan Colliver, DO	Consultation	$318.00	$90.00	Other Ins Paid		02/07/2019	03/05/2019	6402334
				$168.00	Primary Adjustm	$60.00	02/07/2019	03/05/2019	6402334
11/07/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$71.50	Other Ins Paid		02/07/2019	03/05/2019	6402335
				$30.50	Primary Adjustm	$60.00	02/07/2019	03/05/2019	6402335
03/04/2019	Uw Medical Foundation	Medical Treatment	$1,680.00	$302.40	Primary Adjustm	$1,377.60	07/23/2019	07/26/2019	6402487
03/04/2019	Uw Medical Foundation	Medical Treatment	$400.00	$72.00	Primary Adjustm	$328.00	07/23/2019	07/26/2019	6402487
03/04/2019	Univ Of Wisconsin Hosp	Mri	$9,001.55	$5,281.58	Primary Adjustm		07/23/2019	07/26/2019	6402488
				$2,740.45	Other Ins Paid	$979.52	07/23/2019	07/26/2019	6402488
03/25/2019	Jefferson Surgical Clinic	Medical Treatment	$97.00	$24.27	Other Ins Paid		09/03/2019	09/04/2019	6402536
				$12.73	Primary Adjustm	$60.00	09/03/2019	09/04/2019	6402536
04/02/2019	Jefferson Surgical Clinic	Medical Treatment	$97.00	$24.27	Other Ins Paid		09/03/2019	09/04/2019	6402536
				$12.73	Primary Adjustm	$60.00	09/03/2019	09/04/2019	6402536
03/07/2019	OccuNet	Repricing Fee	$1,008.72	$0.00		$1,008.72	09/04/2019	09/06/2019	6402538
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$2,246.00	$2,246.00	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$2,517.65	$2,517.65	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$53.87	$53.87	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$50.44	$50.44	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$388.05	$388.05	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$5,057.80	$5,057.80	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$21.70	$21.70	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Medical Treatment	$61.25	$61.25	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Operating Room	$39,879.00	$39,879.00	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Anesthesia	$1,899.00	$1,899.00	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Phys.therapy	$256.00	$256.00	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Phys.therapy	$443.00	$443.00	Disc:occunet	$0.00	09/04/2019	09/06/2019	999999999
03/07/2019	Univ Of Wisconsin Hosp	Operating Room	$4,034.88	$0.00		$4,034.88	03/05/2020	03/13/2020	6402731

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Claim # AGA-0157196 Totals :			**$75,415.41**	**$64,446.69**		**$10,968.72**			
Claim: AGA-0112205; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 08/27/2017									
09/12/2017	Carilion NRV Med Center	Mri	$1,911.92	$316.61	Primary Adjustm		01/31/2018	02/02/2018	999999999
				$1,595.31	Other Ins Paid	$0.00	01/31/2018	02/02/2018	999999999
09/12/2017	Carilion NRV Med Center	Mri	$416.08	$104.02	Provider Discount		01/31/2018	02/02/2018	999999999
				$312.06	Disc.radford	$0.00	01/31/2018	02/02/2018	999999999
09/12/2017	Carilion Medical Center	Mri	$172.00	$69.99	Primary Adjustm		05/17/2018	05/18/2018	6401870
				$81.61	Other Ins Paid	$20.40	05/17/2018	05/18/2018	6401870
Claim # AGA-0112205 Totals :			**$2,500.00**	**$2,479.60**		**$20.40**			
Claim: AGA-0150830; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 03/27/2018									
03/29/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$12.28	Primary Adjustm	$9.72	08/30/2019	09/04/2019	6402529
Claim # AGA-0150830 Totals :			**$22.00**	**$12.28**		**$9.72**			
Claim: AGA-0138138; Activity: Womens Basketball; Diagnosis: Medical Examination; Anatomy: Medical Screening; Date Incurred: 11/03/2017									
11/03/2017	Carilion NRV Med Center	Dr.visit-emerg Room	$2,276.00	$1,422.57	Primary Adjustm		04/19/2018	04/20/2018	999999999
				$853.43	Other Ins Paid	$0.00	04/19/2018	04/20/2018	999999999
11/03/2017	Carilion NRV Med Center	Dr.visit-emerg Room	$75.00	$18.75	Provider Discount		04/19/2018	04/20/2018	999999999
				$56.25	Disc.radford	$0.00	04/19/2018	04/20/2018	999999999
11/28/2018	Radford Ambulance Service	Ambulance	$646.00	$413.21	Other Ins Paid	$232.79	06/28/2019	07/02/2019	6402449
Claim # AGA-0138138 Totals :			**$2,997.00**	**$2,764.21**		**$232.79**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0139807; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 02/24/2018									
03/02/2018	Carilion Medical Center	Surgery	$217.00	$94.16	Primary Adjustm	$122.84	04/25/2018	04/27/2018	6401827
03/02/2018	Carilion Medical Center	Mri	$204.00	$96.93	Primary Adjustm	$107.07	05/02/2018	05/04/2018	6401846
03/05/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$41.58	Other Ins Paid		05/03/2018	05/04/2018	6401841
				$27.42	Primary Adjustm	$40.00	05/03/2018	05/04/2018	6401841
02/26/2018	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$3.06	Other Ins Paid		05/04/2018	05/08/2018	6401853
				$17.94	Primary Adjustm	$40.00	05/04/2018	05/08/2018	6401853
03/05/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		05/17/2018	05/18/2018	6401871
				$41.58	Other Ins Paid	$40.00	05/17/2018	05/18/2018	6401871
03/20/2018	Anesthesiology Associates	Anesthesia	$1,035.00	$720.00	Primary Adjustm		06/06/2018	06/08/2018	6401903
				$283.50	Other Ins Paid	$31.50	06/06/2018	06/08/2018	6401903
04/06/2018	Professional Rehab Associates	Phys.therapy	$240.00	$48.00	Primary Adjustm		06/06/2018	06/08/2018	6401910
				$82.00	A-G Discount	$110.00	06/06/2018	06/08/2018	6401910
04/10/2018	Professional Rehab Associates	Phys.therapy	$232.00	$46.60	Primary Adjustm		06/06/2018	06/08/2018	6401910
				$110.40	A-G Discount	$75.00	06/06/2018	06/08/2018	6401910
03/20/2018	Carilion NRV Med Center	Surgery	$30,309.00	$21,666.19	Other Ins Paid		06/06/2018	06/08/2018	6401914
				$7,910.65	Primary Adjustm		06/06/2018	06/08/2018	6401914
				$183.04	Provider Discount	$549.12	06/06/2018	06/08/2018	6401914
04/12/2018	Professional Rehab Associates	Phys.therapy	$232.00	$129.92	Other Ins Paid		06/25/2018	07/03/2018	6402003
				$46.40	Primary Adjustm	$55.68	06/25/2018	07/03/2018	6402003
04/17/2018	Professional Rehab Associates	Phys.therapy	$239.00	$48.16	Other Ins Paid		06/25/2018	07/03/2018	6402003
				$47.80	Primary Adjustm	$143.04	06/25/2018	07/03/2018	6402003
04/19/2018	Professional Rehab Associates	Phys.therapy	$232.00	$129.92	Other Ins Paid		06/25/2018	07/03/2018	6402003
				$46.40	Primary Adjustm	$55.68	06/25/2018	07/03/2018	6402003
03/02/2018	Carilion NRV Med Center	Mri	$4,081.50	$1,065.28	Primary Adjustm		06/25/2018	07/03/2018	6402008
				$2,593.01	Other Ins Paid		06/25/2018	07/03/2018	6402008
				$105.80	Provider Discount	$317.41	06/25/2018	07/03/2018	6402008
03/05/2018	Carilion Healthcare Corp	Orthopedic Appliance	$270.00	$135.00	Primary Adjustm	$135.00	06/25/2018	07/03/2018	6402007
03/20/2018	Carilion Healthcare Corp	Surgery	$3,091.40	$1,644.11	Primary Adjustm		06/25/2018	07/03/2018	6402007
				$1,302.57	Other Ins Paid	$144.72	06/25/2018	07/03/2018	6402007
	Carilion Healthcare Corp		$0.00	$0.00		-$40.00	07/23/2018	07/23/2018	0
03/20/2018	Anesthesiology Associates	Anesthesia	$1,050.00	$735.00	Primary Adjustm		07/18/2018	08/07/2018	6402083
				$283.50	Other Ins Paid	$31.50	07/18/2018	08/07/2018	6402083
03/20/2018	Austin Cross	Reimbursement	$0.00	$0.00		V $0.00	09/20/2018	09/21/2018	6402175

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0139807; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 02/24/2018									
	Carilion Healthcare Corp		$0.00	$0.00		-$144.72	10/10/2018	10/10/2018	0
01/03/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$14.82	Other Ins Paid		04/03/2019	04/16/2019	6402375
				$16.18	Primary Adjustm	$35.00	04/03/2019	04/16/2019	6402375
Claim # AGA-0139807 Totals :			**$41,777.90**	**$39,929.06**		**$1,848.84**			
Claim: AGA-0130367; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Teeth; Date Incurred: 08/21/2017									
08/22/2017	Stephen Mccuin, Dds	Dental	$82.00	$0.00		$82.00	01/24/2018	01/26/2018	6401708
08/22/2017	Stephen Mccuin, Dds	Dental	$34.00	$0.00		$34.00	01/24/2018	01/26/2018	6401708
08/22/2017	Stephen Mccuin, Dds	Dental	$33.00	$0.00		$33.00	01/24/2018	01/26/2018	6401708
08/22/2017	NRV Oral & Maxillofacial Surgery	Dental	$875.00	$63.00	Primary Adjustm		01/24/2018	01/26/2018	6401710
				$384.40	Other Ins Paid	$427.60	01/24/2018	01/26/2018	6401710
08/22/2017	NRV Oral & Maxillofacial Surgery	Cat Scan	$63.00	$0.00		$63.00	05/17/2018	05/18/2018	6401873
Claim # AGA-0130367 Totals :			**$1,087.00**	**$447.40**		**$639.60**			
Claim: AGA-0158079; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 04/13/2018									
04/23/2018	Carilion Healthcare Corp	Medical Treatment	$469.00	$85.49	Primary Adjustm	$383.51	08/31/2018	09/05/2018	6402160
Claim # AGA-0158079 Totals :			**$469.00**	**$85.49**		**$383.51**			
Claim: AGA-0117538; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 10/01/2017									
10/05/2017	Carilion NRV Med Center	X-ray,Radiology	$100.98	$25.25	Provider Discount		11/14/2017	11/17/2017	999999999
				$75.73	Disc.radford	$0.00	11/14/2017	11/17/2017	999999999
10/05/2017	Carilion NRV Med Center	X-ray,Radiology	$112.02	$112.02	Primary Adjustm	$0.00	11/14/2017	11/17/2017	999999999
10/05/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$12.28	Primary Adjustm	$9.72	11/15/2017	11/17/2017	6401626
10/17/2017	Carilion NRV Med Center	Mri	$922.02	$427.80	Primary Adjustm		11/29/2017	12/01/2017	999999999
				$494.22	Other Ins Paid	$0.00	11/29/2017	12/01/2017	999999999
10/17/2017	Carilion NRV Med Center	Mri	$1,638.98	$409.75	Provider Discount		11/29/2017	12/01/2017	999999999
				$1,229.23	Disc.radford	$0.00	11/29/2017	12/01/2017	999999999
10/17/2017	Carilion Medical Center	Mri	$170.00	$91.83	Primary Adjustm		11/29/2017	12/01/2017	6401641
				$62.54	Other Ins Paid	$15.63	11/29/2017	12/01/2017	6401641
Claim # AGA-0117538 Totals :			**$2,966.00**	**$2,940.65**		**$25.35**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0112933; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Back; Date Incurred: 08/16/2017									
08/24/2017	Professional Rehab Associates	Phys.therapy	$150.00	$57.66	Primary Adjustm		01/08/2018	01/09/2018	6401676
				$72.34	Other Ins Paid	$20.00	01/08/2018	01/09/2018	6401676
Claim # AGA-0112933 Totals :			**$150.00**	**$130.00**		**$20.00**			
Claim: AGA-0122536; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 10/30/2017									
11/21/2017	Univ Of Md Diag Imag	X-ray,Radiology	$36.00	$23.59	Primary Adjustm		01/09/2018	01/12/2018	6401684
				$10.55	Other Ins Paid	$1.86	01/09/2018	01/12/2018	6401684
11/20/2017	UMOA, PA	Medical Treatment	$163.00	$71.59	Primary Adjustm		01/11/2018	01/12/2018	6401688
				$56.41	Other Ins Paid	$35.00	01/11/2018	01/12/2018	6401688
11/21/2017	Maryland General Hospital	Surgery	$12,087.94	$205.50	Primary Adjustm		01/11/2018	01/12/2018	6401695
				$10,099.79	Other Ins Paid	$1,782.65	01/11/2018	01/12/2018	6401695
11/03/2017	Center For Joint Surgery & Spo	X-ray,Radiology	$0.00	$75.80	Primary Adjustm	V $0.00	01/12/2018	01/17/2018	6401696
11/21/2017	University Of Maryland Anesthe	Anesthesia	$1,045.00	$757.80	Primary Adjustm		01/23/2018	01/26/2018	6401705
				$244.12	Other Ins Paid	$43.08	01/23/2018	01/26/2018	6401705
11/21/2017	Univ Md Anesthesia	Anesthesia	$1,045.00	$757.80	Primary Adjustm		02/07/2018	02/09/2018	6401724
				$244.12	Other Ins Paid	$43.08	02/07/2018	02/09/2018	6401724
11/03/2017	OACM Member of CAO	X-ray,Radiology	$120.00	$75.80	Primary Adjustm	$44.20	02/13/2018	02/13/2018	6401731
11/21/2017	Univ Of Md Pathology	Lab,Pathology	$72.00	$31.36	Primary Adjustm		02/27/2018	02/27/2018	6401749
				$34.55	Other Ins Paid	$6.09	02/27/2018	02/27/2018	6401749
11/03/2017	Center For Joint Surgery & Spo	Medical Treatment	$535.00	$92.00	Other Ins Paid		04/04/2018	04/04/2018	6401785
				$363.80	Primary Adjustm	$79.20	04/04/2018	04/04/2018	6401785
01/10/2018	Kernan Hospital	Medical Treatment	$123.02	$1.96	Primary Adjustm		05/01/2018	05/04/2018	6401840
				$96.06	Other Ins Paid	$25.00	05/01/2018	05/04/2018	6401840
Claim # AGA-0122536 Totals :			**$15,226.96**	**$13,166.80**		**$2,060.16**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0157026; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 07/29/2018									
07/30/2018	HealthRisk Resource Group LLC	Repricing Fee	$5.35	$0.00		$5.35	11/02/2018	11/02/2018	6402224
08/14/2018	Carilion Healthcare Corp	Surgery	$1,286.00	$297.13	Other Ins Paid		11/02/2018	11/02/2018	6402231
				$455.85	Primary Adjustm	$533.02	11/02/2018	11/02/2018	6402231
07/30/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Primary Adjustm	$129.60	11/01/2018	11/02/2018	6402229
07/30/2018	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$12.20	Primary Adjustm	$48.80	11/01/2018	11/02/2018	6402229
08/16/2018	Professional Rehab Associates	Phys.therapy	$195.00	$85.00	Disc.radford	$110.00	11/05/2018	11/06/2018	6402238
08/22/2018	Professional Rehab Associates	Phys.therapy	$180.00	$105.00	Disc.radford	$75.00	11/05/2018	11/06/2018	6402238
07/30/2018	Carilion Medical Center	Mri	$172.00	$34.40	Disc: Hrgi	$137.60	11/27/2018	11/30/2018	6402264
07/30/2018	HealthRisk Resource Group LLC	Repricing Fee	$4.12	$0.00		$4.12	11/27/2018	11/30/2018	6402261
08/01/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.61	$0.00		$2.61	01/17/2019	01/18/2019	6402310
08/01/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	01/17/2019	01/18/2019	6402311
07/30/2018	Carilion NRV Med Center	Mri	$2,561.00	$640.25	Provider Discount		01/25/2019	01/25/2019	999999999
				$1,920.75	Disc.radford	$0.00	01/25/2019	01/25/2019	999999999
11/16/2018	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	04/04/2019	04/16/2019	6402378
12/06/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$0.00		$66.00	04/09/2019	04/16/2019	6402379
08/14/2018	Carilion NRV Med Center	Surgery	$15,822.50	$12,816.22	Other Ins Paid		04/09/2019	04/16/2019	6402380
				$1,582.25	Primary Adjustm		04/09/2019	04/16/2019	6402380
				$356.01	Provider Discount	$1,068.02	04/09/2019	04/16/2019	6402380
11/08/2018	Carilion Healthcare Corp	Injection	$20.00	$0.00		$20.00	08/20/2019	08/20/2019	6402516
08/14/2018	OccuNet	Repricing Fee	$182.40	$0.00		$182.40	08/30/2019	08/30/2019	6402526
08/14/2018	Anesthesiology Associates	Anesthesia	$560.00	$460.00	Disc:occunet	$100.00	08/30/2019	08/30/2019	6402527
08/14/2018	Anesthesiology Associates	Anesthesia	$552.00	$452.00	Disc:occunet	$100.00	08/30/2019	08/30/2019	6402527
12/15/2019	Carilion NRV Med Center	Mri	$2,681.50	$670.38	Provider Discount		05/20/2020	05/22/2020	999999999
				$2,011.12	Disc.radford	$0.00	05/20/2020	05/22/2020	999999999
01/15/2020	ACO Medical Supply, Inc	Med.supplies	$131.81	$0.00		$131.81	06/16/2020	06/19/2020	6402823
Claim # AGA-0157026 Totals :			**$24,889.29**	**$22,012.76**		**$2,876.53**			
Claim: AGA-0135219; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 11/27/2017									
11/28/2017	Carilion Medical Center	X-ray,Radiology	$16.00	$3.20	Primary Adjustm	$12.80	04/11/2018	04/13/2018	6401795
	Carilion Medical Center		$0.00	$0.00		-$9.60	06/21/2018	06/21/2018	0
Claim # AGA-0135219 Totals :			**$16.00**	**$12.80**		**$3.20**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0117152; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 09/19/2017									
09/19/2017	Carilion NRV Med Center	X-ray,Radiology	$143.50	$60.78	Primary Adjustm		11/14/2017	11/17/2017	999999999
				$82.72	Other Ins Paid	$0.00	11/14/2017	11/17/2017	999999999
09/19/2017	Carilion NRV Med Center	X-ray,Radiology	$50.00	$12.50	Provider Discount		11/14/2017	11/17/2017	999999999
				$37.50	Disc.radford	$0.00	11/14/2017	11/17/2017	999999999
Claim # AGA-0117152 Totals :			**$193.50**	**$193.50**		**$0.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0157126; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/24/2018									
07/03/2018	Frederick Surgical Ctr	Surgery	$4,500.00	$1,684.00	Other Ins Paid		08/15/2018	08/17/2018	6402137
				$2,666.00	Primary Adjustm	$150.00	08/15/2018	08/17/2018	6402137
06/21/2018	MMI	Medical Treatment	$77.00	$23.82	Other Ins Paid		08/15/2018	08/17/2018	6402130
				$29.37	Primary Adjustm	$23.81	08/15/2018	08/17/2018	6402130
07/11/2018	MMI	Phys.therapy	$245.64	$136.32	Primary Adjustm		08/27/2018	08/28/2018	6402149
				$59.32	Other Ins Paid	$50.00	08/27/2018	08/28/2018	6402149
07/13/2018	MMI	Phys.therapy	$108.09	$62.28	Primary Adjustm	$45.81	08/27/2018	08/28/2018	6402149
07/13/2018	MMI	Phys.therapy	$206.34	$118.84	Primary Adjustm		08/27/2018	08/28/2018	6402149
				$83.31	Other Ins Paid	$4.19	08/27/2018	08/28/2018	6402149
05/15/2018	Community Radiology Assoc	X-ray,Radiology	$111.00	$22.20	Disc: Hrgi	$88.80	08/27/2018	08/28/2018	6402148
05/15/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.66	$0.00		$2.66	08/27/2018	08/28/2018	6402145
08/01/2018	Orthopaedic Associates	Phys.therapy	$216.18	$124.56	Primary Adjustm		09/24/2018	09/25/2018	6402179
				$41.62	Other Ins Paid	$50.00	09/24/2018	09/25/2018	6402179
08/03/2018	Orthopaedic Associates	Phys.therapy	$103.17	$59.42	Primary Adjustm		09/24/2018	09/25/2018	6402179
				$39.56	Other Ins Paid	$4.19	09/24/2018	09/25/2018	6402179
08/03/2018	Orthopaedic Associates	Phys.therapy	$108.09	$62.28	Primary Adjustm	$45.81	09/24/2018	09/25/2018	6402179
08/08/2018	MMI	Phys.therapy	$216.18	$124.56	Primary Adjustm		09/27/2018	09/28/2018	6402180
				$41.62	Other Ins Paid	$50.00	09/27/2018	09/28/2018	6402180
08/10/2018	MMI	Phys.therapy	$216.18	$124.56	Primary Adjustm		09/27/2018	09/28/2018	6402180
				$41.62	Other Ins Paid	$50.00	09/27/2018	09/28/2018	6402180
07/27/2018	MMI	Phys.therapy	$216.18	$124.56	Primary Adjustm		09/28/2018	10/02/2018	6402184
				$41.62	Other Ins Paid	$50.00	09/28/2018	10/02/2018	6402184
07/25/2018	MMI	Phys.therapy	$314.43	$83.31	Other Ins Paid		10/01/2018	10/02/2018	6402185
				$181.12	Primary Adjustm	$50.00	10/01/2018	10/02/2018	6402185
08/14/2018	MMI	Phys.therapy	$216.18	$41.62	Other Ins Paid		10/02/2018	10/02/2018	6402187
				$124.56	Primary Adjustm	$50.00	10/02/2018	10/02/2018	6402187
08/16/2018	MMI	Phys.therapy	$211.26	$39.56	Other Ins Paid		10/02/2018	10/02/2018	6402187
				$121.70	Primary Adjustm	$50.00	10/02/2018	10/02/2018	6402187
08/20/2018	MMI	Phys.therapy	$137.46	$24.76	Other Ins Paid		10/02/2018	10/02/2018	6402187
				$62.70	Primary Adjustm	$50.00	10/02/2018	10/02/2018	6402187
10/04/2018	Professional Rehab Associates	Phys.therapy	$135.00	$20.00	Other Ins Paid		12/14/2018	12/20/2018	6402276
				$65.00	Primary Adjustm	$50.00	12/14/2018	12/20/2018	6402276
08/29/2018	Professional Rehab Associates	Phys.therapy	$390.00	$20.00	Other Ins Paid		12/14/2018	12/20/2018	6402276

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Claim: AGA-0157126; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/24/2018									
				$320.00	Primary Adjustm	$50.00	12/14/2018	12/20/2018	6402276
05/15/2018	Ricky Duley	Medical Treatment	$237.99	$63.95	Other Ins Paid		05/06/2019	05/07/2019	6402405
				$139.04	Primary Adjustm	$35.00	05/06/2019	05/07/2019	6402405
06/05/2018	Ricky Duley	Medical Treatment	$237.99	$202.99	Other Insurance	$35.00	05/06/2019	05/07/2019	6402405
07/03/2018	Ricky Duley	Prescriptions	$6.24	$0.00		$6.24	05/06/2019	05/07/2019	6402405
06/21/2018	Ricky Duley	Medical Treatment	$237.99	$63.95	Other Ins Paid		05/28/2019	05/29/2019	6402419
				$139.04	Primary Adjustm	$35.00	05/28/2019	05/29/2019	6402419
09/27/2018	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/07/2019	08/09/2019	6402500
09/18/2018	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		08/07/2019	08/09/2019	6402500
				$20.00	Other Ins Paid	$50.00	08/07/2019	08/09/2019	6402500
10/02/2018	Professional Rehab Associates	Phys.therapy	$135.00	$65.00	Primary Adjustm		08/07/2019	08/09/2019	6402500
				$20.00	Other Ins Paid	$50.00	08/07/2019	08/09/2019	6402500
09/20/2018	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402506
09/25/2018	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402506
10/09/2018	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402506
Claim # AGA-0157126 Totals :			**$9,261.25**	**$7,834.74**		**$1,426.51**			
Claim: AGA-0157202; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Internal; Date Incurred: 03/22/2018									
03/28/2018	Carilion NRV Med Center	Medical Treatment	$50.00	$12.50	Provider Discount		08/15/2018	08/17/2018	999999999
				$37.50	Disc.radford	$0.00	08/15/2018	08/17/2018	999999999
03/28/2018	Carilion NRV Med Center	Medical Treatment	$1,805.50	$579.47	Primary Adjustm		08/15/2018	08/17/2018	999999999
				$1,226.03	Other Ins Paid	$0.00	08/15/2018	08/17/2018	999999999
03/28/2018	Carilion Healthcare Corp	Medical Treatment	$161.00	$41.55	Other Ins Paid		08/15/2018	08/17/2018	6402131
				$69.45	Primary Adjustm	$50.00	08/15/2018	08/17/2018	6402131
Claim # AGA-0157202 Totals :			**$2,016.50**	**$1,966.50**		**$50.00**			
Claim: AGA-0149012; Activity: Mens Golf; Diagnosis: Sprain/strain; Anatomy: Ankle; Date Incurred: 02/01/2018									
02/01/2018	Carilion Clinic	Radiology Services	$218.00	$155.73	Other Ins Paid		06/15/2018	06/19/2018	6401943
				$27.27	Primary Adjustm	$35.00	06/15/2018	06/19/2018	6401943
Claim # AGA-0149012 Totals :			**$218.00**	**$183.00**		**$35.00**			

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Claim: AGA-0147864; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 04/06/2018									
05/02/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	11/01/2018	11/02/2018	6402226
04/09/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	11/01/2018	11/02/2018	6402227
04/09/2018	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$11.20	Disc: Hrgi	$44.80	11/01/2018	11/02/2018	6402227
05/02/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.61	$0.00		$2.61	11/01/2018	11/02/2018	6402222
04/09/2018	HealthRisk Resource Group LLC	Repricing Fee	$5.23	$0.00		$5.23	11/01/2018	11/02/2018	6402223
Claim # AGA-0147864 Totals :			**$334.84**	**$65.40**		**$269.44**			
Claim: AGA-0106872; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 08/02/2017									
08/03/2017	Carilion Healthcare Corp	Medical Treatment	$223.00	$8.01	Primary Adjustm		10/05/2017	10/06/2017	6401572
				$109.60	Other Ins Paid	$105.39	10/05/2017	10/06/2017	6401572
08/07/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid	$33.20	10/05/2017	10/06/2017	6401570
08/04/2017	Carilion NRV Med Center	Mri	$480.67	$120.17	Provider Discount		10/10/2017	10/10/2017	999999999
				$360.50	Disc.radford	$0.00	10/10/2017	10/10/2017	999999999
08/04/2017	Carilion NRV Med Center	Mri	$1,847.33	$316.61	Primary Adjustm		10/10/2017	10/10/2017	999999999
				$1,530.72	Other Ins Paid	$0.00	10/10/2017	10/10/2017	999999999
02/15/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$67.20	Other Ins Paid	$41.80	06/25/2018	07/03/2018	6401985
Claim # AGA-0106872 Totals :			**$2,726.00**	**$2,545.61**		**$180.39**			
Claim: AGA-0136952; Activity: Womens Soccer; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 09/30/2017									
10/03/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$109.60	Other Ins Paid		03/15/2018	03/16/2018	6401762
				$27.40	Primary Adjustm	$25.00	03/15/2018	03/16/2018	6401762
Claim # AGA-0136952 Totals :			**$162.00**	**$137.00**		**$25.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0126608; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 10/10/2017									
10/21/2017	Carilion NRV Med Center	Mri	$1,580.67	$427.80	Primary Adjustm		01/09/2018	01/12/2018	999999999
				$1,152.87	Other Ins Paid	$0.00	01/09/2018	01/12/2018	999999999
10/21/2017	Carilion NRV Med Center	Mri	$980.33	$245.08	Provider Discount		01/09/2018	01/12/2018	999999999
				$735.25	Disc.radford	$0.00	01/09/2018	01/12/2018	999999999
10/12/2017	Carilion Healthcare Corp	Medical Treatment	$218.00	$66.17	Primary Adjustm		01/09/2018	01/12/2018	6401690
				$75.92	Other Ins Paid	$75.91	01/09/2018	01/12/2018	6401690
	Carilion Healthcare Corp		$0.00	$0.00		-$16.20	05/21/2018	05/21/2018	0
05/02/2018	Carilion Clinic	Mri	$204.00	$46.98	Other Ins Paid		09/17/2018	09/18/2018	6402172
				$110.04	Primary Adjustm	$46.98	09/17/2018	09/18/2018	6402172
Claim # AGA-0126608 Totals :			**$2,983.00**	**$2,876.31**		**$106.69**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0135875; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 10/10/2017									
01/05/2018	Carilion NRV Med Center	Mri	$1,289.50	$322.38	Provider Discount		04/12/2018	04/13/2018	999999999
				$967.12	Disc.radford	$0.00	04/12/2018	04/13/2018	999999999
01/05/2018	Carilion NRV Med Center	Mri	$1,596.00	$1,177.51	Primary Adjustm		04/12/2018	04/13/2018	999999999
				$418.49	Other Ins Paid	$0.00	04/12/2018	04/13/2018	999999999
01/05/2018	Carilion Medical Center	Mri	$188.00	$102.14	Primary Adjustm		04/12/2018	04/13/2018	6401797
				$42.93	Other Ins Paid	$42.93	04/12/2018	04/13/2018	6401797
01/26/2018	Lewisgale Hos Montgomery	Medical Treatment	$3,893.00	$2,853.34	Primary Adjustm		04/12/2018	04/13/2018	6401802
				$519.85	Other Ins Paid	$519.81	04/12/2018	04/13/2018	6401802
01/26/2018	Montgomery Radiology Associate	Medical Treatment	$347.00	$58.53	Other Ins Paid		04/12/2018	04/13/2018	6401799
				$229.95	Primary Adjustm	$58.52	04/12/2018	04/13/2018	6401799
03/26/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.91	$0.00		$2.91	05/25/2018	05/25/2018	6401878
03/26/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$24.30	Disc: Hrgi	$137.70	05/25/2018	05/25/2018	6401892
04/06/2018	Lewisgale Hos Montgomery	Medical Treatment	$3,893.00	$2,689.79	Primary Adjustm		06/07/2018	06/08/2018	6401917
				$601.63	Other Ins Paid	$601.58	06/07/2018	06/08/2018	6401917
04/17/2018	Carilion Medical Center	Medical Treatment	$33.00	$14.37	Primary Adjustm		06/19/2018	06/22/2018	6401957
				$9.32	Other Ins Paid	$9.31	06/19/2018	06/22/2018	6401957
04/17/2018	Carilion Medical Center	Medical Treatment	$109.00	$4.16	Primary Adjustm		06/19/2018	06/22/2018	6401957
				$52.42	Other Ins Paid	$52.42	06/19/2018	06/22/2018	6401957
04/17/2018	Carilion Medical Center	Medical Treatment	$90.00	$37.75	Primary Adjustm		06/19/2018	06/22/2018	6401957
				$26.13	Other Ins Paid	$26.12	06/19/2018	06/22/2018	6401957
04/06/2018	Montgomery Radiology Associate	Medical Treatment	$347.00	$58.53	Other Ins Paid		06/19/2018	06/22/2018	6401955
				$229.95	Primary Adjustm	$58.52	06/19/2018	06/22/2018	6401955
03/26/2018	Carilion Clinic	Medical Treatment	$25.31	$0.00		$25.31	07/08/2019	07/09/2019	6402460
Claim # AGA-0135875 Totals :			**$11,975.72**	**$10,440.59**		**$1,535.13**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0153691; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 02/05/2018									
01/09/2019	Carilion Medical Center	Medical Treatment	$23.00	$6.58	Other Ins Paid		07/08/2019	07/09/2019	6402458
				$9.85	Primary Adjustm	$6.57	07/08/2019	07/09/2019	6402458
05/02/2018	Carilion Medical Center	Mri	$204.00	$110.04	Primary Adjustm		07/08/2019	07/09/2019	6402459
				$46.98	Other Ins Paid	$46.98	07/08/2019	07/09/2019	6402459
01/09/2019	Carilion NRV Med Center	Medical Treatment	$233.50	$58.38	Provider Discount		07/12/2019	07/18/2019	999999999
				$175.12	Disc.radford	$0.00	07/12/2019	07/18/2019	999999999
03/20/2019	Lewis Gale Physicians	Medical Treatment	$1,000.00	$301.82	Other Ins Paid		07/23/2019	07/26/2019	6402486
				$621.17	Primary Adjustm	$77.01	07/23/2019	07/26/2019	6402486
	Carilion Clinic		$0.00	$0.00		-$46.98	02/25/2020	02/25/2020	0
Claim # AGA-0153691 Totals :			**$1,460.50**	**$1,376.92**		**$83.58**			
Claim: AGA-0117343; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 09/14/2017									
10/19/2017	Carilion Medical Center	Medical Treatment	$43.00	$0.00		$43.00	04/05/2018	04/06/2018	6401789
Claim # AGA-0117343 Totals :			**$43.00**	**$0.00**		**$43.00**			
Claim: AGA-0114214; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Chin; Date Incurred: 09/20/2017									
09/20/2017	Carilion Healthcare Corp	Surgery	$312.00	$183.05	Primary Adjustm	$128.95	11/07/2017	11/10/2017	6401621
Claim # AGA-0114214 Totals :			**$312.00**	**$183.05**		**$128.95**			
Claim: AGA-0111067; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 08/28/2017									
08/28/2017	Carilion Healthcare Corp	Medical Treatment	$218.00	$25.56	Primary Adjustm	$192.44	10/03/2017	10/06/2017	6401573
08/31/2017	Carilion Medical Center	Mri	$170.00	$70.59	Primary Adjustm	$99.41	10/19/2017	10/20/2017	6401592
08/31/2017	Carilion NRV Med Center	Mri	$731.22	$731.22	Primary Adjustm	$0.00	11/29/2017	12/01/2017	999999999
08/31/2017	Carilion NRV Med Center	Mri	$1,596.78	$399.19	Provider Discount		11/29/2017	12/01/2017	999999999
				$1,197.59	Disc.radford	$0.00	11/29/2017	12/01/2017	999999999
Claim # AGA-0111067 Totals :			**$2,716.00**	**$2,424.15**		**$291.85**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0150717; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 04/20/2018									
04/20/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	06/28/2018	07/03/2018	6401973
04/20/2018	Carilion NRV Med Center	X-ray,Radiology	$117.42	$29.40	Provider Discount		11/19/2018	11/20/2018	999999999
				$88.02	Disc.radford	$0.00	11/19/2018	11/20/2018	999999999
04/20/2018	Carilion NRV Med Center	X-ray,Radiology	$98.58	$69.70	Other Ins Paid		11/19/2018	11/20/2018	999999999
				$28.88	Primary Adjustm	$0.00	11/19/2018	11/20/2018	999999999
Claim # AGA-0150717 Totals :			**$238.00**	**$216.00**		**$22.00**			
Claim: AGA-0141700; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Groin; Date Incurred: 01/23/2018									
02/22/2018	Professional Rehab Associates	Phys.therapy	$195.00	$125.00	Primary Adjustm	$70.00	05/01/2018	05/04/2018	6401844
03/01/2018	Professional Rehab Associates	Phys.therapy	$180.00	$56.00	Other Ins Paid		05/23/2018	05/25/2018	6401887
				$110.00	Primary Adjustm	$14.00	05/23/2018	05/25/2018	6401887
02/27/2018	Professional Rehab Associates	Phys.therapy	$180.00	$32.00	Other Ins Paid		05/23/2018	05/25/2018	6401887
				$110.00	Primary Adjustm	$38.00	05/23/2018	05/25/2018	6401887
03/06/2018	Professional Rehab Associates	Phys.therapy	$194.00	$56.00	Other Ins Paid		06/29/2018	07/03/2018	6401975
				$124.00	Primary Adjustm	$14.00	06/29/2018	07/03/2018	6401975
03/08/2018	Professional Rehab Associates	Phys.therapy	$194.00	$56.00	Other Ins Paid		06/29/2018	07/03/2018	6401975
				$124.00	Primary Adjustm	$14.00	06/29/2018	07/03/2018	6401975
02/16/2018	Salem Surgical Associates	Medical Treatment	$195.67	$0.00		$195.67	08/02/2018	08/07/2018	6402102
03/16/2018	Salem Surgical Associates	Medical Treatment	$109.00	$0.00		$109.00	08/02/2018	08/07/2018	6402102
Claim # AGA-0141700 Totals :			**$1,247.67**	**$793.00**		**$454.67**			
Claim: AGA-0185416; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 04/20/2018									
12/08/2018	DJO, LLC	Orthopedic Appliance	$60.05	$0.00		$60.05	02/02/2019	03/05/2019	6402336
Claim # AGA-0185416 Totals :			**$60.05**	**$0.00**		**$60.05**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0116031; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/16/2017									
10/18/2017	Carilion Medical Center	Mri	$172.00	$93.43	Primary Adjustm	$78.57	11/29/2017	12/01/2017	6401646
10/18/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$42.57	Primary Adjustm		12/14/2017	12/15/2017	6401658
				$59.43	Other Ins Paid	$60.00	12/14/2017	12/15/2017	6401658
10/19/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm	$47.93	12/14/2017	12/15/2017	6401658
10/18/2017	Carilion NRV Med Center	Mri	$1,740.55	$427.80	Primary Adjustm		12/21/2017	12/29/2017	999999999
				$1,312.75	Other Ins Paid	$0.00	12/21/2017	12/29/2017	999999999
10/18/2017	Carilion NRV Med Center	Mri	$820.45	$205.11	Provider Discount		12/21/2017	12/29/2017	999999999
				$615.34	Disc.radford	$0.00	12/21/2017	12/29/2017	999999999
10/19/2017	Carilion Healthcare Corp	Medical Treatment	$12.07	$0.00		$12.07	08/07/2018	08/10/2018	6402108
Claim # AGA-0116031 Totals :			**$2,973.07**	**$2,774.50**		**$198.57**			
Claim: AGA-0152964; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 05/23/2018									
07/09/2018	Sentara Norfolk General	Phys.therapy	$897.00	$490.63	Primary Adjustm		11/09/2018	11/09/2018	6402241
				$386.37	Other Ins Paid	$20.00	11/09/2018	11/09/2018	6402241
06/01/2018	Sentara Norfolk General	Phys.therapy	$7,458.00	$3,309.22	Other Ins Paid		11/09/2018	11/09/2018	6402245
				$4,018.78	Primary Adjustm	$130.00	11/09/2018	11/09/2018	6402245
Claim # AGA-0152964 Totals :			**$8,355.00**	**$8,205.00**		**$150.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0144200; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/31/2018									
03/02/2018	Carilion NRV Med Center	Mri	$2,561.00	$1,540.60	Other Ins Paid		05/21/2018	05/22/2018	6401877
				$427.80	Primary Adjustm		05/21/2018	05/22/2018	6401877
				$148.15	Provider Discount	$444.45	05/21/2018	05/22/2018	6401877
03/15/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		05/23/2018	05/25/2018	6401885
				$32.40	Other Ins Paid	$30.00	05/23/2018	05/25/2018	6401885
03/12/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		05/23/2018	05/25/2018	6401886
				$74.84	Other Ins Paid	$30.00	05/23/2018	05/25/2018	6401886
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		06/07/2018	06/08/2018	6401902
				$32.40	Other Ins Paid	$30.00	06/07/2018	06/08/2018	6401902
05/07/2018	Progress Rehab Network	Phys.therapy	$257.00	$137.20	Other Ins Paid		06/18/2018	06/19/2018	6401941
				$104.58	Primary Adjustm	$15.22	06/18/2018	06/19/2018	6401941
05/10/2018	Progress Rehab Network	Phys.therapy	$188.00	$64.03	Other Ins Paid		06/18/2018	06/19/2018	6401941
				$116.87	Primary Adjustm	$7.10	06/18/2018	06/19/2018	6401941
04/19/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$74.84	Other Ins Paid		06/18/2018	06/19/2018	6401944
				$4.16	Primary Adjustm	$30.00	06/18/2018	06/19/2018	6401944
05/04/2018	Carilion Healthcare Corp	Surgery	$1,062.00	$519.42	Other Ins Paid		06/18/2018	06/19/2018	6401944
				$484.87	Primary Adjustm	$57.71	06/18/2018	06/19/2018	6401944
05/04/2018	Anesthesiology Associates	Anesthesia	$560.00	$504.00	Other Ins Paid	$56.00	06/22/2018	07/03/2018	6401986
05/22/2018	Progress Rehab Network	Phys.therapy	$229.00	$88.25	Other Ins Paid		06/22/2018	07/03/2018	6401979
				$130.96	Primary Adjustm	$9.79	06/22/2018	07/03/2018	6401979
05/31/2018	Progress Rehab Network	Phys.therapy	$175.00	$65.76	Other Ins Paid		06/22/2018	07/03/2018	6401979
				$101.95	Primary Adjustm	$7.29	06/22/2018	07/03/2018	6401979
05/30/2018	Progress Rehab Network	Phys.therapy	$175.00	$65.76	Other Ins Paid		06/22/2018	07/03/2018	6401979
				$101.95	Primary Adjustm	$7.29	06/22/2018	07/03/2018	6401979
05/25/2018	Progress Rehab Network	Phys.therapy	$175.00	$65.76	Other Ins Paid		06/22/2018	07/03/2018	6401979
				$101.95	Primary Adjustm	$7.29	06/22/2018	07/03/2018	6401979
05/04/2018	New River Valley Surgery Cent	Surgery	$4,380.00	$2,505.27	Primary Adjustm		06/22/2018	07/03/2018	6402000
				$1,687.26	Other Ins Paid	$187.47	06/22/2018	07/03/2018	6402000
06/05/2018	Orthovirginia, Inc	Medical Treatment	$118.00	$22.44	Primary Adjustm		06/22/2018	07/03/2018	6401978
				$65.56	Other Ins Paid	$30.00	06/22/2018	07/03/2018	6401978
06/07/2018	Progress Rehab Network	Phys.therapy	$175.00	$65.76	Other Ins Paid		07/13/2018	07/17/2018	6402018
				$101.95	Primary Adjustm	$7.29	07/13/2018	07/17/2018	6402018
03/01/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$0.16	Primary Adjustm		07/13/2018	07/17/2018	6402033

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0144200; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/31/2018									
				$78.84	Other Ins Paid	$30.00	07/13/2018	07/17/2018	6402033
03/02/2018	Carilion Medical Center	Mri	$172.00	$93.43	Primary Adjustm	$78.57	07/13/2018	07/17/2018	6402052
06/13/2018	Progress Rehab Network	Phys.therapy	$175.00	$101.95	Primary Adjustm		07/13/2018	07/17/2018	6402027
				$65.76	Other Ins Paid	$7.29	07/13/2018	07/17/2018	6402027
06/19/2018	Progress Rehab Network	Phys.therapy	$175.00	$101.95	Primary Adjustm		07/13/2018	07/17/2018	6402027
				$65.76	Other Ins Paid	$7.29	07/13/2018	07/17/2018	6402027
06/25/2018	Progress Rehab Network	Phys.therapy	$175.00	$101.95	Primary Adjustm		07/13/2018	07/17/2018	6402027
				$65.76	Other Ins Paid	$7.29	07/13/2018	07/17/2018	6402027
06/28/2018	Orthovirginia, Inc	Medical Treatment	$118.00	$22.44	Primary Adjustm		07/26/2018	08/07/2018	6402082
				$65.56	Other Ins Paid	$30.00	07/26/2018	08/07/2018	6402082
06/20/2018	Progress Rehab Network	Phys.therapy	$221.00	$79.11	Other Ins Paid		07/17/2018	08/07/2018	6402072
				$133.12	Primary Adjustm	$8.77	07/17/2018	08/07/2018	6402072
06/06/2018	Progress Rehab Network	Phys.therapy	$229.00	$88.25	Other Ins Paid		07/30/2018	08/07/2018	6402073
				$130.96	Primary Adjustm	$9.79	07/30/2018	08/07/2018	6402073
07/10/2018	Progress Rehabilitation Networ	Phys.therapy	$288.00	$90.77	Other Ins Paid		07/31/2018	08/07/2018	6402076
				$187.16	Primary Adjustm	$10.07	07/31/2018	08/07/2018	6402076
06/11/2018	Progress Rehabilitation Networ	Phys.therapy	$175.00	$65.76	Other Ins Paid		07/31/2018	08/07/2018	6402076
				$101.95	Primary Adjustm	$7.29	07/31/2018	08/07/2018	6402076
07/17/2018	Progress Rehabilitation Networ	Phys.therapy	$188.00	$56.64	Other Ins Paid	$131.36	08/20/2018	08/21/2018	6402143
07/23/2018	Progress Rehabilitation Networ	Phys.therapy	$188.00	$64.03	Other Ins Paid		08/20/2018	08/21/2018	6402143
				$116.87	Primary Adjustm	$7.10	08/20/2018	08/21/2018	6402143
03/28/2019	Carilion NRV Med Center	Mri	$1,953.99	$990.88	Primary Adjustm		07/09/2019	07/12/2019	999999999
				$963.11	Other Ins Paid	$0.00	07/09/2019	07/12/2019	999999999
03/28/2019	Carilion NRV Med Center	Mri	$607.01	$151.75	Provider Discount		07/09/2019	07/12/2019	999999999
				$455.26	Disc.radford	$0.00	07/09/2019	07/12/2019	999999999
03/28/2019	Carilion Medical Center	Mri	$172.00	$71.78	Other Ins Paid		07/09/2019	07/12/2019	6402465
				$92.25	Primary Adjustm	$7.97	07/09/2019	07/12/2019	6402465
03/27/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$2.95	Primary Adjustm		07/09/2019	07/12/2019	6402466
				$76.05	Other Ins Paid	$30.00	07/09/2019	07/12/2019	6402466
04/01/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$2.95	Primary Adjustm		07/09/2019	07/12/2019	6402467
				$76.05	Other Ins Paid	$30.00	07/09/2019	07/12/2019	6402467
05/09/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm		07/31/2019	08/02/2019	6402497
				$33.12	Other Ins Paid	$30.00	07/31/2019	08/02/2019	6402497

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Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0144200; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/31/2018									
10/10/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$0.94	Primary Adjustm		01/21/2020	01/22/2020	6402687
				$78.06	Other Ins Paid	$30.00	01/21/2020	01/22/2020	6402687
12/05/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$1.68	Primary Adjustm		04/21/2020	04/24/2020	6402764
				$34.32	Other Ins Paid	$30.00	04/21/2020	04/24/2020	6402764
Claim # AGA-0144200 Totals :			**$15,810.00**	**$14,360.31**		**$1,449.69**			
Claim: AGA-0176547; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 07/16/2018									
10/23/2018	Anesthesiology Associates	Anesthesia	$864.00	$764.91	Primary Adjustm		11/29/2018	11/30/2018	6402262
				$74.32	Other Ins Paid	$24.77	11/29/2018	11/30/2018	6402262
10/15/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$35.59	Primary Adjustm		12/10/2018	12/13/2018	6402267
				$32.41	Other Ins Paid	$41.00	12/10/2018	12/13/2018	6402267
10/23/2018	Anesthesiology Associates	Anesthesia	$855.00	$755.91	Primary Adjustm		12/28/2018	01/04/2019	6402285
				$74.32	Other Ins Paid	$24.77	12/28/2018	01/04/2019	6402285
10/10/2018	Carilion NRV Med Center	Medical Treatment	$9,247.41	$8,639.61	Primary Adjustm		02/02/2019	03/06/2019	999999999
				$607.80	Other Ins Paid	$0.00	02/02/2019	03/06/2019	999999999
10/10/2018	Carilion NRV Med Center	Medical Treatment	$202.59	$50.65	Provider Discount		02/02/2019	03/06/2019	999999999
				$151.94	Disc.radford	$0.00	02/02/2019	03/06/2019	999999999
10/23/2018	Carilion NRV Med Center	Surgery	$614.68	$153.67	Provider Discount		02/07/2019	03/06/2019	999999999
				$461.01	Disc.radford	$0.00	02/07/2019	03/06/2019	999999999
10/23/2018	Carilion NRV Med Center	Surgery	$16,473.82	$14,629.76	Primary Adjustm		02/07/2019	03/06/2019	999999999
				$1,844.06	Other Ins Paid	$0.00	02/07/2019	03/06/2019	999999999
09/20/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$35.59	Primary Adjustm	$73.41	06/20/2019	06/21/2019	6402441
Claim # AGA-0176547 Totals :			**$28,475.50**	**$28,311.55**		**$163.95**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0118809; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 09/07/2017									
09/21/2017	Carilion NRV Med Center	X-ray,Radiology	$286.00	$71.50	Provider Discount		11/01/2017	11/03/2017	999999999
				$214.50	Disc.radford	$0.00	11/01/2017	11/03/2017	999999999
09/21/2017	Carilion NRV Med Center	X-ray,Radiology	$101.00	$101.00	Primary Adjustm	$0.00	11/01/2017	11/03/2017	999999999
09/21/2017	Carilion Medical Center	X-ray,Radiology	$44.00	$21.16	Primary Adjustm	$22.84	11/15/2017	11/17/2017	6401627
10/15/2017	Carilion NRV Med Center	Mri	$668.42	$668.42	Primary Adjustm	$0.00	11/29/2017	12/01/2017	999999999
10/15/2017	Carilion NRV Med Center	Mri	$1,892.58	$473.15	Provider Discount		11/29/2017	12/01/2017	999999999
				$1,419.43	Disc.radford	$0.00	11/29/2017	12/01/2017	999999999
10/15/2017	Carilion Medical Center	Mri	$170.00	$81.25	Primary Adjustm	$88.75	12/07/2017	12/08/2017	6401654
12/01/2017	Carilion NRV Med Center	X-ray,Radiology	$55.59	$55.59	Primary Adjustm	$0.00	01/16/2018	01/17/2018	999999999
12/01/2017	Carilion NRV Med Center	X-ray,Radiology	$157.41	$39.35	Provider Discount		01/16/2018	01/17/2018	999999999
				$118.06	Disc.radford	$0.00	01/16/2018	01/17/2018	999999999
Claim # AGA-0118809 Totals :			**$3,375.00**	**$3,263.41**		**$111.59**			
Claim: AGA-0123792; Activity: Womens Track; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 09/13/2017									
10/27/2017	Carilion NRV Med Center	Mri	$150.00	$37.50	Provider Discount		12/07/2017	12/08/2017	999999999
				$112.50	Disc.radford	$0.00	12/07/2017	12/08/2017	999999999
10/27/2017	Carilion NRV Med Center	Mri	$2,735.50	$481.49	Primary Adjustm		12/07/2017	12/08/2017	999999999
				$2,254.01	Other Ins Paid	$0.00	12/07/2017	12/08/2017	999999999
01/22/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		04/23/2018	04/24/2018	6401818
				$36.33	Other Ins Paid	$30.00	04/23/2018	04/24/2018	6401818
01/31/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		04/23/2018	04/24/2018	6401818
				$36.33	Other Ins Paid	$30.00	04/23/2018	04/24/2018	6401818
01/19/2018	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		04/23/2018	04/24/2018	6401818
				$84.45	Other Ins Paid	$30.00	04/23/2018	04/24/2018	6401818
01/29/2018	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		04/23/2018	04/24/2018	6401818
				$36.33	Other Ins Paid	$30.00	04/23/2018	04/24/2018	6401818
Claim # AGA-0123792 Totals :			**$3,485.50**	**$3,365.50**		**$120.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0109342; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/25/2017									
08/27/2017	Carilion Medical Center	Mri	$172.00	$69.99	Primary Adjustm		12/27/2017	12/29/2017	6401667
				$81.61	Other Ins Paid	$20.40	12/27/2017	12/29/2017	6401667
09/12/2017	Carilion Healthcare Corp	Surgery	$636.60	$413.32	Primary Adjustm		12/27/2017	12/29/2017	6401669
				$178.62	Other Ins Paid	$44.66	12/27/2017	12/29/2017	6401669
09/11/2017	Professional Rehab Associates	Phys.therapy	$150.00	$80.00	Primary Adjustm		01/10/2018	01/12/2018	6401689
				$56.00	Other Ins Paid	$14.00	01/10/2018	01/12/2018	6401689
09/14/2017	Professional Rehab Associates	Phys.therapy	$235.00	$165.00	Primary Adjustm		01/10/2018	01/12/2018	6401689
				$56.00	Other Ins Paid	$14.00	01/10/2018	01/12/2018	6401689
09/19/2017	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		01/10/2018	01/12/2018	6401689
				$56.00	Other Ins Paid	$14.00	01/10/2018	01/12/2018	6401689
09/12/2017	Anesthesiology Associates	Anesthesia	$1,623.00	$1,073.10	Primary Adjustm		01/19/2018	01/23/2018	6401704
				$359.92	Other Ins Paid	$189.98	01/19/2018	01/23/2018	6401704
08/27/2017	Carilion NRV Med Center	Mri	$1,925.72	$316.61	Primary Adjustm		01/31/2018	02/02/2018	999999999
				$1,609.11	Other Ins Paid	$0.00	01/31/2018	02/02/2018	999999999
08/27/2017	Carilion NRV Med Center	Mri	$402.28	$100.57	Provider Discount		01/31/2018	02/02/2018	999999999
				$301.71	Disc.radford	$0.00	01/31/2018	02/02/2018	999999999
11/09/2017	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$6.95	Primary Adjustm		02/14/2018	02/16/2018	6401740
				$43.24	Other Ins Paid	$10.81	02/14/2018	02/16/2018	6401740
09/12/2017	Carilion Healthcare Corp	Surgery	$3,510.00	$1,460.76	Primary Adjustm		03/19/2018	03/20/2018	6401767
				$1,639.39	Other Ins Paid	$409.85	03/19/2018	03/20/2018	6401767
08/26/2017	HealthRisk Resource Group LLC	Repricing Fee	$16.85	$0.00		$16.85	03/22/2018	03/23/2018	6401769
09/08/2017	Carilion Healthcare Corp	Medical Treatment	$375.00	$75.00	Disc: Hrgi	$300.00	03/22/2018	03/23/2018	6401772
08/26/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	03/22/2018	03/23/2018	6401772
08/28/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	03/22/2018	03/23/2018	6401772
09/07/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	03/22/2018	03/23/2018	6401772
09/12/2017	Carilion NRV Med Center	Surgery	$43,607.00	$21,803.50	Provider Discount		06/08/2018	06/08/2018	6401919
				$4,063.13	Primary Adjustm		06/08/2018	06/08/2018	6401919
				$5,963.35	Other Ins Paid	$11,777.02	06/08/2018	06/08/2018	6401919
04/18/2018	Dj Orthopedics Llc	Orthopedic Appliance	$943.87	$330.35	A-G Discount	$613.52	07/05/2018	07/17/2018	6402059
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$32.80	Other Ins Paid	$33.20	10/22/2018	10/23/2018	6402208
Claim # AGA-0109342 Totals :			**$54,231.32**	**$40,511.43**		**$13,719.89**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0133682; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 10/30/2017									
12/08/2017	Professional Rehab Associates	Phys.therapy	$240.00	$103.44	Primary Adjustm		04/12/2018	04/13/2018	6401798
				$86.56	Other Ins Paid	$50.00	04/12/2018	04/13/2018	6401798
12/11/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		04/12/2018	04/13/2018	6401800
				$16.33	Other Ins Paid	$50.00	04/12/2018	04/13/2018	6401800
12/13/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm		04/12/2018	04/13/2018	6401800
				$16.33	Other Ins Paid	$50.00	04/12/2018	04/13/2018	6401800
01/26/2018	Carilion Clinic	Radiology Services	$642.00	$334.46	Primary Adjustm		04/19/2018	04/20/2018	6401813
				$246.02	Other Ins Paid	$61.52	04/19/2018	04/20/2018	6401813
02/16/2018	Carilion NRV Med Center	Mri	$2,134.36	$427.80	Primary Adjustm		05/01/2018	05/04/2018	999999999
				$1,706.56	Other Ins Paid	$0.00	05/01/2018	05/04/2018	999999999
01/26/2018	Carilion NRV Med Center	X-ray,Radiology	$580.48	$334.46	Primary Adjustm		05/03/2018	05/04/2018	999999999
				$246.02	Other Ins Paid	$0.00	05/03/2018	05/04/2018	999999999
01/26/2018	Carilion NRV Med Center	X-ray,Radiology	$61.52	$15.39	Provider Discount		05/03/2018	05/04/2018	999999999
				$46.13	Disc.radford	$0.00	05/03/2018	05/04/2018	999999999
02/16/2018	Carilion NRV Med Center	Mri	$426.64	$106.66	Provider Discount		05/01/2018	05/04/2018	999999999
				$319.98	Disc.radford	$0.00	05/01/2018	05/04/2018	999999999
01/26/2018	Carilion Medical Center	X-ray,Radiology	$66.00	$23.66	Other Ins Paid		05/02/2018	05/04/2018	6401838
				$36.43	Primary Adjustm	$5.91	05/02/2018	05/04/2018	6401838
02/16/2018	Carilion Clinic	Mri	$172.00	$62.86	Other Ins Paid		05/16/2018	05/18/2018	6401869
				$93.43	Primary Adjustm	$15.71	05/16/2018	05/18/2018	6401869
03/20/2018	Professional Rehab Associates	Phys.therapy	$195.00	$64.45	Other Ins Paid		05/21/2018	05/22/2018	6401875
				$80.55	Primary Adjustm	$50.00	05/21/2018	05/22/2018	6401875
02/26/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$105.49	Other Ins Paid		06/19/2018	06/22/2018	6401954
				$6.51	Primary Adjustm	$50.00	06/19/2018	06/22/2018	6401954
03/13/2018	Carilion NRV Med Center	Surgery	$22,451.00	$15,868.64	Primary Adjustm		06/19/2018	06/22/2018	6401963
				$5,065.89	Other Ins Paid		06/19/2018	06/22/2018	6401963
				$379.12	Provider Discount	$1,137.35	06/19/2018	06/22/2018	6401963
03/13/2018	Anesthesiology Associates of Radford	Surgery	$630.00	$274.00	Other Ins Paid		07/03/2018	07/17/2018	6402041
				$306.00	Primary Adjustm	$50.00	07/03/2018	07/17/2018	6402041
07/02/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		07/24/2018	08/07/2018	6402091
				$12.40	Other Ins Paid	$50.00	07/24/2018	08/07/2018	6402091
03/13/2018	Carilion Healthcare Corp	Surgery	$1,270.00	$610.25	Primary Adjustm		09/07/2018	09/11/2018	6402164
				$609.75	Other Ins Paid	$50.00	09/07/2018	09/11/2018	6402164

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim # AGA-0133682 Totals :			**$29,367.00**	**$27,746.51**		**$1,620.49**			
Claim: AGA-0143855; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/31/2018									
02/22/2018	Carilion Medical Center	Mri	$204.00	$79.53	Primary Adjustm	$124.47	05/03/2018	05/04/2018	6401847
02/15/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$67.20	Other Ins Paid	$41.80	05/07/2018	05/08/2018	6401854
02/22/2018	Carilion Medical Center	Surgery	$159.00	$102.03	Other Ins Paid		06/12/2018	06/15/2018	6401924
				$33.47	Primary Adjustm	$23.50	06/12/2018	06/15/2018	6401924
02/22/2018	Carilion NRV Med Center	Mri	$3,953.50	$528.58	Primary Adjustm		06/12/2018	06/15/2018	6401934
				$2,739.94	Other Ins Paid		06/12/2018	06/15/2018	6401934
				$171.25	Provider Discount	$513.73	06/12/2018	06/15/2018	6401934
03/01/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$67.20	Other Ins Paid	$41.80	06/25/2018	07/03/2018	6401984
08/16/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$24.62	Other Ins Paid		11/05/2018	11/06/2018	6402233
				$10.22	Primary Adjustm	$31.16	11/05/2018	11/06/2018	6402233
Claim # AGA-0143855 Totals :			**$4,600.50**	**$3,824.04**		**$776.46**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0122526; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 08/03/2017									
11/10/2017	Carilion NRV Med Center	X-ray,Radiology	$282.63	$56.96	Primary Adjustm		01/19/2018	01/19/2018	999999999
				$225.67	Other Ins Paid	$0.00	01/19/2018	01/19/2018	999999999
11/10/2017	Carilion NRV Med Center	X-ray,Radiology	$143.37	$35.84	Provider Discount		01/19/2018	01/19/2018	999999999
				$107.53	Disc.radford	$0.00	01/19/2018	01/19/2018	999999999
11/10/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$8.96	Primary Adjustm	$13.04	01/23/2018	01/23/2018	6401702
04/09/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$109.60	Other Ins Paid	$52.40	06/27/2018	07/03/2018	6402004
04/20/2018	Carilion Healthcare Corp	Surgery	$1,774.00	$815.99	Other Ins Paid		06/27/2018	07/03/2018	6402004
				$754.01	Primary Adjustm	$204.00	06/27/2018	07/03/2018	6402004
04/20/2018	New River Valley Surgery Cent	Surgery	$6,980.00	$1,680.00	Other Ins Paid		06/27/2018	07/03/2018	6402011
				$4,880.00	Primary Adjustm	$420.00	06/27/2018	07/03/2018	6402011
04/04/2018	Performance Medicine Of Sw	Surgery	$2,480.00	$351.32	Other Ins Paid		07/20/2018	08/07/2018	6402103
				$1,330.08	Primary Adjustm	$798.60	07/20/2018	08/07/2018	6402103
04/20/2018	Anesthesiology Associates	Anesthesia	$560.00	$122.00	Primary Adjustm		08/09/2018	08/10/2018	6402113
				$350.40	Other Ins Paid	$87.60	08/09/2018	08/10/2018	6402113
08/08/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.61	$0.00		$2.61	05/02/2019	05/03/2019	6402399
08/08/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	05/02/2019	05/03/2019	6402400
Claim # AGA-0122526 Totals :			**$12,515.61**	**$10,850.16**		**$1,665.45**			
Claim: AGA-0147675; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 04/03/2018									
04/04/2018	Carilion NRV Med Center	X-ray,Radiology	$256.00	$256.00	Primary Adjustm	$0.00	07/31/2018	08/03/2018	999999999
04/19/2018	HealthRisk Resource Group LLC	Repricing Fee	$1.58	$0.00		$1.58	08/01/2018	08/07/2018	6402066
04/05/2018	HealthRisk Resource Group LLC	Repricing Fee	$3.88	$0.00		$3.88	08/01/2018	08/07/2018	6402066
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	08/01/2018	08/07/2018	6402100
04/19/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	08/01/2018	08/07/2018	6402100
Claim # AGA-0147675 Totals :			**$489.46**	**$301.60**		**$187.86**			
Claim: AGA-0107973; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-finger; Date Incurred: 08/14/2017									
08/14/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$21.86	Primary Adjustm		09/26/2017	09/29/2017	6401560
				$100.14	Other Ins Paid	$40.00	09/26/2017	09/29/2017	6401560
Claim # AGA-0107973 Totals :			**$162.00**	**$122.00**		**$40.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0118526; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 10/09/2017									
10/16/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Primary Adjustm		12/14/2017	12/15/2017	6401655
				$51.35	Other Ins Paid	$40.00	12/14/2017	12/15/2017	6401655
10/24/2017	Carilion NRV Med Center	Mri	$2,314.80	$714.52	Primary Adjustm		01/05/2018	01/09/2018	999999999
				$1,600.28	Other Ins Paid	$0.00	01/05/2018	01/09/2018	999999999
10/24/2017	Carilion NRV Med Center	Mri	$246.20	$61.55	Provider Discount		01/05/2018	01/09/2018	999999999
				$184.65	Disc.radford	$0.00	01/05/2018	01/09/2018	999999999
10/23/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Primary Adjustm		01/19/2018	01/19/2018	6401699
				$51.35	Other Ins Paid	$40.00	01/19/2018	01/19/2018	6401699
Claim # AGA-0118526 Totals :			**$2,779.00**	**$2,699.00**		**$80.00**			
Claim: AGA-0199441; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 06/25/2018									
02/22/2019	Professional Rehab Associates	Phys.therapy	$90.00	$30.00	Other Ins Paid		09/10/2019	09/12/2019	6402546
				$20.00	Primary Adjustm	$40.00	09/10/2019	09/12/2019	6402546
03/06/2019	Professional Rehab Associates	Phys.therapy	$135.00	$30.00	Other Ins Paid		09/10/2019	09/12/2019	6402546
				$65.00	Primary Adjustm	$40.00	09/10/2019	09/12/2019	6402546
01/28/2019	Geneva Surgical Suite	Surgery	$19,166.00	$18,571.22	Disc:occunet	$594.78	09/25/2019	09/27/2019	6402563
01/28/2019	Geneva Surgical Suite	Orthopedic Appliance	$800.00	$775.17	Disc:occunet	$24.83	09/25/2019	09/27/2019	6402563
01/28/2019	Geneva Surgical Suite	Medical Treatment	$640.00	$620.14	Disc:occunet	$19.86	09/25/2019	09/27/2019	6402563
01/28/2019	Geneva Surgical Suite	Injection	$3,699.45	$3,063.13	Disc:occunet		09/25/2019	09/27/2019	6402563
				$636.32	Other Insurance	$0.00	09/25/2019	09/27/2019	6402563
01/28/2019	Geneva Surgical Suite	X-ray,Radiology	$1,600.00	$320.00	Disc:occunet		09/25/2019	09/27/2019	6402563
				$1,280.00	Other Insurance	$0.00	09/25/2019	09/27/2019	6402563
01/28/2019	Geneva Surgical Suite	Surgery	$22,361.67	$20,518.10	Disc:occunet		09/25/2019	09/27/2019	6402563
				$1,186.43	Other Insurance	$657.14	09/25/2019	09/27/2019	6402563
01/28/2019	OccuNet	Repricing Fee	$8,096.93	$0.00		$8,096.93	09/25/2019	09/27/2019	6402562
01/28/2019	OccuNet	Repricing Fee	$676.63	$0.00		$676.63	09/25/2019	09/27/2019	6402562
Claim # AGA-0199441 Totals :			**$57,265.68**	**$47,115.51**		**$10,150.17**			

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Claim: AGA-0138017; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 09/29/2017									
09/29/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$105.49	Other Ins Paid		04/17/2018	04/20/2018	6401810
				$6.51	Primary Adjustm	$50.00	04/17/2018	04/20/2018	6401810
Claim # AGA-0138017 Totals :			**$162.00**	**$112.00**		**$50.00**			
Claim: AGA-0149287; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 11/27/2017									
02/25/2018	Carilion NRV Med Center	Mri	$2,561.00	$1,797.71	Other Ins Paid		06/19/2018	06/19/2018	6401947
				$427.80	Primary Adjustm		06/19/2018	06/19/2018	6401947
				$83.87	Provider Discount	$251.62	06/19/2018	06/19/2018	6401947
02/22/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$6.51	Primary Adjustm		07/11/2018	07/17/2018	6402046
				$125.49	Other Ins Paid	$30.00	07/11/2018	07/17/2018	6402046
02/26/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		07/11/2018	07/17/2018	6402046
				$74.84	Other Ins Paid	$30.00	07/11/2018	07/17/2018	6402046
Claim # AGA-0149287 Totals :			**$2,832.00**	**$2,520.38**		**$311.62**			
Claim: AGA-0127532; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 11/01/2017									
11/01/2017	Professional Rehab Associates	Phys.therapy	$195.00	$85.65	Other Ins Paid		04/12/2018	04/13/2018	6401796
				$80.80	Primary Adjustm	$28.55	04/12/2018	04/13/2018	6401796
Claim # AGA-0127532 Totals :			**$195.00**	**$166.45**		**$28.55**			
Claim: AGA-0122528; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/19/2017									
10/19/2017	Carilion Clinic	Mri	$2,561.00	$342.41	Primary Adjustm		02/14/2018	02/16/2018	6401741
				$1,774.87	Other Ins Paid	$443.72	02/14/2018	02/16/2018	6401741
10/19/2017	Carilion Clinic	Mri	$172.00	$83.23	Other Ins Paid		04/19/2018	04/20/2018	6401815
				$67.96	Primary Adjustm	$20.81	04/19/2018	04/20/2018	6401815
10/19/2017	Carilion Clinic	Medical Treatment	$112.00	$9.60	Other Ins Paid		04/19/2018	04/20/2018	6401815
				$2.40	Primary Adjustm	$100.00	04/19/2018	04/20/2018	6401815
08/16/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Primary Adjustm		01/30/2019	03/05/2019	6402330
				$53.08	Other Ins Paid	$38.27	01/30/2019	03/05/2019	6402330
Claim # AGA-0122528 Totals :			**$2,954.00**	**$2,351.20**		**$602.80**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0157143; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 05/17/2018									
07/24/2018	Professional Orthopedic & Sports	Phys.therapy	$285.00	$189.01	Primary Adjustm	$95.99	08/15/2018	08/17/2018	6402134
07/20/2018	Professional Orthopedic & PT	Phys.therapy	$285.00	$189.01	Primary Adjustm	$95.99	08/15/2018	08/17/2018	6402135
07/02/2018	Prohealth Care Assoc, Llp	Medical Treatment	$450.00	$212.49	Primary Adjustm	$237.51	08/15/2018	08/17/2018	6402138
07/09/2018	Prohealth Care Assoc, Llp	Surgery	$551.00	$290.35	Primary Adjustm	$260.65	08/15/2018	08/17/2018	6402139
07/16/2018	Professional Orthopedic & PT	Phys.therapy	$285.00	$189.01	Primary Adjustm	$95.99	08/20/2018	08/21/2018	6402141
07/09/2018	Prohealth Care Assoc, Llp	Mri	$1,300.00	$974.14	Primary Adjustm	$325.86	09/04/2018	09/05/2018	6402159
07/05/2018	Professional Orthopedic & Sports	Phys.therapy	$285.00	$189.01	Primary Adjustm	$95.99	09/26/2018	09/28/2018	6402181
07/07/2018	Professional Orthopedic & Sports	Phys.therapy	$285.00	$189.01	Primary Adjustm	$95.99	09/26/2018	09/28/2018	6402181
06/25/2018	Central VT Med Grp	Medical Treatment	$222.00	$40.39	Primary Adjustm	$181.61	10/03/2018	10/05/2018	6402189
06/25/2018	UVM Medical Center	X-ray,Radiology	$88.00	$13.84	Primary Adjustm	$74.16	10/05/2018	10/09/2018	6402192
06/25/2018	Central VT Med Grp	X-ray,Radiology	$867.58	$455.48	Primary Adjustm	$412.10	10/08/2018	10/09/2018	6402195
08/08/2018	Prohealth Care Assoc, Llp	Medical Treatment	$200.00	$94.57	Primary Adjustm	$105.43	10/08/2018	10/09/2018	6402194
07/31/2018	Professional Orthopedic & Sports	Phys.therapy	$475.00	$379.01	Other Insurance	$95.99	10/08/2018	10/09/2018	6402193
08/02/2018	Professional Orthopedic & Sports	Phys.therapy	$475.00	$379.25	Primary Adjustm	$95.75	10/25/2018	10/26/2018	6402217
08/07/2018	Professional Orthopedic & Sports	Phys.therapy	$475.00	$379.25	Primary Adjustm	$95.75	10/25/2018	10/26/2018	6402218
12/19/2018	Joseph Onorato M.D.	Medical Treatment	$567.57	$369.88	Primary Adjustm	$197.69	04/01/2019	04/16/2019	6402367
11/21/2018	Joseph Onorato M.D.	Medical Treatment	$567.57	$369.88	Primary Adjustm	$197.69	04/01/2019	04/16/2019	6402367
08/08/2018	Joseph Onorato M.D.	Medical Treatment	$567.57	$369.88	Primary Adjustm	$197.69	04/01/2019	04/16/2019	6402367
Claim # AGA-0157143 Totals :			**$8,231.29**	**$5,273.46**		**$2,957.83**			
Claim: AGA-0120409; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 10/28/2017									
10/30/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	12/07/2017	12/08/2017	6401652
Claim # AGA-0120409 Totals :			**$22.00**	**$0.00**		**$22.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0114493; Activity: Womens Track; Diagnosis: Sprain/strain; Anatomy: L-foot; Date Incurred: 09/14/2017									
09/19/2017	Carilion NRV Med Center	X-ray,Radiology	$54.82	$54.82	Primary Adjustm	$0.00	10/27/2017	10/31/2017	999999999
09/19/2017	Carilion NRV Med Center	X-ray,Radiology	$141.68	$35.42	Provider Discount		10/27/2017	10/31/2017	999999999
				$106.26	Disc.radford	$0.00	10/27/2017	10/31/2017	999999999
09/27/2017	Carilion Medical Center	Mri	$170.00	$70.62	Primary Adjustm	$99.38	11/07/2017	11/10/2017	6401620
09/19/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$9.22	Primary Adjustm	$12.78	11/07/2017	11/10/2017	6401615
09/27/2017	Carilion NRV Med Center	Mri	$2,073.61	$649.51	Primary Adjustm		11/14/2017	11/17/2017	999999999
				$1,424.10	Other Ins Paid	$0.00	11/14/2017	11/17/2017	999999999
09/27/2017	Carilion NRV Med Center	Mri	$254.39	$63.60	Provider Discount		11/14/2017	11/17/2017	999999999
				$190.79	Disc.radford	$0.00	11/14/2017	11/17/2017	999999999
Claim # AGA-0114493 Totals :			**$2,716.50**	**$2,604.34**		**$112.16**			

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Claim: AGA-0113381; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 09/23/2017									
09/25/2017	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		10/25/2017	10/27/2017	6401601
				$41.58	Other Ins Paid	$40.00	10/25/2017	10/27/2017	6401601
09/30/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Primary Adjustm		11/15/2017	11/17/2017	6401629
				$9.82	Other Ins Paid	$40.00	11/15/2017	11/17/2017	6401629
10/14/2017	Beacon Orthopaedics	Phys.therapy	$279.00	$125.50	Primary Adjustm		11/16/2017	11/17/2017	6401628
				$122.80	Other Ins Paid	$30.70	11/16/2017	11/17/2017	6401628
10/13/2017	Summit Surgical Center	Surgery	$6,000.00	$3,666.00	Primary Adjustm		11/21/2017	11/28/2017	6401638
				$1,867.20	Other Ins Paid	$466.80	11/21/2017	11/28/2017	6401638
10/13/2017	Summit Surgical Center	Surgery	$2,322.00	$1,949.50	Primary Adjustm		11/21/2017	11/28/2017	6401638
				$298.00	Other Ins Paid	$74.50	11/21/2017	11/28/2017	6401638
10/11/2017	Beacon Orthopaedics	Medical Treatment	$186.00	$58.38	Primary Adjustm		11/22/2017	11/28/2017	6401634
				$102.10	Other Ins Paid	$25.52	11/22/2017	11/28/2017	6401634
10/13/2017	Beacon Orthopaedics	Surgery	$2,464.00	$934.49	Primary Adjustm		11/22/2017	11/28/2017	6401637
				$1,223.61	Other Ins Paid	$305.90	11/22/2017	11/28/2017	6401637
10/13/2017	Beacon Orthopaedics	Surgery	$1,707.00	$1,280.67	Primary Adjustm		11/22/2017	11/28/2017	6401637
				$341.06	Other Ins Paid	$85.27	11/22/2017	11/28/2017	6401637
10/13/2017	Beacon Orthopaedics	Orthopedic Appliance	$532.00	$266.00	Primary Adjustm		11/29/2017	12/01/2017	6401645
				$212.80	Other Ins Paid	$53.20	11/29/2017	12/01/2017	6401645
10/11/2017	Beacon Orthopaedics	Medical Treatment	$141.00	$103.54	Primary Adjustm		12/05/2017	12/08/2017	6401651
				$29.97	Other Ins Paid	$7.49	12/05/2017	12/08/2017	6401651
01/15/2018	Beacon Orthopaedics	Medical Treatment	$76.00	$24.95	Primary Adjustm		03/06/2018	03/09/2018	6401757
				$40.84	Other Ins Paid	$10.21	03/06/2018	03/09/2018	6401757
01/15/2018	Beacon Orthopaedics	Medical Treatment	$141.00	$103.54	Primary Adjustm		03/06/2018	03/09/2018	6401757
				$29.97	Other Ins Paid	$7.49	03/06/2018	03/09/2018	6401757
10/18/2017	Mac Physical Therapy Group	Phys.therapy	$231.00	$131.87	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$66.17	Primary Adjustm	$32.96	04/25/2018	04/27/2018	6401831
10/17/2017	Mac Physical Therapy Group	Phys.therapy	$257.00	$147.74	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$72.33	Primary Adjustm	$36.93	04/25/2018	04/27/2018	6401831
12/18/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.38	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$74.03	Primary Adjustm	$37.59	04/25/2018	04/27/2018	6401831
11/25/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.38	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$74.03	Primary Adjustm	$37.59	04/25/2018	04/27/2018	6401831
11/22/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.55	Other Ins Paid		04/25/2018	04/27/2018	6401831

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Claim: AGA-0113381; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 09/23/2017									
				$73.81	Primary Adjustm	$37.64	04/25/2018	04/27/2018	6401831
11/20/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.55	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$73.81	Primary Adjustm	$37.64	04/25/2018	04/27/2018	6401831
10/28/2017	Mac Physical Therapy Group	Phys.therapy	$207.00	$117.02	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$60.72	Primary Adjustm	$29.26	04/25/2018	04/27/2018	6401831
10/20/2017	Mac Physical Therapy Group	Phys.therapy	$207.00	$117.22	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$60.48	Primary Adjustm	$29.30	04/25/2018	04/27/2018	6401831
01/02/2018	Mac Physical Therapy Group	Phys.therapy	$262.00	$132.51	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$73.96	Primary Adjustm	$55.53	04/25/2018	04/27/2018	6401831
12/29/2017	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.51	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$62.86	Primary Adjustm	$30.63	04/25/2018	04/27/2018	6401831
12/27/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.38	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$74.03	Primary Adjustm	$37.59	04/25/2018	04/27/2018	6401831
12/22/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.43	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$73.96	Primary Adjustm	$37.61	04/25/2018	04/27/2018	6401831
12/20/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.38	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$74.03	Primary Adjustm	$37.59	04/25/2018	04/27/2018	6401831
12/19/2017	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.38	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$74.03	Primary Adjustm	$37.59	04/25/2018	04/27/2018	6401831
01/12/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.46	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$62.92	Primary Adjustm	$30.62	04/25/2018	04/27/2018	6401831
01/10/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.42	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$62.98	Primary Adjustm	$30.60	04/25/2018	04/27/2018	6401831
01/09/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.42	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$62.98	Primary Adjustm	$30.60	04/25/2018	04/27/2018	6401831
01/08/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.42	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$62.98	Primary Adjustm	$30.60	04/25/2018	04/27/2018	6401831
01/05/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.42	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$62.98	Primary Adjustm	$30.60	04/25/2018	04/27/2018	6401831
01/03/2018	Mac Physical Therapy Group	Phys.therapy	$262.00	$150.43	Other Ins Paid		04/25/2018	04/27/2018	6401831
				$73.96	Primary Adjustm	$37.61	04/25/2018	04/27/2018	6401831
10/13/2017	Anesthesia Group Practice Inc	Anesthesia	$585.00	$220.50	Primary Adjustm		05/08/2018	05/08/2018	6401857
				$291.60	Other Ins Paid	$72.90	05/08/2018	05/08/2018	6401857

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Claim: AGA-0113381; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 09/23/2017									
10/13/2017	Anesthesia Group Practice Inc	Anesthesia	$585.00	$220.50	Primary Adjustm		05/08/2018	05/08/2018	6401857
				$291.60	Other Ins Paid	$72.90	05/08/2018	05/08/2018	6401857
05/04/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
05/15/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
05/08/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
05/10/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
05/14/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$112.56	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$75.30	Primary Adjustm	$28.14	08/07/2018	08/10/2018	6402118
05/09/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
05/07/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
05/29/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$91.38	Primary Adjustm	$24.92	08/07/2018	08/10/2018	6402118
05/25/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.42	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.98	Primary Adjustm	$30.60	08/07/2018	08/10/2018	6402118
05/23/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.42	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.98	Primary Adjustm	$30.60	08/07/2018	08/10/2018	6402118
05/22/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.42	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.98	Primary Adjustm	$30.60	08/07/2018	08/10/2018	6402118
05/18/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
05/16/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$62.96	Primary Adjustm	$30.61	08/07/2018	08/10/2018	6402118
06/13/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$91.38	Primary Adjustm	$24.92	08/07/2018	08/10/2018	6402118
06/11/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$91.38	Primary Adjustm	$24.92	08/07/2018	08/10/2018	6402118
06/06/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		08/07/2018	08/10/2018	6402118

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Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0113381; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 09/23/2017									
				$91.38	Primary Adjustm	$24.92	08/07/2018	08/10/2018	6402118
06/04/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$91.38	Primary Adjustm	$24.92	08/07/2018	08/10/2018	6402118
06/01/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$91.38	Primary Adjustm	$24.92	08/07/2018	08/10/2018	6402118
05/31/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		08/07/2018	08/10/2018	6402118
				$91.38	Primary Adjustm	$24.92	08/07/2018	08/10/2018	6402118
07/28/2018	Beacon Orthopaedics	Medical Treatment	$125.00	$39.74	Primary Adjustm		08/29/2018	08/31/2018	6402151
				$68.21	Other Ins Paid	$17.05	08/29/2018	08/31/2018	6402151
07/28/2018	Beacon Orthopaedics	Medical Treatment	$141.00	$103.54	Primary Adjustm		09/05/2018	09/05/2018	6402157
				$29.97	Other Ins Paid	$7.49	09/05/2018	09/05/2018	6402157
06/18/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$91.38	Primary Adjustm	$24.92	10/16/2018	10/16/2018	6402200
06/21/2018	Mac Physical Therapy Group	Phys.therapy	$212.00	$97.71	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$89.86	Primary Adjustm	$24.43	10/16/2018	10/16/2018	6402200
06/25/2018	Mac Physical Therapy Group	Phys.therapy	$157.00	$70.43	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$68.96	Primary Adjustm	$17.61	10/16/2018	10/16/2018	6402200
06/22/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$91.38	Primary Adjustm	$24.92	10/16/2018	10/16/2018	6402200
06/26/2018	Mac Physical Therapy Group	Phys.therapy	$157.00	$70.43	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$68.96	Primary Adjustm	$17.61	10/16/2018	10/16/2018	6402200
06/28/2018	Mac Physical Therapy Group	Phys.therapy	$212.00	$115.05	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$68.19	Primary Adjustm	$28.76	10/16/2018	10/16/2018	6402200
07/09/2018	Mac Physical Therapy Group	Phys.therapy	$212.00	$114.82	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$68.47	Primary Adjustm	$28.71	10/16/2018	10/16/2018	6402200
07/11/2018	Mac Physical Therapy Group	Phys.therapy	$212.00	$115.14	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$68.07	Primary Adjustm	$28.79	10/16/2018	10/16/2018	6402200
07/12/2018	Mac Physical Therapy Group	Phys.therapy	$212.00	$115.16	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$68.05	Primary Adjustm	$28.79	10/16/2018	10/16/2018	6402200
07/13/2018	Mac Physical Therapy Group	Phys.therapy	$107.00	$53.80	Other Ins Paid		10/16/2018	10/16/2018	6402200
				$39.75	Primary Adjustm	$13.45	10/16/2018	10/16/2018	6402200
08/22/2018	Professional Rehab Associates	Phys.therapy	$195.00	$124.80	Other Ins Paid		10/25/2018	10/26/2018	6402214
				$39.00	Primary Adjustm	$31.20	10/25/2018	10/26/2018	6402214

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Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0113381; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 09/23/2017									
07/27/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$82.66	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$38.67	Primary Adjustm	$20.67	10/26/2018	10/30/2018	6402220
07/30/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$82.66	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$38.67	Primary Adjustm	$20.67	10/26/2018	10/30/2018	6402220
08/01/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$82.68	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$38.65	Primary Adjustm	$20.67	10/26/2018	10/30/2018	6402220
08/03/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$83.11	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$38.11	Primary Adjustm	$20.78	10/26/2018	10/30/2018	6402220
08/06/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$83.11	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$38.11	Primary Adjustm	$20.78	10/26/2018	10/30/2018	6402220
08/08/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$83.27	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$37.91	Primary Adjustm	$20.82	10/26/2018	10/30/2018	6402220
07/16/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$64.52	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$57.60	Primary Adjustm	$19.88	10/26/2018	10/30/2018	6402220
07/18/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$79.52	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$42.60	Primary Adjustm	$19.88	10/26/2018	10/30/2018	6402220
07/19/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$79.52	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$42.60	Primary Adjustm	$19.88	10/26/2018	10/30/2018	6402220
07/20/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$83.66	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$37.43	Primary Adjustm	$20.91	10/26/2018	10/30/2018	6402220
07/23/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$83.66	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$37.43	Primary Adjustm	$20.91	10/26/2018	10/30/2018	6402220
07/25/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$83.66	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$37.43	Primary Adjustm	$20.91	10/26/2018	10/30/2018	6402220
03/06/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$91.38	Primary Adjustm	$24.92	10/26/2018	10/30/2018	6402220
03/07/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$91.38	Primary Adjustm	$24.92	10/26/2018	10/30/2018	6402220
03/08/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$91.38	Primary Adjustm	$24.92	10/26/2018	10/30/2018	6402220
05/17/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$122.43	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$62.96	Primary Adjustm	$30.61	10/26/2018	10/30/2018	6402220
05/24/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		10/26/2018	10/30/2018	6402220

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0113381; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 09/23/2017									
				$91.38	Primary Adjustm	$24.92	10/26/2018	10/30/2018	6402220
06/08/2018	Mac Physical Therapy Group	Phys.therapy	$216.00	$99.70	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$91.38	Primary Adjustm	$24.92	10/26/2018	10/30/2018	6402220
08/10/2018	Mac Physical Therapy Group	Phys.therapy	$157.00	$83.27	Other Ins Paid		10/26/2018	10/30/2018	6402220
				$52.91	Primary Adjustm	$20.82	10/26/2018	10/30/2018	6402220
08/13/2018	Mac Physical Therapy Group	Phys.therapy	$157.00	$83.49	Other Ins Paid		11/20/2018	11/27/2018	6402258
				$52.64	Primary Adjustm	$20.87	11/20/2018	11/27/2018	6402258
08/15/2018	Mac Physical Therapy Group	Phys.therapy	$157.00	$56.80	Other Ins Paid		11/20/2018	11/27/2018	6402258
				$86.00	Primary Adjustm	$14.20	11/20/2018	11/27/2018	6402258
08/17/2018	Mac Physical Therapy Group	Phys.therapy	$157.00	$83.55	Other Ins Paid		11/20/2018	11/27/2018	6402258
				$52.57	Primary Adjustm	$20.88	11/20/2018	11/27/2018	6402258
11/19/2018	Mac Physical Therapy Group	Phys.therapy	$170.00	$100.40	Other Ins Paid		12/19/2018	12/20/2018	6402275
				$44.51	Primary Adjustm	$25.09	12/19/2018	12/20/2018	6402275
11/21/2018	Mac Physical Therapy Group	Phys.therapy	$146.00	$85.23	Other Ins Paid		12/19/2018	12/20/2018	6402275
				$39.21	Primary Adjustm	$21.56	12/19/2018	12/20/2018	6402275
12/17/2018	Mac Physical Therapy Group	Phys.therapy	$0.00	$38.75	Primary Adjustm	V $0.00	01/28/2019	01/29/2019	6402316
12/19/2018	Mac Physical Therapy Group	Phys.therapy	$0.00	$37.69	Primary Adjustm	V $0.00	01/28/2019	01/29/2019	6402316
12/21/2018	Mac Physical Therapy Group	Phys.therapy	$0.00	$37.69	Primary Adjustm	V $0.00	01/28/2019	01/29/2019	6402316
12/17/2018	Mac Physical Therapy Group	Phys.therapy	$146.00	$38.75	Primary Adjustm	$107.25	03/01/2019	03/05/2019	6402343
12/19/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$37.69	Primary Adjustm	$104.31	03/01/2019	03/05/2019	6402343
12/21/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$37.69	Primary Adjustm	$104.31	03/01/2019	03/05/2019	6402343
12/31/2018	Mac Physical Therapy Group	Phys.therapy	$142.00	$83.47	Other Ins Paid		03/22/2019	04/16/2019	6402357
				$37.66	Primary Adjustm	$20.87	03/22/2019	04/16/2019	6402357
01/02/2019	Mac Physical Therapy Group	Phys.therapy	$142.00	$37.66	Primary Adjustm	$104.34	03/22/2019	04/16/2019	6402358
01/04/2019	Mac Physical Therapy Group	Phys.therapy	$192.00	$50.92	Primary Adjustm	$141.08	03/22/2019	04/16/2019	6402358
01/07/2019	Mac Physical Therapy Group	Phys.therapy	$142.00	$37.66	Primary Adjustm	$104.34	03/22/2019	04/16/2019	6402358
01/09/2019	Mac Physical Therapy Group	Phys.therapy	$166.00	$44.02	Primary Adjustm	$121.98	03/22/2019	04/16/2019	6402358
01/10/2019	Mac Physical Therapy Group	Phys.therapy	$142.00	$37.64	Primary Adjustm	$104.36	03/22/2019	04/16/2019	6402358
Claim # AGA-0113381 Totals :			**$31,789.00**	**$27,518.82**		**$4,270.18**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason		Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0139281; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 01/24/2018										
06/05/2018	Zelis Claims Integrity	Repricing Fee	$5.60	$0.00			$5.60	08/08/2018	08/10/2018	6402107
06/08/2018	Zelis Claims Integrity	Repricing Fee	$18.82	$0.00			$18.82	08/08/2018	08/10/2018	6402110
05/22/2018	Zelis Claims Integrity	Repricing Fee	$43.76	$0.00			$43.76	08/08/2018	08/10/2018	6402111
05/24/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$32.50	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402116
06/05/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$24.00	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402115
06/05/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$8.00	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402115
06/08/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$75.00	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402114
06/08/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$32.50	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402114
05/22/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$50.00	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402116
05/22/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$32.50	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402116
05/22/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$60.00	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402116
05/24/2018	K2 Sports Therapy and Performance	Phys.therapy	$0.00	$75.00	Disc: Zelis Choice	V	$0.00	08/08/2018	08/10/2018	6402116
05/22/2018	K2 Sports Therapy and Performance	Phys.therapy	$100.00	$50.00	Disc: Zelis Choice		$50.00	09/27/2018	09/28/2018	6402182
05/22/2018	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice		$32.50	09/27/2018	09/28/2018	6402182
05/22/2018	K2 Sports Therapy and Performance	Phys.therapy	$120.00	$60.00	Disc: Zelis Choice		$60.00	09/27/2018	09/28/2018	6402182
05/24/2018	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice		$75.00	09/27/2018	09/28/2018	6402182
05/24/2018	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice		$32.50	09/27/2018	09/28/2018	6402182
06/05/2018	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$24.00	Disc: Zelis Choice		$126.00	09/27/2018	09/28/2018	6402182
06/05/2018	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$8.00	Disc: Zelis Choice		$57.00	09/27/2018	09/28/2018	6402182
06/08/2018	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice		$75.00	09/27/2018	09/28/2018	6402182
06/08/2018	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice		$32.50	09/27/2018	09/28/2018	6402182
02/09/2018	Carilion NRV Med Center	X-ray,Radiology	$40.00	$10.00	Provider Discount			11/05/2018	11/06/2018	6402240
				$30.00	Disc.radford		$0.00	11/05/2018	11/06/2018	6402240
02/09/2018	Carilion NRV Med Center	X-ray,Radiology	$1,586.00	$464.48	Primary Adjustm			11/05/2018	11/06/2018	6402240
				$871.52	Other Ins Paid		$250.00	11/05/2018	11/06/2018	6402240
07/19/2018	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice		$75.00	11/08/2018	11/09/2018	6402246
07/19/2018	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice		$32.50	11/08/2018	11/09/2018	6402246
08/01/2018	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice		$75.00	11/08/2018	11/09/2018	6402246
08/01/2018	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice		$32.50	11/08/2018	11/09/2018	6402246
07/19/2018	Zelis Claims Integrity	Repricing Fee	$37.64	$0.00			$37.64	11/08/2018	11/09/2018	6402242
08/09/2018	K2 Sports Therapy and Performance	Phys.therapy	$215.00	$183.00	Primary Adjustm		$32.00	11/12/2018	11/13/2018	6402248
08/21/2018	K2 Sports Therapy and Performance	Phys.therapy	$215.00	$183.00	Primary Adjustm		$32.00	11/12/2018	11/13/2018	6402248
11/30/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$142.00	Other Ins Paid		$20.00	04/03/2019	04/16/2019	6402370

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0139281; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 01/24/2018									
11/14/2018	Carilion Medical Center	X-ray,Radiology	$44.00	$0.00		$44.00	04/03/2019	04/16/2019	6402372
01/21/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$84.00	Other Ins Paid	$25.00	05/17/2019	05/22/2019	6402415
12/29/2018	Dj Orthopedics Llc	Bone Healing Sys	$4,500.00	$1,800.00	A-G Discount	$2,700.00	06/26/2019	06/28/2019	6402444
02/13/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$84.00	Other Ins Paid	$25.00	07/05/2019	07/09/2019	6402450
03/07/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$84.00	Other Ins Paid	$25.00	07/05/2019	07/09/2019	6402451
04/18/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$84.00	Other Ins Paid	$25.00	08/07/2019	08/09/2019	6402503
11/14/2018	Carilion NRV Med Center	X-ray,Radiology	$2,870.00	$574.84	Primary Adjustm		08/29/2019	09/04/2019	999999999
				$2,295.16	Other Ins Paid	$0.00	08/29/2019	09/04/2019	999999999
11/27/2018	Carilion NRV Med Center	Mri	$2,521.00	$427.80	Primary Adjustm		08/29/2019	09/04/2019	999999999
				$2,093.20	Other Ins Paid	$0.00	08/29/2019	09/04/2019	999999999
11/14/2018	Carilion NRV Med Center	X-ray,Radiology	$40.00	$10.00	Provider Discount		08/29/2019	09/04/2019	999999999
				$30.00	Disc.radford	$0.00	08/29/2019	09/04/2019	999999999
11/27/2018	Carilion NRV Med Center	Mri	$40.00	$10.00	Provider Discount		08/29/2019	09/04/2019	999999999
				$30.00	Disc.radford	$0.00	08/29/2019	09/04/2019	999999999
05/14/2019	K2 Sports Therapy and Performance	Phys.therapy	$100.00	$50.00	Disc: Zelis Choice	$50.00	09/12/2019	09/12/2019	6402550
05/14/2019	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice	$32.50	09/12/2019	09/12/2019	6402550
06/07/2019	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice	$32.50	09/12/2019	09/12/2019	6402552
06/03/2019	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice	$75.00	09/12/2019	09/12/2019	6402552
06/03/2019	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice	$32.50	09/12/2019	09/12/2019	6402552
05/24/2019	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice	$75.00	09/12/2019	09/12/2019	6402552
05/24/2019	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice	$32.50	09/12/2019	09/12/2019	6402552
05/14/2019	K2 Sports Therapy and Performance	Medical Treatment	$120.00	$60.00	Disc: Zelis Choice	$60.00	09/12/2019	09/12/2019	6402550
05/22/2019	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice	$75.00	09/12/2019	09/12/2019	6402552
05/22/2019	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice	$32.50	09/12/2019	09/12/2019	6402552
06/13/2019	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice	$75.00	09/12/2019	09/12/2019	6402552
06/13/2019	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice	$32.50	09/12/2019	09/12/2019	6402552
06/07/2019	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice	$75.00	09/12/2019	09/12/2019	6402552
05/14/2019	Zelis Claims Integrity LLC	Repricing Fee	$24.94	$0.00		$24.94	09/12/2019	09/12/2019	6402549
05/22/2019	Zelis Claims Integrity LLC	Repricing Fee	$119.04	$0.00		$119.04	09/12/2019	09/12/2019	6402551
06/25/2019	Zelis Claims Integrity LLC	Repricing Fee	$18.82	$0.00		$18.82	10/16/2019	10/18/2019	6402575
06/25/2019	K2 Sports Therapy and Performance	Phys.therapy	$150.00	$75.00	Disc: Zelis Choice	$75.00	10/16/2019	10/18/2019	6402576
06/25/2019	K2 Sports Therapy and Performance	Phys.therapy	$65.00	$32.50	Disc: Zelis Choice	$32.50	10/16/2019	10/18/2019	6402576

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Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim # AGA-0139281 Totals :			**$15,872.62**	**$10,883.00**		**$4,989.62**			

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Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0135157; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/07/2017									
03/01/2018	Carilion NRV Med Center	Mri	$2,561.00	$640.25	Provider Discount	$1,920.75	05/09/2018	05/11/2018	6401868
03/01/2018	Carilion Medical Center	Mri	$172.00	$97.36	Primary Adjustm	$74.64	05/09/2018	05/11/2018	6401862
02/01/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$38.20	Other Ins Paid		05/17/2018	05/18/2018	6401872
				$20.80	Primary Adjustm	$50.00	05/17/2018	05/18/2018	6401872
03/15/2018	Carilion Healthcare Corp	Phys.therapy	$109.00	$9.38	Primary Adjustm	$99.62	06/07/2018	06/08/2018	6401911
02/26/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$20.08	Primary Adjustm	$88.92	06/07/2018	06/08/2018	6401911
03/15/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$9.38	Primary Adjustm	$99.62	06/18/2018	06/19/2018	6401948
02/12/2018	Carilion Healthcare Corp	Surgery	$278.00	$89.36	Primary Adjustm	$188.64	06/18/2018	06/19/2018	6401948
04/19/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$9.38	Primary Adjustm	$99.62	06/18/2018	06/19/2018	6401948
05/25/2018	Carilion Healthcare Corp	Surgery	$757.00	$346.86	Primary Adjustm	$410.14	06/26/2018	07/03/2018	6402010
05/25/2018	New River Valley Surgery Center	Surgery	$6,675.00	$4,909.86	Primary Adjustm	$1,765.14	06/28/2018	07/03/2018	6402016
05/25/2018	Anesthesiology Associates	Anesthesia	$630.00	$184.41	Other Ins Paid	$445.59	07/12/2018	07/17/2018	6402057
06/18/2018	Professional Sports Care And R	Phys.therapy	$250.00	$39.00	Other Ins Paid		07/13/2018	07/17/2018	6402040
				$190.00	Primary Adjustm	$21.00	07/13/2018	07/17/2018	6402040
06/19/2018	Professional Sports Care And R	Phys.therapy	$205.00	$39.00	Other Ins Paid		07/13/2018	07/17/2018	6402040
				$145.00	Primary Adjustm	$21.00	07/13/2018	07/17/2018	6402040
	Carilion Healthcare		$0.00	$0.00		-$99.62	07/25/2018	07/25/2018	0
07/12/2018	Professional Sports Care And R	Phys.therapy	$210.00	$39.00	Other Ins Paid		08/15/2018	08/17/2018	6402132
				$150.00	Primary Adjustm	$21.00	08/15/2018	08/17/2018	6402132
07/17/2018	Professional Sports Care And R	Phys.therapy	$205.00	$39.00	Other Ins Paid		08/15/2018	08/17/2018	6402132
				$145.00	Primary Adjustm	$21.00	08/15/2018	08/17/2018	6402132
07/11/2018	Professional Sports Care And R	Phys.therapy	$45.00	$24.00	Other Ins Paid	$21.00	08/15/2018	08/17/2018	6402132
05/29/2018	Professional Sports Care And Rehab	Phys.therapy	$250.00	$190.00	Primary Adjustm	$60.00	08/30/2018	08/31/2018	6402155
05/31/2018	Professional Sports Care And Rehab	Phys.therapy	$205.00	$145.00	Primary Adjustm	$60.00	08/30/2018	08/31/2018	6402155
06/04/2018	Professional Sports Care And Rehab	Phys.therapy	$190.00	$130.00	Primary Adjustm	$60.00	08/30/2018	08/31/2018	6402155
06/05/2018	Professional Sports Care And Rehab	Phys.therapy	$190.00	$130.00	Primary Adjustm	$60.00	08/30/2018	08/31/2018	6402155
05/25/2018	Carilion Healthcare Corp	Surgery	$1,062.00	$513.73	Primary Adjustm		08/31/2018	09/05/2018	6402161
				$89.78	Other Ins Paid	$458.49	08/31/2018	09/05/2018	6402161
07/19/2018	Professional Sports Care And R	Phys.therapy	$45.00	$39.00	Other Ins Paid	$6.00	09/04/2018	09/05/2018	6402156
07/27/2018	Professional Sports Care And R	Phys.therapy	$265.00	$39.00	Other Ins Paid		09/17/2018	09/18/2018	6402171
				$205.00	Primary Adjustm	$21.00	09/17/2018	09/18/2018	6402171
08/13/2018	Professional Sports Care And R	Phys.therapy	$45.00	$24.00	Other Insurance	$21.00	09/24/2018	09/25/2018	6402178
08/22/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$38.54	Other Ins Paid		10/01/2018	10/02/2018	6402183

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Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0135157; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/07/2017									
				$6.71	Primary Adjustm	$20.75	10/01/2018	10/02/2018	6402183
08/01/2018	Professional Sports Care And R	Phys.therapy	$205.00	$39.00	Other Ins Paid		10/10/2018	10/12/2018	6402196
				$145.00	Primary Adjustm	$21.00	10/10/2018	10/12/2018	6402196
	Carilion Healthcare Corp		$0.00	$0.00		-$338.37	10/15/2018	10/15/2018	0
03/01/2018	Carilion NRV Med Center	Mri	$325.25	$0.00		$325.25	11/30/2018	12/13/2018	6402272
06/14/2018	Professional Sports Care And R	Phys.therapy	$205.00	$145.00	Primary Adjustm	$60.00	02/19/2019	03/05/2019	6402340
06/13/2018	Professional Sports Care And R	Phys.therapy	$205.00	$145.00	Primary Adjustm	$60.00	02/19/2019	03/05/2019	6402340
06/06/2018	Professional Sports Care And R	Phys.therapy	$190.00	$130.00	Primary Adjustm	$60.00	02/19/2019	03/05/2019	6402340
02/12/2018	Carilion Clinic	Medical Treatment	$278.00	$0.00		$278.00	02/19/2019	03/05/2019	6402342
01/15/2018	Carilion Clinic	X-ray,Radiology	$350.00	$0.00		$350.00	01/30/2019	03/05/2019	6402344
Claim # AGA-0135157 Totals :			**$16,609.25**	**$9,778.07**		**$6,831.18**			
Claim: AGA-0148150; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Nose; Date Incurred: 04/06/2018									
04/06/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$524.50	$374.47	Primary Adjustm		06/12/2018	06/15/2018	6401930
				$37.51	Provider Discount	$112.52	06/12/2018	06/15/2018	6401930
04/06/2018	RMH Emergency Svc	Dr.visit-emerg Room	$96.00	$37.38	Primary Adjustm	$58.62	07/06/2018	07/17/2018	6402045
06/27/2018	Professional Sports Care And R	Phys.therapy	$205.00	$39.00	Other Ins Paid		07/31/2018	08/07/2018	6402093
				$145.00	Primary Adjustm	$21.00	07/31/2018	08/07/2018	6402093
06/28/2018	Professional Sports Care And R	Phys.therapy	$205.00	$39.00	Other Ins Paid		07/31/2018	08/07/2018	6402093
				$145.00	Primary Adjustm	$21.00	07/31/2018	08/07/2018	6402093
07/03/2018	Professional Sports Care And R	Phys.therapy	$210.00	$39.00	Other Ins Paid		07/31/2018	08/07/2018	6402093
				$150.00	Primary Adjustm	$21.00	07/31/2018	08/07/2018	6402093
Claim # AGA-0148150 Totals :			**$1,240.50**	**$1,006.36**		**$234.14**			
Claim: AGA-0142887; Activity: Womens Lacrosse; Diagnosis: Laceration; Anatomy: Head; Date Incurred: 03/03/2018									
03/03/2018	The Brooklyn Hospital	Dr.visit-emerg Room	$1,329.16	$557.73	Other Insurance	$771.43	06/15/2018	06/19/2018	6401949
Claim # AGA-0142887 Totals :			**$1,329.16**	**$557.73**		**$771.43**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0153351; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 05/06/2018									
05/15/2018	Academic Primary Care Associat	Medical Treatment	$254.00	$142.90	Other Ins Paid		07/11/2018	07/17/2018	6402042
				$60.71	Primary Adjustm	$50.39	07/11/2018	07/17/2018	6402042
05/07/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$78.63	Other Ins Paid		07/05/2018	07/17/2018	6402039
				$4.16	Primary Adjustm	$26.21	07/05/2018	07/17/2018	6402039
05/09/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$46.80	Other Ins Paid		07/05/2018	07/17/2018	6402039
				$3.60	Primary Adjustm	$15.60	07/05/2018	07/17/2018	6402039
05/08/2018	Carilion Medical Center	Surgery	$217.00	$79.10	Other Ins Paid		07/05/2018	07/17/2018	6402047
				$104.00	Primary Adjustm	$33.90	07/05/2018	07/17/2018	6402047
05/08/2018	Carilion Medical Center	Mri	$204.00	$65.77	Other Ins Paid		07/05/2018	07/17/2018	6402047
				$110.04	Primary Adjustm	$28.19	07/05/2018	07/17/2018	6402047
05/08/2018	Carilion Medical Center	Surgery	$217.00	$104.00	Primary Adjustm		07/11/2018	07/17/2018	6402034
				$79.10	Other Ins Paid	$33.90	07/11/2018	07/17/2018	6402034
05/18/2018	Emergeortho pa	Medical Treatment	$368.53	$306.46	Other Insurance	$62.07	07/17/2018	08/07/2018	6402092
	Carilion Medical Center		$0.00	$0.00		-$33.90	10/10/2018	10/10/2018	0
06/18/2018	Duke University Hospital	Phys.therapy	$814.00	$629.02	Primary Adjustm		01/15/2019	01/15/2019	6402304
				$137.33	Other Ins Paid	$47.65	01/15/2019	01/15/2019	6402304
06/11/2018	Duke University Hospital	Surgery	$26,624.00	$14,056.88	Primary Adjustm		01/15/2019	01/15/2019	6402304
				$11,248.60	Other Ins Paid	$1,318.52	01/15/2019	01/15/2019	6402304
06/11/2018	Private Diagnostic Clinic	Anesthesia	$2,247.00	$425.95	Primary Adjustm		01/15/2019	01/15/2019	6402305
				$1,274.73	Other Ins Paid	$546.32	01/15/2019	01/15/2019	6402305
05/18/2018	Private Diagnostic Clinic	Medical Treatment	$900.00	$233.16	Other Ins Paid		02/06/2019	03/05/2019	6402338
				$566.92	Primary Adjustm	$99.92	02/06/2019	03/05/2019	6402338
01/02/2019	Duke Health	Phys.therapy	$3,258.00	$2,456.52	Primary Adjustm	$801.48	03/26/2019	04/16/2019	6402360
03/01/2019	Duke Health	Phys.therapy	$624.00	$470.50	Primary Adjustm		05/28/2019	05/29/2019	6402418
				$107.45	Other Ins Paid	$46.05	05/28/2019	05/29/2019	6402418
03/01/2019	Duke Health	Medical Treatment	$255.00	$35.99	Primary Adjustm		05/28/2019	05/29/2019	6402418
				$0.46	Other Ins Paid	$218.55	05/28/2019	05/29/2019	6402418
03/12/2019	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		07/08/2019	07/09/2019	6402461
				$13.44	A-G Discount	$75.00	07/08/2019	07/09/2019	6402461
05/24/2019	Duke Health Customer Service Dpt	Phys.therapy	$310.00	$233.74	Primary Adjustm		08/12/2019	08/13/2019	6402508
				$53.38	Other Ins Paid	$22.88	08/12/2019	08/13/2019	6402508
06/18/2019	Duke Health Customer Service Dpt	Phys.therapy	$620.00	$467.48	Primary Adjustm		08/12/2019	08/13/2019	6402508
				$106.76	Other Ins Paid	$45.76	08/12/2019	08/13/2019	6402508

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0153351; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 05/06/2018									
05/08/2018	Carilion NRV Med Center	Mri	$872.42	$218.11	Provider Discount		09/03/2019	09/04/2019	999999999
				$654.31	Disc.radford	$0.00	09/03/2019	09/04/2019	999999999
05/08/2018	Carilion NRV Med Center	Mri	$3,204.58	$1,166.09	Primary Adjustm		09/03/2019	09/04/2019	999999999
				$2,038.49	Other Ins Paid	$0.00	09/03/2019	09/04/2019	999999999
07/19/2019	DukeHealth	Phys.therapy	$1,396.00	$1,052.58	Primary Adjustm		09/10/2019	09/12/2019	6402545
				$240.39	Other Ins Paid	$103.03	09/10/2019	09/12/2019	6402545
06/05/2019	Private Diagnostic Clinic	Medical Treatment	$255.00	$35.99	Primary Adjustm		11/04/2019	11/05/2019	6402593
				$164.26	Other Ins Paid	$54.75	11/04/2019	11/05/2019	6402593
08/21/2019	Duke University Hospital	Phys.therapy	$310.00	$233.74	Primary Adjustm		11/19/2019	11/22/2019	6402615
				$53.38	Other Ins Paid	$22.88	11/19/2019	11/22/2019	6402615
Claim # AGA-0153351 Totals :			**$43,305.53**	**$39,686.38**		**$3,619.15**			
Claim: AGA-0156020; Activity: Mens Golf; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 02/01/2018									
02/05/2018	New River Medical Center	Mri	$2,561.00	$342.41	Primary Adjustm		08/16/2018	08/17/2018	6402140
				$1,614.87	Other Ins Paid	$603.72	08/16/2018	08/17/2018	6402140
Claim # AGA-0156020 Totals :			**$2,561.00**	**$1,957.28**		**$603.72**			

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Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0134414; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 01/26/2018									
02/06/2018	Carilion NRV Med Center	Surgery	$953.90	$238.48	Provider Discount		04/19/2018	04/20/2018	999999999
				$715.42	Disc.radford	$0.00	04/19/2018	04/20/2018	999999999
02/06/2018	Carilion NRV Med Center	Surgery	$3,285.60	$1,059.88	Primary Adjustm		04/19/2018	04/20/2018	999999999
				$2,225.72	Other Ins Paid	$0.00	04/19/2018	04/20/2018	999999999
02/16/2018	Carilion Healthcare Corp	Surgery	$2,243.00	$692.30	Primary Adjustm	$1,550.70	04/19/2018	04/20/2018	6401817
02/01/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$8.64	Primary Adjustm		04/17/2018	04/20/2018	6401808
				$103.36	Other Ins Paid	$50.00	04/17/2018	04/20/2018	6401808
02/07/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$11.88	Other Ins Paid		04/17/2018	04/20/2018	6401809
				$4.12	Primary Adjustm	$50.00	04/17/2018	04/20/2018	6401809
02/06/2018	Carilion Medical Center	Mri	$204.00	$82.31	Primary Adjustm	$121.69	04/24/2018	04/27/2018	6401826
02/06/2018	Carilion Medical Center	Surgery	$176.00	$57.89	Primary Adjustm	$118.11	04/25/2018	04/27/2018	6401825
02/12/2018	Carilion Healthcare Corp	Medical Treatment	$153.00	$40.58	Primary Adjustm		04/25/2018	04/27/2018	6401832
				$78.69	Other Ins Paid	$33.73	04/25/2018	04/27/2018	6401832
02/16/2018	Carilion Healthcare Corp	Surgery	$2,243.00	$692.30	Primary Adjustm	$1,550.70	04/25/2018	04/27/2018	6401832
02/19/2018	Professional Rehab Associates	Phys.therapy	$240.00	$100.88	Primary Adjustm	$139.12	04/30/2018	05/01/2018	6401837
02/21/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm		04/30/2018	05/01/2018	6401837
				$11.95	Other Ins Paid	$75.50	04/30/2018	05/01/2018	6401837
02/28/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm		04/30/2018	05/01/2018	6401837
				$61.21	Other Ins Paid	$26.24	04/30/2018	05/01/2018	6401837
02/16/2018	Anesthesiology Associates	Anesthesia	$840.00	$537.51	Other Ins Paid		05/21/2018	05/22/2018	6401876
				$72.09	Primary Adjustm	$230.40	05/21/2018	05/22/2018	6401876
02/16/2018	New River Valley Surgery Center	Surgery	$10,881.60	$4,727.72	Other Ins Paid		06/14/2018	06/15/2018	6401937
				$4,386.14	Primary Adjustm	$1,767.74	06/14/2018	06/15/2018	6401937
02/16/2018	New River Valley Surgery Center	Injection	$1,883.00	$593.14	Other Ins Paid		06/14/2018	06/15/2018	6401937
				$1,035.65	Primary Adjustm	$254.21	06/14/2018	06/15/2018	6401937
03/07/2018	Professional Rehab Associates	Phys.therapy	$135.00	$47.55	Primary Adjustm		06/19/2018	06/19/2018	6401942
				$61.21	Other Ins Paid	$26.24	06/19/2018	06/19/2018	6401942
	Carilion Healthcare Corp		$0.00	$0.00		-$1,550.70	06/21/2018	06/21/2018	0
05/02/2018	Professional Rehab Associates	Phys.therapy	$190.00	$58.30	Other Ins Paid		07/13/2018	07/17/2018	999999999
				$131.70	Primary Adjustm	$0.00	07/13/2018	07/17/2018	999999999
Claim # AGA-0134414 Totals :			**$23,926.10**	**$19,482.42**		**$4,443.68**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0145247; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Throat; Date Incurred: 03/20/2018									
03/21/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$477.71	$477.71	Primary Adjustm	$0.00	07/23/2018	07/24/2018	999999999
03/21/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$3,095.29	$773.82	Provider Discount		07/23/2018	07/24/2018	999999999
				$2,321.47	Disc.radford	$0.00	07/23/2018	07/24/2018	999999999
Claim # AGA-0145247 Totals :			**$3,573.00**	**$3,573.00**		**$0.00**			

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Pay Dates: 08/01/2017 - 07/31/2020

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0149267; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 04/03/2018									
04/26/2018	Carilion Medical Center	Surgery	$219.00	$98.71	Primary Adjustm	$120.29	06/19/2018	06/22/2018	6401960
04/26/2018	Carilion Medical Center	Mri	$204.00	$110.04	Primary Adjustm		06/19/2018	06/22/2018	6401960
				$56.98	Other Ins Paid	$36.98	06/19/2018	06/22/2018	6401960
05/01/2018	Carilion Medical Center	Surgery	$290.00	$75.11	Primary Adjustm		06/19/2018	06/22/2018	6401960
				$120.49	Other Ins Paid	$94.40	06/19/2018	06/22/2018	6401960
05/01/2018	Carilion Medical Center	X-ray,Radiology	$35.00	$5.03	Primary Adjustm	$29.97	06/19/2018	06/22/2018	6401960
05/01/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$11.87	Primary Adjustm		06/19/2018	06/22/2018	6401960
				$8.62	Other Ins Paid	$1.51	06/19/2018	06/22/2018	6401960
05/02/2018	Carilion Medical Center	Medical Treatment	$35.00	$29.75	Other Ins Paid	$5.25	06/22/2018	07/03/2018	6401968
04/04/2018	Carilion NRV Med Center	X-ray,Radiology	$216.00	$112.72	Primary Adjustm		06/22/2018	07/03/2018	6401990
				$25.82	Provider Discount	$77.46	06/22/2018	07/03/2018	6401990
06/06/2018	Medstar Med Grp II, LLC	Medical Treatment	$157.00	$16.19	Primary Adjustm		07/05/2018	07/17/2018	6402035
				$105.81	Other Ins Paid	$35.00	07/05/2018	07/17/2018	6402035
06/13/2018	Medstar Med Grp II, LLC	Surgery	$2,103.00	$1,045.22	Other Ins Paid		07/13/2018	07/17/2018	6402055
				$873.33	Primary Adjustm	$184.45	07/13/2018	07/17/2018	6402055
06/13/2018	Medstar Med Grp II, LLC	Surgery	$1,061.00	$783.02	Other Ins Paid		07/13/2018	07/17/2018	6402055
				$139.81	Primary Adjustm	$138.17	07/13/2018	07/17/2018	6402055
06/20/2018	Medstar Med Grp II, LLC	X-ray,Radiology	$94.00	$40.18	Other Ins Paid		07/18/2018	08/07/2018	6402068
				$46.73	Primary Adjustm	$7.09	07/18/2018	08/07/2018	6402068
07/18/2018	Medstar Med Grp II, LLC	X-ray,Radiology	$94.00	$40.18	Other Ins Paid		08/06/2018	08/07/2018	6402067
				$46.73	Primary Adjustm	$7.09	08/06/2018	08/07/2018	6402067
06/13/2018	Medstar Union Memorial	Surgery	$12,649.06	$10,784.00	Other Insurance	$1,865.06	07/17/2018	08/07/2018	6402104
07/31/2018	Andrew Szamski	Phys.therapy	$25.00	$0.00		$25.00	08/27/2018	08/28/2018	6402150
08/02/2018	Andrew Szamski	Phys.therapy	$25.00	$0.00		$25.00	08/27/2018	08/28/2018	6402150
07/27/2018	Andrew Szamski	Phys.therapy	$25.00	$0.00		$25.00	08/27/2018	08/28/2018	6402150
08/17/2018	Andrew Szamski	Phys.therapy	$25.00	$0.00		$25.00	08/27/2018	08/28/2018	6402150
08/14/2018	Andrew Szamski	Phys.therapy	$25.00	$0.00		$25.00	08/27/2018	08/28/2018	6402150
07/26/2018	Medstar Med Grp II, LLC	X-ray,Radiology	$94.00	$40.18	Other Ins Paid		10/03/2018	10/05/2018	6402188
				$46.73	Primary Adjustm	$7.09	10/03/2018	10/05/2018	6402188
04/26/2018	Carilion NRV Med Center	Mri	$3,640.73	$2,475.17	Other Ins Paid		10/11/2018	10/16/2018	999999999
				$1,165.56	Primary Adjustm	$0.00	10/11/2018	10/16/2018	999999999
04/26/2018	Carilion NRV Med Center	Mri	$436.77	$109.20	Provider Discount		10/11/2018	10/16/2018	999999999
				$327.57	Disc.radford	$0.00	10/11/2018	10/16/2018	999999999

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0149267; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 04/03/2018									
08/23/2018	Professional Rehab Associates	Phys.therapy	$195.00	$89.45	Other Ins Paid		11/02/2018	11/02/2018	6402225
				$80.55	Primary Adjustm	$25.00	11/02/2018	11/02/2018	6402225
12/27/2018	Agape Physical Therapy	Phys.therapy	$286.00	$50.44	Other Ins Paid		02/09/2019	03/05/2019	6402322
				$210.56	Primary Adjustm	$25.00	02/09/2019	03/05/2019	6402322
12/19/2018	Agape Physical Therapy	Phys.therapy	$448.00	$413.00	Primary Adjustm	$35.00	02/12/2019	03/05/2019	6402329
06/13/2018	MMG Anesthesiology, LLC	Anesthesia	$740.88	$181.61	Primary Adjustm		07/10/2019	07/12/2019	6402470
				$475.38	Other Ins Paid	$83.89	07/10/2019	07/12/2019	6402470
	Agape Physical Therapy		$0.00	$0.00		-$10.00	01/06/2020	01/06/2020	0
Claim # AGA-0149267 Totals :			**$23,145.44**	**$20,251.74**		**$2,893.70**			
Claim: AGA-0142666; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 02/24/2018									
03/08/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$6.51	Primary Adjustm		06/05/2018	06/08/2018	6401906
				$135.49	Other Ins Paid	$20.00	06/05/2018	06/08/2018	6401906
03/15/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		06/05/2018	06/08/2018	6401906
				$84.84	Other Ins Paid	$20.00	06/05/2018	06/08/2018	6401906
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$42.40	Other Ins Paid		06/07/2018	06/08/2018	6401900
				$3.60	Primary Adjustm	$20.00	06/07/2018	06/08/2018	6401900
Claim # AGA-0142666 Totals :			**$337.00**	**$277.00**		**$60.00**			
Claim: AGA-0155903; Activity: Womens Track; Diagnosis: Pain; Anatomy: Foot; Date Incurred: 05/16/2018									
05/16/2018	OrthoVirginia, Inc.	Medical Treatment	$629.00	$179.75	Other Ins Paid		08/20/2018	08/21/2018	6402144
				$140.77	Primary Adjustm		08/20/2018	08/21/2018	6402144
				$50.00	Previously Paid	$258.48	08/20/2018	08/21/2018	6402144
05/30/2018	OrthoVirginia, Inc.	Medical Treatment	$206.00	$67.26	Other Ins Paid		08/20/2018	08/21/2018	6402144
				$69.11	Primary Adjustm		08/20/2018	08/21/2018	6402144
				$50.00	Previously Paid	$19.63	08/20/2018	08/21/2018	6402144
05/16/2018	Madeline Tilley	Reimbursement	$50.00	$0.00		$50.00	08/20/2018	08/21/2018	6402142
05/30/2018	Madeline Tilley	Reimbursement	$50.00	$0.00		$50.00	08/20/2018	08/21/2018	6402142
06/20/2018	OrthoVirginia, Inc.	Medical Treatment	$206.00	$69.11	Primary Adjustm		08/27/2018	08/28/2018	6402147
				$67.26	Other Ins Paid	$69.63	08/27/2018	08/28/2018	6402147
Claim # AGA-0155903 Totals :			**$1,141.00**	**$693.26**		**$447.74**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0128260; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 11/21/2017									
11/21/2017	Insight Imaging Roanoke	X-ray,Radiology	$79.00	$23.11	Primary Adjustm	$55.89	01/05/2018	01/09/2018	6401680
11/21/2017	Insight Imaging Roanoke	X-ray,Radiology	$79.00	$23.11	Primary Adjustm	$55.89	01/05/2018	01/09/2018	6401680
12/03/2017	Carilion Medical Center	Mri	$340.00	$183.66	Primary Adjustm	$156.34	01/31/2018	02/02/2018	6401720
11/29/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$42.57	Primary Adjustm		02/12/2018	02/13/2018	6401726
				$95.54	Other Ins Paid	$23.89	02/12/2018	02/13/2018	6401726
12/03/2017	Carilion NRV Med Center	Mri	$2,363.33	$855.60	Primary Adjustm		02/14/2018	02/16/2018	999999999
				$1,507.73	Other Ins Paid	$0.00	02/14/2018	02/16/2018	999999999
12/03/2017	Carilion NRV Med Center	Mri	$2,758.67	$689.66	Provider Discount		02/14/2018	02/16/2018	999999999
				$2,069.01	Disc.radford	$0.00	02/14/2018	02/16/2018	999999999
11/21/2017	Performance Medicine Of Sw	Surgery	$1,680.00	$1,098.41	Primary Adjustm	$581.59	02/14/2018	02/16/2018	6401742
11/21/2017	Performance Medicine Of Sw	Surgery	$1,680.00	$1,098.41	Primary Adjustm	$581.59	02/14/2018	02/16/2018	6401742
11/21/2017	Performance Medicine Of Sw	Medical Treatment	$345.00	$128.75	Primary Adjustm	$216.25	02/14/2018	02/16/2018	6401742
11/21/2017	Performance Medicine Of Sw	X-ray,Radiology	$305.00	$235.34	Primary Adjustm	$69.66	02/14/2018	02/16/2018	6401742
12/04/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$18.07	Primary Adjustm		02/22/2018	02/23/2018	6401743
				$38.34	Other Ins Paid	$9.59	02/22/2018	02/23/2018	6401743
12/21/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$49.92	Other Ins Paid		03/13/2018	03/16/2018	6401760
				$3.60	Primary Adjustm	$12.48	03/13/2018	03/16/2018	6401760
01/18/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm	$62.40	03/27/2018	03/30/2018	6401779
02/01/2018	HealthRisk Resource Group LLC	Repricing Fee	$1.58	$0.00		$1.58	04/05/2018	04/06/2018	6401787
02/01/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	04/05/2018	04/06/2018	6401790
Claim # AGA-0128260 Totals :			**$10,057.58**	**$8,177.63**		**$1,879.95**			
Claim: AGA-0110976; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 08/17/2017									
08/17/2017	Professional Rehab Associates	Medical Treatment	$195.00	$80.55	Primary Adjustm		09/18/2017	09/19/2017	6401545
				$39.45	Disc.radford	$75.00	09/18/2017	09/19/2017	6401545
Claim # AGA-0110976 Totals :			**$195.00**	**$120.00**		**$75.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0148861; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-hand; Date Incurred: 03/03/2018									
04/14/2018	Carilion Medical Center	X-ray,Radiology	$16.00	$0.00		$16.00	06/15/2018	06/19/2018	6401940
04/14/2018	Carilion NRV Med Center	X-ray,Radiology	$175.50	$43.88	Provider Discount		07/10/2018	07/13/2018	999999999
				$131.62	Disc.radford	$0.00	07/10/2018	07/13/2018	999999999
Claim # AGA-0148861 Totals :			**$191.50**	**$175.50**		**$16.00**			
Claim: AGA-0160245; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 05/03/2018									
07/09/2018	Carilion Medical Center	Mri	$172.00	$62.86	Other Ins Paid		09/17/2018	09/18/2018	6402170
				$93.43	Primary Adjustm	$15.71	09/17/2018	09/18/2018	6402170
02/04/2019	Carilion Healthcare Corp	Surgery	$149.00	$78.70	Primary Adjustm	$70.30	05/10/2019	05/10/2019	6402409
07/09/2018	Carilion NRV Med Center	Mri	$2,058.36	$427.80	Primary Adjustm		07/16/2019	07/18/2019	999999999
				$1,630.56	Other Ins Paid	$0.00	07/16/2019	07/18/2019	999999999
07/09/2018	Carilion NRV Med Center	Mri	$502.64	$125.66	Provider Discount		07/16/2019	07/18/2019	999999999
				$376.98	Disc.radford	$0.00	07/16/2019	07/18/2019	999999999
Claim # AGA-0160245 Totals :			**$2,882.00**	**$2,795.99**		**$86.01**			
Claim: AGA-0148578; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 03/20/2018									
04/15/2018	Carilion NRV Med Center	Mri	$53.98	$13.49	Provider Discount		09/17/2018	09/18/2018	999999999
				$40.49	Disc.radford	$0.00	09/17/2018	09/18/2018	999999999
04/15/2018	Carilion NRV Med Center	Mri	$2,507.02	$2,345.07	Primary Adjustm		09/17/2018	09/18/2018	999999999
				$161.95	Other Ins Paid	$0.00	09/17/2018	09/18/2018	999999999
Claim # AGA-0148578 Totals :			**$2,561.00**	**$2,561.00**		**$0.00**			
Claim: AGA-0127389; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 09/01/2017									
10/27/2017	Professional Rehab Associates	Phys.therapy	$150.00	$57.66	Primary Adjustm	$92.34	12/28/2017	12/29/2017	6401670
11/01/2017	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm	$66.33	12/28/2017	12/29/2017	6401672
11/03/2017	Professional Rehab Associates	Phys.therapy	$90.00	$45.78	Primary Adjustm	$44.22	12/28/2017	12/29/2017	6401672
Claim # AGA-0127389 Totals :			**$375.00**	**$172.11**		**$202.89**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0154177; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 03/16/2018									
04/09/2018	Carilion NRV Med Center	X-ray,Radiology	$192.95	$192.95	Primary Adjustm	$0.00	07/26/2018	07/27/2018	999999999
04/09/2018	Carilion NRV Med Center	X-ray,Radiology	$206.55	$51.64	Provider Discount		07/26/2018	07/27/2018	999999999
				$154.91	Disc.radford	$0.00	07/26/2018	07/27/2018	999999999
04/09/2018	Carilion Medical Center	X-ray,Radiology	$28.00	$15.04	Primary Adjustm	$12.96	07/24/2018	08/07/2018	6402074
Claim # AGA-0154177 Totals :			**$427.50**	**$414.54**		**$12.96**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0144685; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 03/16/2018									
04/02/2018	Adam Whitacre	Orthopedic Appliance	$153.00	$0.00		$153.00	05/23/2018	05/25/2018	6401894
04/06/2018	New River Valley Surgery Center	Injection	$1,883.00	$1,737.75	Primary Adjustm		06/06/2018	06/08/2018	6401916
				$116.20	Other Ins Paid	$29.05	06/06/2018	06/08/2018	6401916
03/30/2018	Carilion NRV Med Center	Surgery	$4,239.50	$1,326.72	Primary Adjustm		06/06/2018	06/08/2018	6401915
				$2,330.22	Other Ins Paid	$582.56	06/06/2018	06/08/2018	6401915
04/06/2018	New River Valley Surgery Center	Surgery	$8,422.00	$5,609.90	Primary Adjustm		06/06/2018	06/08/2018	6401916
				$2,249.68	Other Ins Paid	$562.42	06/06/2018	06/08/2018	6401916
04/06/2018	New River Valley Surgery Center	Surgery	$4,380.00	$4,380.00	Primary Adjustm	$0.00	06/06/2018	06/08/2018	6401916
04/06/2018	Anesthesiology Associates	Anesthesia	$1,400.00	$621.08	Other Ins Paid		06/06/2018	06/08/2018	6401909
				$623.65	Primary Adjustm	$155.27	06/06/2018	06/08/2018	6401909
04/12/2018	Professional Rehab Associates	Phys.therapy	$135.00	$53.06	Other Ins Paid		06/06/2018	06/08/2018	6401904
				$68.67	Primary Adjustm	$13.27	06/06/2018	06/08/2018	6401904
04/09/2018	Professional Rehab Associates	Phys.therapy	$195.00	$91.56	Other Ins Paid		06/06/2018	06/08/2018	6401904
				$80.55	Primary Adjustm	$22.89	06/06/2018	06/08/2018	6401904
04/16/2018	Professional Rehab Associates	Phys.therapy	$135.00	$53.06	Other Ins Paid		06/22/2018	07/03/2018	6401983
				$68.67	Primary Adjustm	$13.27	06/22/2018	07/03/2018	6401983
04/18/2018	Professional Rehab Associates	Phys.therapy	$135.00	$53.06	Other Ins Paid		06/22/2018	07/03/2018	6401983
				$68.67	Primary Adjustm	$13.27	06/22/2018	07/03/2018	6401983
04/24/2018	Professional Rehab Associates	Phys.therapy	$135.00	$53.06	Other Ins Paid		06/22/2018	07/03/2018	6401983
				$68.67	Primary Adjustm	$13.27	06/22/2018	07/03/2018	6401983
05/07/2018	Preventive Rehabilitation Org	Phys.therapy	$205.00	$70.14	Primary Adjustm		06/22/2018	07/03/2018	6401996
				$91.56	Other Ins Paid	$43.30	06/22/2018	07/03/2018	6401996
05/10/2018	Preventive Rehabilitation Org	Phys.therapy	$150.00	$85.37	Primary Adjustm		06/22/2018	07/03/2018	6401996
				$35.38	Other Ins Paid	$29.25	06/22/2018	07/03/2018	6401996
05/15/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$112.28	Primary Adjustm		06/22/2018	07/03/2018	6401996
				$53.85	Other Ins Paid	$33.87	06/22/2018	07/03/2018	6401996
04/02/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		06/22/2018	07/03/2018	6402013
				$54.84	Other Ins Paid	$50.00	06/22/2018	07/03/2018	6402013
05/29/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$110.58	Primary Adjustm		06/26/2018	07/03/2018	6401991
				$71.53	Other Ins Paid	$17.89	06/26/2018	07/03/2018	6401991
05/25/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$112.28	Primary Adjustm		06/26/2018	07/03/2018	6401991
				$53.85	Other Ins Paid	$33.87	06/26/2018	07/03/2018	6401991
06/05/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$110.58	Primary Adjustm		06/26/2018	07/03/2018	6401991

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0144685; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 03/16/2018									
				$71.53	Other Ins Paid	$17.89	06/26/2018	07/03/2018	6401991
06/01/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$110.58	Primary Adjustm		06/26/2018	07/03/2018	6401991
				$71.53	Other Ins Paid	$17.89	06/26/2018	07/03/2018	6401991
05/17/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$112.28	Primary Adjustm		06/22/2018	07/03/2018	6401996
				$53.85	Other Ins Paid	$33.87	06/22/2018	07/03/2018	6401996
03/30/2018	Carilion Medical Center	Surgery	$176.00	$84.06	Primary Adjustm	$91.94	06/22/2018	07/03/2018	6401999
03/30/2018	Carilion Medical Center	Mri	$204.00	$110.04	Primary Adjustm	$93.96	06/22/2018	07/03/2018	6401999
04/06/2018	Carilion Healthcare Corp	Surgery	$2,186.00	$977.07	Primary Adjustm		06/22/2018	07/03/2018	6402013
				$715.86	Other Ins Paid	$493.07	06/22/2018	07/03/2018	6402013
03/29/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$6.51	Primary Adjustm		06/22/2018	07/03/2018	6402013
				$105.49	Other Ins Paid	$50.00	06/22/2018	07/03/2018	6402013
04/02/2018	Carilion Healthcare Corp	Orthopedic Appliance	$153.00	$69.80	Primary Adjustm		06/22/2018	07/03/2018	6402013
				$66.56	Other Ins Paid	$16.64	06/22/2018	07/03/2018	6402013
06/08/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$110.58	Primary Adjustm		07/12/2018	07/17/2018	6402036
				$71.53	Other Ins Paid	$17.89	07/12/2018	07/17/2018	6402036
06/12/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$110.58	Primary Adjustm		07/12/2018	07/17/2018	6402036
				$71.53	Other Ins Paid	$17.89	07/12/2018	07/17/2018	6402036
07/03/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$109.60	Primary Adjustm		07/23/2018	08/07/2018	6402094
				$72.32	Other Ins Paid	$18.08	07/23/2018	08/07/2018	6402094
06/18/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$109.60	Primary Adjustm		07/23/2018	08/07/2018	6402094
				$72.32	Other Ins Paid	$18.08	07/23/2018	08/07/2018	6402094
06/20/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$109.60	Primary Adjustm		07/23/2018	08/07/2018	6402094
				$72.32	Other Ins Paid	$18.08	07/23/2018	08/07/2018	6402094
06/29/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$109.60	Primary Adjustm		07/23/2018	08/07/2018	6402094
				$72.32	Other Ins Paid	$18.08	07/23/2018	08/07/2018	6402094
07/10/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$72.32	Other Ins Paid		07/31/2018	08/07/2018	6402088
				$109.60	Primary Adjustm	$18.08	07/31/2018	08/07/2018	6402088
07/05/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$72.32	Other Ins Paid		07/31/2018	08/07/2018	6402088
				$109.60	Primary Adjustm	$18.08	07/31/2018	08/07/2018	6402088
08/09/2018	PROMotion	Medical Treatment	$100.00	$0.00		$100.00	08/15/2018	08/17/2018	6402136
07/12/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$72.32	Other Ins Paid		08/27/2018	08/28/2018	6402146
				$109.60	Primary Adjustm	$18.08	08/27/2018	08/28/2018	6402146
07/20/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$72.32	Other Ins Paid		08/28/2018	08/31/2018	6402152

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Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0144685; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 03/16/2018									
				$109.60	Primary Adjustm	$18.08	08/28/2018	08/31/2018	6402152
07/24/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$72.32	Other Ins Paid		08/28/2018	08/31/2018	6402152
				$109.60	Primary Adjustm	$18.08	08/28/2018	08/31/2018	6402152
07/26/2018	Preventive Rehabilitation Org	Phys.therapy	$200.00	$109.60	Primary Adjustm		09/24/2018	09/25/2018	6402177
				$72.32	Other Ins Paid	$18.08	09/24/2018	09/25/2018	6402177
08/15/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		10/05/2018	10/09/2018	6402191
				$12.40	Other Ins Paid	$50.00	10/05/2018	10/09/2018	6402191
08/21/2018	Professional Rehab Associates	Phys.therapy	$190.00	$85.60	Other Ins Paid		10/22/2018	10/23/2018	6402207
				$83.00	Primary Adjustm	$21.40	10/22/2018	10/23/2018	6402207
09/20/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		10/24/2018	10/26/2018	6402215
				$12.40	Other Ins Paid	$50.00	10/24/2018	10/26/2018	6402215
11/01/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$12.40	Other Ins Paid		12/31/2018	01/04/2019	6402291
				$3.60	Primary Adjustm	$50.00	12/31/2018	01/04/2019	6402291
12/06/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		03/13/2019	03/20/2019	6402350
				$12.40	Other Ins Paid	$50.00	03/13/2019	03/20/2019	6402350
02/11/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$0.00		$66.00	04/25/2019	04/26/2019	6402395
Claim # AGA-0144685 Totals :			**$28,777.50**	**$25,591.81**		**$3,185.69**			
Claim: AGA-0150120; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 02/20/2018									
03/22/2018	HealthRisk Resource Group LLC	Repricing Fee	$3.96	$0.00		$3.96	08/13/2018	08/14/2018	6402122
03/22/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Primary Adjustm	$87.20	08/13/2018	08/14/2018	6402127
03/22/2018	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$11.20	Primary Adjustm	$44.80	08/13/2018	08/14/2018	6402127
Claim # AGA-0150120 Totals :			**$168.96**	**$33.00**		**$135.96**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0150523; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 12/07/2017									
12/08/2017	HealthRisk Resource Group	Repricing Fee	$11.59	$0.00		$11.59	08/13/2018	08/14/2018	6402123
12/13/2017	HealthRisk Resource Group LLC	Repricing Fee	$1.58	$0.00		$1.58	08/13/2018	08/14/2018	6402119
12/18/2017	HealthRisk Resource Group LLC	Repricing Fee	$1.58	$0.00		$1.58	08/13/2018	08/14/2018	6402120
12/29/2017	HealthRisk Resource Group LLC	Repricing Fee	$1.58	$0.00		$1.58	08/14/2018	08/14/2018	6402121
12/13/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	08/13/2018	08/14/2018	6402126
12/18/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	08/13/2018	08/14/2018	6402126
12/29/2017	Carilion Healthcare Corp	Medical Treatment	$66.00	$13.20	Disc: Hrgi	$52.80	08/14/2018	08/14/2018	6402124
12/08/2017	Carilion Healthcare Corp	Medical Treatment	$265.00	$53.00	Disc: Hrgi	$212.00	08/13/2018	08/14/2018	6402128
12/08/2017	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	08/13/2018	08/14/2018	6402128
12/08/2017	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$11.20	Disc: Hrgi	$44.80	08/13/2018	08/14/2018	6402128
Claim # AGA-0150523 Totals :			**$697.33**	**$136.20**		**$561.13**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0141891; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 03/04/2018									
04/02/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$12.26	Primary Adjustm		07/02/2018	07/03/2018	6401966
				$6.82	Other Ins Paid	$2.92	07/02/2018	07/03/2018	6401966
03/21/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$12.26	Primary Adjustm		07/02/2018	07/03/2018	6401967
				$6.82	Other Ins Paid	$2.92	07/02/2018	07/03/2018	6401967
03/06/2018	Carilion Medical Center	Surgery	$1,002.00	$478.49	Primary Adjustm		07/02/2018	07/03/2018	6402001
				$366.46	Other Ins Paid	$157.05	07/02/2018	07/03/2018	6402001
03/21/2018	Carilion Medical Center	Surgery	$193.00	$90.26	Primary Adjustm		07/02/2018	07/03/2018	6402001
				$71.92	Other Ins Paid	$30.82	07/02/2018	07/03/2018	6402001
03/04/2018	Doctors Care, PA	Medical Treatment	$296.02	$142.57	Primary Adjustm		07/02/2018	07/03/2018	6401972
				$133.45	Other Ins Paid	$20.00	07/02/2018	07/03/2018	6401972
03/21/2018	Carilion Medical Center	X-ray,Radiology	$34.00	$9.87	Primary Adjustm		07/02/2018	07/03/2018	6401982
				$16.89	Other Ins Paid	$7.24	07/02/2018	07/03/2018	6401982
03/21/2018	Carilion Medical Center	Surgery	$193.00	$90.26	Primary Adjustm		07/02/2018	07/03/2018	6401982
				$71.92	Other Ins Paid	$30.82	07/02/2018	07/03/2018	6401982
03/05/2018	Carilion Healthcare Corp	Surgery	$149.00	$52.98	Other Ins Paid		07/02/2018	07/03/2018	6401974
				$73.32	Primary Adjustm	$22.70	07/02/2018	07/03/2018	6401974
03/06/2018	Acv Inc	Anesthesia	$1,202.00	$60.39	Other Ins Paid		07/11/2018	07/17/2018	6402030
				$1,115.72	Primary Adjustm	$25.89	07/11/2018	07/17/2018	6402030
03/05/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$29.92	Primary Adjustm		07/11/2018	07/17/2018	6402029
				$55.36	Other Ins Paid	$23.72	07/11/2018	07/17/2018	6402029
04/11/2018	Carilion Medical Center	X-ray,Radiology	$34.00	$9.87	Primary Adjustm		07/11/2018	07/17/2018	6402043
				$16.89	Other Ins Paid	$7.24	07/11/2018	07/17/2018	6402043
04/25/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$12.26	Primary Adjustm		07/11/2018	07/17/2018	6402043
				$6.82	Other Ins Paid	$2.92	07/11/2018	07/17/2018	6402043
04/11/2018	Carilion Medical Center	Orthopedic Appliance	$45.00	$0.00		$45.00	07/11/2018	07/17/2018	6402043
03/06/2018	Acv Inc	X-ray,Radiology	$1,115.72	$0.00		$1,115.72	09/07/2018	09/11/2018	6402167
04/11/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$12.26	Primary Adjustm		11/16/2018	11/20/2018	6402252
				$6.82	Other Ins Paid	$2.92	11/16/2018	11/20/2018	6402252
04/25/2018	Carilion Medical Center	X-ray,Radiology	$34.00	$9.87	Primary Adjustm		11/16/2018	11/20/2018	6402253
				$16.89	Other Ins Paid	$7.24	11/16/2018	11/20/2018	6402253
06/14/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$29.92	Primary Adjustm		11/16/2018	11/20/2018	6402256
				$55.36	Other Ins Paid	$23.72	11/16/2018	11/20/2018	6402256
06/14/2018	Carilion Healthcare Corp	X-ray,Radiology	$58.00	$20.80	Primary Adjustm		11/16/2018	11/20/2018	6402256

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0141891; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 03/04/2018									
				$26.04	Other Ins Paid	$11.16	11/16/2018	11/20/2018	6402256
03/21/2018	Carilion Clinic	X-ray,Radiology	$56.00	$10.16	Other Ins Paid		11/16/2018	11/20/2018	6402255
				$23.71	Primary Adjustm	$22.13	11/16/2018	11/20/2018	6402255
04/02/2018	Carilion Medical Center	X-ray,Radiology	$34.00	$16.89	Other Ins Paid		11/16/2018	11/20/2018	6402254
				$9.87	Primary Adjustm	$7.24	11/16/2018	11/20/2018	6402254
06/14/2018	Carilion Healthcare Corp	Orthopedic Appliance	$35.00	$0.00		$35.00	11/16/2018	11/20/2018	6402256
03/06/2018	ACV, Inc	Anesthesia	$0.00	$0.00		V $0.00	11/16/2018	11/20/2018	6402257
04/02/2018	Carilion Medical Center	Surgery	$0.00	$71.92	Primary Adjustm	V $0.00	11/21/2018	11/27/2018	6402259
04/02/2018	Carilion Medical Center	Surgery	$173.00	$78.26	Primary Adjustm		01/07/2019	01/11/2019	6402298
				$66.32	Other Ins Paid	$28.42	01/07/2019	01/11/2019	6402298
04/02/2018	Carilion Medical Center	Medical Treatment	$20.00	$12.00	Primary Adjustm		01/07/2019	01/11/2019	6402298
				$5.60	Other Ins Paid	$2.40	01/07/2019	01/11/2019	6402298
03/06/2018	Carilion Roanoke Mem Hosp	Surgery	$13,945.50	$3,614.32	Other Ins Paid		08/30/2019	09/04/2019	6402528
				$8,367.30	Primary Adjustm	$1,963.88	08/30/2019	09/04/2019	6402528
03/06/2018	Carilion Roanoke Mem Hosp	Surgery	$5,857.11	$0.00		$5,857.11	01/09/2020	01/10/2020	6402676
Claim # AGA-0141891 Totals :			**$24,782.35**	**$15,326.17**		**$9,456.18**			
Claim: AGA-0131021; Activity: Womens Basketball; Diagnosis: Laceration; Anatomy: Face; Date Incurred: 12/03/2017									
12/04/2017	Stephen Mccuin, Dds	Dental	$82.00	$0.00		$82.00	02/23/2018	02/27/2018	6401752
12/04/2017	Stephen Mccuin, Dds	Dental	$34.00	$0.00		$34.00	02/23/2018	02/27/2018	6401752
12/06/2017	Stephen Mccuin, Dds	Dental	$285.00	$0.00		$285.00	02/23/2018	02/27/2018	6401752
Claim # AGA-0131021 Totals :			**$401.00**	**$0.00**		**$401.00**			

A-G Administrators, Inc.
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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0146025; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/19/2018									
03/28/2018	Carilion Medical Center	X-ray,Radiology	$23.00	$11.04	Primary Adjustm	$11.96	05/23/2018	05/25/2018	6401882
04/03/2018	Carilion Medical Center	Surgery	$159.00	$58.96	Primary Adjustm	$100.04	06/07/2018	06/08/2018	6401912
04/03/2018	Carilion Medical Center	Mri	$204.00	$96.93	Primary Adjustm	$107.07	06/07/2018	06/08/2018	6401912
03/28/2018	Carilion NRV Med Center	X-ray,Radiology	$213.00	$55.59	Primary Adjustm		06/07/2018	06/08/2018	6401918
				$39.35	Provider Discount	$118.06	06/07/2018	06/08/2018	6401918
04/03/2018	Carilion NRV Med Center	Mri	$3,961.00	$1,033.82	Primary Adjustm		06/07/2018	06/08/2018	6401918
				$2,042.92	Other Ins Paid		06/07/2018	06/08/2018	6401918
				$221.10	Provider Discount	$663.16	06/07/2018	06/08/2018	6401918
03/22/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		06/07/2018	06/08/2018	6401908
				$6.58	Other Ins Paid	$75.00	06/07/2018	06/08/2018	6401908
04/05/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Primary Adjustm	$49.82	06/07/2018	06/08/2018	6401908
Claim # AGA-0146025 Totals :			**$4,735.00**	**$3,609.89**		**$1,125.11**			
2017 Sub Total: Checking Account RADFO Totals:			**$907,625.84**	**$766,890.71**		**$140,735.13**			
2017 Sub Total: Coverage Intercollegiate Sports Totals:			**$907,625.84**	**$766,890.71**		**$140,735.13**			
2017 Sub Total: Policy US747981 Totals:			**$907,625.84**	**$766,890.71**		**$140,735.13**			

Policy: US748084

Coverage: Voluntary

Checking Account: FAIRM

Claim: AGA-0138363; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 01/24/2018									
07/11/2018	Radford University Claim Account	Reimbursement	$16.00	$0.00		$16.00	07/11/2018	07/11/2018	268343
Claim # AGA-0138363 Totals :			**$16.00**	**$0.00**		**$16.00**			
Claim: AGA-0155731; Activity: Mens Basketball; Diagnosis: Dental & Oral Disorders; Anatomy: Teeth; Date Incurred: 04/10/2018									
04/11/2018	R.Graham Hoskins, DMD	Anesthesia	$393.00	$275.00	Provider Discount	$118.00	07/20/2018	07/20/2018	269225
04/11/2018	R. Graham Hoskins, DMD	Anesthesia	$275.00	$0.00		$275.00	12/05/2018	12/10/2018	278188
Claim # AGA-0155731 Totals :			**$668.00**	**$275.00**		**$393.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0109780; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 09/01/2017									
07/11/2018	Radford University Claim Account	Reimbursement	$22.00	$0.00		$22.00	07/11/2018	07/11/2018	268345
Claim # AGA-0109780 Totals :			**$22.00**	**$0.00**		**$22.00**			
Claim: AGA-0113505; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/18/2017									
07/11/2018	Radford University Claim Account	Reimbursement	$1,459.91	$0.00		$1,459.91	07/11/2018	07/11/2018	268348
Claim # AGA-0113505 Totals :			**$1,459.91**	**$0.00**		**$1,459.91**			
Claim: AGA-0120407; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 10/15/2017									
07/11/2018	Radford University Claim Account	Reimbursement	$5,000.00	$0.00		$5,000.00	07/11/2018	07/11/2018	268350
Claim # AGA-0120407 Totals :			**$5,000.00**	**$0.00**		**$5,000.00**			
Claim: AGA-0112746; Activity: All Sports; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 09/04/2017									
07/11/2018	Radford University Claim Account	Reimbursement	$2,694.82	$0.00		$2,694.82	07/11/2018	07/11/2018	268349
Claim # AGA-0112746 Totals :			**$2,694.82**	**$0.00**		**$2,694.82**			
Claim: AGA-0146359; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 03/13/2018									
07/11/2018	Radford University Claim Account	Reimbursement	$943.47	$0.00		$943.47	07/11/2018	07/11/2018	268347
06/14/2018	HealthRisk Resource Group LLC	Repricing Fee	$3.96	$0.00		$3.96	07/18/2018	07/20/2018	268981
06/14/2018	Carilion Healthcare Corp	Medical Treatment	$165.00	$33.00	Disc: Hrgi	$132.00	07/18/2018	07/20/2018	269238
07/09/2018	HealthRisk Resource Group LLC	Repricing Fee	$3.96	$0.00		$3.96	07/26/2018	07/27/2018	269671
07/09/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	07/26/2018	07/27/2018	269864
07/09/2018	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$11.20	Disc: Hrgi	$44.80	07/26/2018	07/27/2018	269864
03/30/2018	Carilion NRV Med Center	Mri	$2,563.00	$640.75	Provider Discount		10/17/2018	10/19/2018	999999999
				$1,922.25	Disc.radford	$0.00	10/17/2018	10/19/2018	999999999
04/25/2018	Carilion Roanoke Mem Hosp	Medical Treatment	$276.50	$0.00		$276.50	03/05/2019	03/08/2019	283165
Claim # AGA-0146359 Totals :			**$4,120.89**	**$2,629.00**		**$1,491.89**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0134480; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 01/03/2018									
07/11/2018	Radford University Claim Account	Reimbursement	$16.00	$0.00		$16.00	07/11/2018	07/11/2018	268344
Claim # AGA-0134480 Totals :			**$16.00**	**$0.00**		**$16.00**			
Claim: AGA-0135860; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Teeth; Date Incurred: 01/02/2018									
07/11/2018	Radford University Claim Account	Reimbursement	$306.00	$0.00		$306.00	07/11/2018	07/11/2018	268346
Claim # AGA-0135860 Totals :			**$306.00**	**$0.00**		**$306.00**			
2017 Sub Total: Checking Account FAIRM Totals:			**$14,303.62**	**$2,904.00**		**$11,399.62**			

Checking Account: RADFO

Claim: AGA-0138363; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 01/24/2018									
02/08/2018	Carilion NRV Med Center	X-ray,Radiology	$175.50	$43.87	Provider Discount		04/04/2018	04/04/2018	999999999
				$131.63	Disc.radford	$0.00	04/04/2018	04/04/2018	999999999
02/08/2018	Carilion Medical Center	X-ray,Radiology	$16.00	$0.00		$16.00	03/30/2018	04/04/2018	6401781
	US Fire Insurance Company		$0.00	$0.00		-$16.00	07/11/2018	07/11/2018	0
Claim # AGA-0138363 Totals :			**$191.50**	**$191.50**		**$0.00**			
Claim: AGA-0109780; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 09/01/2017									
09/05/2017	Carilion NRV Med Center	X-ray,Radiology	$193.50	$48.38	Provider Discount		09/26/2017	09/29/2017	999999999
				$145.12	Disc.radford	$0.00	09/26/2017	09/29/2017	999999999
09/05/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	09/26/2017	09/29/2017	6401554
	US Fire Insurance Company		$0.00	$0.00		-$22.00	07/11/2018	07/11/2018	0
Claim # AGA-0109780 Totals :			**$215.50**	**$215.50**		**$0.00**			
Claim: AGA-0113505; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/18/2017									
09/27/2017	ACO Medical Supply, Inc.	Med.supplies	$1,459.91	$0.00		$1,459.91	10/02/2017	10/03/2017	6401567
	US Fire Insurance Company		$0.00	$0.00		-$1,459.91	07/11/2018	07/11/2018	0
Claim # AGA-0113505 Totals :			**$1,459.91**	**$1,459.91**		**$0.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0120407; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 10/15/2017									
10/30/2017	Carilion NRV Med Center	X-ray,Radiology	$216.00	$54.00	Provider Discount		11/29/2017	12/01/2017	999999999
				$162.00	Disc.radford	$0.00	11/29/2017	12/01/2017	999999999
10/30/2017	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	12/07/2017	12/08/2017	6401653
02/15/2018	HealthRisk Resource Group LLC	Repricing Fee	$3.88	$0.00		$3.88	04/05/2018	04/06/2018	6401788
02/15/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	04/05/2018	04/06/2018	6401792
03/05/2018	Carilion Medical Center	Mri	$204.00	$40.80	Disc: Hrgi	$163.20	04/25/2018	04/27/2018	6401828
03/05/2018	HealthRisk Resource Group LLC	Repricing Fee	$4.89	$0.00		$4.89	04/25/2018	04/27/2018	6401820
03/05/2018	HealthRisk Resource Group LLC	Repricing Fee	$5.25	$0.00		$5.25	04/28/2018	05/01/2018	6401833
03/05/2018	Carilion Medical Center	Surgery	$219.00	$43.80	Disc: Hrgi	$175.20	04/28/2018	05/01/2018	6401836
03/29/2018	Acv Inc	Anesthesia	$2,100.00	$420.00	Disc: Hrgi	$1,680.00	05/01/2018	05/04/2018	6401851
03/29/2018	Acv Inc	Injection	$547.00	$109.40	Disc: Hrgi	$437.60	05/01/2018	05/04/2018	6401851
03/29/2018	HealthRisk Resource Group LLC	Repricing Fee	$13.12	$0.00		$13.12	05/01/2018	05/04/2018	6401842
03/29/2018	HealthRisk Resource Group LLC	Repricing Fee	$50.40	$0.00		$50.40	05/01/2018	05/04/2018	6401842
03/19/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.52	$0.00		$0.52	05/10/2018	05/11/2018	6401859
03/19/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$4.40	Disc: Hrgi	$17.60	05/10/2018	05/11/2018	6401860
03/19/2018	Carilion Medical Center	X-ray,Radiology	$35.00	$7.00	Disc: Hrgi	$28.00	06/04/2018	06/05/2018	6401896
03/19/2018	Carilion Medical Center	Medical Treatment	$241.00	$48.20	Disc: Hrgi	$192.80	06/04/2018	06/05/2018	6401896
03/19/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.84	$0.00		$0.84	06/04/2018	06/05/2018	6401895
03/19/2018	HealthRisk Resource Group LLC	Repricing Fee	$5.78	$0.00		$5.78	06/04/2018	06/05/2018	6401895
04/11/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.52	$0.00		$0.52	06/05/2018	06/08/2018	6401897
04/11/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$4.40	Disc: Hrgi	$17.60	06/05/2018	06/08/2018	6401899
05/18/2018	Professional Rehab Associates	Phys.therapy	$190.00	$80.00	A-G Discount	$110.00	06/15/2018	06/19/2018	6401945
03/30/2018	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$55.80	Disc: Hrgi	$223.20	06/19/2018	06/22/2018	6401959
05/16/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$4.40	Disc: Hrgi	$17.60	06/19/2018	06/22/2018	6401953
03/30/2018	HealthRisk Resource Group LLC	Repricing Fee	$6.69	$0.00		$6.69	06/19/2018	06/22/2018	6401950
05/16/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.52	$0.00		$0.52	06/19/2018	06/22/2018	6401950
04/11/2018	HealthRisk Resource Group LLC	Repricing Fee	$0.84	$0.00		$0.84	06/25/2018	07/03/2018	6401964
04/11/2018	Carilion Medical Center	X-ray,Radiology	$35.00	$7.00	Disc: Hrgi	$28.00	06/25/2018	07/03/2018	6401977
03/29/2018	Carilion Medical Center	Surgery	$5,715.00	$1,143.00	Disc: Hrgi		06/25/2018	07/03/2018	6402015
				$2,907.65	Max Policy Ben	$1,664.35	06/25/2018	07/03/2018	6402015
	US Fire Insurance Company		$0.00	$0.00		-$5,000.00	07/11/2018	07/11/2018	0
Claim # AGA-0120407 Totals :			**$10,124.25**	**$10,124.25**		**$0.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0112746; Activity: All Sports; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 09/04/2017									
09/25/2017	ACO Medical Supply, Inc	Med Equipment	$133.25	$0.00		$133.25	12/27/2017	12/29/2017	6401674
09/27/2017	ACO Medical Supply, Inc	Med Equipment	$1,214.16	$0.00		$1,214.16	12/27/2017	12/29/2017	6401674
09/25/2017	ACO Medical Supply, Inc	Medical Equipment	$133.25	$0.00		$133.25	01/08/2018	01/09/2018	6401681
09/27/2017	ACO Medical Supply, Inc	Med Equipment	$1,214.16	$0.00		$1,214.16	01/08/2018	01/09/2018	6401683
	US Fire Insurance Company		$0.00	$0.00		-$2,694.82	07/11/2018	07/11/2018	0
Claim # AGA-0112746 Totals :			**$2,694.82**	**$2,694.82**		**$0.00**			
Claim: AGA-0146359; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 03/13/2018									
03/22/2018	Devonnte Holland	Prescriptions	$17.56	$0.00		$17.56	05/21/2018	05/22/2018	6401874
03/22/2018	Devonnte Holland	Prescriptions	$9.63	$0.00		$9.63	05/21/2018	05/22/2018	6401874
03/30/2018	HealthRisk Resource Group LLC	Repricing Fee	$4.08	$0.00		$4.08	06/19/2018	06/22/2018	6401952
04/11/2018	HealthRisk Resource Group LLC	Repricing Fee	$8.52	$0.00		$8.52	06/19/2018	06/22/2018	6401952
04/25/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.61	$0.00		$2.61	06/19/2018	06/22/2018	6401952
05/24/2018	HealthRisk Resource Group LLC	Repricing Fee	$11.47	$0.00		$11.47	06/21/2018	06/22/2018	6401951
05/24/2018	Carilion Healthcare Corp	Medical Treatment	$478.00	$95.60	Disc: Hrgi	$382.40	06/21/2018	06/22/2018	6401961
03/30/2018	Carilion Medical Center	Mri	$170.00	$34.00	Disc: Hrgi	$136.00	06/19/2018	06/22/2018	6401962
04/25/2018	Carilion Medical Center	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	06/19/2018	06/22/2018	6401962
04/11/2018	Carilion Medical Center	Surgery	$355.00	$71.00	Disc: Hrgi	$284.00	06/19/2018	06/22/2018	6401962
	US Fire Insurance Company		$0.00	$0.00		-$943.47	07/11/2018	07/11/2018	0
Claim # AGA-0146359 Totals :			**$1,165.87**	**$1,165.87**		**$0.00**			
Claim: AGA-0134480; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 01/03/2018									
01/05/2018	Carilion NRV Med Center	X-ray,Radiology	$175.50	$43.87	Provider Discount		03/06/2018	03/06/2018	999999999
				$131.63	Disc.radford	$0.00	03/06/2018	03/06/2018	999999999
01/05/2018	Carilion Medical Center	X-ray,Radiology	$16.00	$0.00		$16.00	03/06/2018	03/06/2018	6401754
	US Fire Insurance Company		$0.00	$0.00		-$16.00	07/11/2018	07/11/2018	0
Claim # AGA-0134480 Totals :			**$191.50**	**$191.50**		**$0.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0135860; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Teeth; Date Incurred: 01/02/2018									
01/03/2018	Stephen Mccuin, Dds	Dental	$82.00	$0.00		$82.00	04/12/2018	04/13/2018	6401801
01/03/2018	Stephen Mccuin, Dds	Dental	$34.00	$0.00		$34.00	04/12/2018	04/13/2018	6401801
01/03/2018	Stephen Mccuin, Dds	Dental	$190.00	$0.00		$190.00	04/12/2018	04/13/2018	6401801
	US Fire Insurance Company		$0.00	$0.00		-$306.00	07/11/2018	07/11/2018	0
Claim # AGA-0135860 Totals :			**$306.00**	**$306.00**		**$0.00**			

2017 Sub Total: Checking Account RADFO Totals:	**$16,349.35**	**$16,349.35**	**$0.00**
2017 Sub Total: Coverage Voluntary Totals:	**$30,652.97**	**$19,253.35**	**$11,399.62**
2017 Sub Total: Policy US748084 Totals:	**$30,652.97**	**$19,253.35**	**$11,399.62**
2017 Sub Totals:	**$954,448.81**	**$797,153.11**	**$157,295.70**
Radford University Sub Totals:	**$954,448.81**	**$797,153.11**	**$157,295.70**

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A-G Administrators, Inc.

Claims History Report

Pay Dates: 08/01/2017 - 07/31/2020

Report Criteria: Radford University, Policy Begin Year: 2017, Policy End Year: 2017

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
2017 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Outside**								
	Checking Account RADFO		**$16,170.00**	**$11,009.05**		**$5,160.95**			
Policy:	**US747981**								
Coverage:	**Intercollegiate Sports**								
	Checking Account RADFO		**$907,625.84**	**$766,890.71**		**$140,735.13**			
Policy:	**US748084**								
Coverage:	**Voluntary**								
	Checking Account FAIRM		**$14,303.62**	**$2,904.00**		**$11,399.62**			
	Checking Account RADFO		**$16,349.35**	**$16,349.35**		**$0.00**			
	2017 Grand Total		**$954,448.81**	**$797,153.11**		**$157,295.70**			
Grand Total									
	Checking Account RADFO		**$940,145.19**	**$794,249.11**		**$145,896.08**			
	Checking Account FAIRM		**$14,303.62**	**$2,904.00**		**$11,399.62**			
	Grand Totals		**$954,448.81**	**$797,153.11**		**$157,295.70**			

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A-G Administrators, Inc.

Claims History Report

Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Client:	**Radford University**								
Underwriting Year:	**2018**								
Policy:	**AG000067**								
Coverage:	**Outside**								
Checking Account:	**RADFO**								
; Claim: AGA-0189306; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Heart; Date Incurred: 08/28/2018									
08/29/2018	Carilion NRV Med Center	Medical Treatment	$1,569.38	$1,144.47	Other Ins Paid		11/22/2019	11/26/2019	999999999
				$424.91	Primary Adjustm	$0.00	11/22/2019	11/26/2019	999999999
08/29/2018	Carilion NRV Med Center	Medical Treatment	$286.12	$71.53	Provider Discount		11/22/2019	11/26/2019	999999999
				$214.59	Disc.radford	$0.00	11/22/2019	11/26/2019	999999999
08/29/2018	Carilion Healthcare Corp	Medical Treatment	$161.00	$0.00		$161.00	11/22/2019	11/26/2019	6402620
	Carilion Healthcare Corp		$0.00	$0.00		-$143.57	02/20/2020	02/20/2020	0
Claim # AGA-0189306 Totals :			**$2,016.50**	**$1,999.07**		**$17.43**			
; Claim: AGA-0193777; Activity: Mens Basketball; Diagnosis: Dental & Oral Disorders; Anatomy: Teeth; Date Incurred: 03/20/2019									
03/20/2019	Stephen D Mccuin DDS	Dental	$401.40	$0.00		$401.40	04/03/2019	04/16/2019	6402376
04/25/2019	Stephen D Mccuin DDS	Dental	$229.00	$22.90	Other Insurance	$206.10	07/18/2019	07/23/2019	6402480
05/02/2019	Stephen D Mccuin DDS	Dental	$352.00	$55.80	Other Insurance	$296.20	07/18/2019	07/23/2019	6402480
Claim # AGA-0193777 Totals :			**$982.40**	**$78.70**		**$903.70**			
Claim: AGA-0213563; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 07/17/2019									
07/17/2019	Foot Management, Inc.	Orthotics	$85.00	$0.00		$85.00	08/14/2019	08/16/2019	6402509
Claim # AGA-0213563 Totals :			**$85.00**	**$0.00**		**$85.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0216129; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Mental; Date Incurred: 10/02/2018									
08/22/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$3.51	Primary Adjustm		12/02/2019	12/03/2019	6402627
				$75.49	Other Ins Paid	$30.00	12/02/2019	12/03/2019	6402627
04/18/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$3.51	Primary Adjustm		12/04/2019	12/06/2019	6402630
				$75.49	Other Ins Paid	$30.00	12/04/2019	12/06/2019	6402630
07/25/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$3.51	Primary Adjustm		12/04/2019	12/06/2019	6402630
				$75.49	Other Ins Paid	$30.00	12/04/2019	12/06/2019	6402630
05/20/2019	Houston Neurology & Diagnostic Center	Medical Treatment	$1,300.00	$561.05	Other Ins Paid		12/04/2019	12/06/2019	6402631
				$581.44	Primary Adjustm	$157.51	12/04/2019	12/06/2019	6402631
Claim # AGA-0216129 Totals :			**$1,627.00**	**$1,379.49**		**$247.51**			
Claim: AGA-0216869; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 08/01/2018									
08/10/2018	Carilion Clinic	Medical Treatment	$177.00	$0.00		$177.00	09/09/2019	09/12/2019	6402543
09/07/2018	Carilion Clinic	Medical Treatment	$109.00	$0.00		$109.00	09/09/2019	09/12/2019	6402543
Claim # AGA-0216869 Totals :			**$286.00**	**$0.00**		**$286.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0214413; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 07/02/2019									
07/02/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$117.96	Other Ins Paid		11/19/2019	11/22/2019	6402617
				$4.72	Primary Adjustm	$39.32	11/19/2019	11/22/2019	6402617
07/19/2019	Carilion Healthcare Corp	Medical Treatment	$552.00	$83.57	Other Ins Paid		11/19/2019	11/22/2019	6402617
				$440.59	Primary Adjustm	$27.84	11/19/2019	11/22/2019	6402617
07/19/2019	Carilion NRV Med Center	Medical Treatment	$1,009.23	$329.80	Primary Adjustm		03/13/2020	03/20/2020	999999999
				$679.43	Other Ins Paid	$0.00	03/13/2020	03/20/2020	999999999
07/19/2019	Carilion NRV Med Center	Medical Treatment	$2,199.27	$549.82	Provider Discount		03/13/2020	03/20/2020	999999999
				$1,649.45	Disc.radford	$0.00	03/13/2020	03/20/2020	999999999
12/16/2019	Carilion Healthcare Corp	Ph.visit Office	$109.00	$0.94	Primary Adjustm		03/13/2020	03/20/2020	6402738
				$81.05	Other Ins Paid	$27.01	03/13/2020	03/20/2020	6402738
12/19/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$1.68	Primary Adjustm		03/13/2020	03/20/2020	6402738
				$48.24	Other Ins Paid	$16.08	03/13/2020	03/20/2020	6402738
12/18/2019	Carilion NRV Med Center	Mri	$2,334.11	$1,291.92	Primary Adjustm		04/15/2020	04/17/2020	999999999
				$1,042.19	Other Ins Paid	$0.00	04/15/2020	04/17/2020	999999999
12/18/2019	Carilion NRV Med Center	Mri	$347.39	$86.85	Provider Discount		04/15/2020	04/17/2020	999999999
				$260.54	Disc.radford	$0.00	04/15/2020	04/17/2020	999999999
12/30/2019	Carilion Healthcare Corp	Surgery	$429.00	$85.80	Disc: Hrgi	$343.20	04/15/2020	04/17/2020	6402753
12/30/2019	HealthRisk Resource Group	Repricing Fee	$10.30	$0.00		$10.30	04/15/2020	04/17/2020	6402754
12/18/2019	Carilion Medical Center	Mri,X-ray Interp.	$172.00	$90.29	Primary Adjustm		04/15/2020	04/17/2020	6402755
				$61.29	Other Ins Paid	$20.42	04/15/2020	04/17/2020	6402755
11/07/2019	Carilion Healthcare Corp	Ph.visit Office	$109.00	$0.94	Primary Adjustm		06/18/2020	06/19/2020	6402836
				$81.05	Other Ins Paid	$27.01	06/18/2020	06/19/2020	6402836
Claim # AGA-0214413 Totals :			**$7,499.30**	**$6,988.12**		**$511.18**			
; Claim: AGA-0166527; Activity: Student; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 08/23/2018									
08/23/2018	Carilion Medical Center	X-ray,Radiology	$23.00	$0.00		$23.00	02/25/2019	03/05/2019	6402321
Claim # AGA-0166527 Totals :			**$23.00**	**$0.00**		**$23.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0174430; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Head; Date Incurred: 09/29/2018									
09/29/2018	Carilion Clinic	Emrg.room	$1,759.00	$1,149.90	Other Ins Paid		12/17/2018	12/20/2018	6402277
				$459.10	Primary Adjustm	$150.00	12/17/2018	12/20/2018	6402277
Claim # AGA-0174430 Totals :			**$1,759.00**	**$1,609.00**		**$150.00**			
Claim: AGA-0215233; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 04/14/2019									
04/14/2019	Carilion NRV Med Center	Radiology Services	$144.12	$93.54	Other Ins Paid		08/28/2019	09/04/2019	999999999
				$50.58	Primary Adjustm	$0.00	08/28/2019	09/04/2019	999999999
04/14/2019	Carilion NRV Med Center	Radiology Services	$23.38	$5.85	Provider Discount		08/28/2019	09/04/2019	999999999
				$17.53	Disc.radford	$0.00	08/28/2019	09/04/2019	999999999
Claim # AGA-0215233 Totals :			**$167.50**	**$167.50**		**$0.00**			
Claim: AGA-0195770; Activity: All Sports; Diagnosis: Internal; Anatomy: Internal; Date Incurred: 08/01/2018									
10/03/2018	Radford Student Health Carilion Clinic	Vaccine	$640.00	$0.00		$640.00	04/17/2019	04/19/2019	6402387
08/01/2019	Radford Drug	Medical Treatment	$810.55	$0.00		$810.55	08/15/2019	08/16/2019	6402511
10/02/2019	Radford Student Health Carilion Clinic	Medical Treatment	$640.00	$0.00		$640.00	10/07/2019	10/08/2019	6402571
Claim # AGA-0195770 Totals :			**$2,090.55**	**$0.00**		**$2,090.55**			
; Claim: AGA-0193780; Activity: Mens Tennis; Diagnosis: Dental & Oral Disorders; Anatomy: Teeth; Date Incurred: 03/25/2019									
03/25/2019	Stephen Mccuin DDS	Dental	$109.80	$0.00		$109.80	04/03/2019	04/16/2019	6402377
Claim # AGA-0193780 Totals :			**$109.80**	**$0.00**		**$109.80**			
2018 Sub Total: Checking Account RADFO Totals:			**$16,646.05**	**$12,221.88**		**$4,424.17**			
2018 Sub Total: Coverage Outside Totals:			**$16,646.05**	**$12,221.88**		**$4,424.17**			
2018 Sub Total: Policy AG000067 Totals:			**$16,646.05**	**$12,221.88**		**$4,424.17**			

Policy: **US748852**

Coverage: **Intercollegiate Sports**

Checking Account: **RADFO**

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0215424; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 06/28/2019									
07/02/2019	Carilion Clinic	Medical Treatment	$112.00	$11.20	Provider Discount	$100.80	08/29/2019	08/30/2019	6402520
	Carilion Clinic		$0.00	$0.00		-$62.00	02/13/2020	02/13/2020	0
Claim # AGA-0215424 Totals :			**$112.00**	**$73.20**		**$38.80**			
Claim: AGA-0165606; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 08/31/2018									
09/06/2018	HealthRisk Resource Group	Repricing Fee	$4.70	$0.00		$4.70	12/28/2018	01/04/2019	6402278
09/06/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	12/28/2018	01/04/2019	6402295
09/06/2018	Carilion Healthcare Corp	X-ray,Radiology	$34.00	$6.80	Disc: Hrgi	$27.20	12/28/2018	01/04/2019	6402295
09/12/2018	HealthRisk Resource Group	Repricing Fee	$2.61	$0.00		$2.61	01/17/2019	01/18/2019	6402308
09/12/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	01/17/2019	01/18/2019	6402309
05/07/2019	Carilion NRV Med Center	X-ray,Radiology	$174.50	$52.70	Primary Adjustm		10/15/2019	10/18/2019	999999999
				$30.45	Provider Discount		10/15/2019	10/18/2019	999999999
				$91.35	Disc.radford	$0.00	10/15/2019	10/18/2019	999999999
Claim # AGA-0165606 Totals :			**$486.81**	**$235.50**		**$251.31**			
; Claim: AGA-0208406; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 04/09/2019									
05/07/2019	Carilion Medical Center	X-ray,Radiology	$22.00	$9.22	Primary Adjustm	$12.78	09/04/2019	09/04/2019	6402537
Claim # AGA-0208406 Totals :			**$22.00**	**$9.22**		**$12.78**			
Claim: AGA-0173736; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 10/01/2018									
10/26/2018	Carilion Medical Center	Mri	$170.00	$67.41	Primary Adjustm	$102.59	01/04/2019	01/04/2019	6402293
10/11/2018	Carilion Clinic	X-ray,Radiology	$20.00	$6.56	Primary Adjustm	$13.44	01/24/2019	01/29/2019	6402313
10/11/2018	Carilion NRV Med Center	X-ray,Radiology	$165.50	$41.38	Primary Adjustm		03/27/2019	04/16/2019	6402364
				$31.03	Provider Discount	$93.09	03/27/2019	04/16/2019	6402364
10/26/2018	Carilion NRV Med Center	Mri	$2,561.00	$640.25	Primary Adjustm		03/27/2019	04/16/2019	6402365
				$480.20	Provider Discount	$1,440.55	03/27/2019	04/16/2019	6402365
02/11/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$8.64	Primary Adjustm		05/08/2019	05/10/2019	6402408
				$73.36	Other Ins Paid	$80.00	05/08/2019	05/10/2019	6402408
03/07/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$4.12	Primary Adjustm	$61.88	05/24/2019	05/29/2019	6402417
Claim # AGA-0173736 Totals :			**$3,144.50**	**$1,352.95**		**$1,791.55**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0209975; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Bilateral Knee; Date Incurred: 05/01/2019									
05/14/2019	Carilion NRV Med Center	X-ray,Radiology	$519.30	$519.30	Other Ins Paid	$0.00	09/03/2019	09/04/2019	999999999
05/14/2019	Carilion NRV Med Center	X-ray,Radiology	$57.70	$14.43	Provider Discount		09/03/2019	09/04/2019	999999999
				$43.27	Disc.radford	$0.00	09/03/2019	09/04/2019	999999999
07/25/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$220.00	$132.34	Other Ins Paid		09/03/2019	09/04/2019	6402535
				$72.95	Primary Adjustm	$14.71	09/03/2019	09/04/2019	6402535
07/29/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$180.00	$88.89	Other Ins Paid		09/03/2019	09/04/2019	6402535
				$81.23	Primary Adjustm	$9.88	09/03/2019	09/04/2019	6402535
08/01/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$180.00	$88.89	Other Ins Paid		09/03/2019	09/04/2019	6402535
				$81.23	Primary Adjustm	$9.88	09/03/2019	09/04/2019	6402535
08/05/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$180.00	$81.23	Primary Adjustm		09/09/2019	09/12/2019	6402544
				$88.89	Other Ins Paid	$9.88	09/09/2019	09/12/2019	6402544
08/08/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		09/09/2019	09/12/2019	6402544
				$118.52	Other Ins Paid	$13.17	09/09/2019	09/12/2019	6402544
08/12/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		09/12/2019	09/17/2019	6402553
				$118.52	Other Ins Paid	$13.17	09/12/2019	09/17/2019	6402553
08/15/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		09/12/2019	09/17/2019	6402553
				$118.52	Other Ins Paid	$13.17	09/12/2019	09/17/2019	6402553
05/28/2019	Academic Primary Care Associat	Medical Treatment	$360.00	$236.10	Other Ins Paid		09/17/2019	09/20/2019	6402556
				$97.66	Primary Adjustm	$26.24	09/17/2019	09/20/2019	6402556
05/28/2019	Academic Primary Care Associat	Medical Treatment	$155.00	$35.57	Primary Adjustm		09/17/2019	09/20/2019	6402557
				$74.43	Other Ins Paid	$45.00	09/17/2019	09/20/2019	6402557
08/22/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		10/01/2019	10/04/2019	6402570
				$118.52	Other Ins Paid	$13.17	10/01/2019	10/04/2019	6402570
08/23/2019	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		10/01/2019	10/04/2019	6402570
				$118.52	Other Ins Paid	$13.17	10/01/2019	10/04/2019	6402570
08/27/2019	Vcom	Medical Treatment	$174.00	$80.53	Other Ins Paid		11/08/2019	11/08/2019	6402604
				$48.47	Primary Adjustm	$45.00	11/08/2019	11/08/2019	6402604
06/25/2019	Zelis Claims Integrity LLC	Repricing Fee	$74.81	$0.00		$74.81	01/31/2020	01/31/2020	6402706
07/23/2019	Zelis Claims Integrity LLC	Repricing Fee	$59.06	$0.00		$59.06	01/31/2020	01/31/2020	6402706
06/25/2019	VCOM Sports & Osteopathic	Medical Treatment	$950.00	$427.50	Disc:stratose	$522.50	01/31/2020	01/31/2020	6402707
07/23/2019	VCOM Sports & Osteopathic	Medical Treatment	$750.00	$337.50	Disc:stratose	$412.50	01/31/2020	01/31/2020	6402707
03/16/2020	Appalachian Orthpaedic Assoc	Ph.visit Office	$221.00	$95.03	Primary Adjustm		06/01/2020	06/05/2020	6402799
				$80.97	Other Ins Paid	$45.00	06/01/2020	06/05/2020	6402799

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0209975; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Bilateral Knee; Date Incurred: 05/01/2019									
03/16/2020	Appalachian Orthpaedic Assoc	X-ray,Radiology	$110.00	$66.69	Primary Adjustm		06/01/2020	06/05/2020	6402799
				$38.98	Other Ins Paid	$4.33	06/01/2020	06/05/2020	6402799
04/01/2020	Appalachian Orthpaedic Assoc	Ph.visit Office	$221.00	$94.63	Primary Adjustm		06/01/2020	06/05/2020	6402799
				$81.37	Other Ins Paid	$45.00	06/01/2020	06/05/2020	6402799
04/03/2020	Appalachian Orthpaedic Assoc	Mri	$1,420.00	$1,160.88	Primary Adjustm		06/01/2020	06/05/2020	6402799
				$8.21	Other Ins Paid	$250.91	06/01/2020	06/05/2020	6402799
04/08/2020	Appalachian Orthpaedic Assoc	Ph.visit Office	$221.00	$94.63	Primary Adjustm		06/01/2020	06/05/2020	6402799
				$81.37	Other Ins Paid	$45.00	06/01/2020	06/05/2020	6402799
05/06/2020	Appalachian Orthpaedic Assoc	Ph.visit Office	$221.00	$94.63	Primary Adjustm		06/17/2020	06/19/2020	6402826
				$81.37	Other Ins Paid	$45.00	06/17/2020	06/19/2020	6402826
05/19/2020	Appalachian Orthpaedic Assoc	Surgery	$2,049.00	$1,259.21	Primary Adjustm		06/17/2020	06/19/2020	6402826
				$710.81	Other Ins Paid	$78.98	06/17/2020	06/19/2020	6402826
05/19/2020	Appalachian Orthpaedic Assoc	Surgery	$2,068.00	$1,675.79	Primary Adjustm		06/17/2020	06/19/2020	6402826
				$352.99	Other Ins Paid	$39.22	06/17/2020	06/19/2020	6402826
05/22/2020	Appalachian Orthpaedic Assoc	Phys.therapy	$220.00	$72.95	Primary Adjustm		06/17/2020	06/19/2020	6402826
				$132.34	Other Ins Paid	$14.71	06/17/2020	06/19/2020	6402826
05/26/2020	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		06/17/2020	06/19/2020	6402826
				$118.52	Other Ins Paid	$13.17	06/17/2020	06/19/2020	6402826
05/29/2020	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		07/09/2020	07/17/2020	6402840
				$118.52	Other Ins Paid	$13.17	07/09/2020	07/17/2020	6402840
06/03/2020	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		07/09/2020	07/17/2020	6402840
				$118.52	Other Ins Paid	$13.17	07/09/2020	07/17/2020	6402840
06/05/2020	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		07/09/2020	07/17/2020	6402840
				$118.52	Other Ins Paid	$13.17	07/09/2020	07/17/2020	6402840
06/09/2020	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		07/09/2020	07/17/2020	6402840
				$118.52	Other Ins Paid	$13.17	07/09/2020	07/17/2020	6402840
06/10/2020	Appalachian Orthpaedic Assoc	Phys.therapy	$240.00	$108.31	Primary Adjustm		07/09/2020	07/17/2020	6402840
				$118.52	Other Ins Paid	$13.17	07/09/2020	07/17/2020	6402840
Claim # AGA-0209975 Totals :			**$13,250.87**	**$11,308.39**		**$1,942.48**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0178512; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 09/28/2018									
09/28/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$3,381.50	$992.74	Primary Adjustm		01/22/2019	01/25/2019	999999999
				$2,388.76	Other Ins Paid	$0.00	01/22/2019	01/25/2019	999999999
09/28/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$200.00	$50.00	Provider Discount		01/22/2019	01/25/2019	999999999
				$150.00	Disc.radford	$0.00	01/22/2019	01/25/2019	999999999
Claim # AGA-0178512 Totals :			**$3,581.50**	**$3,581.50**		**$0.00**			
Claim: AGA-0188916; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 01/12/2019									
01/17/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$0.00		$109.00	10/30/2019	11/01/2019	6402584
01/17/2019	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$0.00		$61.00	10/30/2019	11/01/2019	6402584
Claim # AGA-0188916 Totals :			**$170.00**	**$0.00**		**$170.00**			
Claim: AGA-0188534; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 01/15/2019									
01/21/2019	Breg, Inc	Medical Equipment	$52.12	$0.00		$52.12	03/11/2019	03/20/2019	6402351
Claim # AGA-0188534 Totals :			**$52.12**	**$0.00**		**$52.12**			
Claim: AGA-0195339; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-hand; Date Incurred: 03/09/2019									
03/09/2019	Medexpress Urgent Care	Medical Treatment	$240.00	$112.80	Other Ins Paid		07/10/2019	07/12/2019	6402471
				$99.00	Primary Adjustm	$28.20	07/10/2019	07/12/2019	6402471
02/17/2020	Carilion Healthcare Corp	Ph.visit Office	$223.00	$20.62	Primary Adjustm		04/20/2020	04/24/2020	6402762
				$161.91	Other Ins Paid	$40.47	04/20/2020	04/24/2020	6402762
02/19/2020	Carilion Healthcare Corp	Ph.visit Office	$157.00	$5.70	Primary Adjustm		04/20/2020	04/24/2020	6402762
				$121.04	Other Ins Paid	$30.26	04/20/2020	04/24/2020	6402762
02/18/2020	Carilion NRV Med Center	Mri	$2,401.94	$1,283.71	Primary Adjustm		08/07/2020	08/07/2020	999999999
				$1,118.23	Other Ins Paid	$0.00	08/07/2020	08/07/2020	999999999
02/18/2020	Carilion NRV Med Center	Mri	$279.56	$69.89	Provider Discount		08/07/2020	08/07/2020	999999999
				$209.67	Disc.radford	$0.00	08/07/2020	08/07/2020	999999999
Claim # AGA-0195339 Totals :			**$3,301.50**	**$3,202.57**		**$98.93**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0185428; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/30/2018									
12/08/2018	Carilion NRV Med Center	Mri	$2,561.00	$948.34	Primary Adjustm		03/27/2019	04/16/2019	6402361
				$1,029.42	Other Ins Paid		03/27/2019	04/16/2019	6402361
				$145.81	Provider Discount	$437.43	03/27/2019	04/16/2019	6402361
12/08/2018	Carilion Medical Center	Mri	$172.00	$69.05	Primary Adjustm		03/27/2019	04/16/2019	6402362
				$82.36	Other Ins Paid	$20.59	03/27/2019	04/16/2019	6402362
12/12/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$3.51	Primary Adjustm		03/27/2019	04/16/2019	6402363
				$65.49	Other Ins Paid	$40.00	03/27/2019	04/16/2019	6402363
12/07/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$3.51	Primary Adjustm		08/07/2019	08/09/2019	6402501
				$65.49	Other Ins Paid	$40.00	08/07/2019	08/09/2019	6402501
Claim # AGA-0185428 Totals :			**$2,951.00**	**$2,412.98**		**$538.02**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0207689; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Arm; Date Incurred: 03/31/2019									
04/30/2019	Carilion NRV Med Center	Medical Treatment	$205.70	$205.70	Primary Adjustm	$0.00	10/17/2019	10/18/2019	999999999
04/30/2019	Carilion NRV Med Center	Medical Treatment	$349.80	$87.45	Provider Discount		10/17/2019	10/18/2019	999999999
				$262.35	Disc.radford	$0.00	10/17/2019	10/18/2019	999999999
05/16/2019	TMH Physician Associates, PLLC	Medical Treatment	$317.00	$277.00	Other Ins Paid	$40.00	10/17/2019	10/18/2019	6402579
05/28/2019	TMH Physician Associates, PLLC	Medical Treatment	$212.00	$172.00	Other Ins Paid	$40.00	10/17/2019	10/18/2019	6402579
05/16/2019	TMH Physician Associates, PLLC	X-ray,Radiology	$122.00	$114.69	Other Ins Paid	$7.31	10/17/2019	10/18/2019	6402579
05/20/2019	Houston Neurology & Diagnostic Center	Medical Treatment	$1,300.00	$561.05	Other Ins Paid		10/17/2019	10/18/2019	6402580
				$581.44	Primary Adjustm	$157.51	10/17/2019	10/18/2019	6402580
06/10/2019	TMH Physician Associates, PLLC	Surgery	$2,950.00	$2,724.60	Other Ins Paid	$225.40	10/17/2019	10/18/2019	6402577
04/30/2019	Carilion Medical Center	Medical Treatment	$43.00	$11.11	Primary Adjustm	$31.89	10/17/2019	10/18/2019	6402578
07/18/2019	Carilion Medical Center	Medical Treatment	$241.00	$2.53	Primary Adjustm		10/17/2019	10/18/2019	6402578
				$198.47	Other Ins Paid	$40.00	10/17/2019	10/18/2019	6402578
09/16/2019	Reston Radiology Consultants	Medical Treatment	$81.00	$18.17	Other Ins Paid		11/19/2019	11/22/2019	6402618
				$58.29	Primary Adjustm	$4.54	11/19/2019	11/22/2019	6402618
06/10/2019	First Health	Repricing Fee	$76.50	$0.00		$76.50	12/06/2019	12/10/2019	6402635
06/10/2019	US Anes Partners of TX, PA	Anesthesia	$2,040.00	$510.00	First Health Disc	$1,530.00	12/06/2019	12/10/2019	6402636
09/17/2019	Reston Radiology Consultants	Cat Scan	$436.00	$51.22	Other Ins Paid		12/13/2019	12/17/2019	6402649
				$371.97	Primary Adjustm	$12.81	12/13/2019	12/17/2019	6402649
09/17/2019	Reston Radiology Consultants	Cat Scan	$224.00	$40.98	Other Ins Paid		12/13/2019	12/17/2019	6402649
				$172.78	Primary Adjustm	$10.24	12/13/2019	12/17/2019	6402649
09/16/2019	Lewisgale Hos Montgomery	Cat Scan	$11,449.00	$8,080.00	Primary Adjustm		12/13/2019	12/17/2019	6402650
				$2,455.20	Other Ins Paid	$913.80	12/13/2019	12/17/2019	6402650
09/16/2019	Wildwood Emergency	Dr.visit-emerg Room	$2,028.00	$981.00	Primary Adjustm		01/14/2020	01/17/2020	6402682
				$837.60	Other Ins Paid	$209.40	01/14/2020	01/17/2020	6402682
09/24/2019	Carilion NRV Med Center	Mri	$4,946.31	$2,095.53	Primary Adjustm		01/28/2020	01/31/2020	999999999
				$2,850.78	Other Ins Paid	$0.00	01/28/2020	01/31/2020	999999999
09/24/2019	Carilion NRV Med Center	Mri	$712.69	$178.17	Provider Discount		01/28/2020	01/31/2020	999999999
				$534.52	Disc.radford	$0.00	01/28/2020	01/31/2020	999999999
06/10/2019	Houston Methodist The Woodlands	Surgery	$42,118.00	$36,867.10	Primary Adjustm		01/28/2020	02/07/2020	6402713
				$4,080.72	Other Ins Paid	$1,170.18	01/28/2020	02/07/2020	6402713
Claim # AGA-0207689 Totals :			**$69,852.00**	**$65,382.42**		**$4,469.58**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0161807; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 08/27/2018									
09/07/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$6.51	Primary Adjustm		10/24/2018	10/26/2018	6402213
				$130.49	Other Ins Paid	$25.00	10/24/2018	10/26/2018	6402213
08/30/2018	Carilion Clinic	Medical Treatment	$3,081.50	$383.30	Other Ins Paid		11/13/2018	11/16/2018	6402251
				$2,405.62	Primary Adjustm	$292.58	11/13/2018	11/16/2018	6402251
08/30/2018	Carilion Clinic	Medical Treatment	$283.00	$111.55	Other Ins Paid		11/13/2018	11/16/2018	6402251
				$159.06	Primary Adjustm	$12.39	11/13/2018	11/16/2018	6402251
08/30/2018	Carilion Healthcare Corp	Medical Treatment	$283.00	$111.55	Other Ins Paid		12/24/2018	01/04/2019	6402279
				$159.06	Primary Adjustm	$12.39	12/24/2018	01/04/2019	6402279
08/30/2018	Carilion NRV Med Center	Medical Treatment	$2,788.92	$2,405.62	Primary Adjustm		12/24/2018	01/25/2019	999999999
				$383.30	Other Ins Paid	$0.00	12/24/2018	01/25/2019	999999999
08/30/2018	Carilion NRV Med Center	Medical Treatment	$292.58	$73.15	Provider Discount		12/24/2018	01/25/2019	999999999
				$219.43	Disc.radford	$0.00	12/24/2018	01/25/2019	999999999
09/25/2018	Carilion Medical Center	Medical Treatment	$177.00	$40.51	Primary Adjustm		01/30/2019	03/05/2019	6402318
				$122.84	Other Ins Paid	$13.65	01/30/2019	03/05/2019	6402318
09/25/2018	Carilion Roanoke Mem Hosp	Medical Treatment	$2,030.00	$348.42	Primary Adjustm		03/13/2019	03/20/2019	6402354
				$1,513.42	Other Ins Paid	$168.16	03/13/2019	03/20/2019	6402354
	Carilion Clinic		$0.00	$0.00		-$12.39	01/29/2020	01/29/2020	0
Claim # AGA-0161807 Totals :			**$9,098.00**	**$8,586.22**		**$511.78**			
Claim: AGA-0177700; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 11/07/2018									
11/13/2018	Carilion NRV Med Center	X-ray,Radiology	$375.70	$210.44	Primary Adjustm		01/16/2019	01/25/2019	999999999
				$165.26	Other Ins Paid	$0.00	01/16/2019	01/25/2019	999999999
01/16/2019	Carilion NRV Med Center	X-ray,Radiology	$41.30	$10.33	Provider Discount		01/16/2019	01/25/2019	999999999
				$30.97	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
Claim # AGA-0177700 Totals :			**$417.00**	**$417.00**		**$0.00**			
Claim: AGA-0171479; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 09/17/2018									
10/16/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$10.22	Other Ins Paid		07/26/2019	07/30/2019	6402489
				$9.22	Primary Adjustm	$2.56	07/26/2019	07/30/2019	6402489
Claim # AGA-0171479 Totals :			**$22.00**	**$19.44**		**$2.56**			

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Claim: AGA-0160517; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: Heart; Date Incurred: 08/19/2018									
08/30/2018	Carilion Healthcare Corp	Medical Treatment	$161.00	$69.70	Other Ins Paid		10/18/2018	10/19/2018	6402202
				$73.87	Primary Adjustm	$17.43	10/18/2018	10/19/2018	6402202
08/30/2018	Carilion NRV Med Center	Medical Treatment	$1,855.50	$424.91	Primary Adjustm		04/19/2019	04/23/2019	6402388
				$1,144.47	Other Ins Paid		04/19/2019	04/23/2019	6402388
				$71.53	Provider Discount	$214.59	04/19/2019	04/23/2019	6402388
Claim # AGA-0160517 Totals :			**$2,016.50**	**$1,784.48**		**$232.02**			
Claim: AGA-0202355; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 10/19/2018									
11/01/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$92.11	Other Ins Paid		07/08/2019	07/09/2019	6402454
				$21.86	Primary Adjustm	$48.03	07/08/2019	07/09/2019	6402454
11/15/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$44.62	Other Ins Paid		07/08/2019	07/09/2019	6402455
				$10.22	Primary Adjustm	$11.16	07/08/2019	07/09/2019	6402455
12/06/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$24.62	Other Ins Paid		07/08/2019	07/09/2019	6402456
				$10.22	Primary Adjustm	$31.16	07/08/2019	07/09/2019	6402456
02/28/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$24.62	Other Ins Paid		07/08/2019	07/09/2019	6402457
				$10.22	Primary Adjustm	$31.16	07/08/2019	07/09/2019	6402457
03/14/2019	Carilion Healthcare Corp	Surgery	$289.00	$145.57	Other Ins Paid		07/08/2019	07/09/2019	6402457
				$82.03	Primary Adjustm	$61.40	07/08/2019	07/09/2019	6402457
04/22/2019	Carilion Healthcare Corp	Medical Treatment	$165.00	$31.23	Primary Adjustm		08/06/2019	08/09/2019	6402499
				$107.02	Other Ins Paid	$26.75	08/06/2019	08/09/2019	6402499
02/21/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Primary Adjustm		08/27/2019	08/30/2019	6402517
				$73.08	Other Ins Paid	$18.27	08/27/2019	08/30/2019	6402517
05/06/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$44.62	Other Ins Paid		08/27/2019	08/30/2019	6402518
				$10.22	Primary Adjustm	$11.16	08/27/2019	08/30/2019	6402518
01/21/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Primary Adjustm		12/13/2019	12/17/2019	6402651
				$44.62	Other Ins Paid	$11.16	12/13/2019	12/17/2019	6402651
10/23/2018	Carilion NRV Med Center	Mri	$2,166.09	$586.47	Primary Adjustm		06/11/2020	06/12/2020	999999999
				$1,579.62	Other Ins Paid	$0.00	06/11/2020	06/12/2020	999999999
10/23/2018	Carilion NRV Med Center	Mri	$394.91	$98.73	Provider Discount		06/11/2020	06/12/2020	999999999
				$296.18	Disc.radford	$0.00	06/11/2020	06/12/2020	999999999
Claim # AGA-0202355 Totals :			**$3,616.00**	**$3,365.75**		**$250.25**			

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Claim: AGA-0186679; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Back; Date Incurred: 11/26/2018									
11/28/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$5,732.50	$3,074.16	Other Ins Paid		04/11/2019	04/16/2019	6402384
				$2,558.34	Primary Adjustm		04/11/2019	04/16/2019	6402384
				$25.00	Provider Discount	$75.00	04/11/2019	04/16/2019	6402384
Claim # AGA-0186679 Totals :			**$5,732.50**	**$5,657.50**		**$75.00**			
; Claim: AGA-0222944; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 03/15/2019									
09/17/2019	Carilion Medical Center	Mri	$170.00	$81.25	Primary Adjustm	$88.75	12/03/2019	12/06/2019	6402629
09/17/2019	Carilion NRV Med Center	Mri	$708.12	$708.12	Primary Adjustm	$0.00	12/18/2019	12/23/2019	999999999
09/17/2019	Carilion NRV Med Center	Mri	$1,852.88	$463.22	Provider Discount		12/18/2019	12/23/2019	999999999
				$1,389.66	Disc.radford	$0.00	12/18/2019	12/23/2019	999999999
09/12/2019	Carilion Healthcare Corp	Ph.visit Office	$162.00	$36.85	Primary Adjustm		04/21/2020	04/24/2020	6402763
				$76.12	Other Ins Paid	$49.03	04/21/2020	04/24/2020	6402763
09/19/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$16.18	Primary Adjustm		04/21/2020	04/24/2020	6402763
				$15.86	Other Ins Paid	$33.96	04/21/2020	04/24/2020	6402763
10/31/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$16.18	Primary Adjustm		04/21/2020	04/24/2020	6402763
				$15.86	Other Ins Paid	$33.96	04/21/2020	04/24/2020	6402763
11/21/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$16.18	Primary Adjustm		04/21/2020	04/24/2020	6402763
				$15.86	Other Ins Paid	$33.96	04/21/2020	04/24/2020	6402763
12/12/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$16.18	Primary Adjustm		04/21/2020	04/24/2020	6402763
				$15.86	Other Ins Paid	$33.96	04/21/2020	04/24/2020	6402763
Claim # AGA-0222944 Totals :			**$3,157.00**	**$2,883.38**		**$273.62**			
; Claim: AGA-0196404; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 02/26/2019									
02/27/2019	Carilion Medical Center	Medical Treatment	$46.00	$0.00		$46.00	05/06/2019	05/07/2019	6402404
02/27/2019	Carilion Clinic	Emrg.room	$1,648.00	$165.95	Other Ins Paid		07/19/2019	07/23/2019	6402483
				$1,346.94	Primary Adjustm	$135.11	07/19/2019	07/23/2019	6402483
Claim # AGA-0196404 Totals :			**$1,694.00**	**$1,512.89**		**$181.11**			

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Claim: AGA-0168859; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 10/01/2018									
11/01/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm	$62.40	01/08/2019	01/11/2019	6402302
10/01/2018	Carilion NRV Med Center	X-ray,Radiology	$429.00	$107.25	Provider Discount		07/23/2019	07/26/2019	999999999
				$321.75	Disc.radford	$0.00	07/23/2019	07/26/2019	999999999
Claim # AGA-0168859 Totals :			**$495.00**	**$432.60**		**$62.40**			
Claim: AGA-0205117; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Bilateral Knee; Date Incurred: 02/12/2019									
03/21/2019	Carilion Healthcare Corp	Medical Treatment	$112.00	$17.27	Primary Adjustm		12/17/2019	12/20/2019	6402657
				$55.78	Other Ins Paid	$38.95	12/17/2019	12/20/2019	6402657
02/20/2020	Carilion Healthcare Corp	Ph.visit Office	$109.00	$17.65	Primary Adjustm	$91.35	04/24/2020	04/28/2020	6402771
02/20/2020	Carilion Medical Center	Mri,X-ray Interp.	$46.00	$19.22	Primary Adjustm		04/24/2020	04/28/2020	6402772
				$21.43	Other Ins Paid	$5.35	04/24/2020	04/28/2020	6402772
Claim # AGA-0205117 Totals :			**$267.00**	**$131.35**		**$135.65**			
Claim: AGA-0187865; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/13/2018									
11/26/2018	Carilion Healthcare Corp	Medical Treatment	$214.00	$56.95	Primary Adjustm	$157.05	04/03/2019	04/16/2019	6402369
Claim # AGA-0187865 Totals :			**$214.00**	**$56.95**		**$157.05**			
Claim: AGA-0171422; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 09/18/2018									
12/03/2018	Virginia Prosthetics Inc	Orthotics	$160.68	$0.00		$160.68	12/27/2019	12/30/2019	6402663
Claim # AGA-0171422 Totals :			**$160.68**	**$0.00**		**$160.68**			
Claim: AGA-0246154; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Pelvic; Date Incurred: 02/01/2019									
02/01/2019	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$88.54	Other Ins Paid		02/06/2020	02/07/2020	6402716
				$101.93	Primary Adjustm	$88.53	02/06/2020	02/07/2020	6402716
02/01/2019	Carilion Medical Center	X-ray,Radiology	$87.00	$20.35	Other Ins Paid		02/06/2020	02/07/2020	6402717
				$46.30	Primary Adjustm	$20.35	02/06/2020	02/07/2020	6402717
Claim # AGA-0246154 Totals :			**$366.00**	**$257.12**		**$108.88**			

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Claim: AGA-0207355; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 03/11/2019									
03/24/2019	Carilion Clinic	Radiology Services	$504.50	$264.08	Other Ins Paid		07/23/2019	07/26/2019	6402485
				$200.42	Primary Adjustm	$40.00	07/23/2019	07/26/2019	6402485
03/24/2019	Carilion NRV Med Center	X-ray,Radiology	$464.50	$200.42	Primary Adjustm		08/01/2019	08/02/2019	999999999
				$264.08	Other Ins Paid	$0.00	08/01/2019	08/02/2019	999999999
03/24/2019	Carilion NRV Med Center	X-ray,Radiology	$40.00	$10.00	Provider Discount		08/01/2019	08/02/2019	999999999
				$30.00	Disc.radford	$0.00	08/01/2019	08/02/2019	999999999
Claim # AGA-0207355 Totals :			**$1,009.00**	**$969.00**		**$40.00**			
Claim: AGA-0176278; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 10/13/2018									
11/29/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		03/13/2019	03/20/2019	6402347
				$89.84	Other Ins Paid	$15.00	03/13/2019	03/20/2019	6402347
Claim # AGA-0176278 Totals :			**$109.00**	**$94.00**		**$15.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0163814; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/08/2018									
09/13/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$41.35	Other Ins Paid		11/05/2018	11/06/2018	6402235
				$17.65	Primary Adjustm	$50.00	11/05/2018	11/06/2018	6402235
10/08/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Primary Adjustm		12/12/2018	12/13/2018	6402268
				$41.35	Other Ins Paid	$50.00	12/12/2018	12/13/2018	6402268
12/12/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Primary Adjustm		03/01/2019	03/05/2019	6402339
				$41.35	Other Ins Paid	$50.00	03/01/2019	03/05/2019	6402339
12/07/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$10.22	Primary Adjustm		03/01/2019	03/05/2019	6402339
				$5.78	Other Ins Paid	$50.00	03/01/2019	03/05/2019	6402339
12/08/2018	Carilion NRV Med Center	Mri	$2,311.00	$773.42	Primary Adjustm		03/12/2019	03/20/2019	6402349
				$1,537.58	Other Ins Paid	$0.00	03/12/2019	03/20/2019	6402349
12/08/2018	Carilion NRV Med Center	Mri	$250.00	$62.50	Provider Discount		03/12/2019	03/20/2019	6402349
				$145.59	Disc.radford	$41.91	03/12/2019	03/20/2019	6402349
02/22/2019	New River Valley Surgery Cent	Surgery	$4,380.00	$1,293.73	Other Ins Paid		05/02/2019	05/03/2019	6402397
				$2,762.84	Primary Adjustm	$323.43	05/02/2019	05/03/2019	6402397
02/22/2019	Anesthesiology Associates	Anesthesia	$672.00	$285.60	Primary Adjustm	$386.40	05/03/2019	05/07/2019	6402403
02/22/2019	Carilion Healthcare Corp	Surgery	$1,062.00	$360.95	Primary Adjustm		05/07/2019	05/07/2019	6402406
				$69.96	Other Ins Paid	$631.09	05/07/2019	05/07/2019	6402406
02/13/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$17.65	Primary Adjustm		05/07/2019	05/07/2019	6402406
				$41.35	Other Ins Paid	$50.00	05/07/2019	05/07/2019	6402406
02/25/2019	Professional Rehab Associates	Phys.therapy	$195.00	$20.00	Other Ins Paid		07/19/2019	07/23/2019	6402484
				$125.00	Primary Adjustm	$50.00	07/19/2019	07/23/2019	6402484
04/08/2019	Professional Rehab Associates	Phys.therapy	$180.00	$20.00	Other Ins Paid		10/09/2019	10/11/2019	6402573
				$110.00	Primary Adjustm	$50.00	10/09/2019	10/11/2019	6402573
04/17/2019	Professional Rehab Associates	Phys.therapy	$180.00	$20.00	Other Ins Paid		10/09/2019	10/11/2019	6402573
				$110.00	Primary Adjustm	$50.00	10/09/2019	10/11/2019	6402573
04/24/2019	Professional Rehab Associates	Phys.therapy	$180.00	$20.00	Other Ins Paid		10/09/2019	10/11/2019	6402573
				$110.00	Primary Adjustm	$50.00	10/09/2019	10/11/2019	6402573
09/19/2019	NCHMD	Medical Treatment	$139.00	$47.88	Primary Adjustm		11/06/2019	11/08/2019	6402599
				$41.12	Other Ins Paid	$50.00	11/06/2019	11/08/2019	6402599
09/11/2019	NCHMD	Mri	$775.00	$460.00	Primary Adjustm		11/26/2019	12/03/2019	6402624
				$65.00	Other Ins Paid	$250.00	11/26/2019	12/03/2019	6402624
06/06/2019	Solex- Naples	Phys.therapy	$303.00	$199.26	Primary Adjustm	$103.74	12/13/2019	12/17/2019	6402652
06/13/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659

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Claim: AGA-0163814; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/08/2018									
06/17/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659
08/07/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659
08/08/2019	Solex- Naples	Phys.therapy	$317.00	$207.98	Primary Adjustm	$109.02	12/17/2019	12/20/2019	6402659
06/20/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659
06/24/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659
07/19/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659
08/28/2019	Solex- Naples	Phys.therapy	$229.00	$154.02	Primary Adjustm	$74.98	12/17/2019	12/20/2019	6402659
07/10/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm		12/17/2019	12/20/2019	6402659
				$65.41	Other Ins Paid	$46.53	12/17/2019	12/20/2019	6402659
07/11/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm		12/17/2019	12/20/2019	6402659
				$67.16	Other Ins Paid	$44.78	12/17/2019	12/20/2019	6402659
06/27/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm		12/17/2019	12/20/2019	6402659
				$67.16	Other Ins Paid	$44.78	12/17/2019	12/20/2019	6402659
09/05/2019	Solex- Naples	Phys.therapy	$303.00	$199.26	Primary Adjustm	$103.74	12/17/2019	12/20/2019	6402659
06/03/2019	Solex- Naples	Phys.therapy	$418.00	$264.89	Primary Adjustm	$153.11	12/17/2019	12/20/2019	6402659
08/01/2019	Solex- Naples	Phys.therapy	$296.00	$183.54	Primary Adjustm		12/17/2019	12/20/2019	6402659
				$3.93	Other Ins Paid	$108.53	12/17/2019	12/20/2019	6402659
06/11/2019	Solex- Naples	Phys.therapy	$303.00	$199.26	Primary Adjustm	$103.74	12/17/2019	12/20/2019	6402659
07/26/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659
07/01/2019	Solex- Naples	Phys.therapy	$317.00	$182.96	Primary Adjustm	$134.04	12/17/2019	12/20/2019	6402659
07/30/2019	Solex- Naples	Phys.therapy	$296.00	$183.54	Primary Adjustm	$112.46	12/17/2019	12/20/2019	6402659
07/25/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	12/17/2019	12/20/2019	6402659
08/13/2019	Solex- Naples	Phys.therapy	$303.00	$199.26	Primary Adjustm	$103.74	12/17/2019	12/20/2019	6402659
09/03/2019	HealthRisk Resource Group LLC	Repricing Fee	$6.79	$0.00		$6.79	01/06/2020	01/07/2020	6402666
09/03/2019	NCHMD	Medical Treatment	$211.00	$56.64	Disc: Hrgi	$154.36	01/06/2020	01/07/2020	6402667
09/03/2019	HealthRisk Resource Group LLC	Repricing Fee	$2.46	$0.00		$2.46	01/06/2020	01/07/2020	6402668
09/03/2019	NCHMD	X-ray,Radiology	$84.00	$20.52	Disc: Hrgi	$63.48	01/06/2020	01/07/2020	6402669
07/25/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	03/02/2020	03/06/2020	6402725
07/26/2019	Solex- Naples	Phys.therapy	$317.00	$205.06	Primary Adjustm	$111.94	03/02/2020	03/06/2020	6402725
08/13/2019	Solex- Naples	Phys.therapy	$303.00	$199.26	Primary Adjustm	$103.74	03/02/2020	03/06/2020	6402725
08/28/2019	Solex- Naples	Phys.therapy	$229.00	$154.02	Primary Adjustm	$74.98	03/02/2020	03/06/2020	6402725
09/05/2019	Solex- Naples	Phys.therapy	$303.00	$199.26	Primary Adjustm	$103.74	03/02/2020	03/06/2020	6402725

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim # AGA-0163814 Totals :			**$19,171.25**	**$14,166.28**		**$5,004.97**			
Claim: AGA-0166643; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 09/27/2018									
09/30/2018	Carilion NRV Med Center	X-ray,Radiology	$180.16	$131.38	Other Ins Paid		01/11/2019	01/25/2019	999999999
				$48.78	Primary Adjustm	$0.00	01/11/2019	01/25/2019	999999999
09/30/2018	Carilion NRV Med Center	X-ray,Radiology	$32.84	$8.21	Provider Discount		01/11/2019	01/25/2019	999999999
				$24.63	Provider Discount	$0.00	01/11/2019	01/25/2019	999999999
09/30/2018	Carilion Clinic	X-ray,Radiology	$22.00	$0.00		$22.00	05/10/2019	05/14/2019	6402410
10/01/2018	Carilion Clinic	X-ray,Radiology	$214.00	$0.00		$214.00	05/10/2019	05/14/2019	6402410
11/01/2018	Carilion Clinic	Medical Treatment	$109.00	$0.00		$109.00	05/10/2019	05/14/2019	6402410
	Carilion Clinic		$0.00	$0.00		-$248.12	01/10/2020	01/10/2020	0
Claim # AGA-0166643 Totals :			**$558.00**	**$461.12**		**$96.88**			

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Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0174647; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 09/18/2018									
11/13/2018	Carilion NRV Med Center	Mri	$2,561.00	$773.42	Primary Adjustm		03/28/2019	04/16/2019	6402366
				$1,430.06	Other Ins Paid		03/28/2019	04/16/2019	6402366
				$89.38	Provider Discount	$268.14	03/28/2019	04/16/2019	6402366
11/19/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$92.11	Other Ins Paid		06/26/2019	06/28/2019	6402442
				$21.86	Primary Adjustm	$48.03	06/26/2019	06/28/2019	6402442
12/06/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$24.62	Other Ins Paid		06/26/2019	06/28/2019	6402442
				$10.22	Primary Adjustm	$31.16	06/26/2019	06/28/2019	6402442
11/13/2018	Carilion Medical Center	Mri	$170.00	$70.62	Primary Adjustm		06/26/2019	06/28/2019	6402443
				$79.50	Other Ins Paid	$19.88	06/26/2019	06/28/2019	6402443
08/06/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/06/2019	11/08/2019	6402598
07/02/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/10/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
03/20/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/01/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/27/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/29/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/04/2019	Professional Rehab Associates	Phys.therapy	$180.00	$105.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/05/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/12/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/13/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/14/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/18/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/19/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/20/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/25/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
06/26/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/25/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/26/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/30/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/31/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
08/05/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402603
07/02/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	12/11/2019	12/13/2019	6402642
07/24/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	12/11/2019	12/13/2019	6402642

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Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0174647; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 09/18/2018									
04/03/2019	Professional Rehab Associates	Phys.therapy	$180.00	$52.30	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$110.00	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
04/24/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/01/2019	Professional Rehab Associates	Phys.therapy	$180.00	$52.30	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$110.00	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/08/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/14/2019	Professional Rehab Associates	Phys.therapy	$180.00	$52.30	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$110.00	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/15/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/16/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/21/2019	Professional Rehab Associates	Phys.therapy	$180.00	$52.30	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$110.00	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/22/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Other Ins Paid	$17.70	03/03/2020	03/06/2020	6402726
05/23/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/28/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/29/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
05/30/2019	Professional Rehab Associates	Phys.therapy	$135.00	$52.38	Other Ins Paid		03/03/2020	03/06/2020	6402726
				$64.92	Primary Adjustm	$17.70	03/03/2020	03/06/2020	6402726
03/05/2019	Professional Rehab Associates	Phys.therapy	$150.00	$80.00	Primary Adjustm		05/07/2020	05/08/2020	6402781
				$52.30	Other Ins Paid	$17.70	05/07/2020	05/08/2020	6402781
03/08/2019	Professional Rehab Associates	Phys.therapy	$180.00	$107.48	Primary Adjustm		05/07/2020	05/08/2020	6402781
				$54.82	Other Ins Paid	$17.70	05/07/2020	05/08/2020	6402781
03/27/2019	Professional Rehab Associates	Phys.therapy	$135.00	$62.48	Primary Adjustm		05/07/2020	05/08/2020	6402781
				$54.82	Other Ins Paid	$17.70	05/07/2020	05/08/2020	6402781
04/17/2019	Professional Rehab Associates	Phys.therapy	$135.00	$62.60	Primary Adjustm		05/07/2020	05/08/2020	6402781

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Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0174647; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 09/18/2018									
				$54.70	Other Ins Paid	$17.70	05/07/2020	05/08/2020	6402781
Claim # AGA-0174647 Totals :			**$8,779.00**	**$6,310.89**		**$2,468.11**			
Claim: AGA-0201832; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/08/2018									
03/28/2019	ACO Medical Supply, Inc.	Med Equipment	$133.67	$0.00		$133.67	06/04/2019	06/06/2019	6402421
03/21/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$56.05	Other Ins Paid		07/09/2019	07/12/2019	6402468
				$2.95	Primary Adjustm	$50.00	07/09/2019	07/12/2019	6402468
07/11/2019	VCom Sports	Consultation	$175.00	$75.75	Other Ins Paid		09/06/2019	09/06/2019	6402540
				$49.25	Primary Adjustm	$50.00	09/06/2019	09/06/2019	6402540
08/06/2019	Foot Management, Inc.	Orthotics	$94.00	$0.00		$94.00	09/26/2019	09/27/2019	6402564
07/25/2019	VCOM Sports & Osteopathic	Medical Treatment	$115.00	$30.53	Other Ins Paid		10/21/2019	10/22/2019	6402583
				$34.47	Primary Adjustm	$50.00	10/21/2019	10/22/2019	6402583
09/04/2019	Academic Primary Care Associat	Medical Treatment	$174.00	$64.70	Other Ins Paid		11/06/2019	11/08/2019	6402597
				$59.30	Primary Adjustm	$50.00	11/06/2019	11/08/2019	6402597
08/31/2019	Children's Hospital of the King's Daughters	Medical Treatment	$3,817.25	$1,980.61	Primary Adjustm		01/06/2020	01/07/2020	6402670
				$1,428.01	Other Ins Paid	$408.63	01/06/2020	01/07/2020	6402670
07/25/2019	VCOM Sports & Osteopathic	Medical Treatment	$750.00	$112.50	Disc: Hrgi	$637.50	02/18/2020	03/06/2020	6402720
07/25/2019	HealthRisk Resource Group	Repricing Fee	$13.50	$0.00		$13.50	02/18/2020	03/06/2020	6402721
07/11/2019	VCOM Sports & Osteopathic	Medical Treatment	$750.00	$532.50	Disc: Hrgi	$217.50	04/20/2020	04/24/2020	6402760
02/24/2020	HealthRisk Resource Group	Repricing Fee	$63.90	$0.00		$63.90	04/20/2020	04/24/2020	6402761
Claim # AGA-0201832 Totals :			**$6,195.32**	**$4,426.62**		**$1,768.70**			
; Claim: AGA-0204343; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 03/09/2019									
03/09/2019	Carilion NRV Med Center	X-ray,Radiology	$55.38	$55.38	Primary Adjustm	$0.00	07/12/2019	07/18/2019	999999999
03/09/2019	Carilion NRV Med Center	X-ray,Radiology	$183.62	$45.91	Provider Discount		07/12/2019	07/18/2019	999999999
				$137.71	Disc.radford	$0.00	07/12/2019	07/18/2019	999999999
Claim # AGA-0204343 Totals :			**$239.00**	**$239.00**		**$0.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0166363; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 09/26/2018									
09/26/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$6,106.50	$2,766.47	Other Ins Paid		11/19/2018	11/20/2018	999999999
				$3,340.03	Primary Adjustm	$0.00	11/19/2018	11/20/2018	999999999
09/26/2018	Carilion NRV Med Center	Dr.visit-emerg Room	$250.00	$62.50	Provider Discount		11/19/2018	11/20/2018	999999999
				$187.50	Disc.radford	$0.00	11/19/2018	11/20/2018	999999999
Claim # AGA-0166363 Totals :			**$6,356.50**	**$6,356.50**		**$0.00**			
Claim: AGA-0209288; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 04/26/2019									
04/26/2019	Carilion NRV Med Center	Medical Treatment	$2,189.00	$547.25	Provider Discount		09/09/2019	09/12/2019	999999999
				$1,641.75	Disc.radford	$0.00	09/09/2019	09/12/2019	999999999
04/26/2019	HealthRisk Resource Group LLC	Repricing Fee	$3.86	$0.00		$3.86	10/01/2019	10/01/2019	6402568
04/26/2019	Carilion Healthcare Corp	Medical Treatment	$161.00	$32.20	Disc: Hrgi	$128.80	10/01/2019	10/01/2019	6402569
	Carilion Healthcare Corp		$0.00	$0.00		-$111.37	02/24/2020	02/24/2020	0
Claim # AGA-0209288 Totals :			**$2,353.86**	**$2,332.57**		**$21.29**			
; Claim: AGA-0192629; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 12/29/2018									
01/25/2019	Carilion Medical Center	Surgery	$217.00	$22.19	Other Ins Paid		08/16/2019	08/20/2019	6402512
				$118.22	Primary Adjustm	$76.59	08/16/2019	08/20/2019	6402512
01/28/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$35.59	Primary Adjustm	$73.41	08/16/2019	08/20/2019	6402513
01/23/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$35.59	Primary Adjustm		08/16/2019	08/20/2019	6402513
				$32.41	Other Ins Paid	$41.00	08/16/2019	08/20/2019	6402513
02/20/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.14	Other Ins Paid		08/16/2019	08/20/2019	6402514
				$21.86	Primary Adjustm	$41.00	08/16/2019	08/20/2019	6402514
Claim # AGA-0192629 Totals :			**$501.00**	**$269.00**		**$232.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0206981; Activity: Womens Volleyball; Diagnosis: Meniscus Tear; Anatomy: L-knee; Date Incurred: 10/24/2018									
04/01/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		10/31/2019	11/01/2019	6402585
				$73.42	Other Ins Paid	$8.16	10/31/2019	11/01/2019	6402585
03/25/2019	Carilion Healthcare Corp	Medical Treatment	$223.00	$54.76	Primary Adjustm		10/31/2019	11/01/2019	6402586
				$147.51	Other Ins Paid	$20.73	10/31/2019	11/01/2019	6402586
04/12/2019	Carilion Healthcare Corp	Surgery	$1,286.00	$487.40	Primary Adjustm		10/31/2019	11/01/2019	6402587
				$718.74	Other Ins Paid	$79.86	10/31/2019	11/01/2019	6402587
03/30/2019	Carilion Medical Center	Mri	$172.00	$83.25	Primary Adjustm	$88.75	10/31/2019	11/01/2019	6402588
04/12/2019	Anesthesiology Associates	Anesthesia	$672.00	$264.60	Other Ins Paid		10/31/2019	11/01/2019	6402589
				$378.00	Primary Adjustm	$29.40	10/31/2019	11/01/2019	6402589
04/12/2019	New River Valley Surgery Cent	Surgery	$4,380.00	$2,580.00	Primary Adjustm		10/31/2019	11/01/2019	6402590
				$1,620.00	Other Ins Paid	$180.00	10/31/2019	11/01/2019	6402590
04/15/2019	Professional Rehab Associates	Phys.therapy	$240.00	$134.40	Other Ins Paid		10/31/2019	11/01/2019	6402591
				$48.00	Primary Adjustm	$57.60	10/31/2019	11/01/2019	6402591
04/22/2019	Professional Rehab Associates	Phys.therapy	$135.00	$75.60	Other Ins Paid		10/31/2019	11/01/2019	6402591
				$27.00	Primary Adjustm	$32.40	10/31/2019	11/01/2019	6402591
04/17/2019	Professional Rehab Associates	Phys.therapy	$135.00	$75.60	Other Ins Paid		10/31/2019	11/01/2019	6402591
				$27.00	Primary Adjustm	$32.40	10/31/2019	11/01/2019	6402591
03/30/2019	Carilion NRV Med Center	Mri	$823.36	$823.36	Primary Adjustm	$0.00	08/13/2020	08/14/2020	999999999
03/30/2019	Carilion NRV Med Center	Mri	$1,737.64	$434.41	Provider Discount		08/13/2020	08/14/2020	999999999
				$1,303.23	Disc.radford	$0.00	08/13/2020	08/14/2020	999999999
Claim # AGA-0206981 Totals :			**$9,913.00**	**$9,383.70**		**$529.30**			
; Claim: AGA-0181848; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 10/03/2018									
10/04/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$22.40	Other Ins Paid		02/21/2019	03/05/2019	6402332
				$3.60	Primary Adjustm	$40.00	02/21/2019	03/05/2019	6402332
Claim # AGA-0181848 Totals :			**$66.00**	**$26.00**		**$40.00**			

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Pay Dates: 08/01/2018 - 08/31/2020

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0190740; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 01/27/2019									
02/04/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$4.12	Primary Adjustm		04/17/2019	04/19/2019	6402386
				$1.88	Other Ins Paid	$60.00	04/17/2019	04/19/2019	6402386
01/28/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$43.11	Other Ins Paid		05/08/2019	05/10/2019	6402407
				$5.89	Primary Adjustm	$60.00	05/08/2019	05/10/2019	6402407
02/01/2019	Carilion NRV Med Center	Mri	$4,161.00	$1,310.72	Primary Adjustm		05/15/2019	05/17/2019	6402414
				$1,692.40	Other Ins Paid		05/15/2019	05/17/2019	6402414
				$289.74	Disc.radford	$868.14	05/15/2019	05/17/2019	6402414
02/01/2019	Carilion Medical Center	Mri	$204.00	$82.31	Primary Adjustm	$121.69	06/06/2019	06/11/2019	6402424
02/01/2019	Carilion Medical Center	X-ray,Radiology	$217.00	$73.47	Primary Adjustm	$143.53	06/12/2019	06/14/2019	6402437
02/14/2019	Carilion Clinic	Medical Treatment	$109.00	$0.00		$109.00	07/17/2019	07/18/2019	6402479
05/16/2019	Atlantic Physical Therapy	Phys.therapy	$280.00	$142.70	Primary Adjustm	$137.30	07/29/2019	07/30/2019	6402494
05/18/2019	Atlantic Physical Therapy	Phys.therapy	$390.00	$208.44	Primary Adjustm	$181.56	07/29/2019	07/30/2019	6402494
05/20/2019	Atlantic Physical Therapy	Phys.therapy	$348.00	$183.65	Primary Adjustm	$164.35	07/29/2019	07/30/2019	6402494
05/23/2019	Atlantic Physical Therapy	Phys.therapy	$260.00	$138.96	Primary Adjustm	$121.04	07/29/2019	07/30/2019	6402494
03/05/2019	Carilion Healthcare Corp	Surgery	$2,378.00	$1,277.61	Other Ins Paid		08/29/2019	08/30/2019	6402521
				$780.99	Primary Adjustm	$319.40	08/29/2019	08/30/2019	6402521
03/05/2019	Anesthesiology Associates	Anesthesia	$1,440.00	$960.00	Primary Adjustm		08/29/2019	08/30/2019	6402522
				$384.00	Other Ins Paid	$96.00	08/29/2019	08/30/2019	6402522
02/06/2019	Vcom Sports	Consultation	$175.00	$90.46	Other Ins Paid		08/29/2019	08/30/2019	6402523
				$24.54	Primary Adjustm	$60.00	08/29/2019	08/30/2019	6402523
07/13/2019	Atlantic Physical Therapy	Phys.therapy	$390.00	$208.44	Primary Adjustm	$181.56	08/29/2019	08/30/2019	6402524
06/18/2019	Atlantic Physical Therapy	Phys.therapy	$325.00	$173.70	Primary Adjustm	$151.30	08/29/2019	08/30/2019	6402524
06/20/2019	Atlantic Physical Therapy	Phys.therapy	$390.00	$208.44	Primary Adjustm	$181.56	08/29/2019	08/30/2019	6402524
06/28/2019	Atlantic Physical Therapy	Phys.therapy	$390.00	$208.44	Primary Adjustm	$181.56	08/29/2019	08/30/2019	6402524
06/04/2019	Atlantic Physical Therapy	Phys.therapy	$260.00	$138.96	Primary Adjustm	$121.04	08/29/2019	08/30/2019	6402524
07/11/2019	Atlantic Physical Therapy	Phys.therapy	$390.00	$208.44	Primary Adjustm	$181.56	08/29/2019	08/30/2019	6402524
04/10/2019	Professional Rehab Associates	Phys.therapy	$135.00	$69.96	Other Ins Paid		08/29/2019	08/30/2019	6402525
				$47.55	Primary Adjustm	$17.49	08/29/2019	08/30/2019	6402525
04/03/2019	Professional Rehab Associates	Phys.therapy	$180.00	$93.28	Other Ins Paid		08/29/2019	08/30/2019	6402525
				$63.40	Primary Adjustm	$23.32	08/29/2019	08/30/2019	6402525
03/27/2019	Professional Rehab Associates	Phys.therapy	$180.00	$93.28	Other Ins Paid		08/29/2019	08/30/2019	6402525
				$63.40	Primary Adjustm	$23.32	08/29/2019	08/30/2019	6402525
03/19/2019	Professional Rehab Associates	Phys.therapy	$195.00	$87.98	Other Ins Paid		08/29/2019	08/30/2019	6402525

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0190740; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 01/27/2019									
				$85.03	Primary Adjustm	$21.99	08/29/2019	08/30/2019	6402525
04/17/2019	Professional Rehab Associates	Phys.therapy	$135.00	$69.96	Other Ins Paid		08/29/2019	08/30/2019	6402525
				$47.55	Primary Adjustm	$17.49	08/29/2019	08/30/2019	6402525
04/25/2019	Professional Rehab Associates	Phys.therapy	$135.00	$69.96	Other Ins Paid		08/29/2019	08/30/2019	6402525
				$47.55	Primary Adjustm	$17.49	08/29/2019	08/30/2019	6402525
03/05/2019	HealthRisk Resource Group LLC	Repricing Fee	$17.12	$0.00		$17.12	01/06/2020	01/07/2020	6402672
03/05/2019	Carilion Healthcare Corp	Surgery	$713.40	$142.68	Disc: Hrgi	$570.72	01/06/2020	01/07/2020	6402673
	Carilion Clinic		$0.00	$0.00		-$570.72	03/31/2020	03/31/2020	0
Claim # AGA-0190740 Totals :			**$13,972.52**	**$10,393.71**		**$3,578.81**			
; Claim: AGA-0216308; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 07/27/2019									
07/29/2019	Carilion Clinic	Medical Treatment	$162.00	$4.72	Primary Adjustm		09/05/2019	09/06/2019	6402539
				$127.28	Other Ins Paid	$30.00	09/05/2019	09/06/2019	6402539
08/09/2019	Carilion Clinic	Medical Treatment	$109.00	$76.05	Other Ins Paid		11/04/2019	11/05/2019	6402594
				$2.95	Primary Adjustm	$30.00	11/04/2019	11/05/2019	6402594
Claim # AGA-0216308 Totals :			**$271.00**	**$211.00**		**$60.00**			
; Claim: AGA-0207043; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 04/05/2019									
04/23/2019	Carilion Clinic	Radiology Services	$174.50	$97.44	Other Ins Paid		08/06/2019	08/09/2019	6402498
				$52.70	Primary Adjustm	$24.36	08/06/2019	08/09/2019	6402498
Claim # AGA-0207043 Totals :			**$174.50**	**$150.14**		**$24.36**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0162935; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 08/20/2018									
09/06/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$12.40	Other Ins Paid		10/22/2018	10/23/2018	6402209
				$3.60	Primary Adjustm	$50.00	10/22/2018	10/23/2018	6402209
09/20/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		10/23/2018	10/26/2018	6402216
				$12.40	Other Ins Paid	$50.00	10/23/2018	10/26/2018	6402216
09/23/2018	Carilion Medical Center	Mri	$172.00	$93.43	Primary Adjustm		10/23/2018	10/26/2018	6402212
				$62.86	Other Ins Paid	$15.71	10/23/2018	10/26/2018	6402212
10/01/2018	Anesthesiology Associates	Anesthesia	$864.00	$540.00	Primary Adjustm		11/06/2018	11/06/2018	6402236
				$274.00	Other Ins Paid	$50.00	11/06/2018	11/06/2018	6402236
09/24/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$12.40	Other Ins Paid		11/13/2018	11/16/2018	6402249
				$3.60	Primary Adjustm	$50.00	11/13/2018	11/16/2018	6402249
09/25/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$6.51	Primary Adjustm		11/13/2018	11/16/2018	6402250
				$105.49	Other Ins Paid	$50.00	11/13/2018	11/16/2018	6402250
09/23/2018	Carilion NRV Med Center	Mri	$2,134.36	$427.80	Primary Adjustm		12/14/2018	01/25/2019	999999999
				$1,706.56	Other Ins Paid	$0.00	12/14/2018	01/25/2019	999999999
09/23/2018	Carilion NRV Med Center	Mri	$426.64	$106.70	Provider Discount		12/14/2018	01/25/2019	999999999
				$319.94	Disc.radford	$0.00	12/14/2018	01/25/2019	999999999
10/01/2018	Carilion NRV Med Center	Surgery	$16,269.85	$5,289.43	Primary Adjustm		01/16/2019	01/25/2019	999999999
				$10,980.42	Other Ins Paid	$0.00	01/16/2019	01/25/2019	999999999
01/16/2019	Carilion NRV Med Center	Surgery	$1,020.15	$255.04	Provider Discount		01/16/2019	01/25/2019	999999999
				$765.11	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
10/01/2018	Carilion Healthcare Corp	Surgery	$1,127.00	$516.60	Other Ins Paid		04/03/2019	04/16/2019	6402373
				$560.40	Primary Adjustm	$50.00	04/03/2019	04/16/2019	6402373
03/18/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm		06/12/2019	06/14/2019	6402438
				$13.12	Other Ins Paid	$50.00	06/12/2019	06/14/2019	6402438
07/02/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$2.95	Primary Adjustm		09/27/2019	09/27/2019	6402566
				$56.05	Other Ins Paid	$50.00	09/27/2019	09/27/2019	6402566
Claim # AGA-0162935 Totals :			**$22,549.00**	**$22,133.29**		**$415.71**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0174369; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/23/2018									
10/25/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$53.44	Primary Adjustm		12/28/2018	01/04/2019	6402287
				$77.56	Other Ins Paid	$31.00	12/28/2018	01/04/2019	6402287
11/01/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$42.41	Other Ins Paid		12/28/2018	01/04/2019	6402288
				$35.59	Primary Adjustm	$31.00	12/28/2018	01/04/2019	6402288
12/14/2018	Anesthesiology Associates	Anesthesia	$672.00	$517.86	Primary Adjustm		02/27/2019	03/05/2019	6402326
				$123.32	Other Ins Paid	$30.82	02/27/2019	03/05/2019	6402326
12/06/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$35.59	Primary Adjustm		02/09/2019	03/05/2019	6402327
				$42.41	Other Ins Paid	$31.00	02/09/2019	03/05/2019	6402327
12/12/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$42.41	Other Ins Paid		02/26/2019	03/05/2019	6402328
				$35.59	Primary Adjustm	$31.00	02/26/2019	03/05/2019	6402328
11/28/2018	Professional Rehab Associates	Phys.therapy	$135.00	$74.52	Other Ins Paid		02/21/2019	03/05/2019	6402337
				$41.85	Primary Adjustm	$18.63	02/21/2019	03/05/2019	6402337
11/08/2018	Professional Rehab Associates	Phys.therapy	$195.00	$79.01	Other Ins Paid		02/21/2019	03/05/2019	6402337
				$92.80	Primary Adjustm	$23.19	02/21/2019	03/05/2019	6402337
11/14/2018	Professional Rehab Associates	Phys.therapy	$135.00	$74.52	Other Ins Paid		02/21/2019	03/05/2019	6402337
				$41.85	Primary Adjustm	$18.63	02/21/2019	03/05/2019	6402337
12/05/2018	Professional Rehab Associates	Phys.therapy	$135.00	$74.52	Other Ins Paid		02/21/2019	03/05/2019	6402337
				$41.85	Primary Adjustm	$18.63	02/21/2019	03/05/2019	6402337
12/17/2018	Select Physical Therapy	Phys.therapy	$305.00	$132.42	Other Ins Paid		03/08/2019	03/20/2019	6402352
				$141.58	Primary Adjustm	$31.00	03/08/2019	03/20/2019	6402352
12/19/2018	Select Physical Therapy	Phys.therapy	$220.00	$95.53	Other Ins Paid		03/08/2019	03/20/2019	6402352
				$93.47	Primary Adjustm	$31.00	03/08/2019	03/20/2019	6402352
12/27/2018	Select Physical Therapy	Phys.therapy	$205.00	$94.95	Primary Adjustm		03/07/2019	03/20/2019	6402353
				$79.05	Other Ins Paid	$31.00	03/07/2019	03/20/2019	6402353
12/21/2018	Select Physical Therapy	Phys.therapy	$260.00	$133.47	Primary Adjustm		03/07/2019	03/20/2019	6402353
				$95.53	Other Ins Paid	$31.00	03/07/2019	03/20/2019	6402353
12/24/2018	Select Physical Therapy	Phys.therapy	$205.00	$99.36	Primary Adjustm		03/07/2019	03/20/2019	6402353
				$74.64	Other Ins Paid	$31.00	03/07/2019	03/20/2019	6402353
01/09/2019	Select Physical Therapy	Phys.therapy	$280.00	$76.76	Other Ins Paid		03/21/2019	04/16/2019	6402356
				$148.77	Primary Adjustm	$54.47	03/21/2019	04/16/2019	6402356
12/14/2018	New River Valley Surgery Center	Surgery	$4,380.00	$1,162.00	Other Ins Paid		05/03/2019	05/03/2019	6402401
				$3,193.00	Primary Adjustm	$25.00	05/03/2019	05/03/2019	6402401
01/07/2019	Select Physical Therapy	Phys.therapy	$220.00	$93.47	Primary Adjustm	$126.53	05/03/2019	05/03/2019	6402402

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0174369; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/23/2018									
01/11/2019	Select Physical Therapy	Phys.therapy	$280.00	$148.77	Primary Adjustm		05/03/2019	05/03/2019	6402402
				$100.23	Other Ins Paid	$31.00	05/03/2019	05/03/2019	6402402
01/14/2019	Select Physical Therapy	Phys.therapy	$360.00	$181.05	Primary Adjustm		05/03/2019	05/03/2019	6402402
				$147.95	Other Ins Paid	$31.00	05/03/2019	05/03/2019	6402402
02/01/2019	Professional Rehab Associates	Phys.therapy	$195.00	$92.80	Other Ins Paid		05/13/2019	05/14/2019	6402411
				$79.01	Primary Adjustm	$23.19	05/13/2019	05/14/2019	6402411
01/04/2019	Select Physical Therapy	Phys.therapy	$220.00	$93.47	Primary Adjustm		05/13/2019	05/14/2019	6402412
				$95.53	Other Ins Paid	$31.00	05/13/2019	05/14/2019	6402412
03/21/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$14.26	Other Ins Paid		07/09/2019	07/09/2019	6402462
				$20.74	Primary Adjustm	$31.00	07/09/2019	07/09/2019	6402462
03/06/2019	Professional Rehab Associates	Phys.therapy	$135.00	$41.76	Primary Adjustm		07/09/2019	07/09/2019	6402463
				$74.60	Other Ins Paid	$18.64	07/09/2019	07/09/2019	6402463
02/22/2019	Professional Rehab Associates	Phys.therapy	$180.00	$55.80	Primary Adjustm		07/09/2019	07/09/2019	6402464
				$99.36	Other Ins Paid	$24.84	07/09/2019	07/09/2019	6402464
02/08/2019	Professional Rehab Associates	Phys.therapy	$240.00	$81.64	Primary Adjustm		07/09/2019	07/09/2019	6402464
				$126.69	Other Ins Paid	$31.67	07/09/2019	07/09/2019	6402464
02/06/2019	Professional Rehab Associates	Phys.therapy	$240.00	$81.64	Primary Adjustm		07/09/2019	07/09/2019	6402464
				$126.69	Other Ins Paid	$31.67	07/09/2019	07/09/2019	6402464
02/27/2019	Professional Rehab Associates	Phys.therapy	$135.00	$41.85	Primary Adjustm		07/09/2019	07/09/2019	6402464
				$74.52	Other Ins Paid	$18.63	07/09/2019	07/09/2019	6402464
03/01/2019	Professional Rehab Associates	Phys.therapy	$135.00	$41.76	Primary Adjustm		07/09/2019	07/09/2019	6402464
				$74.60	Other Ins Paid	$18.64	07/09/2019	07/09/2019	6402464
02/13/2019	Professional Rehab Associates	Phys.therapy	$240.00	$81.64	Primary Adjustm		07/09/2019	07/09/2019	6402464
				$126.69	Other Ins Paid	$31.67	07/09/2019	07/09/2019	6402464
04/18/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$14.26	Other Ins Paid		07/09/2019	07/12/2019	6402469
				$20.74	Primary Adjustm	$31.00	07/09/2019	07/12/2019	6402469
10/28/2018	Carilion NRV Med Center	Mri	$2,517.82	$2,345.07	Primary Adjustm		08/08/2019	08/09/2019	999999999
				$172.75	Other Ins Paid	$0.00	08/08/2019	08/09/2019	999999999
10/28/2018	Carilion NRV Med Center	Mri	$43.18	$10.80	Provider Discount		08/08/2019	08/09/2019	999999999
				$32.38	Disc.radford	$0.00	08/08/2019	08/09/2019	999999999
Claim # AGA-0174369 Totals :			**$12,889.00**	**$11,940.15**		**$948.85**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0209764; Activity: Mens Tennis; Diagnosis: Heat Exhaustion; Anatomy: Internal; Date Incurred: 04/18/2019									
04/18/2019	Carilion Clinic	Emrg.room	$279.00	$108.93	Primary Adjustm	$170.07	02/10/2020	03/06/2020	6402719
Claim # AGA-0209764 Totals :			**$279.00**	**$108.93**		**$170.07**			
Claim: AGA-0174651; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 11/07/2018									
11/21/2018	Carilion Medical Center	Medical Treatment	$162.00	$110.14	Other Ins Paid		01/07/2019	01/11/2019	6402299
				$21.86	Primary Adjustm	$30.00	01/07/2019	01/11/2019	6402299
11/13/2018	Carilion Roanoke Mem Hosp	Surgery	$23,337.00	$17,842.83	Other Ins Paid		01/16/2019	01/18/2019	6402307
				$5,344.17	Primary Adjustm	$150.00	01/16/2019	01/18/2019	6402307
12/03/2018	Carilion NRV Med Center	Phys.therapy	$308.50	$206.27	Other Ins Paid		08/16/2019	08/20/2019	999999999
				$102.23	Primary Adjustm	$0.00	08/16/2019	08/20/2019	999999999
12/03/2018	Carilion NRV Med Center	Phys.therapy	$30.00	$7.50	Provider Discount		08/16/2019	08/20/2019	999999999
				$22.50	Disc.radford	$0.00	08/16/2019	08/20/2019	999999999
12/07/2018	Carilion NRV Med Center	Phys.therapy	$477.00	$206.27	Other Ins Paid		08/16/2019	08/20/2019	999999999
				$270.73	Primary Adjustm	$0.00	08/16/2019	08/20/2019	999999999
12/07/2018	Carilion NRV Med Center	Phys.therapy	$30.00	$7.50	Provider Discount		08/16/2019	08/20/2019	999999999
				$22.50	Disc.radford	$0.00	08/16/2019	08/20/2019	999999999
Claim # AGA-0174651 Totals :			**$24,344.50**	**$24,164.50**		**$180.00**			
Claim: AGA-0210574; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 05/03/2019									
05/16/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$2.95	Primary Adjustm		12/02/2019	12/03/2019	6402626
				$71.05	Other Ins Paid	$35.00	12/02/2019	12/03/2019	6402626
Claim # AGA-0210574 Totals :			**$109.00**	**$74.00**		**$35.00**			
; Claim: AGA-0207236; Activity: Womens Track; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 12/13/2018									
12/13/2018	Carilion Clinic	Radiology Services	$349.00	$69.80	Primary Adjustm	$279.20	07/15/2019	07/18/2019	6402478
12/13/2018	Carilion NRV Med Center	X-ray,Radiology	$279.71	$279.71	Primary Adjustm	$0.00	09/13/2019	09/17/2019	999999999
12/13/2018	Carilion NRV Med Center	X-ray,Radiology	$69.29	$17.32	Provider Discount		09/13/2019	09/17/2019	999999999
				$51.97	Disc.radford	$0.00	09/13/2019	09/17/2019	999999999
Claim # AGA-0207236 Totals :			**$698.00**	**$418.80**		**$279.20**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
; Claim: AGA-0213228; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 07/07/2019									
07/17/2019	Carilion Clinic	Medical Treatment	$61.42	$0.00		$61.42	11/19/2019	11/22/2019	6402616
Claim # AGA-0213228 Totals :			**$61.42**	**$0.00**		**$61.42**			
Claim: AGA-0204250; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 03/09/2019									
03/09/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$3,295.42	$1,702.13	Primary Adjustm		07/15/2019	07/18/2019	999999999
				$1,593.29	Other Ins Paid	$0.00	07/15/2019	07/18/2019	999999999
03/09/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$248.08	$62.02	Provider Discount		07/15/2019	07/18/2019	999999999
				$186.06	Disc.radford	$0.00	07/15/2019	07/18/2019	999999999
03/09/2019	Carilion Healthcare Corp	Medical Treatment	$22.00	$12.13	Primary Adjustm		07/15/2019	07/18/2019	6402474
				$7.90	Other Ins Paid	$1.97	07/15/2019	07/18/2019	6402474
03/09/2019	Carilion Medical Center	Medical Treatment	$28.00	$15.25	Primary Adjustm		07/15/2019	07/18/2019	6402475
				$10.20	Other Ins Paid	$2.55	07/15/2019	07/18/2019	6402475
03/09/2019	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$101.93	Primary Adjustm		07/15/2019	07/18/2019	6402476
				$137.07	Other Ins Paid	$40.00	07/15/2019	07/18/2019	6402476
Claim # AGA-0204250 Totals :			**$3,872.50**	**$3,827.98**		**$44.52**			
Claim: AGA-0196816; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Groin; Date Incurred: 02/08/2019									
02/08/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$3,691.50	$1,710.07	Primary Adjustm		04/24/2019	04/26/2019	6402392
				$1,881.43	Other Ins Paid		04/24/2019	04/26/2019	6402392
				$25.00	Provider Discount	$75.00	04/24/2019	04/26/2019	6402392
02/09/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$1,103.00	$460.40	Primary Adjustm		04/24/2019	04/26/2019	6402392
				$542.60	Other Ins Paid		04/24/2019	04/26/2019	6402392
				$25.00	Provider Discount	$75.00	04/24/2019	04/26/2019	6402392
02/08/2019	Radford Ambulance Service	Ambulance	$780.00	$475.03	Other Ins Paid	$304.97	07/15/2019	07/18/2019	6402477
10/17/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$0.94	Primary Adjustm		12/12/2019	12/13/2019	6402645
				$83.06	Other Ins Paid	$25.00	12/12/2019	12/13/2019	6402645
07/17/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$4,860.50	$1,900.76	Primary Adjustm		01/24/2020	01/28/2020	999999999
				$2,959.74	Other Ins Paid	$0.00	01/24/2020	01/28/2020	999999999
07/17/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$200.00	$50.00	Provider Discount		01/24/2020	01/28/2020	999999999
				$150.00	Disc.radford	$0.00	01/24/2020	01/28/2020	999999999
Claim # AGA-0196816 Totals :			**$10,744.00**	**$10,264.03**		**$479.97**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0172474; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 09/30/2018									
10/24/2018	Carilion Medical Center	X-ray,Radiology	$23.00	$12.06	Primary Adjustm	$10.94	12/28/2018	01/04/2019	6402294
11/02/2018	Carilion Medical Center	Surgery	$176.00	$84.06	Primary Adjustm	$91.94	12/28/2018	01/04/2019	6402294
11/02/2018	Carilion Medical Center	Mri	$204.00	$110.04	Primary Adjustm		01/07/2019	01/11/2019	6402300
				$75.17	Other Ins Paid	$18.79	01/07/2019	01/11/2019	6402300
11/02/2018	Carilion NRV Med Center	Surgery	$2,570.65	$1,097.56	Other Ins Paid		01/16/2019	01/25/2019	999999999
				$1,473.09	Primary Adjustm	$0.00	01/16/2019	01/25/2019	999999999
11/02/2018	Carilion NRV Med Center	Surgery	$1,809.85	$452.50	Provider Discount		01/16/2019	01/25/2019	999999999
				$1,357.35	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
10/24/2018	Carilion NRV Med Center	X-ray,Radiology	$152.69	$152.69	Primary Adjustm	$0.00	01/16/2019	01/25/2019	999999999
10/24/2018	Carilion NRV Med Center	X-ray,Radiology	$111.31	$27.83	Provider Discount		01/16/2019	01/25/2019	999999999
				$83.48	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
11/07/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		01/22/2019	01/29/2019	6402312
				$54.84	Other Ins Paid	$50.00	01/22/2019	01/29/2019	6402312
Claim # AGA-0172474 Totals :			**$5,156.50**	**$4,984.83**		**$171.67**			
Claim: AGA-0202400; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 03/02/2019									
03/04/2019	Carilion Healthcare Corp	Medical Treatment	$157.00	$8.52	Primary Adjustm		07/05/2019	07/09/2019	6402452
				$98.48	Other Ins Paid	$50.00	07/05/2019	07/09/2019	6402452
03/07/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm		07/05/2019	07/09/2019	6402453
				$13.12	Other Ins Paid	$50.00	07/05/2019	07/09/2019	6402453
03/21/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm		07/05/2019	07/09/2019	6402453
				$13.12	Other Ins Paid	$50.00	07/05/2019	07/09/2019	6402453
04/18/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm		07/31/2019	08/02/2019	6402496
				$13.12	Other Ins Paid	$50.00	07/31/2019	08/02/2019	6402496
03/02/2019	Beach Urgent Care	Medical Treatment	$301.00	$112.52	Other Ins Paid		12/17/2019	12/20/2019	6402656
				$163.48	Primary Adjustm	$25.00	12/17/2019	12/20/2019	6402656
Claim # AGA-0202400 Totals :			**$656.00**	**$431.00**		**$225.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0164456; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 09/10/2018									
10/04/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		02/04/2019	03/05/2019	6402324
				$74.84	Other Ins Paid	$30.00	02/04/2019	03/05/2019	6402324
09/24/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		02/06/2019	03/05/2019	6402325
				$74.84	Other Ins Paid	$30.00	02/06/2019	03/05/2019	6402325
07/17/2019	Foot Management, Inc.	Orthotics	$96.50	$0.00		$96.50	08/14/2019	08/16/2019	6402510
Claim # AGA-0164456 Totals :			**$314.50**	**$158.00**		**$156.50**			
Claim: AGA-0213229; Activity: Womens Volleyball; Diagnosis: Shin Splints; Anatomy: Leg; Date Incurred: 03/10/2019									
08/15/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$76.05	Other Ins Paid		11/19/2019	11/22/2019	6402614
				$2.95	Primary Adjustm	$30.00	11/19/2019	11/22/2019	6402614
08/15/2019	Quest Diagnostics	Lab,Pathology	$197.55	$89.61	Primary Adjustm		12/18/2019	12/20/2019	6402660
				$8.94	Other Ins Paid	$99.00	12/18/2019	12/20/2019	6402660
11/09/2019	Fastmed Urgent Care PC	Ph.visit Office	$270.00	$73.12	Primary Adjustm		04/30/2020	05/01/2020	6402776
				$166.88	Other Ins Paid	$30.00	04/30/2020	05/01/2020	6402776
Claim # AGA-0213229 Totals :			**$576.55**	**$417.55**		**$159.00**			
Claim: AGA-0172814; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 09/25/2018									
09/25/2018	Radford Ambulance Service	Ambulance	$700.00	$0.00		$700.00	02/14/2019	03/05/2019	6402346
09/25/2018	Radford Ambulance Service	Ambulance	$192.00	$0.00		$192.00	02/14/2019	03/05/2019	6402346
11/25/2019	HealthRisk Resource Group LLC	Repricing Fee	$5.35	$0.00		$5.35	02/04/2020	02/04/2020	6402708
11/25/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	02/04/2020	02/04/2020	6402709
11/25/2019	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$12.20	Disc: Hrgi	$48.80	02/04/2020	02/04/2020	6402709
Claim # AGA-0172814 Totals :			**$1,120.35**	**$44.60**		**$1,075.75**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0172820; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/14/2018									
10/05/2018	New River Valley Surgery Cent	Surgery	$4,380.00	$1,412.94	Other Ins Paid		01/07/2019	01/11/2019	6402297
				$2,613.82	Primary Adjustm	$353.24	01/07/2019	01/11/2019	6402297
09/14/2018	Carilion Medical Center	Mri	$172.00	$136.41	Primary Adjustm		03/05/2019	03/05/2019	6402317
				$28.47	Other Ins Paid	$7.12	03/05/2019	03/05/2019	6402317
10/04/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$51.76	Other Ins Paid	$57.24	03/05/2019	03/05/2019	6402333
10/05/2018	Carilion Healthcare Corp	Surgery	$1,286.00	$553.43	Other Ins Paid	$732.57	04/03/2019	04/16/2019	6402374
10/18/2018	Carilion Healthcare Corp	Surgery	$149.00	$61.11	Other Ins Paid	$87.89	04/03/2019	04/16/2019	6402374
10/08/2018	Professional Rehab Associates	Phys.therapy	$240.00	$14.19	Other Ins Paid		05/02/2019	05/03/2019	6402398
				$73.94	Primary Adjustm		05/02/2019	05/03/2019	6402398
				$41.87	A-G Discount	$110.00	05/02/2019	05/03/2019	6402398
10/12/2018	Professional Rehab Associates	Phys.therapy	$180.00	$3.90	Other Ins Paid		05/02/2019	05/03/2019	6402398
				$48.41	Primary Adjustm		05/02/2019	05/03/2019	6402398
				$52.69	A-G Discount	$75.00	05/02/2019	05/03/2019	6402398
10/05/2018	Anesthesiology Associates	Anesthesia	$768.00	$572.57	Primary Adjustm		06/11/2019	06/11/2019	6402434
				$156.34	Other Ins Paid	$39.09	06/11/2019	06/11/2019	6402434
04/02/2019	Carilion Medical Center	X-ray,Radiology	$143.00	$69.97	Other Ins Paid	$73.03	07/18/2019	07/23/2019	6402481
04/02/2019	Carilion Medical Center	Medical Treatment	$204.00	$83.00	Other Ins Paid	$121.00	07/18/2019	07/23/2019	6402481
03/27/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$73.20	Other Ins Paid	$35.80	07/26/2019	07/30/2019	6402490
04/04/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$55.32	Other Ins Paid	$53.68	07/26/2019	07/30/2019	6402491
04/29/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$75.32	Other Ins Paid	$33.68	07/26/2019	07/30/2019	6402492
04/11/2019	Carilion Healthcare Corp	Surgery	$429.00	$259.68	Other Ins Paid	$169.32	07/26/2019	07/30/2019	6402492
04/25/2019	Carilion Healthcare Corp	Surgery	$429.00	$259.68	Other Ins Paid	$169.32	07/26/2019	07/30/2019	6402492
05/07/2019	Carilion Healthcare Corp	Surgery	$1,062.00	$542.60	Other Ins Paid	$519.40	07/26/2019	07/30/2019	6402492
04/18/2019	Carilion Healthcare Corp	Surgery	$429.00	$259.68	Other Ins Paid	$169.32	08/07/2019	08/09/2019	6402502
04/25/2019	Carilion Healthcare Corp	Surgery	$149.00	$38.02	Other Ins Paid	$110.98	08/30/2019	09/04/2019	6402531
05/07/2019	Anesthesiology Associates	Anesthesia	$768.00	$750.32	Other Ins Paid	$17.68	09/03/2019	09/04/2019	6402534
08/08/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$56.58	Other Ins Paid	$9.42	11/06/2019	11/08/2019	6402600
05/09/2019	Professional Rehab Associates	Phys.therapy	$240.00	$133.71	Other Ins Paid		11/26/2019	12/03/2019	6402623
				$72.86	Primary Adjustm	$33.43	11/26/2019	12/03/2019	6402623
10/03/2019	Carilion Clinic	Medical Treatment	$109.00	$0.00		$109.00	12/10/2019	12/10/2019	6402641
10/10/2019	Carilion Clinic	Medical Treatment	$429.00	$0.00		$429.00	12/10/2019	12/10/2019	6402641
10/03/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$93.20	Other Ins Paid	$15.80	01/13/2020	01/14/2020	6402677
10/24/2019	Carilion Healthcare Corp	Surgery	$429.00	$255.29	Other Ins Paid	$173.71	01/13/2020	01/14/2020	6402677

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0172820; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/14/2018									
	Carilion Clinic		$0.00	$0.00		-$110.98	01/29/2020	01/29/2020	0
08/01/2019	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$41.79	Other Ins Paid	$14.21	03/13/2020	03/13/2020	6402733
	Carilion Clinic		$0.00	$0.00		-$15.80	05/18/2020	05/18/2020	0
05/13/2019	Greenbrier Valley Physical Therapy	Phys.therapy	$226.00	$190.53	Primary Adjustm	$35.47	06/16/2020	06/19/2020	6402825
05/15/2019	Greenbrier Valley Physical Therapy	Phys.therapy	$160.00	$138.16	Primary Adjustm	$21.84	06/16/2020	06/19/2020	6402825
01/29/2020	Carilion Healthcare Corp	Ph.visit Office	$109.00	$74.40	Other Ins Paid	$34.60	06/18/2020	06/19/2020	6402831
01/29/2020	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$0.00		$61.00	06/18/2020	06/19/2020	6402831
04/02/2019	Carilion NRV Med Center	Mri	$3,282.84	$2,901.03	Primary Adjustm		06/15/2020	06/19/2020	999999999
				$381.81	Other Ins Paid	$0.00	06/15/2020	06/19/2020	999999999
04/02/2019	Carilion NRV Med Center	Mri	$549.66	$137.42	Provider Discount		06/15/2020	06/19/2020	999999999
				$412.24	Disc.radford	$0.00	06/15/2020	06/19/2020	999999999
05/07/2019	Carilion NRV Med Center	Surgery	$16,787.01	$13,961.04	Primary Adjustm		06/15/2020	06/19/2020	999999999
				$2,825.97	Other Ins Paid	$0.00	06/15/2020	06/19/2020	999999999
05/07/2019	Carilion NRV Med Center	Surgery	$706.49	$176.62	Provider Discount		06/15/2020	06/19/2020	999999999
				$529.87	Disc.radford	$0.00	06/15/2020	06/19/2020	999999999
	Carilion Clinic		$0.00	$0.00		-$93.20	07/23/2020	07/23/2020	0
	Carilion Clinic		$0.00	$0.00		-$255.29	07/23/2020	07/23/2020	0
10/17/2019	Carilion Healthcare Corp	Injection	$280.00	$179.25	Other Ins Paid	$100.75	07/20/2020	07/24/2020	6402848
10/17/2019	Carilion Healthcare Corp	Surgery	$149.00	$76.04	Other Ins Paid	$72.96	07/20/2020	07/24/2020	6402848
Claim # AGA-0172820 Totals :			**$34,973.00**	**$31,401.72**		**$3,571.28**			
Claim: AGA-0161701; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 08/04/2018									
09/07/2018	Academic Primary Care	Medical Treatment	$550.00	$0.00		$550.00	01/03/2019	01/04/2019	6402296
Claim # AGA-0161701 Totals :			**$550.00**	**$0.00**		**$550.00**			
Claim: AGA-0214018; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 03/26/2019									
04/09/2019	Solstas Lab Partners	Lab,Pathology	$295.00	$239.14	Primary Adjustm		12/20/2019	12/23/2019	6402662
				$44.70	Other Ins Paid	$11.16	12/20/2019	12/23/2019	6402662
Claim # AGA-0214018 Totals :			**$295.00**	**$283.84**		**$11.16**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0169738; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 10/01/2018									
10/28/2018	Carilion Medical Center	Mri	$170.00	$62.54	Other Ins Paid		01/03/2019	01/04/2019	6402282
				$91.83	Primary Adjustm	$15.63	01/03/2019	01/04/2019	6402282
10/28/2018	Carilion NRV Med Center	Mri	$2,134.36	$427.80	Primary Adjustm		01/16/2019	01/25/2019	999999999
				$1,706.56	Other Ins Paid	$0.00	01/16/2019	01/25/2019	999999999
01/16/2019	Carilion NRV Med Center	Mri	$426.64	$106.66	Provider Discount		01/16/2019	01/25/2019	999999999
				$319.98	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
Claim # AGA-0169738 Totals :			**$2,731.00**	**$2,715.37**		**$15.63**			
Claim: AGA-0188782; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 01/20/2019									
01/30/2019	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	03/13/2019	03/20/2019	6402348
	Carilion Clinic		$0.00	$0.00		-$22.00	07/31/2019	07/31/2019	0
Claim # AGA-0188782 Totals :			**$22.00**	**$22.00**		**$0.00**			
Claim: AGA-0206781; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 04/18/2019									
04/18/2019	Carilion Medical Center	X-ray,Radiology	$56.00	$21.04	Other Ins Paid		09/09/2019	09/12/2019	6402542
				$29.70	Primary Adjustm	$5.26	09/09/2019	09/12/2019	6402542
04/18/2019	Carilion NRV Med Center	X-ray,Radiology	$261.60	$261.60	Other Ins Paid	$0.00	09/06/2019	09/12/2019	999999999
04/18/2019	Carilion NRV Med Center	X-ray,Radiology	$315.40	$78.85	Provider Discount		09/06/2019	09/12/2019	999999999
				$236.55	Disc.radford	$0.00	09/06/2019	09/12/2019	999999999
Claim # AGA-0206781 Totals :			**$633.00**	**$627.74**		**$5.26**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0164633; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 09/10/2018									
09/14/2018	Jefferson Surgical Clinic	Medical Treatment	$758.00	$347.48	Primary Adjustm		11/01/2018	11/02/2018	6402230
				$170.50	Other Ins Paid	$240.02	11/01/2018	11/02/2018	6402230
09/20/2018	Carilion Medical Center	Mri	$460.00	$219.78	Primary Adjustm		11/05/2018	11/06/2018	6402234
				$192.18	Other Ins Paid	$48.04	11/05/2018	11/06/2018	6402234
10/22/2018	Carilion Healthcare Corp	Medical Treatment	$157.00	$33.36	Primary Adjustm		11/29/2018	11/30/2018	6402265
				$98.91	Other Ins Paid	$24.73	11/29/2018	11/30/2018	6402265
10/26/2018	Carilion Healthcare Corp	Surgery	$2,184.00	$1,198.44	Primary Adjustm		11/29/2018	11/30/2018	6402265
				$788.45	Other Ins Paid	$197.11	11/29/2018	11/30/2018	6402265
10/01/2018	Carilion Medical Center	Cat Scan	$480.00	$201.44	Other Ins Paid		12/10/2018	12/13/2018	6402269
				$228.20	Primary Adjustm	$50.36	12/10/2018	12/13/2018	6402269
09/18/2018	Performance Medicine Of Sw	Surgery	$560.00	$258.37	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$242.04	Primary Adjustm	$59.59	11/30/2018	12/13/2018	6402271
09/18/2018	Performance Medicine Of Sw	Medical Treatment	$345.00	$175.99	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$125.01	Primary Adjustm	$44.00	11/30/2018	12/13/2018	6402271
09/18/2018	Performance Medicine Of Sw	X-ray,Radiology	$305.00	$53.36	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$238.30	Primary Adjustm	$13.34	11/30/2018	12/13/2018	6402271
09/18/2018	Performance Medicine Of Sw	Surgery	$560.00	$119.18	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$411.03	Primary Adjustm	$29.79	11/30/2018	12/13/2018	6402271
09/18/2018	Performance Medicine Of Sw	Surgery	$560.00	$238.35	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$262.06	Primary Adjustm	$59.59	11/30/2018	12/13/2018	6402271
09/18/2018	Performance Medicine Of Sw	Surgery	$560.00	$119.18	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$411.03	Primary Adjustm	$29.79	11/30/2018	12/13/2018	6402271
09/18/2018	Performance Medicine Of Sw	Surgery	$560.00	$119.18	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$411.03	Primary Adjustm	$29.79	11/30/2018	12/13/2018	6402271
09/18/2018	Performance Medicine Of Sw	Surgery	$560.00	$119.18	Other Ins Paid		11/30/2018	12/13/2018	6402271
				$411.03	Primary Adjustm	$29.79	11/30/2018	12/13/2018	6402271
10/15/2018	Jefferson Surgical Clinic	Medical Treatment	$175.00	$60.04	Primary Adjustm		12/28/2018	01/04/2019	6402283
				$91.97	Other Ins Paid	$22.99	12/28/2018	01/04/2019	6402283
11/12/2018	Pain and Spine Center Virginia	Medical Treatment	$450.00	$93.19	Other Ins Paid		01/03/2019	01/04/2019	6402284
				$333.51	Primary Adjustm	$23.30	01/03/2019	01/04/2019	6402284
10/26/2018	Carilion Healthcare Corp	Surgery	$655.20	$107.23	Other Ins Paid		01/04/2019	01/04/2019	6402286
				$521.16	Primary Adjustm	$26.81	01/04/2019	01/04/2019	6402286
11/07/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$100.12	Other Ins Paid		01/03/2019	01/04/2019	6402289

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Claim: AGA-0164633; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 09/10/2018									
				$36.85	Primary Adjustm	$25.03	01/03/2019	01/04/2019	6402289
10/31/2018	Carilion Healthcare Corp	Medical Treatment	$110.00	$44.00	Other Ins Paid		01/03/2019	01/04/2019	6402289
				$55.00	Primary Adjustm	$11.00	01/03/2019	01/04/2019	6402289
10/26/2018	Anesthesiology Associates	Anesthesia	$960.00	$540.00	Primary Adjustm		12/28/2018	01/04/2019	6402292
				$336.00	Other Ins Paid	$84.00	12/28/2018	01/04/2019	6402292
11/26/2018	Pain and Spine Center Virginia	Medical Treatment	$250.00	$58.22	Other Ins Paid		01/07/2019	01/11/2019	6402301
				$177.23	Primary Adjustm	$14.55	01/07/2019	01/11/2019	6402301
10/26/2018	New River Valley Surgery Cent	Surgery	$8,805.50	$7,266.50	Primary Adjustm		01/11/2019	01/15/2019	6402303
				$1,368.00	Other Ins Paid	$171.00	01/11/2019	01/15/2019	6402303
09/20/2018	Carilion NRV Med Center	Mri	$7,354.48	$2,252.44	Primary Adjustm		12/10/2018	01/25/2019	999999999
				$5,102.04	Other Ins Paid	$0.00	12/10/2018	01/25/2019	999999999
09/20/2018	Carilion NRV Med Center	Mri	$1,275.52	$318.88	Provider Discount		12/10/2018	01/25/2019	999999999
				$956.64	Disc.radford	$0.00	12/10/2018	01/25/2019	999999999
11/14/2018	Professional Rehab Associates	Phys.therapy	$0.00	$36.00	Primary Adjustm	V	01/28/2019	01/29/2019	6402314
				$69.00	A-G Discount	$0.00	01/28/2019	01/29/2019	6402314
11/15/2018	Professional Rehab Associates	Phys.therapy	$0.00	$43.80	Primary Adjustm	V	01/28/2019	01/29/2019	6402314
				$100.20	A-G Discount	$0.00	01/28/2019	01/29/2019	6402314
11/09/2018	Professional Rehab Associates	Phys.therapy	$0.00	$39.00	Primary Adjustm	V	01/28/2019	01/29/2019	6402314
				$46.00	A-G Discount	$0.00	01/28/2019	01/29/2019	6402314
11/12/2018	Professional Rehab Associates	Phys.therapy	$0.00	$36.00	Primary Adjustm	V	01/28/2019	01/29/2019	6402314
				$69.00	A-G Discount	$0.00	01/28/2019	01/29/2019	6402314
11/27/2018	Professional Rehab Associates	Phys.therapy	$0.00	$45.20	Primary Adjustm	V	01/28/2019	01/29/2019	6402315
				$105.80	A-G Discount	$0.00	01/28/2019	01/29/2019	6402315
11/30/2018	Professional Rehab Associates	Phys.therapy	$0.00	$46.40	Primary Adjustm	V	01/28/2019	01/29/2019	6402315
				$110.60	A-G Discount	$0.00	01/28/2019	01/29/2019	6402315
11/29/2018	Professional Rehab Associates	Phys.therapy	$0.00	$46.40	Primary Adjustm	V	01/28/2019	01/29/2019	6402315
				$110.60	A-G Discount	$0.00	01/28/2019	01/29/2019	6402315
12/04/2018	Professional Rehab Associates	Phys.therapy	$232.00	$46.40	Primary Adjustm		02/14/2019	03/05/2019	6402341
				$110.60	A-G Discount	$75.00	02/14/2019	03/05/2019	6402341
12/05/2018	Professional Rehab Associates	Phys.therapy	$239.00	$47.80	Primary Adjustm		02/14/2019	03/05/2019	6402341
				$116.20	A-G Discount	$75.00	02/14/2019	03/05/2019	6402341
12/07/2018	Professional Rehab Associates	Phys.therapy	$239.00	$47.80	Primary Adjustm		02/14/2019	03/05/2019	6402341
				$116.20	A-G Discount	$75.00	02/14/2019	03/05/2019	6402341

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0164633; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 09/10/2018									
11/09/2018	Professional Rehab Associates	Phys.therapy	$195.00	$39.00	Primary Adjustm		03/01/2019	03/05/2019	6402345
				$46.00	A-G Discount	$110.00	03/01/2019	03/05/2019	6402345
11/12/2018	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Primary Adjustm		03/01/2019	03/05/2019	6402345
				$69.00	A-G Discount	$75.00	03/01/2019	03/05/2019	6402345
11/14/2018	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Primary Adjustm		03/01/2019	03/05/2019	6402345
				$69.00	A-G Discount	$75.00	03/01/2019	03/05/2019	6402345
11/15/2018	Professional Rehab Associates	Phys.therapy	$219.00	$43.80	Primary Adjustm		03/01/2019	03/05/2019	6402345
				$100.20	A-G Discount	$75.00	03/01/2019	03/05/2019	6402345
11/27/2018	Professional Rehab Associates	Phys.therapy	$226.00	$45.20	Primary Adjustm		03/01/2019	03/05/2019	6402345
				$105.80	A-G Discount	$75.00	03/01/2019	03/05/2019	6402345
11/29/2018	Professional Rehab Associates	Phys.therapy	$232.00	$46.40	Primary Adjustm		03/01/2019	03/05/2019	6402345
				$110.60	A-G Discount	$75.00	03/01/2019	03/05/2019	6402345
11/30/2018	Professional Rehab Associates	Phys.therapy	$232.00	$46.40	Primary Adjustm		03/01/2019	03/05/2019	6402345
				$110.60	A-G Discount	$75.00	03/01/2019	03/05/2019	6402345
01/04/2019	Elite Physical Therapy	Phys.therapy	$245.00	$183.35	Primary Adjustm	$61.65	03/11/2019	03/20/2019	6402355
01/09/2019	Elite Physical Therapy	Phys.therapy	$200.00	$131.00	Primary Adjustm	$69.00	03/11/2019	03/20/2019	6402355
01/14/2019	Elite Physical Therapy	Phys.therapy	$200.00	$131.00	Primary Adjustm	$69.00	03/11/2019	03/20/2019	6402355
01/17/2019	Elite Physical Therapy	Phys.therapy	$200.00	$131.00	Primary Adjustm	$69.00	03/11/2019	03/20/2019	6402355
01/11/2019	Elite Physical Therapy	Phys.therapy	$200.00	$37.37	Other Ins Paid		03/11/2019	03/20/2019	6402355
				$131.00	Primary Adjustm	$31.63	03/11/2019	03/20/2019	6402355
11/05/2018	Carilion NRV Med Center	Medical Treatment	$1,048.00	$336.93	Primary Adjustm		04/09/2019	04/16/2019	6402381
				$568.86	Other Ins Paid		04/09/2019	04/16/2019	6402381
				$35.60	Provider Discount	$106.61	04/09/2019	04/16/2019	6402381
10/01/2018	Carilion NRV Med Center	Cat Scan	$4,190.00	$1,093.59	Primary Adjustm		04/09/2019	04/16/2019	6402382
				$2,950.72	Other Ins Paid		04/09/2019	04/16/2019	6402382
				$36.42	Provider Discount	$109.27	04/09/2019	04/16/2019	6402382
01/21/2019	Professional Rehab Associates	Phys.therapy	$239.00	$47.80	Primary Adjustm		04/09/2019	04/16/2019	6402383
				$116.20	A-G Discount	$75.00	04/09/2019	04/16/2019	6402383
01/24/2019	Pain and Spine Center Virginia	Medical Treatment	$250.00	$177.23	Primary Adjustm		04/22/2019	04/23/2019	6402389
				$58.22	Other Ins Paid	$14.55	04/22/2019	04/23/2019	6402389
01/25/2019	Professional Rehab Associates	Phys.therapy	$314.00	$62.80	Primary Adjustm		04/25/2019	04/26/2019	6402394
				$176.20	A-G Discount	$75.00	04/25/2019	04/26/2019	6402394
11/14/2018	Excel Prosthetics & Orthotics	Orthopedic Appliance	$888.04	$582.12	Other Ins Paid		06/07/2019	06/11/2019	6402425

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0164633; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 09/10/2018									
				$146.72	Primary Adjustm	$159.20	06/07/2019	06/11/2019	6402425
02/21/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$16.18	Primary Adjustm		06/07/2019	06/11/2019	6402426
				$39.86	Other Ins Paid	$9.96	06/07/2019	06/11/2019	6402426
12/12/2018	Professional Rehab Associates	Phys.therapy	$180.00	$36.00	Primary Adjustm		06/07/2019	06/11/2019	6402427
				$69.00	A-G Discount	$75.00	06/07/2019	06/11/2019	6402427
12/11/2018	Professional Rehab Associates	Phys.therapy	$187.00	$37.40	Primary Adjustm		06/07/2019	06/11/2019	6402427
				$74.60	A-G Discount	$75.00	06/07/2019	06/11/2019	6402427
10/26/2018	New River Valley Surgery Center	Surgery	$171.00	$0.00		$171.00	01/14/2020	01/17/2020	6402681
Claim # AGA-0164633 Totals :			**$38,998.74**	**$35,808.25**		**$3,190.49**			
Claim: AGA-0163863; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 09/03/2018									
02/07/2019	Total Motion Physical Therapy	Phys.therapy	$283.00	$186.43	Primary Adjustm	$96.57	06/05/2019	06/06/2019	6402422
02/20/2019	Total Motion Physical Therapy	Phys.therapy	$269.00	$187.00	Primary Adjustm	$82.00	07/10/2019	07/12/2019	6402472
02/21/2019	Total Motion Physical Therapy	Phys.therapy	$266.00	$186.00	Primary Adjustm	$80.00	07/10/2019	07/12/2019	6402472
02/14/2019	Total Motion Physical Therapy	Phys.therapy	$316.00	$231.00	Primary Adjustm	$85.00	07/10/2019	07/12/2019	6402472
03/07/2019	Total Motion Physical Therapy	Phys.therapy	$269.00	$187.00	Primary Adjustm	$82.00	07/10/2019	07/12/2019	6402473
03/05/2019	Total Motion Physical Therapy	Phys.therapy	$319.00	$229.00	Primary Adjustm	$90.00	07/10/2019	07/12/2019	6402473
03/01/2019	Total Motion Physical Therapy	Phys.therapy	$319.00	$232.00	Primary Adjustm	$87.00	07/10/2019	07/12/2019	6402473
02/22/2019	Total Motion Physical Therapy	Phys.therapy	$263.00	$185.00	Primary Adjustm	$78.00	07/10/2019	07/12/2019	6402473
04/18/2019	Total Motion Physical Therapy	Phys.therapy	$331.00	$231.00	Primary Adjustm	$100.00	08/12/2019	08/13/2019	6402507
04/16/2019	Total Motion Physical Therapy	Phys.therapy	$313.00	$223.00	Primary Adjustm	$90.00	08/12/2019	08/13/2019	6402507
04/11/2019	Total Motion Physical Therapy	Phys.therapy	$334.00	$236.00	Primary Adjustm	$98.00	08/12/2019	08/13/2019	6402507
04/09/2019	Total Motion Physical Therapy	Phys.therapy	$266.00	$188.00	Primary Adjustm	$78.00	08/12/2019	08/13/2019	6402507
04/03/2019	Total Motion Physical Therapy	Phys.therapy	$334.00	$236.00	Primary Adjustm	$98.00	08/12/2019	08/13/2019	6402507
04/04/2019	Total Motion Physical Therapy	Phys.therapy	$334.00	$236.00	Primary Adjustm	$98.00	08/12/2019	08/13/2019	6402507
03/27/2019	Total Motion Physical Therapy	Phys.therapy	$251.00	$185.00	Primary Adjustm	$66.00	09/03/2019	09/04/2019	6402533
02/26/2019	Total Motion Physical Therapy	Phys.therapy	$248.00	$181.00	Primary Adjustm	$67.00	09/03/2019	09/04/2019	6402533
03/19/2019	Total Motion Physical Therapy	Phys.therapy	$269.00	$187.00	Primary Adjustm	$82.00	09/03/2019	09/04/2019	6402533
03/21/2019	Total Motion Physical Therapy	Phys.therapy	$0.00	$186.00	Primary Adjustm	V $0.00	09/16/2019	09/17/2019	6402555
03/21/2019	Total Motion Physical Therapy	Phys.therapy	$266.00	$186.00	Primary Adjustm	$80.00	10/15/2019	10/15/2019	6402574
Claim # AGA-0163863 Totals :			**$5,250.00**	**$3,712.43**		**$1,537.57**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0207036; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-arm; Date Incurred: 01/09/2019									
04/17/2019	Carilion Healthcare Corp	Medical Treatment	$112.00	$54.60	Other Ins Paid		08/19/2019	08/20/2019	6402515
				$27.40	Primary Adjustm	$30.00	08/19/2019	08/20/2019	6402515
11/22/2019	Anesthesiology Associates	Anesthesia	$1,678.00	$335.30	Other Ins Paid		01/09/2020	01/10/2020	6402675
				$1,199.00	Primary Adjustm	$143.70	01/09/2020	01/10/2020	6402675
11/22/2019	New River Valley Surgery Center	Surgery	$9,513.20	$7,282.00	Primary Adjustm		01/29/2020	01/31/2020	6402702
				$1,687.98	Other Ins Paid	$543.22	01/29/2020	01/31/2020	6402702
10/17/2019	HealthRisk Resource Group LLC	Repricing Fee	$4.89	$0.00		$4.89	02/04/2020	02/04/2020	6402710
10/17/2019	Carilion Medical Center	Mri	$204.00	$40.80	Disc: Hrgi	$163.20	02/04/2020	02/04/2020	6402711
12/05/2019	Professional Rehab Associates	Phys.therapy	$240.00	$48.00	Primary Adjustm	$192.00	03/18/2020	03/20/2020	6402742
12/06/2019	Professional Rehab Associates	Phys.therapy	$90.00	$18.00	Primary Adjustm	$72.00	03/18/2020	03/20/2020	6402742
12/09/2019	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Primary Adjustm	$108.00	03/18/2020	03/20/2020	6402742
12/10/2019	Professional Rehab Associates	Phys.therapy	$135.00	$27.00	Primary Adjustm	$108.00	03/18/2020	03/20/2020	6402742
	Carilion Clinic		$0.00	$0.00		-$131.08	04/10/2020	04/10/2020	0
Claim # AGA-0207036 Totals :			**$12,112.09**	**$10,878.16**		**$1,233.93**			
Claim: AGA-0207202; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 02/23/2019									
03/25/2019	Carilion Healthcare Corp	Medical Treatment	$156.00	$41.19	Primary Adjustm		07/29/2019	07/30/2019	6402493
				$76.92	Other Ins Paid	$37.89	07/29/2019	07/30/2019	6402493
04/04/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		07/30/2019	07/30/2019	6402495
				$54.66	Other Ins Paid	$26.92	07/30/2019	07/30/2019	6402495
Claim # AGA-0207202 Totals :			**$265.00**	**$200.19**		**$64.81**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0211403; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 03/14/2019									
04/03/2019	Carilion Medical Center	Mri	$172.00	$83.25	Primary Adjustm		12/10/2019	12/10/2019	6402639
				$59.46	Other Ins Paid	$29.29	12/10/2019	12/10/2019	6402639
04/04/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		12/10/2019	12/10/2019	6402640
				$54.66	Other Ins Paid	$26.92	12/10/2019	12/10/2019	6402640
04/24/2019	Carilion Healthcare Corp	Surgery	$429.00	$190.83	Primary Adjustm		12/10/2019	12/10/2019	6402640
				$159.57	Other Ins Paid	$78.60	12/10/2019	12/10/2019	6402640
05/01/2019	Carilion Healthcare Corp	Surgery	$429.00	$190.83	Primary Adjustm		12/10/2019	12/10/2019	6402640
				$159.57	Other Ins Paid	$78.60	12/10/2019	12/10/2019	6402640
05/09/2019	Carilion Healthcare Corp	Surgery	$429.00	$190.83	Primary Adjustm		12/10/2019	12/10/2019	6402640
				$159.57	Other Ins Paid	$78.60	12/10/2019	12/10/2019	6402640
04/03/2019	Carilion NRV Med Center	Mri	$1,987.58	$823.36	Primary Adjustm		12/10/2019	12/13/2019	999999999
				$1,164.22	Other Ins Paid	$0.00	12/10/2019	12/13/2019	999999999
04/03/2019	Carilion NRV Med Center	Mri	$573.42	$143.40	Provider Discount		12/10/2019	12/13/2019	999999999
				$430.02	Disc.radford	$0.00	12/10/2019	12/13/2019	999999999
	Carilion Healthcare Corp		$0.00	$0.00		-$26.92	04/30/2020	04/30/2020	0
Claim # AGA-0211403 Totals :			**$4,129.00**	**$3,863.91**		**$265.09**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0208260; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 10/07/2018									
06/25/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	07/19/2019	07/23/2019	6402482
07/17/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402505
07/19/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402505
07/18/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402505
07/10/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402505
06/19/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402505
06/12/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402505
07/01/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	08/09/2019	08/13/2019	6402505
06/27/2019	Professional Rehab Associates	Phys.therapy	$135.00	$0.00		$135.00	08/09/2019	08/13/2019	6402505
04/10/2019	Carilion Clinic	X-ray,Radiology	$28.00	$2.80	Provider Discount	$25.20	08/30/2019	09/04/2019	6402530
06/17/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/05/2019	11/08/2019	6402595
06/10/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/05/2019	11/08/2019	6402595
07/26/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/05/2019	11/08/2019	6402595
07/24/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/05/2019	11/08/2019	6402595
07/29/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/05/2019	11/08/2019	6402595
06/03/2019	Professional Rehab Associates	Phys.therapy	$195.00	$85.00	A-G Discount	$110.00	11/05/2019	11/08/2019	6402595
07/31/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/06/2019	11/08/2019	6402596
08/01/2019	Professional Rehab Associates	Phys.therapy	$135.00	$60.00	A-G Discount	$75.00	11/06/2019	11/08/2019	6402596
Claim # AGA-0208260 Totals :			**$2,383.00**	**$987.80**		**$1,395.20**			
Claim: AGA-0202389; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 02/24/2019									
03/07/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$8.18	Primary Adjustm	$100.82	06/10/2019	06/11/2019	6402431
03/04/2019	Carilion Healthcare Corp	Medical Treatment	$170.00	$37.54	Primary Adjustm	$132.46	06/10/2019	06/11/2019	6402431
03/13/2019	Professional Rehab Associates	Phys.therapy	$195.00	$135.00	Primary Adjustm	$60.00	06/10/2019	06/11/2019	6402432
03/05/2019	Carilion Medical Center	Mri	$204.00	$113.39	Primary Adjustm	$90.61	06/10/2019	06/11/2019	6402433
03/05/2019	Carilion Medical Center	Surgery	$176.00	$87.35	Primary Adjustm	$88.65	06/10/2019	06/11/2019	6402433
03/05/2019	Carilion NRV Med Center	Mri	$4,342.00	$1,085.50	Provider Discount		07/01/2020	07/02/2020	999999999
				$3,256.50	Disc.radford	$0.00	07/01/2020	07/02/2020	999999999
Claim # AGA-0202389 Totals :			**$5,196.00**	**$4,723.46**		**$472.54**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0169864; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 10/05/2018									
10/11/2018	Carilion Healthcare Corp	Medical Treatment	$224.00	$48.54	Primary Adjustm		12/12/2018	12/13/2018	6402270
				$67.41	Other Ins Paid	$108.05	12/12/2018	12/13/2018	6402270
10/17/2018	Professional Rehab Associates	Phys.therapy	$240.00	$121.66	Other Ins Paid		01/02/2019	01/04/2019	6402281
				$103.34	Primary Adjustm	$15.00	01/02/2019	01/04/2019	6402281
11/01/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.16	Primary Adjustm		12/28/2018	01/04/2019	6402290
				$64.84	Other Ins Paid	$40.00	12/28/2018	01/04/2019	6402290
11/15/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$3.60	Primary Adjustm		01/15/2019	01/18/2019	6402306
				$22.40	Other Ins Paid	$40.00	01/15/2019	01/18/2019	6402306
12/06/2018	Carilion Healthcare Corp	Medical Treatment	$66.00	$26.00	Other Ins Paid	$40.00	04/23/2019	04/23/2019	6402391
01/03/2019	Chippenham Jw Hospital	Phys.therapy	$2,919.00	$2,385.29	Primary Adjustm	$533.71	04/30/2019	05/01/2019	6402396
12/19/2018	Chippenham Jw Hospital	Phys.therapy	$4,553.00	$972.24	Other Ins Paid		05/15/2019	05/17/2019	6402413
				$3,490.76	Primary Adjustm	$90.00	05/15/2019	05/17/2019	6402413
01/27/2019	Carilion Medical Center	Mri	$170.00	$90.66	Primary Adjustm		06/11/2019	06/14/2019	6402435
				$63.47	Other Ins Paid	$15.87	06/11/2019	06/14/2019	6402435
01/24/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm		06/11/2019	06/14/2019	6402436
				$23.12	Other Ins Paid	$40.00	06/11/2019	06/14/2019	6402436
01/28/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$2.88	Primary Adjustm		06/11/2019	06/14/2019	6402436
				$54.70	Other Ins Paid	$8.42	06/11/2019	06/14/2019	6402436
Claim # AGA-0169864 Totals :			**$8,479.00**	**$7,547.95**		**$931.05**			
Claim: AGA-0201538; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 03/02/2019									
03/19/2019	Carilion NRV Med Center	X-ray,Radiology	$555.00	$250.92	Primary Adjustm		06/28/2019	07/02/2019	6402445
				$212.98	Other Ins Paid		06/28/2019	07/02/2019	6402445
				$22.78	Provider Discount	$68.32	06/28/2019	07/02/2019	6402445
03/02/2019	Conway Medical Center	Dr.visit-emerg Room	$680.50	$530.50	Other Ins Paid	$150.00	06/28/2019	07/02/2019	6402446
03/02/2019	Conway Hospital Emer Prof Svc	Dr.visit-emerg Room	$380.00	$42.00	Other Ins Paid		06/28/2019	07/02/2019	6402447
				$298.00	Primary Adjustm	$40.00	06/28/2019	07/02/2019	6402447
03/19/2019	Carilion Medical Center	X-ray,Radiology	$39.00	$0.00		$39.00	06/28/2019	07/02/2019	6402448
	Carilion Clinic		$0.00	$0.00		-$35.30	10/31/2019	10/31/2019	0
Claim # AGA-0201538 Totals :			**$1,654.50**	**$1,392.48**		**$262.02**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0203249; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 01/22/2019									
01/27/2019	Carilion NRV Med Center	Mri	$2,561.00	$427.80	Primary Adjustm		06/17/2019	06/18/2019	6402440
				$1,528.78	Other Ins Paid		06/17/2019	06/18/2019	6402440
				$151.11	Provider Discount	$453.31	06/17/2019	06/18/2019	6402440
Claim # AGA-0203249 Totals :			**$2,561.00**	**$2,107.69**		**$453.31**			
Claim: AGA-0171506; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 10/11/2018									
11/08/2018	Carilion NRV Med Center	X-ray,Radiology	$478.80	$102.82	Other Ins Paid		01/16/2019	01/25/2019	999999999
				$375.98	Primary Adjustm	$0.00	01/16/2019	01/25/2019	999999999
11/08/2018	Carilion NRV Med Center	X-ray,Radiology	$25.70	$6.43	Provider Discount		01/16/2019	01/25/2019	999999999
				$19.27	Disc.radford	$0.00	01/16/2019	01/25/2019	999999999
Claim # AGA-0171506 Totals :			**$504.50**	**$504.50**		**$0.00**			
Claim: AGA-0199595; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 11/30/2018									
04/01/2019	Carilion Clinic	Mri	$204.00	$95.91	Other Ins Paid		09/30/2019	10/01/2019	6402567
				$84.11	Primary Adjustm	$23.98	09/30/2019	10/01/2019	6402567
04/01/2019	Carilion Clinic	Mri	$176.00	$91.00	Other Ins Paid		09/30/2019	10/01/2019	6402567
				$62.25	Primary Adjustm	$22.75	09/30/2019	10/01/2019	6402567
04/04/2019	Carilion Clinic	X-ray,Radiology	$167.00	$89.74	Other Ins Paid		09/30/2019	10/01/2019	6402567
				$29.83	Primary Adjustm	$47.43	09/30/2019	10/01/2019	6402567
04/01/2019	Carilion NRV Med Center	Mri	$3,733.28	$1,310.38	Primary Adjustm		06/24/2020	06/26/2020	999999999
				$2,422.90	Other Ins Paid	$0.00	06/24/2020	06/26/2020	999999999
04/01/2019	Carilion NRV Med Center	Mri	$605.72	$151.43	Provider Discount		06/24/2020	06/26/2020	999999999
				$454.29	Disc.radford	$0.00	06/24/2020	06/26/2020	999999999
Claim # AGA-0199595 Totals :			**$4,886.00**	**$4,791.84**		**$94.16**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0210404; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 04/12/2019									
04/12/2019	Professional Rehab Associates	Phys.therapy	$195.00	$79.45	Other Ins Paid		10/21/2019	10/22/2019	6402582
				$80.55	Primary Adjustm	$35.00	10/21/2019	10/22/2019	6402582
06/03/2019	St. Marys Hospital	Phys.therapy	$2,521.00	$2,168.44	Primary Adjustm		11/07/2019	11/08/2019	6402602
				$212.56	Other Ins Paid	$140.00	11/07/2019	11/08/2019	6402602
07/03/2019	Orthovirginia, Inc	Surgery	$377.00	$148.62	Other Ins Paid		11/21/2019	11/22/2019	6402619
				$138.11	Primary Adjustm	$90.27	11/21/2019	11/22/2019	6402619
07/25/2019	Orthovirginia, Inc	Medical Treatment	$180.00	$67.54	Other Ins Paid		11/21/2019	11/22/2019	6402619
				$42.46	Primary Adjustm	$70.00	11/21/2019	11/22/2019	6402619
Claim # AGA-0210404 Totals :			**$3,273.00**	**$2,937.73**		**$335.27**			
Claim: AGA-0171644; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 08/11/2018									
08/18/2018	Carilion Clinic	X-ray,Radiology	$39.00	$20.77	Primary Adjustm	$18.23	11/03/2018	11/06/2018	6402239
08/18/2018	Carilion Clinic	X-ray,Radiology	$27.00	$14.44	Primary Adjustm	$12.56	11/03/2018	11/06/2018	6402239
08/18/2018	Carilion Clinic	Emrg.room	$279.00	$103.95	Primary Adjustm	$175.05	11/03/2018	11/06/2018	6402239
08/18/2018	Carilion Clinic	Radiology Services	$1,383.50	$750.11	Primary Adjustm		06/04/2019	06/06/2019	6402420
				$158.35	Provider Discount	$475.04	06/04/2019	06/06/2019	6402420
Claim # AGA-0171644 Totals :			**$1,728.50**	**$1,047.62**		**$680.88**			
Claim: AGA-0180632; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 10/22/2018									
10/22/2018	Carilion Healthcare Corp	Medical Treatment	$157.00	$107.84	Other Ins Paid		02/08/2019	03/05/2019	6402331
				$10.21	Primary Adjustm	$38.95	02/08/2019	03/05/2019	6402331
Claim # AGA-0180632 Totals :			**$157.00**	**$118.05**		**$38.95**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0204746; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/17/2018									
01/28/2019	Carilion Healthcare Corp	Surgery	$149.00	$78.70	Primary Adjustm	$70.30	08/27/2019	08/30/2019	6402519
02/11/2019	Carilion Healthcare Corp	Surgery	$149.00	$78.70	Primary Adjustm	$70.30	08/27/2019	08/30/2019	6402519
08/01/2019	Carilion Healthcare Corp	Surgery	$258.00	$81.65	Primary Adjustm	$176.35	09/13/2019	09/17/2019	6402554
08/14/2019	Carilion Healthcare Corp	Surgery	$149.00	$78.70	Primary Adjustm		09/23/2019	09/24/2019	6402558
				$45.04	Other Ins Paid	$25.26	09/23/2019	09/24/2019	6402558
01/28/2019	Carilion Healthcare Corp	Injection	$280.00	$0.00		$280.00	11/12/2019	11/15/2019	6402611
08/07/2019	Carilion Healthcare Corp	Surgery	$149.00	$78.70	Primary Adjustm		11/12/2019	11/15/2019	6402611
				$45.04	Other Ins Paid	$25.26	11/12/2019	11/15/2019	6402611
02/11/2019	HealthRisk Resource Group LLC	Repricing Fee	$6.72	$0.00		$6.72	01/23/2020	01/24/2020	6402690
02/11/2019	Carilion Healthcare Corp	Injection	$280.00	$56.00	Disc: Hrgi	$224.00	01/23/2020	01/24/2020	6402691
Claim # AGA-0204746 Totals :			**$1,420.72**	**$542.53**		**$878.19**			
Claim: AGA-0197383; Activity: Womens Track; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 01/25/2019									
02/22/2019	Carilion Medical Center	X-ray,Radiology	$133.00	$74.21	Primary Adjustm		06/06/2019	06/06/2019	6402423
				$47.03	Other Ins Paid	$11.76	06/06/2019	06/06/2019	6402423
02/22/2019	Carilion NRV Med Center	X-ray,Radiology	$2,141.00	$1,043.56	Primary Adjustm		06/10/2019	06/11/2019	6402428
				$877.95	Other Ins Paid		06/10/2019	06/11/2019	6402428
				$54.87	Disc.radford	$164.62	06/10/2019	06/11/2019	6402428
02/28/2019	Professional Rehab Associates	Phys.therapy	$195.00	$35.00	Other Ins Paid		06/10/2019	06/11/2019	6402429
				$135.00	Primary Adjustm	$25.00	06/10/2019	06/11/2019	6402429
01/31/2019	Carilion Medical Center	X-ray,Radiology	$46.00	$0.00		$46.00	06/10/2019	06/11/2019	6402430
Claim # AGA-0197383 Totals :			**$2,515.00**	**$2,267.62**		**$247.38**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0188408; Activity: Womens Track; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 01/14/2019									
01/16/2019	Carilion Medical Center	X-ray,Radiology	$44.00	$0.00		$44.00	04/02/2019	04/16/2019	6402368
03/06/2019	Carilion Medical Center	Mri	$170.00	$113.52	Primary Adjustm		05/20/2019	05/22/2019	6402416
				$51.48	Other Ins Paid	$5.00	05/20/2019	05/22/2019	6402416
01/16/2019	Carilion NRV Med Center	X-ray,Radiology	$349.00	$87.30	Provider Discount		09/18/2019	09/20/2019	999999999
				$261.70	Disc.radford	$0.00	09/18/2019	09/20/2019	999999999
03/06/2019	Carilion NRV Med Center	Mri	$2,561.00	$640.30	Provider Discount		09/18/2019	09/20/2019	999999999
				$1,920.70	Disc.radford	$0.00	09/18/2019	09/20/2019	999999999
Claim # AGA-0188408 Totals :			**$3,124.00**	**$3,075.00**		**$49.00**			
Claim: AGA-0188801; Activity: Womens Track; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 01/10/2019									
01/25/2019	Carilion Medical Center	X-ray,Radiology	$44.00	$0.00		$44.00	04/03/2019	04/16/2019	6402371
Claim # AGA-0188801 Totals :			**$44.00**	**$0.00**		**$44.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0211220; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 05/09/2019									
05/16/2019	Star Physical Therapy	Phys.therapy	$511.00	$436.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
05/20/2019	Star Physical Therapy	Phys.therapy	$511.00	$436.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
05/14/2019	Star Physical Therapy	Phys.therapy	$577.00	$502.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.51	Other Ins Paid	$7.49	09/03/2019	09/04/2019	6402532
06/06/2019	Star Physical Therapy	Phys.therapy	$380.00	$305.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
06/05/2019	Star Physical Therapy	Phys.therapy	$454.00	$379.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
06/26/2019	Star Physical Therapy	Phys.therapy	$427.00	$352.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
06/28/2019	Star Physical Therapy	Phys.therapy	$290.00	$215.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
05/29/2019	Star Physical Therapy	Phys.therapy	$464.00	$389.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
05/24/2019	Star Physical Therapy	Phys.therapy	$454.00	$379.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
05/31/2019	Star Physical Therapy	Phys.therapy	$454.00	$379.00	Primary Adjustm		09/03/2019	09/04/2019	6402532
				$67.50	Other Ins Paid	$7.50	09/03/2019	09/04/2019	6402532
Claim # AGA-0211220 Totals :			**$4,522.00**	**$4,447.01**		**$74.99**			
Claim: AGA-0214138; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 07/17/2019									
07/18/2019	Carilion Medical Center	X-ray,Radiology	$22.00	$10.28	Other Ins Paid		09/23/2019	09/24/2019	6402559
				$10.58	Primary Adjustm	$1.14	09/23/2019	09/24/2019	6402559
07/22/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$73.42	Other Ins Paid		09/23/2019	09/24/2019	6402560
				$27.42	Primary Adjustm	$8.16	09/23/2019	09/24/2019	6402560
Claim # AGA-0214138 Totals :			**$131.00**	**$121.70**		**$9.30**			
2018 Sub Total: Checking Account RADFO Totals:			**$419,757.30**	**$373,547.19**		**$46,210.11**			
2018 Sub Total: Coverage Intercollegiate Sports Totals:			**$419,757.30**	**$373,547.19**		**$46,210.11**			
2018 Sub Total: Policy US748852 Totals:			**$419,757.30**	**$373,547.19**		**$46,210.11**			

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Policy:	**US749133**								
Coverage:	**Voluntary**								
Checking Account:	**FAIRM**								
Claim: AGA-0169145; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 09/04/2018									
09/28/2018	HealthRisk Resource Group LLC	Repricing Fee	$1.05	$0.00		$1.05	11/27/2018	03/29/2019	284384
09/30/2018	HealthRisk Resource Group LLC	Repricing Fee	$4.12	$0.00		$4.12	11/27/2018	03/29/2019	284384
10/01/2018	HealthRisk Resource Group LLC	Repricing Fee	$2.61	$0.00		$2.61	11/27/2018	03/29/2019	284384
09/28/2018	HealthRisk Resource Group LLC	Repricing Fee	$87.20	$0.00		$87.20	11/07/2018	03/29/2019	284487
09/28/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	11/07/2018	03/29/2019	284488
10/01/2018	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	11/27/2018	03/29/2019	284489
11/28/2018	ACO Medical Supply, Inc	Medical Treatment	$133.71	$0.00		$133.71	01/28/2019	03/29/2019	284522
09/28/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$4.40	Disc: Hrgi	$17.60	11/27/2018	03/29/2019	284537
09/28/2018	Carilion Medical Center	X-ray,Radiology	$22.00	$4.40	Disc: Hrgi	$17.60	11/27/2018	03/29/2019	284537
09/30/2018	Carilion Medical Center	Mri	$172.00	$34.40	Disc: Hrgi	$137.60	11/27/2018	03/29/2019	284537
09/28/2018	Carilion NRV Med Center	X-ray,Radiology	$429.00	$107.25	Provider Discount		10/29/2018	04/12/2019	999999999
				$321.75	Disc.radford	$0.00	10/29/2018	04/12/2019	999999999
09/30/2018	Carilion NRV Med Center	Mri	$2,561.00	$640.25	Provider Discount		11/01/2018	04/12/2019	999999999
				$1,920.75	Disc.radford	$0.00	11/01/2018	04/12/2019	999999999
03/21/2019	Carilion Healthcare Corp	Medical Treatment	$66.00	$0.00		$66.00	06/27/2019	06/28/2019	290202
01/10/2019	Breg, Inc.	Medical Equipment	$52.12	$0.00		$52.12	07/12/2019	07/12/2019	290898
01/10/2019	Breg Inc	Medical Equipment	$52.12	$0.00		$52.12	08/19/2019	08/20/2019	294153
Claim # AGA-0169145 Totals :			**$3,822.93**	**$3,076.80**		**$746.13**			
Claim: AGA-0212334; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 07/07/2019									
07/10/2019	HealthRisk Resource Group LLC	Repricing Fee	$8.31	$0.00		$8.31	09/16/2019	09/17/2019	295878
07/10/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$32.70	Disc: Hrgi	$76.30	09/16/2019	09/17/2019	296081
07/10/2019	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$18.30	Disc: Hrgi	$42.70	09/16/2019	09/17/2019	296081
07/10/2019	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$18.30	Disc: Hrgi	$42.70	09/16/2019	09/17/2019	296081
Claim # AGA-0212334 Totals :			**$239.31**	**$69.30**		**$170.01**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0188545; Activity: Mens Basketball; Diagnosis: Hyperextension; Anatomy: L-toe; Date Incurred: 12/19/2018									
12/19/2018	HealthRisk Resource Group LLC	Repricing Fee	$4.99	$0.00		$4.99	04/02/2019	04/05/2019	284808
12/19/2018	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	04/02/2019	04/05/2019	285005
12/19/2018	Carilion Healthcare Corp	X-ray,Radiology	$46.00	$9.20	Disc: Hrgi	$36.80	04/02/2019	04/05/2019	285005
Claim # AGA-0188545 Totals :			**$212.99**	**$41.60**		**$171.39**			
Claim: AGA-0212337; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 07/12/2019									
07/12/2019	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	08/30/2019	09/04/2019	295171
07/12/2019	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	08/30/2019	09/04/2019	295171
07/12/2019	Carilion NRV Med Center	X-ray,Radiology	$417.00	$104.25	Provider Discount		08/30/2019	09/04/2019	999999999
				$312.75	Disc.radford	$0.00	08/30/2019	09/04/2019	999999999
07/12/2019	HealthRisk Resource Group LLC	Repricing Fee	$3.92	$0.00		$3.92	09/18/2019	09/20/2019	296233
07/12/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$32.70	Disc: Hrgi	$76.30	09/18/2019	09/20/2019	296328
Claim # AGA-0212337 Totals :			**$573.92**	**$449.70**		**$124.22**			
Claim: AGA-0216835; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 03/14/2019									
04/18/2019	HealthRisk Resource Group LLC	Repricing Fee	$5.28	$0.00		$5.28	10/25/2019	10/29/2019	298836
04/18/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$32.40	Disc: Hrgi	$129.60	10/25/2019	10/29/2019	298904
04/18/2019	Carilion Healthcare Corp	X-ray,Radiology	$58.00	$11.60	Disc: Hrgi	$46.40	10/25/2019	10/29/2019	298904
01/21/2020	Chyree Walker	Reimbursement	$19.95	$0.00		$19.95	01/23/2020	01/24/2020	304716
12/02/2019	Carilion Healthcare Corp	Ph.visit Office	$157.00	$94.20	Other Ins Paid	$62.80	03/19/2020	03/20/2020	309128
12/02/2019	Carilion Healthcare Corp	X-ray,Radiology	$58.00	$34.80	Other Ins Paid	$23.20	03/19/2020	03/20/2020	309128
12/04/2019	Carilion Medical Center	Mri,X-ray Interp.	$204.00	$122.40	Other Ins Paid	$81.60	03/19/2020	03/20/2020	309280
12/04/2019	Carilion Medical Center	Surgery	$170.00	$0.00		$170.00	03/19/2020	03/20/2020	309280
12/04/2019	Carilion Medical Center	X-ray,Radiology	$49.00	$0.00		$49.00	03/19/2020	03/20/2020	309280
05/02/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$0.00		$66.00	04/20/2020	04/24/2020	311929
12/05/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$39.60	Other Ins Paid	$26.40	04/20/2020	04/24/2020	311929
12/04/2019	Carilion NRV Med Center	Surgery Center	$2,555.10	$734.00	Primary Adjustm		04/20/2020	04/24/2020	999999999
				$1,821.10	Other Ins Paid	$0.00	04/20/2020	04/24/2020	999999999
12/04/2019	Carilion NRV Med Center	Surgery Center	$2,577.40	$644.35	Provider Discount		04/20/2020	04/24/2020	999999999
				$1,933.05	Disc.radford	$0.00	04/20/2020	04/24/2020	999999999
Claim # AGA-0216835 Totals :			**$6,147.73**	**$5,467.50**		**$680.23**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
2018 Sub Total: Checking Account FAIRM Totals:			**$10,996.88**	**$9,104.90**		**$1,891.98**			
2018 Sub Total: Coverage Voluntary Totals:			**$10,996.88**	**$9,104.90**		**$1,891.98**			
2018 Sub Total: Policy US749133 Totals:			**$10,996.88**	**$9,104.90**		**$1,891.98**			
2018 Sub Totals:			**$447,400.23**	**$394,873.97**		**$52,526.26**			
Radford University Sub Totals:			**$447,400.23**	**$394,873.97**		**$52,526.26**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2018 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2018, Policy End Year: 2018

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
2018 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Outside**								
	Checking Account RADFO		**$16,646.05**	**$12,221.88**		**$4,424.17**			
Policy:	**US748852**								
Coverage:	**Intercollegiate Sports**								
	Checking Account RADFO		**$419,757.30**	**$373,547.19**		**$46,210.11**			
Policy:	**US749133**								
Coverage:	**Voluntary**								
	Checking Account FAIRM		**$10,996.88**	**$9,104.90**		**$1,891.98**			
	2018 Grand Total		**$447,400.23**	**$394,873.97**		**$52,526.26**			
Grand Total									
	Checking Account RADFO		**$436,403.35**	**$385,769.07**		**$50,634.28**			
	Checking Account FAIRM		**$10,996.88**	**$9,104.90**		**$1,891.98**			
	Grand Totals		**$447,400.23**	**$394,873.97**		**$52,526.26**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number

Client: Radford University
Underwriting Year: 2019
Policy: AG000067
Coverage: Outside
Checking Account: RADFO

Claim: AGA-0265167; Activity: Mens Basketball; Diagnosis: ; Anatomy: Internal; Date Incurred: 07/09/2020									
07/21/2020	Rome Orthopaedic Center PC	Injection	$150.00	$0.00		$150.00	07/27/2020	07/31/2020	6402850
07/21/2020	Rome Orthopaedic Center PC	Ambulance	$400.00	$0.00		$400.00	07/27/2020	07/31/2020	6402850
Claim # AGA-0265167 Totals :			**$550.00**	**$0.00**		**$550.00**			

Claim: AGA-0228263; Activity: Mens Basketball; Diagnosis: Dental & Oral Disorders; Anatomy: Teeth; Date Incurred: 10/30/2019									
10/30/2019	Stephen McCuin DDS	Dental	$196.00	$19.60	Other Ins Paid	$176.40	11/01/2019	11/05/2019	6402592
Claim # AGA-0228263 Totals :			**$196.00**	**$19.60**		**$176.40**			

Claim: AGA-0236213; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 09/04/2019									
09/04/2019	Carilion NRV Med Center	X-ray,Radiology	$116.92	$29.23	Provider Discount		01/24/2020	01/28/2020	999999999
				$87.69	Disc.radford	$0.00	01/24/2020	01/28/2020	999999999
09/04/2019	Carilion NRV Med Center	X-ray,Radiology	$50.58	$50.58	Primary Adjustm	$0.00	01/24/2020	01/28/2020	999999999
09/04/2019	Carilion Clinic	X-ray,Radiology	$28.00	$2.80	Provider Discount	$25.20	01/24/2020	01/28/2020	6402692
	Carilion Clinic		$0.00	$0.00		-$14.97	05/13/2020	05/13/2020	0
Claim # AGA-0236213 Totals :			**$195.50**	**$185.27**		**$10.23**			

Claim: AGA-0242340; Activity: All Sports; Diagnosis: Pain; Anatomy: Internal; Date Incurred: 08/01/2019									
09/11/2019	Radford Drug	Medical Treatment	$425.90	$234.26	Other Ins Paid	$191.64	01/17/2020	01/22/2020	6402685
09/04/2019	Carilion Medical Center	Mri,X-ray Interp.	$28.00	$17.77	Primary Adjustm	$10.23	02/28/2020	03/06/2020	6402724
09/04/2019	Carilion NRV Med Center	X-ray, Lab	$167.50	$50.58	Primary Adjustm		02/28/2020	03/06/2020	999999999
				$29.23	Provider Discount		02/28/2020	03/06/2020	999999999
				$87.69	Disc.radford	$0.00	02/28/2020	03/06/2020	999999999
	Carilion Medical Center		$0.00	$0.00		-$10.23	07/22/2020	07/22/2020	0
Claim # AGA-0242340 Totals :			**$621.40**	**$429.76**		**$191.64**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0261623; Activity: Mens Soccer; Diagnosis: ; Anatomy: Heart; Date Incurred: 02/11/2020									
02/20/2020	Carilion NRV Med Center	Medical Treatment	$576.14	$144.04	Provider Discount		07/01/2020	07/02/2020	999999999
				$432.10	Disc.radford	$0.00	07/01/2020	07/02/2020	999999999
02/20/2020	Carilion NRV Med Center	Echo	$2,000.86	$796.29	Primary Adjustm		07/01/2020	07/02/2020	999999999
				$1,204.57	Other Ins Paid	$0.00	07/01/2020	07/02/2020	999999999
Claim # AGA-0261623 Totals :			**$2,577.00**	**$2,577.00**		**$0.00**			
Claim: AGA-0246001; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Mouth; Date Incurred: 11/06/2019									
11/06/2019	Fairlawn Family Dental	Dental	$290.00	$0.00		$290.00	06/15/2020	06/19/2020	6402822
Claim # AGA-0246001 Totals :			**$290.00**	**$0.00**		**$290.00**			
Claim: AGA-0226913; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Internal; Date Incurred: 08/01/2019									
10/07/2019	Professional Rehab Associates	Phys.therapy	$90.00	$15.00	A-G Discount	$75.00	11/08/2019	11/08/2019	6402605
09/27/2019	Professional Rehab Associates	Phys.therapy	$195.00	$85.00	A-G Discount	$110.00	11/22/2019	11/26/2019	6402622
Claim # AGA-0226913 Totals :			**$285.00**	**$100.00**		**$185.00**			
Claim: AGA-0230768; Activity: Womens Lacrosse; Diagnosis: Infection; Anatomy: Internal; Date Incurred: 10/11/2019									
10/11/2019	Quest Diagnostics	Lab,Pathology	$35.50	$0.00		$35.50	11/12/2019	11/15/2019	6402610
Claim # AGA-0230768 Totals :			**$35.50**	**$0.00**		**$35.50**			
Claim: AGA-0222567; Activity: Womens Track; Diagnosis: Pain; Anatomy: Foot; Date Incurred: 09/13/2019									
09/13/2019	Foot Management, Inc.	Orthotics	$112.00	$0.00		$112.00	10/08/2019	10/11/2019	6402572
Claim # AGA-0222567 Totals :			**$112.00**	**$0.00**		**$112.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0216648; Activity: All Sports; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 08/01/2019									
08/19/2019	Carilion- Radford University Student Health	Medical Treatment	$232.00	$0.00		$232.00	09/06/2019	09/12/2019	6402541
10/10/2019	ACO Medical Supply, Inc	Med Equipment	$133.67	$0.00		$133.67	10/18/2019	10/22/2019	6402581
09/25/2019	Quest Diagnostics	Medical Treatment	$45.50	$0.00		$45.50	12/06/2019	12/06/2019	6402634
10/28/2019	Quest Diagnostics	Medical Treatment	$35.50	$0.00		$35.50	12/06/2019	12/06/2019	6402634
10/16/2019	Carilion Clinic at Radford University Stude	Immunization	$0.00	$0.00		V $0.00	03/04/2020	03/13/2020	6402728
02/26/2020	Radford Drug Inc.	Med.supplies	$62.95	$0.00		$62.95	03/04/2020	03/13/2020	6402730
10/24/2019	Breg Inc	Med Equipment	$52.12	$0.00		$52.12	04/09/2020	04/10/2020	6402751
01/27/2020	Foot Management, Inc.	Med Equipment	$174.00	$0.00		$174.00	04/09/2020	04/10/2020	6402752
04/09/2020	Star City CPR	Medical Treatment	$1,950.00	$0.00		$1,950.00	04/23/2020	04/24/2020	6402768
12/26/2019	Quest Diagnostics	Medical Treatment	$375.00	$0.00		$375.00	04/23/2020	04/24/2020	6402769
Claim # AGA-0216648 Totals :			**$3,060.74**	**$0.00**		**$3,060.74**			

2019 Sub Total: Checking Account RADFO Totals:	**$7,923.14**	**$3,311.63**	**$4,611.51**
2019 Sub Total: Coverage Outside Totals:	**$7,923.14**	**$3,311.63**	**$4,611.51**
2019 Sub Total: Policy AG000067 Totals:	**$7,923.14**	**$3,311.63**	**$4,611.51**

Policy: **US1295237**

Coverage: **Intercollegiate Sports**

Checking Account: **RADFO**

Claim: AGA-0255977; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 02/10/2020									
02/10/2020	Carilion NRV Med Center	Mri	$150.00	$37.50	Provider Discount		07/01/2020	07/02/2020	999999999
				$112.50	Disc.radford	$0.00	07/01/2020	07/02/2020	999999999
02/10/2020	Carilion NRV Med Center	Mri	$3,051.50	$1,803.71	Primary Adjustm		07/01/2020	07/02/2020	999999999
				$1,247.79	Other Ins Paid	$0.00	07/01/2020	07/02/2020	999999999
Claim # AGA-0255977 Totals :			**$3,201.50**	**$3,201.50**		**$0.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0247989; Activity: Womens Track; Diagnosis: Pain; Anatomy: Foot; Date Incurred: 12/18/2019									
12/18/2019	Kayland Bond	Medical Treatment	$514.00	$245.70	Primary Adjustm	$268.30	05/11/2020	05/15/2020	6402783
03/03/2020	Quest Diagnostics	Lab,Pathology	$350.00	$309.71	Primary Adjustm	$40.29	05/12/2020	05/15/2020	6402785
12/03/2019	Kayland Bond	X-ray,Radiology	$162.00	$46.69	Primary Adjustm	$115.31	05/11/2020	05/15/2020	6402783
01/09/2020	Foot Management, Inc.	Med Equipment	$112.00	$0.00		$112.00	05/11/2020	05/15/2020	6402782
01/23/2020	Carilion NRV Med Center	Mri	$1,811.92	$1,811.92	Primary Adjustm	$0.00	06/03/2020	06/05/2020	999999999
01/23/2020	Carilion NRV Med Center	Mri	$1,389.58	$347.40	Provider Discount		06/03/2020	06/05/2020	999999999
				$1,042.18	Disc.radford	$0.00	06/03/2020	06/05/2020	999999999
01/23/2020	Carilion Medical Center	Mri,X-ray Interp.	$170.00	$88.70	Primary Adjustm	$81.30	06/26/2020	06/30/2020	6402838
Claim # AGA-0247989 Totals :			**$4,509.50**	**$3,892.30**		**$617.20**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0232812; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 10/17/2019									
10/28/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$0.94	Primary Adjustm		12/18/2019	12/20/2019	6402661
				$75.64	Other Ins Paid	$32.42	12/18/2019	12/20/2019	6402661
10/30/2019	VCOM Sports & Osteopathic	Medical Treatment	$155.00	$83.60	Other Ins Paid		01/16/2020	01/17/2020	6402683
				$35.57	Primary Adjustm	$35.83	01/16/2020	01/17/2020	6402683
11/07/2019	Professional Rehab Associates	Phys.therapy	$0.00	$95.59	Other Ins Paid	V	01/16/2020	01/17/2020	6402684
				$103.44	Primary Adjustm	$0.00	01/16/2020	01/17/2020	6402684
10/24/2019	Carilion Medical Center	Medical Treatment	$35.26	$8.86	Provider Discount		03/13/2020	03/13/2020	999999999
				$26.40	Disc.radford	$0.00	03/13/2020	03/13/2020	999999999
10/24/2019	Carilion Medical Center	Mri,X-ray Interp.	$29.32	$7.33	Provider Discount		03/13/2020	03/13/2020	999999999
				$21.99	Disc.radford	$0.00	03/13/2020	03/13/2020	999999999
10/24/2019	Carilion Medical Center	Mri,X-ray Interp.	$174.68	$106.28	Primary Adjustm		03/13/2020	03/13/2020	999999999
				$68.40	Other Ins Paid	$0.00	03/13/2020	03/13/2020	999999999
10/24/2019	Carilion Medical Center	Medical Treatment	$181.74	$99.48	Primary Adjustm		03/13/2020	03/13/2020	999999999
				$82.26	Other Ins Paid	$0.00	03/13/2020	03/13/2020	999999999
11/07/2019	Professional Rehab Associates	Phys.therapy	$240.00	$103.44	Primary Adjustm		03/24/2020	03/27/2020	6402745
				$95.59	Other Ins Paid	$40.97	03/24/2020	03/27/2020	6402745
01/10/2020	Professional Rehab Associates	Phys.therapy	$135.00	$68.67	Primary Adjustm	$66.33	04/23/2020	04/24/2020	6402770
01/13/2020	Professional Rehab Associates	Phys.therapy	$201.00	$112.56	Primary Adjustm	$88.44	04/23/2020	04/24/2020	6402770
01/15/2020	Professional Rehab Associates	Phys.therapy	$156.00	$89.67	Primary Adjustm	$66.33	04/23/2020	04/24/2020	6402770
01/08/2020	Professional Rehab Associates	Phys.therapy	$152.00	$85.18	Primary Adjustm	$66.82	04/23/2020	04/24/2020	6402770
10/24/2019	Carilion NRV Med Center	Mri,X-ray Interp.	$2,196.35	$549.09	Provider Discount		06/01/2020	06/05/2020	999999999
				$1,647.26	Disc.radford	$0.00	06/01/2020	06/05/2020	999999999
10/24/2019	Carilion NRV Med Center	Mri,X-ray Interp.	$1,916.65	$1,804.99	Primary Adjustm		06/01/2020	06/05/2020	999999999
				$111.66	Other Ins Paid	$0.00	06/01/2020	06/05/2020	999999999
10/24/2019	Carilion Medical Center	Mri	$204.00	$106.28	Primary Adjustm		06/18/2020	06/19/2020	6402835
				$68.40	Other Ins Paid	$29.32	06/18/2020	06/19/2020	6402835
10/24/2019	Carilion Medical Center	Surgery	$168.00	$84.18	Primary Adjustm		06/18/2020	06/19/2020	6402835
				$58.67	Other Ins Paid	$25.15	06/18/2020	06/19/2020	6402835
10/24/2019	Carilion Medical Center	X-ray,Radiology	$49.00	$15.30	Primary Adjustm		06/18/2020	06/19/2020	6402835
				$23.59	Other Ins Paid	$10.11	06/18/2020	06/19/2020	6402835
Claim # AGA-0232812 Totals :			**$6,103.00**	**$5,641.28**		**$461.72**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0229264; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Internal; Date Incurred: 09/24/2019									
09/24/2019	Radford Ambulance Service	Ambulance	$646.00	$5.40	Primary Adjustm		12/17/2019	12/20/2019	6402658
				$100.67	Other Ins Paid	$539.93	12/17/2019	12/20/2019	6402658
09/25/2019	Carilion Nrv Med Center	Medical Treatment	$1,485.24	$371.31	Provider Discount		01/02/2020	01/03/2020	999999999
				$1,113.93	Disc.radford	$0.00	01/02/2020	01/03/2020	999999999
09/25/2019	Carilion Nrv Med Center	Medical Treatment	$703.76	$703.76	Primary Adjustm	$0.00	01/02/2020	01/03/2020	999999999
09/24/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$200.00	$50.00	Provider Discount		01/03/2020	01/07/2020	999999999
				$150.00	Disc.radford	$0.00	01/03/2020	01/07/2020	999999999
09/24/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$7,108.50	$4,758.83	Other Ins Paid		01/03/2020	01/07/2020	999999999
				$2,349.67	Primary Adjustm	$0.00	01/03/2020	01/07/2020	999999999
09/25/2019	Carilion Healthcare Corp	Medical Treatment	$161.00	$56.87	Primary Adjustm		01/03/2020	01/07/2020	6402665
				$83.30	Other Ins Paid	$20.83	01/03/2020	01/07/2020	6402665
09/26/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		01/03/2020	01/07/2020	6402665
				$61.58	Other Ins Paid	$20.00	01/03/2020	01/07/2020	6402665
Claim # AGA-0229264 Totals :			**$10,413.50**	**$9,832.74**		**$580.76**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0257701; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/15/2020									
03/30/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		05/28/2020	05/29/2020	6402796
				$70.75	Other Ins Paid	$17.69	05/28/2020	05/29/2020	6402796
03/03/2020	Carilion Healthcare Corp	Surgery	$2,122.00	$924.95	Primary Adjustm		05/28/2020	05/29/2020	6402795
				$957.64	Other Ins Paid	$239.41	05/28/2020	05/29/2020	6402795
04/01/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		05/28/2020	05/29/2020	6402796
				$70.75	Other Ins Paid	$17.69	05/28/2020	05/29/2020	6402796
04/06/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		05/28/2020	05/29/2020	6402796
				$70.75	Other Ins Paid	$17.69	05/28/2020	05/29/2020	6402796
04/08/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		05/28/2020	05/29/2020	6402796
				$70.75	Other Ins Paid	$17.69	05/28/2020	05/29/2020	6402796
03/03/2020	Anesthesiology Associates of Radford	Anesthesia	$3,126.00	$2,035.57	Primary Adjustm		05/28/2020	05/29/2020	6402797
				$872.34	Other Ins Paid	$218.09	05/28/2020	05/29/2020	6402797
02/18/2020	Carilion Medical Center	Mri,X-ray Interp.	$172.00	$90.29	Primary Adjustm		05/28/2020	05/29/2020	6402794
				$65.37	Other Ins Paid	$16.34	05/28/2020	05/29/2020	6402794
03/03/2020	Carilion Healthcare Corp	Surgery	$1,388.00	$1,047.25	Primary Adjustm		05/28/2020	05/29/2020	6402795
				$272.60	Other Ins Paid	$68.15	05/28/2020	05/29/2020	6402795
03/03/2020	Carilion Healthcare Corp	Surgery	$636.60	$543.91	Primary Adjustm		05/28/2020	05/29/2020	6402795
				$74.15	Other Ins Paid	$18.54	05/28/2020	05/29/2020	6402795
04/14/2020	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$18.88	Primary Adjustm		05/28/2020	05/29/2020	6402795
				$33.70	Other Ins Paid	$8.42	05/28/2020	05/29/2020	6402795
03/05/2020	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		05/28/2020	05/29/2020	6402796
				$91.56	Other Ins Paid	$22.89	05/28/2020	05/29/2020	6402796
03/02/2020	Carilion Healthcare Corp	Orthopedic Appliance	$350.00	$280.00	Other Ins Paid	$70.00	05/28/2020	05/29/2020	6402795
03/31/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		05/28/2020	05/29/2020	6402796
				$70.75	Other Ins Paid	$17.69	05/28/2020	05/29/2020	6402796
04/23/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		06/12/2020	06/19/2020	6402821
				$70.75	Other Ins Paid	$17.69	06/12/2020	06/19/2020	6402821
04/27/2020	Professional Rehab Associates	Phys.therapy	$225.00	$114.45	Primary Adjustm		06/12/2020	06/19/2020	6402821
				$88.44	Other Ins Paid	$22.11	06/12/2020	06/19/2020	6402821
04/28/2020	Professional Rehab Associates	Phys.therapy	$225.00	$114.45	Primary Adjustm		06/12/2020	06/19/2020	6402821
				$101.69	Other Ins Paid	$8.86	06/12/2020	06/19/2020	6402821
04/22/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		06/12/2020	06/19/2020	6402821
				$70.75	Other Ins Paid	$17.69	06/12/2020	06/19/2020	6402821

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0257701; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/15/2020									
04/20/2020	Professional Rehab Associates	Phys.therapy	$180.00	$91.56	Primary Adjustm		06/26/2020	06/30/2020	6402839
				$70.75	Other Ins Paid	$17.69	06/26/2020	06/30/2020	6402839
05/06/2020	OccuNet	Repricing Fee	$80.00	$0.00		$80.00	08/10/2020	08/14/2020	6402853
05/26/2020	OccuNet	Repricing Fee	$80.00	$0.00		$80.00	08/10/2020	08/14/2020	6402853
05/26/2020	Jag-One Physical Therapy LLC	Phys.therapy	$200.00	$200.00	Disc:occunet	$0.00	08/10/2020	08/14/2020	999999999
05/26/2020	Jag-One Physical Therapy LLC	Phys.therapy	$100.00	$100.00	Disc:occunet	$0.00	08/10/2020	08/14/2020	999999999
05/26/2020	Jag-One Physical Therapy LLC	Phys.therapy	$100.00	$100.00	Disc:occunet	$0.00	08/10/2020	08/14/2020	999999999
05/06/2020	Jag-One Physical Therapy LLC	Phys.therapy	$300.00	$300.00	Other Ins Paid	$0.00	08/10/2020	08/14/2020	999999999
05/06/2020	Jag-One Physical Therapy LLC	Phys.therapy	$200.00	$200.00	Disc:occunet	$0.00	08/10/2020	08/14/2020	999999999
05/06/2020	Jag-One Physical Therapy LLC	Phys.therapy	$100.00	$100.00	Disc:occunet	$0.00	08/10/2020	08/14/2020	999999999
05/06/2020	Jag-One Physical Therapy LLC	Phys.therapy	$100.00	$100.00	Disc:occunet	$0.00	08/10/2020	08/14/2020	999999999
05/26/2020	Jag-One Physical Therapy LLC	Phys.therapy	$300.00	$300.00	Other Ins Paid	$0.00	08/10/2020	08/14/2020	999999999
Claim # AGA-0257701 Totals :			**$11,500.60**	**$10,506.27**		**$994.33**			
Claim: AGA-0214736; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 08/12/2019									
03/02/2020	Foot Management, Inc.	Orthopedic Appliance	$101.00	$0.00		$101.00	03/25/2020	03/27/2020	6402748
Claim # AGA-0214736 Totals :			**$101.00**	**$0.00**		**$101.00**			
Claim: AGA-0230245; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/17/2019									
10/23/2019	Carilion Medical Center	Mri	$172.00	$70.06	Primary Adjustm	$101.94	12/12/2019	12/13/2019	6402646
10/18/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$7.48	Primary Adjustm	$154.52	12/12/2019	12/13/2019	6402647
10/30/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.54	Primary Adjustm	$104.46	12/12/2019	12/13/2019	6402647
12/05/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$4.54	Primary Adjustm	$104.46	01/29/2020	01/31/2020	6402703
12/05/2019	Carilion Healthcare Corp	Surgery	$169.00	$73.69	Primary Adjustm	$95.31	01/29/2020	01/31/2020	6402703
10/23/2019	Carilion NRV Med Center	Mri	$967.29	$967.29	Primary Adjustm	$0.00	06/17/2020	06/19/2020	999999999
10/23/2019	Carilion NRV Med Center	Mri	$1,593.71	$398.43	Provider Discount		06/17/2020	06/19/2020	999999999
				$1,195.28	Disc.radford	$0.00	06/17/2020	06/19/2020	999999999
Claim # AGA-0230245 Totals :			**$3,282.00**	**$2,721.31**		**$560.69**			

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Claim: AGA-0230102; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 10/03/2019									
11/07/2019	Carilion Clinic	Medical Treatment	$162.00	$16.20	Provider Discount	$145.80	01/28/2020	01/31/2020	6402696
Claim # AGA-0230102 Totals :			**$162.00**	**$16.20**		**$145.80**			
Claim: AGA-0218385; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 08/20/2019									
08/20/2019	Carilion Clinic	X-ray,Radiology	$39.00	$3.90	Provider Discount	$35.10	09/26/2019	09/27/2019	6402565
08/20/2019	Carilion NRV Med Center	X-ray,Radiology	$277.48	$69.37	Provider Discount		11/21/2019	11/25/2019	999999999
				$208.11	Disc.radford	$0.00	11/21/2019	11/25/2019	999999999
08/20/2019	Carilion NRV Med Center	X-ray,Radiology	$277.52	$167.61	Primary Adjustm		11/21/2019	11/25/2019	999999999
				$109.91	Other Ins Paid	$0.00	11/21/2019	11/25/2019	999999999
Claim # AGA-0218385 Totals :			**$594.00**	**$558.90**		**$35.10**			
Claim: AGA-0218712; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Abdomen; Date Incurred: 09/02/2019									
09/11/2019	Professional Rehab Associates	Medical Treatment	$195.00	$125.00	Primary Adjustm		03/20/2020	03/27/2020	6402743
				$61.15	Other Ins Paid	$8.85	03/20/2020	03/27/2020	6402743
Claim # AGA-0218712 Totals :			**$195.00**	**$186.15**		**$8.85**			
Claim: AGA-0234963; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Teeth; Date Incurred: 10/30/2019									
10/30/2019	Talia Douglas	Reimbursement	$125.00	$0.00		$125.00	12/10/2019	12/10/2019	6402637
10/30/2019	Stephen McCuin DDS	Dental	$402.00	$125.00	Previously Paid	$277.00	12/10/2019	12/10/2019	6402638
Claim # AGA-0234963 Totals :			**$527.00**	**$125.00**		**$402.00**			
Claim: AGA-0223673; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Face; Date Incurred: 08/01/2019									
08/16/2019	Geisinger Holy Spirit	Diagnostic Radiology	$2,833.00	$1,748.41	Other Ins Paid	$1,084.59	11/12/2019	11/15/2019	6402609
08/16/2019	Geisinger Holy Spirit	Radiology Services	$104.00	$36.35	Other Ins Paid	$67.65	11/12/2019	11/15/2019	6402609
Claim # AGA-0223673 Totals :			**$2,937.00**	**$1,784.76**		**$1,152.24**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0219817; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 08/15/2019									
09/05/2019	Carilion NRV Med Center	X-ray,Radiology	$289.69	$72.42	Provider Discount		12/03/2019	12/13/2019	999999999
				$217.27	Disc.radford	$0.00	12/03/2019	12/13/2019	999999999
09/05/2019	Carilion NRV Med Center	X-ray,Radiology	$352.81	$194.04	Primary Adjustm		12/03/2019	12/13/2019	999999999
				$158.77	Other Ins Paid	$0.00	12/03/2019	12/13/2019	999999999
10/31/2019	Carilion Medical Center	Mri,X-ray Interp.	$20.92	$12.56	Primary Adjustm		03/02/2020	03/06/2020	999999999
				$8.36	Other Ins Paid	$0.00	03/02/2020	03/06/2020	999999999
09/05/2019	Carilion Medical Center	Mri,X-ray Interp.	$19.44	$9.22	Primary Adjustm		03/02/2020	03/06/2020	999999999
				$10.22	Other Ins Paid	$0.00	03/02/2020	03/06/2020	999999999
09/05/2019	Carilion Medical Center	Mri,X-ray Interp.	$19.44	$9.22	Primary Adjustm		03/02/2020	03/06/2020	999999999
				$10.22	Other Ins Paid	$0.00	03/02/2020	03/06/2020	999999999
10/31/2019	Carilion Medical Center	Mri,X-ray Interp.	$2.08	$0.52	Provider Discount		03/02/2020	03/06/2020	999999999
				$1.56	Disc.radford	$0.00	03/02/2020	03/06/2020	999999999
09/05/2019	Carilion Medical Center	Mri,X-ray Interp.	$2.56	$0.64	Provider Discount		03/02/2020	03/06/2020	999999999
				$1.92	Disc.radford	$0.00	03/02/2020	03/06/2020	999999999
09/05/2019	Carilion Medical Center	Mri,X-ray Interp.	$2.56	$0.64	Provider Discount		03/02/2020	03/06/2020	999999999
				$1.92	Disc.radford	$0.00	03/02/2020	03/06/2020	999999999
11/19/2019	Carilion NRV Med Center	Mri	$666.50	$166.63	Provider Discount		04/20/2020	04/24/2020	999999999
				$499.87	Disc.radford	$0.00	04/20/2020	04/24/2020	999999999
11/19/2019	Carilion NRV Med Center	Mri	$4,011.50	$1,445.50	Primary Adjustm		04/20/2020	04/24/2020	999999999
				$2,566.00	Other Ins Paid	$0.00	04/20/2020	04/24/2020	999999999
Claim # AGA-0219817 Totals :			**$5,387.50**	**$5,387.50**		**$0.00**			
Claim: AGA-0231610; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 08/25/2019									
08/29/2019	Carilion Healthcare Corp	Medical Treatment	$165.00	$13.27	Primary Adjustm	$151.73	11/15/2019	11/15/2019	6402613
Claim # AGA-0231610 Totals :			**$165.00**	**$13.27**		**$151.73**			
Claim: AGA-0231888; Activity: Womens Track; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 09/17/2019									
10/22/2019	Carilion Clinic	X-ray,Radiology	$555.00	$244.87	Primary Adjustm		03/04/2020	03/13/2020	6402729
				$270.13	Other Ins Paid	$40.00	03/04/2020	03/13/2020	6402729
Claim # AGA-0231888 Totals :			**$555.00**	**$515.00**		**$40.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0250312; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 01/27/2020									
01/30/2020	Lewisgale Hos Montgomery	X-ray,Radiology	$1,073.00	$978.24	Primary Adjustm	$94.76	03/25/2020	03/27/2020	6402746
01/30/2020	Montgomery Radiology Associate	Mri,X-ray Interp.	$38.00	$27.06	Primary Adjustm	$10.94	03/25/2020	03/27/2020	6402747
02/10/2020	Carilion NRV Med Center	Surgery	$1,421.00	$355.25	Provider Discount		05/04/2020	05/08/2020	999999999
				$1,065.75	Disc.radford	$0.00	05/04/2020	05/08/2020	999999999
02/10/2020	Carilion NRV Med Center	Surgery	$3,823.50	$2,916.71	Primary Adjustm		05/04/2020	05/08/2020	999999999
				$906.79	Other Ins Paid	$0.00	05/04/2020	05/08/2020	999999999
02/10/2020	Carilion Medical Center	X-ray,Radiology	$49.00	$15.30	Primary Adjustm		08/10/2020	08/14/2020	6402852
				$26.96	Other Ins Paid	$6.74	08/10/2020	08/14/2020	6402852
Claim # AGA-0250312 Totals :			**$6,404.50**	**$6,292.06**		**$112.44**			
Claim: AGA-0234316; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/27/2019									
08/27/2019	HealthRisk Resource Group	Repricing Fee	$2.69	$0.00		$2.69	04/21/2020	04/24/2020	6402767
08/27/2019	Carilion Healthcare Corp	Ph.visit Office	$112.00	$22.40	Disc: Hrgi	$89.60	04/21/2020	04/24/2020	6402766
11/05/2019	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	06/18/2020	06/19/2020	6402834
03/12/2020	Carilion Medical Center	Mri,X-ray Interp.	$23.00	$0.00		$23.00	06/18/2020	06/19/2020	6402834
Claim # AGA-0234316 Totals :			**$159.69**	**$22.40**		**$137.29**			
Claim: AGA-0227299; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Chin; Date Incurred: 10/03/2019									
10/04/2019	Carilion Healthcare Corp	Ph.visit Office	$162.00	$21.86	Primary Adjustm	$140.14	03/13/2020	03/20/2020	6402737
10/03/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$418.73	$418.73	Primary Adjustm	$0.00	04/09/2020	04/10/2020	999999999
10/03/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$967.77	$241.94	Provider Discount		04/09/2020	04/10/2020	999999999
				$725.83	Disc.radford	$0.00	04/09/2020	04/10/2020	999999999
10/03/2019	RMH Emergency Svc	Surgery	$268.00	$125.66	Primary Adjustm	$142.34	06/10/2020	06/12/2020	6402819
10/03/2019	RMH Emergency Svc	Dr.visit-emerg Room	$149.00	$69.92	Primary Adjustm	$79.08	06/10/2020	06/12/2020	6402819
Claim # AGA-0227299 Totals :			**$1,965.50**	**$1,603.94**		**$361.56**			
Claim: AGA-0230105; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 10/11/2019									
10/12/2019	Palmetto Health	Medical Treatment	$264.00	$46.86	Primary Adjustm	$217.14	11/13/2019	11/15/2019	6402612
Claim # AGA-0230105 Totals :			**$264.00**	**$46.86**		**$217.14**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0230569; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/21/2019									
10/22/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$1.74	Primary Adjustm	$160.26	01/13/2020	01/14/2020	6402678
10/22/2019	Carilion Healthcare Corp	X-ray,Radiology	$69.00	$22.67	Primary Adjustm	$46.33	01/13/2020	01/14/2020	6402678
10/25/2019	Carilion NRV Med Center	Mri	$1,171.42	$1,171.42	Primary Adjustm	$0.00	06/12/2020	06/19/2020	999999999
10/25/2019	Carilion NRV Med Center	Mri	$1,389.58	$347.40	Provider Discount		06/12/2020	06/19/2020	999999999
				$1,042.18	Disc.radford	$0.00	06/12/2020	06/19/2020	999999999
10/25/2019	Carilion Medical Center	Mri,X-ray Interp.	$172.00	$90.29	Primary Adjustm	$81.71	07/20/2020	07/24/2020	6402847
Claim # AGA-0230569 Totals :			**$2,964.00**	**$2,675.70**		**$288.30**			
Claim: AGA-0223345; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 08/08/2019									
09/06/2019	Lewis Gale Hospital	Surgery	$6,985.32	$5,792.96	Primary Adjustm	$1,192.36	11/26/2019	12/03/2019	6402625
01/22/2020	Lewis-gale Physicians	Injection	$12.50	$8.71	Primary Adjustm	$3.79	06/03/2020	06/05/2020	6402810
01/22/2020	Lewis-gale Physicians	Ph.visit Office	$176.00	$78.69	Primary Adjustm		06/03/2020	06/05/2020	6402810
				$67.31	Other Ins Paid	$30.00	06/03/2020	06/05/2020	6402810
Claim # AGA-0223345 Totals :			**$7,173.82**	**$5,947.67**		**$1,226.15**			
Claim: AGA-0230175; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 09/09/2019									
10/16/2019	Carilion NRV Med Center	X-ray,Radiology	$588.76	$147.19	Provider Discount		04/28/2020	04/28/2020	999999999
				$441.57	Disc.radford	$0.00	04/28/2020	04/28/2020	999999999
10/16/2019	Carilion NRV Med Center	Mri	$498.73	$124.68	Provider Discount		04/28/2020	04/28/2020	999999999
				$374.05	Disc.radford	$0.00	04/28/2020	04/28/2020	999999999
10/16/2019	Carilion NRV Med Center	X-ray,Radiology	$254.74	$254.74	Primary Adjustm	$0.00	04/28/2020	04/28/2020	999999999
10/22/2019	Carilion NRV Med Center	Mri	$2,354.27	$861.61	Primary Adjustm		04/28/2020	04/28/2020	999999999
				$1,492.66	Other Ins Paid	$0.00	04/28/2020	04/28/2020	999999999
10/22/2019	Carilion Medical Center	Mri	$188.00	$78.21	Primary Adjustm		05/28/2020	05/29/2020	6402798
				$87.83	Other Ins Paid	$21.96	05/28/2020	05/29/2020	6402798
10/16/2019	Carilion Medical Center	X-ray,Radiology	$61.00	$25.32	Primary Adjustm	$35.68	05/28/2020	05/29/2020	6402798
Claim # AGA-0230175 Totals :			**$3,945.50**	**$3,887.86**		**$57.64**			

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Claim: AGA-0248856; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 02/03/2020									
02/20/2020	Carilion Healthcare Corp	Ph.visit Office	$66.00	$46.00	Other Ins Paid	$20.00	04/30/2020	05/01/2020	6402778
03/12/2020	Carilion Healthcare Corp	Ph.visit Office	$66.00	$41.00	Other Ins Paid	$25.00	04/30/2020	05/01/2020	6402778
02/05/2020	Carilion Healthcare Corp	Ph.visit Office	$162.00	$142.00	Other Ins Paid	$20.00	04/30/2020	05/01/2020	6402778
02/10/2020	Carilion Healthcare Corp	Ph.visit Office	$66.00	$41.00	Other Ins Paid	$25.00	04/30/2020	05/01/2020	6402778
02/09/2020	Carilion Medical Center	Mri,X-ray Interp.	$170.00	$77.84	Other Ins Paid	$92.16	04/30/2020	05/01/2020	6402777
02/09/2020	Carilion NRV Med Center	Mri	$3,201.50	$800.38	Provider Discount		05/05/2020	05/08/2020	999999999
				$2,401.12	Disc.radford	$0.00	05/05/2020	05/08/2020	999999999
03/05/2020	Carilion Healthcare Corp	Ph.visit Office	$66.00	$41.00	Other Ins Paid	$25.00	06/01/2020	06/05/2020	6402800
02/17/2020	Carilion Healthcare Corp	Ph.visit Office	$66.00	$46.00	Other Ins Paid	$20.00	06/01/2020	06/05/2020	6402800
03/03/2020	Quest Diagnostics	Lab,Pathology	$31.50	$0.00		$31.50	06/18/2020	06/19/2020	6402827
03/03/2020	Quest Diagnostics	Lab,Pathology	$155.00	$0.00		$155.00	06/18/2020	06/19/2020	6402827
03/03/2020	Quest Diagnostics	Surgery	$20.55	$0.00		$20.55	06/18/2020	06/19/2020	6402827
Claim # AGA-0248856 Totals :			**$4,070.55**	**$3,636.34**		**$434.21**			
Claim: AGA-0227300; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 08/14/2019									
08/15/2019	Carilion Clinic	Medical Treatment	$112.00	$57.94	Other Ins Paid		12/03/2019	12/06/2019	6402628
				$4.06	Primary Adjustm	$50.00	12/03/2019	12/06/2019	6402628
Claim # AGA-0227300 Totals :			**$112.00**	**$62.00**		**$50.00**			
Claim: AGA-0230625; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/10/2019									
10/22/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$0.94	Primary Adjustm		01/06/2020	01/07/2020	6402671
				$58.06	Other Ins Paid	$50.00	01/06/2020	01/07/2020	6402671
11/04/2019	Carilion Healthcare Corp	Surgery	$149.00	$76.97	Primary Adjustm		01/06/2020	01/07/2020	6402671
				$64.83	Other Ins Paid	$7.20	01/06/2020	01/07/2020	6402671
10/30/2019	Carilion Healthcare Corp	Surgery	$149.00	$76.97	Primary Adjustm		01/06/2020	01/07/2020	6402671
				$64.83	Other Ins Paid	$7.20	01/06/2020	01/07/2020	6402671
Claim # AGA-0230625 Totals :			**$407.00**	**$342.60**		**$64.40**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0232760; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 10/23/2019									
11/05/2019	New River Neurology and Epilepsy	Medical Treatment	$853.00	$402.00	Primary Adjustm		05/13/2020	05/15/2020	6402787
				$401.00	Other Ins Paid	$50.00	05/13/2020	05/15/2020	6402787
11/18/2019	New River Neurology and Epilepsy	Consultation	$360.00	$188.53	Primary Adjustm		05/13/2020	05/15/2020	6402787
				$121.47	Other Ins Paid	$50.00	05/13/2020	05/15/2020	6402787
10/23/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$1,637.77	$574.86	Primary Adjustm		05/13/2020	05/15/2020	999999999
				$1,062.91	Other Ins Paid	$0.00	05/13/2020	05/15/2020	999999999
10/23/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$265.73	$66.43	Provider Discount		05/13/2020	05/15/2020	999999999
				$199.30	Disc.radford	$0.00	05/13/2020	05/15/2020	999999999
Claim # AGA-0232760 Totals :			**$3,116.50**	**$3,016.50**		**$100.00**			
Claim: AGA-0255946; Activity: Womens Softball; Diagnosis: ; Anatomy: R-ankle; Date Incurred: 02/07/2020									
02/11/2020	Anesthesiology Associates of Radford	Anesthesia	$768.00	$600.00	Primary Adjustm	$168.00	05/05/2020	05/08/2020	6402779
02/07/2020	Carilion Clinic	X-ray,Radiology	$257.50	$71.20	Primary Adjustm		05/05/2020	05/08/2020	6402780
				$24.26	Other Ins Paid	$162.04	05/05/2020	05/08/2020	6402780
02/11/2020	Carilion Healthcare Corp	Surgery	$1,059.00	$426.93	Primary Adjustm	$632.07	07/13/2020	07/17/2020	6402842
02/11/2020	Carilion Healthcare Corp	Surgery	$317.70	$274.72	Primary Adjustm	$42.98	07/13/2020	07/17/2020	6402842
02/07/2020	Carilion Medical Center	X-ray,Radiology	$20.00	$0.00		$20.00	08/13/2020	08/14/2020	6402855
02/26/2020	HealthRisk Resource Group	Repricing Fee	$4.01	$0.00		$4.01	08/17/2020	08/21/2020	6402857
02/26/2020	Carilion Healthcare Corp	Surgery	$223.00	$33.45	Disc: Hrgi	$189.55	08/17/2020	08/21/2020	6402856
Claim # AGA-0255946 Totals :			**$2,649.21**	**$1,430.56**		**$1,218.65**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0244337; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/07/2019									
11/07/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		01/30/2020	01/31/2020	6402704
				$73.42	Other Ins Paid	$8.16	01/30/2020	01/31/2020	6402704
11/21/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$27.42	Primary Adjustm		01/30/2020	01/31/2020	6402704
				$73.42	Other Ins Paid	$8.16	01/30/2020	01/31/2020	6402704
11/12/2019	Carilion Medical Center	X-ray,Radiology	$23.00	$11.04	Primary Adjustm		01/30/2020	01/31/2020	6402705
				$10.76	Other Ins Paid	$1.20	01/30/2020	01/31/2020	6402705
11/12/2019	Carilion Medical Center	Mri	$172.00	$83.25	Primary Adjustm		01/30/2020	01/31/2020	6402705
				$79.88	Other Ins Paid	$8.87	01/30/2020	01/31/2020	6402705
11/12/2019	Carilion NRV Med Center	X-ray,Radiology	$199.99	$50.00	Provider Discount		06/01/2020	06/05/2020	999999999
				$149.99	Disc.radford	$0.00	06/01/2020	06/05/2020	999999999
11/12/2019	Carilion NRV Med Center	X-ray,Radiology	$2,747.51	$947.62	Primary Adjustm		06/01/2020	06/05/2020	999999999
				$1,799.89	Other Ins Paid	$0.00	06/01/2020	06/05/2020	999999999
12/31/2019	Cora Health Services	Phys.therapy	$362.00	$258.02	Primary Adjustm		06/01/2020	06/05/2020	6402804
				$92.27	Other Ins Paid	$11.71	06/01/2020	06/05/2020	6402804
01/15/2020	Cora Health Services	Phys.therapy	$296.00	$215.40	Primary Adjustm	$80.60	06/01/2020	06/05/2020	6402804
01/16/2020	Cora Health Services	Phys.therapy	$303.00	$223.43	Primary Adjustm	$79.57	06/01/2020	06/05/2020	6402804
Claim # AGA-0244337 Totals :			**$4,321.50**	**$4,123.23**		**$198.27**			
Claim: AGA-0248016; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Foot; Date Incurred: 10/31/2019									
11/05/2019	Foot Management, Inc.	Orthopedic Appliance	$94.00	$0.00		$94.00	05/13/2020	05/15/2020	6402788
01/09/2020	Foot Management, Inc.	Orthopedic Appliance	$112.00	$0.00		$112.00	05/13/2020	05/15/2020	6402788
01/27/2020	Foot Management, Inc.	Orthopedic Appliance	$174.00	$0.00		$174.00	05/13/2020	05/15/2020	6402788
Claim # AGA-0248016 Totals :			**$380.00**	**$0.00**		**$380.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0248863; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 02/04/2019									
01/23/2020	Carilion NRV Med Center	X-ray,Radiology	$618.50	$154.63	Provider Discount		05/05/2020	05/08/2020	999999999
				$463.87	Disc.radford	$0.00	05/05/2020	05/08/2020	999999999
04/13/2020	Carilion Medical Center	Mri,X-ray Interp.	$218.00	$125.07	Primary Adjustm		06/01/2020	06/05/2020	6402802
				$63.80	Other Ins Paid	$29.13	06/01/2020	06/05/2020	6402802
04/13/2020	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$158.13	Primary Adjustm	$120.87	06/01/2020	06/05/2020	6402803
08/01/2019	Carilion NRV Med Center	Mri	$4,934.76	$4,633.45	Primary Adjustm		07/09/2020	07/17/2020	999999999
				$301.31	Other Ins Paid	$0.00	07/09/2020	07/17/2020	999999999
08/01/2019	Carilion NRV Med Center	Mri	$187.24	$46.81	Provider Discount		07/09/2020	07/17/2020	999999999
				$140.43	Disc.radford	$0.00	07/09/2020	07/17/2020	999999999
Claim # AGA-0248863 Totals :			**$6,237.50**	**$6,087.50**		**$150.00**			
Claim: AGA-0230012; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/08/2019									
10/18/2019	Professional Rehab Associates	Phys.therapy	$240.00	$64.56	Other Ins Paid		12/05/2019	12/06/2019	6402633
				$103.44	Primary Adjustm	$72.00	12/05/2019	12/06/2019	6402633
10/17/2019	Carilion Healthcare Corp	Ph.visit Office	$109.00	$0.94	Primary Adjustm		06/05/2020	06/12/2020	6402816
				$14.06	Other Ins Paid	$94.00	06/05/2020	06/12/2020	6402816
Claim # AGA-0230012 Totals :			**$349.00**	**$183.00**		**$166.00**			
Claim: AGA-0230013; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 09/27/2019									
09/27/2019	Carilion Medical Center	Mri,X-ray Interp.	$22.00	$11.72	Primary Adjustm	$10.28	03/23/2020	03/27/2020	6402744
09/27/2019	Carilion NRV Med Center	X-ray,Radiology	$219.50	$35.88	Primary Adjustm		03/23/2020	03/27/2020	999999999
				$45.91	Provider Discount		03/23/2020	03/27/2020	999999999
				$137.71	Disc.radford	$0.00	03/23/2020	03/27/2020	999999999
Claim # AGA-0230013 Totals :			**$241.50**	**$231.22**		**$10.28**			
Claim: AGA-0253087; Activity: Mens Cross-Country; Diagnosis: ; Anatomy: R-upper Leg; Date Incurred: 02/18/2020									
04/05/2020	Carilion Clinic	Medical Treatment	$19.00	$0.00		$19.00	04/16/2020	04/17/2020	6402757
02/21/2020	Carilion Medical Center	Mri,X-ray Interp.	$19.00	$19.00	Primary Adjustm	$0.00	05/07/2020	05/08/2020	999999999
02/25/2020	Carilion Medical Center	Mri,X-ray Interp.	$170.00	$170.00	Primary Adjustm	$0.00	05/07/2020	05/08/2020	999999999
Claim # AGA-0253087 Totals :			**$208.00**	**$189.00**		**$19.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0248547; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 02/04/2020									
02/06/2020	Carilion Medical Center	X-ray,Radiology	$22.00	$11.89	Primary Adjustm	$10.11	06/01/2020	06/05/2020	6402801
02/09/2020	Carilion Medical Center	Mri	$170.00	$88.70	Primary Adjustm	$81.30	06/01/2020	06/05/2020	6402801
02/06/2020	Carilion NRV Med Center	X-ray,Radiology	$57.52	$57.52	Primary Adjustm	$0.00	08/24/2020	08/28/2020	6402858
02/09/2020	Carilion NRV Med Center	Mri	$1,940.48	$1,940.48	Primary Adjustm	$0.00	08/24/2020	08/28/2020	6402858
02/09/2020	Carilion NRV Med Center	Mri	$1,261.02	$315.26	Provider Discount	$945.76	08/24/2020	08/28/2020	6402858
02/06/2020	Carilion NRV Med Center	X-ray,Radiology	$188.48	$47.12	Provider Discount	$141.36	08/24/2020	08/28/2020	6402858
Claim # AGA-0248547 Totals :			**$3,639.50**	**$2,460.97**		**$1,178.53**			
Claim: AGA-0243695; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 11/13/2019									
12/08/2019	Carilion NRV Med Center	Mri	$570.58	$142.65	Provider Discount		07/30/2020	07/31/2020	999999999
				$427.93	Disc.radford	$0.00	07/30/2020	07/31/2020	999999999
12/08/2019	Carilion NRV Med Center	Mri	$2,110.92	$828.58	Primary Adjustm		07/30/2020	07/31/2020	999999999
				$1,282.34	Other Ins Paid	$0.00	07/30/2020	07/31/2020	999999999
Claim # AGA-0243695 Totals :			**$2,681.50**	**$2,681.50**		**$0.00**			
Claim: AGA-0228214; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 09/30/2019									
10/03/2019	Carilion NRV Med Center	X-ray,Radiology	$28.08	$7.02	Provider Discount		01/21/2020	01/22/2020	999999999
				$21.06	Disc.radford	$0.00	01/21/2020	01/22/2020	999999999
10/03/2019	Carilion NRV Med Center	X-ray,Radiology	$210.92	$51.74	Primary Adjustm		01/21/2020	01/22/2020	999999999
				$159.18	Other Ins Paid	$0.00	01/21/2020	01/22/2020	999999999
Claim # AGA-0228214 Totals :			**$239.00**	**$239.00**		**$0.00**			
Claim: AGA-0222942; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Face; Date Incurred: 09/15/2019									
09/15/2019	Sylva Emergency Group LLC	Dr.visit-emerg Room	$1,380.00	$1,241.78	Primary Adjustm	$138.22	07/17/2020	07/24/2020	6402846
Claim # AGA-0222942 Totals :			**$1,380.00**	**$1,241.78**		**$138.22**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0232603; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 09/04/2019									
09/23/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$4.72	Primary Adjustm		12/04/2019	12/06/2019	6402632
				$127.28	Other Ins Paid	$30.00	12/04/2019	12/06/2019	6402632
09/23/2019	Carilion Healthcare Corp	Injection	$14.00	$1.80	Primary Adjustm		12/04/2019	12/06/2019	6402632
				$8.54	Other Ins Paid	$3.66	12/04/2019	12/06/2019	6402632
10/04/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$0.94	Primary Adjustm		12/04/2019	12/06/2019	6402632
				$78.06	Other Ins Paid	$30.00	12/04/2019	12/06/2019	6402632
09/19/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$2.95	Primary Adjustm		12/16/2019	12/17/2019	6402653
				$66.05	Other Ins Paid	$40.00	12/16/2019	12/17/2019	6402653
09/25/2019	Professional Rehab Associates	Phys.therapy	$195.00	$80.55	Primary Adjustm		12/16/2019	12/17/2019	6402654
				$84.45	Other Ins Paid	$30.00	12/16/2019	12/17/2019	6402654
09/23/2019	Carilion NRV Med Center	X-ray,Radiology	$464.50	$200.42	Primary Adjustm		12/18/2019	12/23/2019	999999999
				$264.08	Other Ins Paid	$0.00	12/18/2019	12/23/2019	999999999
09/23/2019	Carilion NRV Med Center	X-ray,Radiology	$40.00	$10.00	Provider Discount		12/18/2019	12/23/2019	999999999
				$30.00	Disc.radford	$0.00	12/18/2019	12/23/2019	999999999
02/03/2020	Pain and Spine Center Virginia	Ph.visit Office	$350.00	$230.57	Primary Adjustm		03/13/2020	03/20/2020	6402735
				$79.43	Other Ins Paid	$40.00	03/13/2020	03/20/2020	6402735
01/07/2020	Atlas Physical Therapy	Phys.therapy	$393.00	$310.31	Primary Adjustm		03/13/2020	03/20/2020	6402736
				$52.69	Other Ins Paid	$30.00	03/13/2020	03/20/2020	6402736
01/09/2020	Atlas Physical Therapy	Phys.therapy	$393.00	$310.31	Primary Adjustm		03/13/2020	03/20/2020	6402736
				$52.69	Other Ins Paid	$30.00	03/13/2020	03/20/2020	6402736
01/15/2020	Atlas Physical Therapy	Phys.therapy	$487.00	$387.67	Primary Adjustm		03/13/2020	03/20/2020	6402736
				$69.33	Other Ins Paid	$30.00	03/13/2020	03/20/2020	6402736
01/17/2020	Atlas Physical Therapy	Phys.therapy	$180.00	$139.91	Primary Adjustm		03/13/2020	03/20/2020	6402736
				$10.09	Other Ins Paid	$30.00	03/13/2020	03/20/2020	6402736
01/03/2020	Atlas Physical Therapy	Phys.therapy	$393.00	$310.31	Primary Adjustm		03/13/2020	03/20/2020	6402736
				$52.69	Other Ins Paid	$30.00	03/13/2020	03/20/2020	6402736
02/07/2020	Pain and Spine Center Virginia	Injection	$950.00	$669.33	Primary Adjustm		03/13/2020	03/20/2020	6402735
				$280.67	Other Ins Paid	$0.00	03/13/2020	03/20/2020	6402735
02/03/2020	Pain and Spine Center Virginia	Injection	$800.00	$492.00	Primary Adjustm		03/13/2020	03/20/2020	6402735
				$215.60	Other Ins Paid	$92.40	03/13/2020	03/20/2020	6402735
02/03/2020	Pain and Spine Center Virginia	Medical Treatment	$100.00	$98.99	Primary Adjustm		03/13/2020	03/20/2020	6402735
				$0.71	Other Ins Paid	$0.30	03/13/2020	03/20/2020	6402735
01/14/2020	UM Community Medical Group	Ph.visit Office	$100.00	$50.58	Primary Adjustm		04/20/2020	04/24/2020	6402759

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0232603; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 09/04/2019									
				$9.42	Other Ins Paid	$40.00	04/20/2020	04/24/2020	6402759
02/28/2020	Pain and Spine Center Virginia	Ph.visit Office	$250.00	$169.47	Primary Adjustm		04/20/2020	04/24/2020	6402758
				$40.53	Other Ins Paid	$40.00	04/20/2020	04/24/2020	6402758
12/12/2019	UM Community Medical Group	Ph.visit Office	$236.00	$117.20	Primary Adjustm		04/20/2020	04/24/2020	6402759
				$78.80	Other Ins Paid	$40.00	04/20/2020	04/24/2020	6402759
12/18/2019	Atlas Physical Therapy	Phys.therapy	$608.00	$457.54	Primary Adjustm		06/03/2020	06/05/2020	6402808
				$120.46	Other Ins Paid	$30.00	06/03/2020	06/05/2020	6402808
12/30/2019	Atlas Physical Therapy	Phys.therapy	$350.00	$277.14	Primary Adjustm		06/03/2020	06/05/2020	6402808
				$42.86	Other Ins Paid	$30.00	06/03/2020	06/05/2020	6402808
01/10/2020	Bay Surgery Centers LLC	Injection	$1,540.00	$1,165.00	Primary Adjustm		06/03/2020	06/05/2020	6402809
				$275.00	Other Ins Paid	$100.00	06/03/2020	06/05/2020	6402809
01/24/2020	Bay Surgery Centers LLC	Injection	$1,540.00	$1,165.00	Primary Adjustm		06/03/2020	06/05/2020	6402809
				$275.00	Other Ins Paid	$100.00	06/03/2020	06/05/2020	6402809
10/01/2019	Carilion NRV Med Center	Mri	$2,703.00	$1,463.42	Primary Adjustm		07/23/2020	07/24/2020	999999999
				$1,239.58	Other Ins Paid	$0.00	07/23/2020	07/24/2020	999999999
10/01/2019	Carilion NRV Med Center	Mri	$150.00	$37.50	Provider Discount		07/23/2020	07/24/2020	999999999
				$112.50	Other Ins Paid	$0.00	07/23/2020	07/24/2020	999999999
Claim # AGA-0232603 Totals :			**$12,616.50**	**$11,820.14**		**$796.36**			
Claim: AGA-0243458; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 11/26/2019									
12/10/2019	Carilion Clinic	Mri,X-ray Interp.	$476.00	$153.03	Primary Adjustm		04/16/2020	04/17/2020	6402756
				$258.38	Other Ins Paid	$64.59	04/16/2020	04/17/2020	6402756
Claim # AGA-0243458 Totals :			**$476.00**	**$411.41**		**$64.59**			
Claim: AGA-0261080; Activity: Womens Golf; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 09/20/2019									
02/07/2020	Professional Rehab Associates	Phys.therapy	$104.00	$26.00	Primary Adjustm		05/22/2020	05/29/2020	6402793
				$62.40	Other Ins Paid	$15.60	05/22/2020	05/29/2020	6402793
01/27/2020	Professional Rehab Associates	Phys.therapy	$247.00	$61.75	Primary Adjustm	$185.25	05/22/2020	05/29/2020	6402793
10/24/2019	Breg Inc	Orthopedic Appliance	$52.12	$0.00		$52.12	05/22/2020	05/29/2020	6402792
01/29/2020	Professional Rehab Associates	Phys.therapy	$45.00	$11.25	Primary Adjustm	$33.75	06/18/2020	06/19/2020	6402829
Claim # AGA-0261080 Totals :			**$448.12**	**$161.40**		**$286.72**			

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Claim: AGA-0241516; Activity: Womens Golf; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 10/17/2019									
10/17/2019	Carilion Medical Center	Mri,X-ray Interp.	$170.00	$70.62	Primary Adjustm	$99.38	03/25/2020	03/27/2020	6402750
10/24/2019	Breg Inc	Med Equipment	$52.12	$0.00		$52.12	03/25/2020	03/27/2020	6402749
Claim # AGA-0241516 Totals :			**$222.12**	**$70.62**		**$151.50**			
Claim: AGA-0237839; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/10/2019									
11/06/2019	Carilion Clinic	Mri	$2,681.50	$1,291.92	Primary Adjustm		02/10/2020	03/06/2020	6402718
				$1,111.66	Other Ins Paid	$277.92	02/10/2020	03/06/2020	6402718
11/06/2019	Carilion Clinic	Mri	$172.00	$90.29	Primary Adjustm		02/10/2020	03/06/2020	6402718
				$65.37	Other Ins Paid	$16.34	02/10/2020	03/06/2020	6402718
Claim # AGA-0237839 Totals :			**$2,853.50**	**$2,559.24**		**$294.26**			
Claim: AGA-0227772; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Hernia; Date Incurred: 09/02/2019									
09/03/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$5,375.50	$3,660.29	Other Ins Paid		11/21/2019	11/25/2019	999999999
				$1,715.21	Primary Adjustm	$0.00	11/21/2019	11/25/2019	999999999
09/03/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$200.00	$50.00	Provider Discount		11/21/2019	11/25/2019	999999999
				$150.00	Disc.radford	$0.00	11/21/2019	11/25/2019	999999999
Claim # AGA-0227772 Totals :			**$5,575.50**	**$5,575.50**		**$0.00**			
Claim: AGA-0252657; Activity: Womens Volleyball; Diagnosis: ; Anatomy: R-shoulder; Date Incurred: 12/02/2019									
03/05/2020	Carilion Healthcare Corp	Ph.visit Office	$109.00	$17.65	Primary Adjustm		06/18/2020	06/19/2020	6402830
				$41.35	Other Ins Paid	$50.00	06/18/2020	06/19/2020	6402830
12/12/2019	Carilion Healthcare Corp	Ph.visit Office	$162.00	$21.86	Primary Adjustm		06/18/2020	06/19/2020	6402832
				$90.14	Other Ins Paid	$50.00	06/18/2020	06/19/2020	6402832
12/18/2019	Physical Therapy Specialists	Phys.therapy	$262.85	$146.59	Primary Adjustm		06/18/2020	06/19/2020	6402833
				$76.99	Other Ins Paid	$39.27	06/18/2020	06/19/2020	6402833
02/20/2020	Carilion Healthcare Corp	Ph.visit Office	$66.00	$10.22	Primary Adjustm		06/18/2020	06/19/2020	6402830
				$5.78	Other Ins Paid	$50.00	06/18/2020	06/19/2020	6402830
Claim # AGA-0252657 Totals :			**$599.85**	**$410.58**		**$189.27**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0256896; Activity: Womens Lacrosse; Diagnosis: ; Anatomy: R-finger; Date Incurred: 02/06/2020									
03/16/2020	Carilion Healthcare Corp	X-ray,Radiology	$47.00	$9.93	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$33.36	Other Ins Paid	$3.71	06/02/2020	06/05/2020	6402805
03/30/2020	Carilion Healthcare Corp	X-ray,Radiology	$47.00	$9.93	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$33.36	Other Ins Paid	$3.71	06/02/2020	06/05/2020	6402805
04/14/2020	Carilion Healthcare Corp	X-ray,Radiology	$47.00	$9.93	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$33.36	Other Ins Paid	$3.71	06/02/2020	06/05/2020	6402805
02/06/2020	Carilion Medical Center	Mri,X-ray Interp.	$22.00	$11.46	Primary Adjustm		06/02/2020	06/05/2020	6402806
				$9.49	Other Ins Paid	$1.05	06/02/2020	06/05/2020	6402806
02/11/2020	Anesthesiology Associates of Radford	Anesthesia	$672.00	$409.50	Primary Adjustm		06/02/2020	06/05/2020	6402807
				$236.25	Other Ins Paid	$26.25	06/02/2020	06/05/2020	6402807
02/11/2020	Anesthesiology Associates of Radford	Anesthesia	$665.00	$402.50	Primary Adjustm		06/02/2020	06/05/2020	6402807
				$236.25	Other Ins Paid	$26.25	06/02/2020	06/05/2020	6402807
02/27/2020	Carilion Healthcare Corp	Surgery	$173.00	$68.54	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$94.01	Other Ins Paid	$10.45	06/02/2020	06/05/2020	6402805
02/27/2020	Carilion Healthcare Corp	X-ray,Radiology	$47.00	$9.93	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$33.36	Other Ins Paid	$3.71	06/02/2020	06/05/2020	6402805
02/27/2020	Carilion Healthcare Corp	Medical Treatment	$20.00	$5.98	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$12.62	Other Ins Paid	$1.40	06/02/2020	06/05/2020	6402805
03/05/2020	Carilion Healthcare Corp	Surgery	$173.00	$68.54	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$94.01	Other Ins Paid	$10.45	06/02/2020	06/05/2020	6402805
03/05/2020	Carilion Healthcare Corp	X-ray,Radiology	$47.00	$9.93	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$33.36	Other Ins Paid	$3.71	06/02/2020	06/05/2020	6402805
03/05/2020	Carilion Healthcare Corp	Medical Treatment	$20.00	$5.98	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$12.62	Other Ins Paid	$1.40	06/02/2020	06/05/2020	6402805
02/06/2020	Carilion Healthcare Corp	Ph.visit Office	$109.00	$0.94	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$73.06	Other Ins Paid	$35.00	06/02/2020	06/05/2020	6402805
02/11/2020	Carilion Healthcare Corp	Surgery	$988.00	$424.01	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$57.59	Other Ins Paid	$506.40	06/02/2020	06/05/2020	6402805
02/13/2020	Carilion Healthcare Corp	Surgery	$173.00	$68.54	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$94.01	Other Ins Paid	$10.45	06/02/2020	06/05/2020	6402805
02/13/2020	Carilion Healthcare Corp	Medical Treatment	$20.00	$5.98	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$12.62	Other Ins Paid	$1.40	06/02/2020	06/05/2020	6402805
02/20/2020	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$19.78	Primary Adjustm		06/02/2020	06/05/2020	6402805

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Claim: AGA-0256896; Activity: Womens Lacrosse; Diagnosis: ; Anatomy: R-finger; Date Incurred: 02/06/2020									
				$32.60	Other Ins Paid	$3.62	06/02/2020	06/05/2020	6402805
02/06/2020	Carilion Healthcare Corp	Orthopedic Appliance	$260.00	$20.62	Primary Adjustm		06/02/2020	06/05/2020	6402805
				$215.44	Other Ins Paid	$23.94	06/02/2020	06/05/2020	6402805
Claim # AGA-0256896 Totals :			**$3,586.00**	**$2,909.39**		**$676.61**			
Claim: AGA-0239236; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-hand; Date Incurred: 11/10/2019									
11/21/2019	HealthRisk Resource Group LLC	Repricing Fee	$3.96	$0.00		$3.96	01/28/2020	01/28/2020	6402694
11/11/2019	Carilion Healthcare Corp	Orthopedic Appliance	$260.00	$0.00		$260.00	01/28/2020	01/28/2020	6402695
11/21/2019	Carilion Healthcare Corp	Medical Treatment	$109.00	$21.80	Disc: Hrgi	$87.20	01/28/2020	01/28/2020	6402695
11/21/2019	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$11.20	Disc: Hrgi	$44.80	01/28/2020	01/28/2020	6402695
11/11/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$31.02	Disc: Hrgi	$130.98	01/28/2020	01/28/2020	6402695
11/11/2019	Carilion Healthcare Corp	X-ray,Radiology	$56.00	$16.59	Disc: Hrgi	$39.41	01/28/2020	01/28/2020	6402695
11/11/2019	HealthRisk Resource Group LLC	Repricing Fee	$5.71	$0.00		$5.71	01/28/2020	01/28/2020	6402694
12/09/2019	HealthRisk Resource Group	Repricing Fee	$4.39	$0.00		$4.39	04/29/2020	05/01/2020	6402775
02/19/2020	HealthRisk Resource Group	Repricing Fee	$2.93	$0.00		$2.93	04/29/2020	05/01/2020	6402775
02/19/2020	Carilion Healthcare Corp	Ph.visit Office	$122.00	$24.40	Disc: Hrgi	$97.60	04/29/2020	05/01/2020	6402774
12/09/2019	Carilion Healthcare Corp	Ph.visit Office	$122.00	$36.60	Disc: Hrgi	$85.40	04/29/2020	05/01/2020	6402774
Claim # AGA-0239236 Totals :			**$903.99**	**$141.61**		**$762.38**			
Claim: AGA-0261864; Activity: Mens Tennis; Diagnosis: ; Anatomy: Elbow; Date Incurred: 01/20/2020									
03/05/2020	Carilion Clinic	Ph.visit Office	$162.00	$34.65	Primary Adjustm	$127.35	05/22/2020	05/22/2020	6402791
03/05/2020	Carilion Clinic	X-ray,Radiology	$61.00	$0.00		$61.00	05/22/2020	05/22/2020	6402791
Claim # AGA-0261864 Totals :			**$223.00**	**$34.65**		**$188.35**			
Claim: AGA-0239339; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 11/01/2019									
11/06/2019	Carilion Clinic	Emrg.room	$1,397.00	$449.14	Primary Adjustm		06/10/2020	06/12/2020	6402818
				$797.86	Other Ins Paid	$150.00	06/10/2020	06/12/2020	6402818
Claim # AGA-0239339 Totals :			**$1,397.00**	**$1,247.00**		**$150.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0250022; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 09/05/2019									
10/17/2019	Carilion NRV Med Center	Mri	$1,573.43	$393.36	Provider Discount		07/13/2020	07/17/2020	999999999
				$1,180.07	Disc.radford	$0.00	07/13/2020	07/17/2020	999999999
10/17/2019	Carilion NRV Med Center	Mri	$2,767.07	$1,429.05	Primary Adjustm		07/13/2020	07/17/2020	999999999
				$1,338.02	Other Ins Paid	$0.00	07/13/2020	07/17/2020	999999999
11/25/2019	SSM Select Rehab St. Louis, LLC	Phys.therapy	$562.78	$355.11	Primary Adjustm		07/13/2020	07/17/2020	6402843
				$177.67	Other Ins Paid	$30.00	07/13/2020	07/17/2020	6402843
11/27/2019	SSM Select Rehab St. Louis, LLC	Phys.therapy	$326.96	$206.31	Primary Adjustm		07/13/2020	07/17/2020	6402843
				$90.65	Other Ins Paid	$30.00	07/13/2020	07/17/2020	6402843
11/29/2019	SSM Select Rehab St. Louis, LLC	Phys.therapy	$326.96	$206.31	Primary Adjustm		07/13/2020	07/17/2020	6402843
				$90.65	Other Ins Paid	$30.00	07/13/2020	07/17/2020	6402843
01/06/2020	SSM Select Rehab St. Louis, LLC	Phys.therapy	$292.05	$184.29	Primary Adjustm		07/13/2020	07/17/2020	6402843
				$77.76	Other Ins Paid	$30.00	07/13/2020	07/17/2020	6402843
01/17/2020	SSM Select Rehab St. Louis, LLC	Phys.therapy	$602.56	$380.23	Primary Adjustm		07/13/2020	07/17/2020	6402843
				$192.33	Other Ins Paid	$30.00	07/13/2020	07/17/2020	6402843
01/03/2020	SSM Select Rehab St. Louis, LLC	Phys.therapy	$292.05	$184.29	Primary Adjustm		07/13/2020	07/17/2020	6402843
				$77.76	Other Ins Paid	$30.00	07/13/2020	07/17/2020	6402843
01/20/2020	Professional Rehab Associates	Phys.therapy	$190.00	$38.00	Primary Adjustm	$152.00	07/13/2020	07/17/2020	6402844
Claim # AGA-0250022 Totals :			**$6,933.86**	**$6,601.86**		**$332.00**			
Claim: AGA-0229976; Activity: Womens Lacrosse; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 09/20/2019									
12/09/2019	Carilion NRV Med Center	X-ray,Radiology	$1,713.00	$646.99	Primary Adjustm		03/19/2020	03/20/2020	999999999
				$1,066.01	Other Ins Paid	$0.00	03/19/2020	03/20/2020	999999999
12/09/2019	Carilion NRV Med Center	X-ray,Radiology	$50.00	$12.50	Provider Discount		03/19/2020	03/20/2020	999999999
				$37.50	Disc.radford	$0.00	03/19/2020	03/20/2020	999999999
10/25/2019	Carilion NRV Med Center	X-ray,Radiology	$50.00	$12.50	Provider Discount		06/24/2020	06/26/2020	999999999
				$37.50	Disc.radford	$0.00	06/24/2020	06/26/2020	999999999
10/28/2019	Carilion NRV Med Center	Mri	$50.00	$12.50	Provider Discount		06/24/2020	06/26/2020	999999999
				$37.50	Disc.radford	$0.00	06/24/2020	06/26/2020	999999999
10/25/2019	Carilion NRV Med Center	X-ray,Radiology	$299.00	$299.00	Other Ins Paid	$0.00	06/24/2020	06/26/2020	999999999
10/28/2019	Carilion NRV Med Center	Mri	$2,511.00	$1,171.42	Primary Adjustm		06/24/2020	06/26/2020	999999999
				$1,339.58	Other Ins Paid	$0.00	06/24/2020	06/26/2020	999999999
Claim # AGA-0229976 Totals :			**$4,673.00**	**$4,673.00**		**$0.00**			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0231104; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/12/2019									
10/28/2019	Anesthesiology Associates	Anesthesia	$1,248.00	$291.84	Other Ins Paid		12/12/2019	12/13/2019	6402644
				$883.20	Primary Adjustm	$72.96	12/12/2019	12/13/2019	6402644
10/28/2019	Anesthesiology Associates	Injection	$643.00	$107.77	Other Ins Paid		12/12/2019	12/13/2019	6402644
				$508.29	Primary Adjustm	$26.94	12/12/2019	12/13/2019	6402644
11/11/2019	Professional Rehab Associates	Phys.therapy	$0.00	$110.00	Primary Adjustm	V	01/29/2020	01/31/2020	6402701
				$56.00	Other Ins Paid	$0.00	01/29/2020	01/31/2020	6402701
11/01/2019	Professional Rehab Associates	Phys.therapy	$0.00	$110.00	Primary Adjustm	V	01/29/2020	01/31/2020	6402701
				$56.00	Other Ins Paid	$0.00	01/29/2020	01/31/2020	6402701
01/13/2020	Sprots, Spine & Industrial	Phys.therapy	$249.00	$179.00	Primary Adjustm		03/13/2020	03/13/2020	999999999
				$70.00	Other Ins Paid	$0.00	03/13/2020	03/13/2020	999999999
11/01/2019	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		03/05/2020	03/13/2020	6402732
				$56.00	Other Ins Paid	$14.00	03/05/2020	03/13/2020	6402732
11/20/2019	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		03/13/2020	03/13/2020	6402734
				$56.00	Other Ins Paid	$14.00	03/13/2020	03/13/2020	6402734
10/31/2019	Professional Rehab Associates	Phys.therapy	$285.00	$215.00	Primary Adjustm		03/13/2020	03/13/2020	6402734
				$56.00	Other Ins Paid	$14.00	03/13/2020	03/13/2020	6402734
11/12/2019	Professional Rehab Associates	Phys.therapy	$180.00	$110.00	Primary Adjustm		03/13/2020	03/13/2020	6402734
				$56.00	Other Ins Paid	$14.00	03/13/2020	03/13/2020	6402734
02/24/2020	Professional Rehab Associates	Phys.therapy	$208.00	$138.00	Primary Adjustm	$70.00	04/28/2020	05/01/2020	6402773
02/21/2020	Professional Rehab Associates	Phys.therapy	$211.00	$141.00	Primary Adjustm	$70.00	04/28/2020	05/01/2020	6402773
03/06/2020	Professional Rehab Associates	Phys.therapy	$156.00	$86.00	Primary Adjustm	$70.00	04/28/2020	05/01/2020	6402773
10/16/2019	Carilion NRV Med Center	Mri	$318.74	$79.69	Provider Discount		04/28/2020	05/01/2020	999999999
				$239.05	Disc.radford	$0.00	04/28/2020	05/01/2020	999999999
10/16/2019	Carilion NRV Med Center	Mri	$2,242.26	$967.29	Primary Adjustm		04/28/2020	05/01/2020	999999999
				$1,274.97	Other Ins Paid	$0.00	04/28/2020	05/01/2020	999999999
02/28/2020	Professional Rehab Associates	Phys.therapy	$208.00	$138.00	Primary Adjustm	$70.00	05/12/2020	05/15/2020	6402786
03/04/2020	Professional Rehab Associates	Phys.therapy	$208.00	$138.00	Primary Adjustm	$70.00	05/12/2020	05/15/2020	6402786
03/30/2020	Professional Rehab Associates	Phys.therapy	$208.00	$138.00	Primary Adjustm	$70.00	05/12/2020	05/15/2020	6402786
02/26/2020	Professional Rehab Associates	Phys.therapy	$148.00	$78.00	Primary Adjustm	$70.00	06/05/2020	06/12/2020	6402815
04/01/2020	Professional Rehab Associates	Phys.therapy	$208.00	$138.00	Primary Adjustm		06/05/2020	06/12/2020	6402815
				$52.00	Other Ins Paid	$18.00	06/05/2020	06/12/2020	6402815
11/19/2019	Game Ready	Med Equipment	$3,368.00	$1,068.00	Disc:occunet	$2,300.00	05/12/2020	06/19/2020	6402820

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Claim # AGA-0231104 Totals :			**$10,449.00**	**$7,485.10**		**$2,963.90**			
Claim: AGA-0242609; Activity: Mens Tennis; Diagnosis: Cardiovascular Disorders; Anatomy: Heart; Date Incurred: 10/03/2019									
10/04/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$21.86	Primary Adjustm	$140.14	01/22/2020	01/22/2020	6402688
Claim # AGA-0242609 Totals :			**$162.00**	**$21.86**		**$140.14**			
Claim: AGA-0262512; Activity: Mens Tennis; Diagnosis: ; Anatomy: Mouth; Date Incurred: 02/24/2020									
02/25/2020	Stephen Mccuin, Dds	Dental	$39.00	$0.00		$39.00	06/05/2020	06/12/2020	6402817
02/25/2020	Stephen Mccuin, Dds	Dental	$92.00	$0.00		$92.00	06/05/2020	06/12/2020	6402817
Claim # AGA-0262512 Totals :			**$131.00**	**$0.00**		**$131.00**			
Claim: AGA-0234959; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Face; Date Incurred: 10/28/2019									
10/30/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$36.85	Primary Adjustm		12/12/2019	12/13/2019	6402648
				$75.15	Other Ins Paid	$50.00	12/12/2019	12/13/2019	6402648
11/05/2019	Lewis-gale Physicians	Medical Treatment	$400.00	$166.43	Primary Adjustm		01/22/2020	01/24/2020	6402689
				$208.57	Other Ins Paid	$25.00	01/22/2020	01/24/2020	6402689
11/19/2019	Lewis-gale Physicians	Medical Treatment	$176.00	$72.46	Primary Adjustm		01/22/2020	01/24/2020	6402689
				$78.54	Other Ins Paid	$25.00	01/22/2020	01/24/2020	6402689
11/13/2019	Lewisgale Hos Montgomery	Surgery	$20,458.00	$8,919.69	Primary Adjustm		01/13/2020	02/07/2020	6402712
				$11,288.31	Other Ins Paid	$250.00	01/13/2020	02/07/2020	6402712
10/28/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$2,338.50	$832.21	Primary Adjustm		03/13/2020	03/20/2020	999999999
				$1,506.29	Other Ins Paid	$0.00	03/13/2020	03/20/2020	999999999
10/28/2019	Carilion NRV Med Center	Dr.visit-emerg Room	$250.00	$62.50	Provider Discount		03/13/2020	03/20/2020	999999999
				$187.50	Disc.radford	$0.00	03/13/2020	03/20/2020	999999999
10/28/2019	Radford Ambulance Service	Ambulance	$550.00	$46.80	Primary Adjustm		03/13/2020	03/20/2020	6402739
				$390.70	Other Ins Paid	$112.50	03/13/2020	03/20/2020	6402739
10/28/2019	Radford Ambulance Service	Ambulance	$96.00	$24.72	Primary Adjustm		03/13/2020	03/20/2020	6402739
				$71.28	Other Ins Paid	$0.00	03/13/2020	03/20/2020	6402739
Claim # AGA-0234959 Totals :			**$24,430.50**	**$23,968.00**		**$462.50**			

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Claim: AGA-0216997; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 08/09/2019									
08/09/2019	North American Anestheisa	Anesthesia	$1,144.80	$850.80	Primary Adjustm		09/12/2019	09/12/2019	6402548
				$235.20	Other Ins Paid	$58.80	09/12/2019	09/12/2019	6402548
08/09/2019	North American Anestheisa	Anesthesia	$1,399.20	$1,105.20	Primary Adjustm		09/12/2019	09/12/2019	6402548
				$235.20	Other Ins Paid	$58.80	09/12/2019	09/12/2019	6402548
08/09/2019	Orthovirginia, Inc	Surgery	$2,172.00	$358.22	Other Ins Paid		09/12/2019	09/12/2019	6402547
				$1,467.96	Primary Adjustm	$345.82	09/12/2019	09/12/2019	6402547
08/09/2019	Orthovirginia, Inc	Surgery	$3,701.00	$815.11	Other Ins Paid		09/12/2019	09/12/2019	6402547
				$2,099.00	Primary Adjustm	$786.89	09/12/2019	09/12/2019	6402547
09/03/2019	Professional Rehab Associates	Phys.therapy	$240.00	$103.44	Primary Adjustm		11/07/2019	11/08/2019	6402601
				$101.56	Other Ins Paid	$35.00	11/07/2019	11/08/2019	6402601
08/09/2019	Orthovirginia, Inc	Medical Treatment	$180.00	$0.00		$180.00	01/17/2020	01/22/2020	6402686
Claim # AGA-0216997 Totals :			**$8,837.00**	**$7,371.69**		**$1,465.31**			
Claim: AGA-0261782; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: Mouth; Date Incurred: 03/02/2020									
03/02/2020	Stephen McCuin, Dds	Dental	$92.00	$0.00		$92.00	07/14/2020	07/17/2020	6402845
03/02/2020	Stephen McCuin, Dds	Dental	$39.00	$31.20	Other Ins Paid	$7.80	07/14/2020	07/17/2020	6402845
03/02/2020	Stephen McCuin, Dds	Dental	$357.00	$159.20	Other Ins Paid	$197.80	07/14/2020	07/17/2020	6402845
Claim # AGA-0261782 Totals :			**$488.00**	**$190.40**		**$297.60**			
Claim: AGA-0216434; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Heart; Date Incurred: 08/29/2019									
08/30/2019	Carilion NRV Med Center	Medical Treatment	$525.58	$131.40	Provider Discount		04/28/2020	05/01/2020	999999999
				$394.18	Disc.radford	$0.00	04/28/2020	05/01/2020	999999999
08/30/2019	Carilion NRV Med Center	Medical Treatment	$1,663.42	$661.08	Primary Adjustm		04/28/2020	05/01/2020	999999999
				$1,002.34	Other Ins Paid	$0.00	04/28/2020	05/01/2020	999999999
Claim # AGA-0216434 Totals :			**$2,189.00**	**$2,189.00**		**$0.00**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0234827; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 11/01/2019									
11/04/2019	Carilion Medical Center	X-ray,Radiology	$23.00	$10.24	Other Ins Paid		01/29/2020	01/31/2020	6402700
				$11.62	Primary Adjustm	$1.14	01/29/2020	01/31/2020	6402700
11/05/2019	HealthRisk Resource Group LLC	Repricing Fee	$2.68	$0.00		$2.68	01/29/2020	01/31/2020	6402697
11/04/2019	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$55.80	Disc: Hrgi	$223.20	01/29/2020	01/31/2020	6402699
11/05/2019	Carilion Healthcare Corp	Ph.visit In-hos	$112.00	$22.40	Disc: Hrgi	$89.60	01/29/2020	01/31/2020	6402698
11/04/2019	HealthRisk Resource Group LLC	Repricing Fee	$6.69	$0.00		$6.69	01/29/2020	01/31/2020	6402697
11/04/2019	Carilion Healthcare Corp	Ph.visit In-hos	$283.00	$63.13	Primary Adjustm		02/28/2020	03/06/2020	6402722
				$199.87	Other Ins Paid	$20.00	02/28/2020	03/06/2020	6402722
11/04/2019	Carilion NRV Med Center	Emrg.room	$5,070.50	$1,885.04	Primary Adjustm		02/28/2020	03/06/2020	999999999
				$3,185.46	Other Ins Paid	$0.00	02/28/2020	03/06/2020	999999999
11/04/2019	Carilion NRV Med Center	Emrg.room	$475.50	$118.88	Provider Discount		02/28/2020	03/06/2020	999999999
				$356.62	Disc.radford	$0.00	02/28/2020	03/06/2020	999999999
11/04/2019	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$98.57	Primary Adjustm		02/28/2020	03/13/2020	6402727
				$162.39	Other Ins Paid	$18.04	02/28/2020	03/13/2020	6402727
Claim # AGA-0234827 Totals :			**$6,531.37**	**$6,170.02**		**$361.35**			
Claim: AGA-0242675; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 12/11/2019									
12/13/2019	Carilion Medical Center	Mri,X-ray Interp.	$204.00	$106.28	Primary Adjustm		02/28/2020	03/06/2020	6402723
				$77.72	Other Ins Paid	$20.00	02/28/2020	03/06/2020	6402723
12/13/2019	Carilion Medical Center	Surgery	$168.00	$84.18	Primary Adjustm		04/21/2020	04/24/2020	6402765
				$63.82	Other Ins Paid	$20.00	04/21/2020	04/24/2020	6402765
12/13/2019	Carilion Roanoke Mem Hosp	Mri,X-ray Interp.	$5,947.00	$2,267.36	Primary Adjustm		08/12/2020	08/14/2020	6402854
				$3,479.64	Other Ins Paid	$200.00	08/12/2020	08/14/2020	6402854
Claim # AGA-0242675 Totals :			**$6,319.00**	**$6,079.00**		**$240.00**			

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Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0244172; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 12/09/2019									
02/21/2020	Anesthesiology Associates of Radford	Anesthesia	$1,152.00	$524.80	Primary Adjustm		05/11/2020	05/15/2020	6402784
				$564.48	Other Ins Paid	$62.72	05/11/2020	05/15/2020	6402784
02/21/2020	Anesthesiology Associates of Radford	Injection	$600.00	$526.46	Primary Adjustm		05/11/2020	05/15/2020	6402784
				$66.19	Other Ins Paid	$7.35	05/11/2020	05/15/2020	6402784
02/21/2020	Anesthesiology Associates of Radford	X-ray,Radiology	$118.00	$88.99	Primary Adjustm		05/11/2020	05/15/2020	6402784
				$26.11	Other Ins Paid	$2.90	05/11/2020	05/15/2020	6402784
02/21/2020	New River Valley Surgery Cent	Surgery	$8,422.00	$7,752.73	Primary Adjustm		06/26/2020	06/30/2020	6402837
				$594.27	Other Ins Paid	$75.00	06/26/2020	06/30/2020	6402837
02/21/2020	New River Valley Surgery Cent	Surgery	$8,422.00	$7,083.47	Primary Adjustm		06/26/2020	06/30/2020	6402837
				$1,212.80	Other Ins Paid	$125.73	06/26/2020	06/30/2020	6402837
02/21/2020	New River Valley Surgery Cent	Medical Treatment	$2,565.00	$2,308.50	Other Ins Paid	$256.50	06/26/2020	06/30/2020	6402837
Claim # AGA-0244172 Totals :			**$21,279.00**	**$20,748.80**		**$530.20**			
Claim: AGA-0222720; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 08/01/2019									
08/01/2019	Carilion Healthcare Corp	Medical Treatment	$165.00	$0.00		$165.00	11/22/2019	11/26/2019	6402621
Claim # AGA-0222720 Totals :			**$165.00**	**$0.00**		**$165.00**			
Claim: AGA-0251661; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 02/10/2020									
02/12/2020	ACO Medical Supply, Inc	Med.supplies	$131.64	$0.00		$131.64	06/16/2020	06/19/2020	6402824
Claim # AGA-0251661 Totals :			**$131.64**	**$0.00**		**$131.64**			
Claim: AGA-0234934; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 09/10/2019									
10/01/2019	Carilion Medical Center	X-ray,Radiology	$22.00	$0.00		$22.00	12/16/2019	12/17/2019	6402655
10/01/2019	Carilion Clinic	Radiology Services	$174.50	$65.00	Other Ins Paid		02/05/2020	02/07/2020	6402714
				$6.08	Primary Adjustm	$103.42	02/05/2020	02/07/2020	6402714
10/01/2019	Doar Incorporated	Medical Treatment	$2,363.06	$1,058.06	Primary Adjustm		02/05/2020	02/07/2020	6402715
				$1,220.00	Other Ins Paid	$85.00	02/05/2020	02/07/2020	6402715
	Carilion Clinic		$0.00	$0.00		-$18.64	03/27/2020	03/27/2020	0
Claim # AGA-0234934 Totals :			**$2,559.56**	**$2,367.78**		**$191.78**			

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Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0222711; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Internal; Date Incurred: 09/20/2019									
09/20/2019	RMH Emergency Svc	Dr.visit-emerg Room	$279.00	$101.93	Primary Adjustm	$177.07	11/11/2019	11/12/2019	6402606
09/20/2019	Carilion Medical Center	Medical Treatment	$23.00	$12.31	Primary Adjustm	$10.69	11/11/2019	11/12/2019	6402607
09/20/2019	Carilion Healthcare Corp	Medical Treatment	$22.00	$12.13	Primary Adjustm		11/11/2019	11/12/2019	6402608
				$7.90	Other Ins Paid	$1.97	11/11/2019	11/12/2019	6402608
09/23/2019	Carilion Healthcare Corp	Medical Treatment	$200.00	$33.96	Primary Adjustm		11/11/2019	11/12/2019	6402608
				$149.30	Other Ins Paid	$16.74	11/11/2019	11/12/2019	6402608
Claim # AGA-0222711 Totals :			**$524.00**	**$317.53**		**$206.47**			
Claim: AGA-0239867; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 10/15/2019									
12/17/2019	Tamara Williams	Phys.therapy	$100.00	$0.00		$100.00	01/03/2020	01/03/2020	6402664
12/23/2019	Tamara Williams	Phys.therapy	$100.00	$0.00		$100.00	01/03/2020	01/03/2020	6402664
12/16/2019	Tamara Williams	Phys.therapy	$125.00	$25.00	Primary Adjustm	$100.00	01/14/2020	01/14/2020	6402679
10/17/2019	Carilion Healthcare Corp	Medical Treatment	$162.00	$1.74	Primary Adjustm		01/14/2020	01/14/2020	6402680
				$66.26	Other Ins Paid	$94.00	01/14/2020	01/14/2020	6402680
10/15/2019	Radford Ambulance Service	Ambulance	$896.00	$377.73	Primary Adjustm	$518.27	01/27/2020	01/28/2020	6402693
11/21/2019	Carilion Healthcare Corp	Ph.visit Office	$66.00	$1.68	Primary Adjustm	$64.32	03/18/2020	03/20/2020	6402741
10/15/2019	Carilion Medical Center	Mri,X-ray Interp.	$22.00	$11.46	Primary Adjustm		03/18/2020	03/20/2020	6402740
				$7.38	Other Ins Paid	$3.16	03/18/2020	03/20/2020	6402740
10/15/2019	Carilion NRV Med Center	Emrg.room	$1,093.02	$273.26	Provider Discount		07/01/2020	07/02/2020	999999999
				$819.76	Disc.radford	$0.00	07/01/2020	07/02/2020	999999999
10/15/2019	Carilion NRV Med Center	Emrg.room	$569.98	$569.98	Primary Adjustm	$0.00	07/01/2020	07/02/2020	999999999
10/16/2019	RMH Emergency Svc	Dr.visit-emerg Room	$96.00	$32.41	Primary Adjustm	$63.59	07/20/2020	07/24/2020	6402849
Claim # AGA-0239867 Totals :			**$3,230.00**	**$2,186.66**		**$1,043.34**			

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Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0257700; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 03/02/2020									
03/17/2020	Carilion Healthcare Corp	Surgery	$2,378.00	$1,052.90	Primary Adjustm		06/03/2020	06/05/2020	6402811
				$1,285.10	Other Ins Paid	$40.00	06/03/2020	06/05/2020	6402811
03/05/2020	Carilion Medical Center	Surgery	$168.00	$84.18	Primary Adjustm		06/03/2020	06/05/2020	6402812
				$43.82	Other Ins Paid	$40.00	06/03/2020	06/05/2020	6402812
03/05/2020	Carilion Medical Center	Mri,X-ray Interp.	$49.00	$15.30	Primary Adjustm	$33.70	06/03/2020	06/05/2020	6402812
03/05/2020	Carilion Medical Center	Mri,X-ray Interp.	$204.00	$106.28	Primary Adjustm	$97.72	06/03/2020	06/05/2020	6402812
03/02/2020	Carilion Healthcare Corp	X-ray,Radiology	$61.00	$24.35	Primary Adjustm	$36.65	06/03/2020	06/05/2020	6402811
04/02/2020	Carilion Healthcare Corp	Orthopedic Appliance	$270.00	$125.69	Other Ins Paid	$144.31	06/03/2020	06/05/2020	6402811
04/06/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/08/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/10/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
03/02/2020	Carilion Healthcare Corp	Ph.visit Office	$162.00	$1.74	Primary Adjustm		06/03/2020	06/05/2020	6402811
				$120.26	Other Ins Paid	$40.00	06/03/2020	06/05/2020	6402811
03/09/2020	Carilion Healthcare Corp	Ph.visit Office	$109.00	$0.94	Primary Adjustm		06/03/2020	06/05/2020	6402811
				$68.06	Other Ins Paid	$40.00	06/03/2020	06/05/2020	6402811
03/17/2020	Anesthesiology Assoc Of Radford	Anesthesia	$1,536.00	$936.00	Primary Adjustm		06/03/2020	06/05/2020	6402814
				$560.00	Other Ins Paid	$40.00	06/03/2020	06/05/2020	6402814
03/17/2020	Anesthesiology Assoc Of Radford	Anesthesia	$1,520.00	$920.00	Primary Adjustm		06/03/2020	06/05/2020	6402814
				$600.00	Other Ins Paid	$0.00	06/03/2020	06/05/2020	6402814
03/12/2020	Carilion Healthcare Corp	Ph.visit Office	$109.00	$0.94	Primary Adjustm		06/03/2020	06/05/2020	6402811
				$68.06	Other Ins Paid	$40.00	06/03/2020	06/05/2020	6402811
04/15/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/17/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/21/2020	Sports Med.& Ortho.	Phys.therapy	$277.00	$201.92	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$60.08	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/23/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/27/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813

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Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0257700; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 03/02/2020									
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/13/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$221.56	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$73.44	Other Ins Paid	$15.00	06/03/2020	06/05/2020	6402813
04/03/2020	Sports Med.& Ortho.	Phys.therapy	$310.00	$176.27	Primary Adjustm		06/03/2020	06/05/2020	6402813
				$98.73	Other Ins Paid	$35.00	06/03/2020	06/05/2020	6402813
05/05/2020	Sports Med.& Ortho.	Phys.therapy	$300.00	$210.58	Primary Adjustm		06/18/2020	06/19/2020	6402828
				$74.42	Other Ins Paid	$15.00	06/18/2020	06/19/2020	6402828
05/18/2020	Sports Med.& Ortho.	Phys.therapy	$300.00	$210.58	Primary Adjustm		06/18/2020	06/19/2020	6402828
				$74.42	Other Ins Paid	$15.00	06/18/2020	06/19/2020	6402828
05/14/2020	Sports Med.& Ortho.	Phys.therapy	$300.00	$210.58	Primary Adjustm		06/18/2020	06/19/2020	6402828
				$74.42	Other Ins Paid	$15.00	06/18/2020	06/19/2020	6402828
04/30/2020	Sports Med.& Ortho.	Phys.therapy	$150.00	$105.78	Primary Adjustm		06/18/2020	06/19/2020	6402828
				$29.22	Other Ins Paid	$15.00	06/18/2020	06/19/2020	6402828
05/07/2020	Sports Med.& Ortho.	Phys.therapy	$300.00	$210.58	Primary Adjustm		06/18/2020	06/19/2020	6402828
				$74.42	Other Ins Paid	$15.00	06/18/2020	06/19/2020	6402828
05/12/2020	Sports Med.& Ortho.	Phys.therapy	$300.00	$210.58	Primary Adjustm		06/18/2020	06/19/2020	6402828
				$74.42	Other Ins Paid	$15.00	06/18/2020	06/19/2020	6402828
05/21/2020	Sports Medicine and Orthapaedic Center	Phys.therapy	$310.00	$220.58	Primary Adjustm		07/10/2020	07/17/2020	6402841
				$74.42	Other Ins Paid	$15.00	07/10/2020	07/17/2020	6402841
05/29/2020	Sports Medicine and Orthapaedic Center	Phys.therapy	$160.00	$115.78	Primary Adjustm		07/10/2020	07/17/2020	6402841
				$29.22	Other Ins Paid	$15.00	07/10/2020	07/17/2020	6402841
06/03/2020	Sports Medicine and Orthapaedic Center	Phys.therapy	$310.00	$220.58	Primary Adjustm		07/10/2020	07/17/2020	6402841
				$74.42	Other Ins Paid	$15.00	07/10/2020	07/17/2020	6402841
03/17/2020	Carilion NRV Med Center	Surgery	$40,157.50	$18,383.88	Primary Adjustm		07/27/2020	07/31/2020	999999999
				$21,773.62	Other Ins Paid	$0.00	07/27/2020	07/31/2020	999999999
03/17/2020	Carilion NRV Med Center	Surgery	$125.00	$31.25	Provider Discount		07/27/2020	07/31/2020	999999999
				$93.75	Disc.radford	$0.00	07/27/2020	07/31/2020	999999999
06/10/2020	Sports Med.& Ortho.	Phys.therapy	$240.00	$173.67	Primary Adjustm		07/27/2020	07/31/2020	6402851
				$51.33	Other Ins Paid	$15.00	07/27/2020	07/31/2020	6402851
Claim # AGA-0257700 Totals :			**$52,585.50**	**$51,713.12**		**$872.38**			

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Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Claim: AGA-0227181; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 10/05/2019									
10/09/2019	Carilion Healthcare Corp	Medical Treatment	$218.00	$53.30	Primary Adjustm		01/08/2020	01/10/2020	6402674
				$148.23	Other Ins Paid	$16.47	01/08/2020	01/10/2020	6402674
Claim # AGA-0227181 Totals :			**$218.00**	**$201.53**		**$16.47**			
Claim: AGA-0249356; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 11/05/2019									
12/03/2019	Carilion Clinic	X-ray,Radiology	$22.00	$0.00		$22.00	05/19/2020	05/22/2020	6402789
01/07/2020	Mia Wood	Phys.therapy	$234.99	$0.00		$234.99	05/19/2020	05/22/2020	6402790
Claim # AGA-0249356 Totals :			**$256.99**	**$0.00**		**$256.99**			
Claim: AGA-0234948; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 09/27/2019									
10/28/2019	Carilion NRV Med Center	Mri	$479.33	$119.83	Provider Discount		05/05/2020	05/08/2020	999999999
				$359.50	Disc.radford	$0.00	05/05/2020	05/08/2020	999999999
10/28/2019	Carilion NRV Med Center	Mri	$2,081.67	$1,171.42	Primary Adjustm		05/05/2020	05/08/2020	999999999
				$910.25	Other Ins Paid	$0.00	05/05/2020	05/08/2020	999999999
Claim # AGA-0234948 Totals :			**$2,561.00**	**$2,561.00**		**$0.00**			

2019 Sub Total: Checking Account RADFO Totals:	**$286,099.37**	**$260,971.76**	**$25,127.61**
2019 Sub Total: Coverage Intercollegiate Sports Totals:	**$286,099.37**	**$260,971.76**	**$25,127.61**
2019 Sub Total: Policy US1295237 Totals:	**$286,099.37**	**$260,971.76**	**$25,127.61**
2019 Sub Totals:	**$294,022.51**	**$264,283.39**	**$29,739.12**
Radford University Sub Totals:	**$294,022.51**	**$264,283.39**	**$29,739.12**

A-G Administrators, Inc.
Claims History Report

Pay Dates: 08/01/2019 - 08/31/2020

Report Criteria: Radford University, Policy Begin Year: 2019, Policy End Year: 2019

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
2019 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Outside**								
	Checking Account RADFO		**$7,923.14**	**$3,311.63**		**$4,611.51**			
Policy:	**US1295237**								
Coverage:	**Intercollegiate Sports**								
	Checking Account RADFO		**$286,099.37**	**$260,971.76**		**$25,127.61**			
	2019 Grand Total		**$294,022.51**	**$264,283.39**		**$29,739.12**			
Grand Total									
	Checking Account RADFO		**$294,022.51**	**$264,283.39**		**$29,739.12**			
	Grand Totals		**$294,022.51**	**$264,283.39**		**$29,739.12**			

DATE FUNDS RECEIVED	AMOUNT APPLIED TO SELF-FUND	BALANCE IN SELF-FUNDED ACCOUNT	DATE OF REPORT	2014-2015 CLAIMS PAID AGGREGATE: 175,000.00	2014-2015 CLAIMS PAID OUTSIDE RE-INSURANCE	2015-2016 CLAIMS PAID AGGREGATE: 160,000.00	2015-2016 CLAIMS PAID OUTSIDE RE-INSURANCE	2016-2017 CLAIMS PAID AGGREGATE: 160,000.00	2016-2017 CLAIMS PAID OUTSIDE RE-INSURANCE	2017-2018 CLAIMS PAID AGGREGATE: 145,000.00	2017-2018 CLAIMS PAID OUTSIDE RE-INSURANCE	2018-2019 CLAIMS PAID AGGREGATE: 160,000.00	2018-2019 CLAIMS PAID OUTSIDE RE-INSURANCE
6/9/2016	60,000.00	29,521.24	6/30/16				-						
		16,622.72	7/31/16										
		9,541.32	8/31/16					-	-				
9/15/2016	108,000.00	114,406.87	9/30/16					10.00	-				
		111,324.13	10/31/16					1,115.59	-				
		108,666.08	11/30/16	-	-			1,845.48	23.14				
		102,857.55	12/31/16					2,317.14	256.00				
		90,775.27	1/31/17	-	-			8,395.44	-				
		84,660.43	2/28/17	-	-			4,664.19	-				
		66,689.43	3/31/17					7,639.83	1,701.04				
		56,643.75	4/30/17	-	-			6,921.49	319.00				
		22,585.22	5/31/17				-	32,590.54	-				
		6,970.23	6/30/17					12,873.45	-				
		-351.82	7/31/17	-	-		-	5,701.79	-				
8/28/2017	118,000.00	109,516.52	8/31/17	-	-		-	7,727.99	100.80	-	122.00		
		104,202.95	9/30/17	-	-		-	5,084.68	-	115.00	22.00		
		93,784.85	10/31/17	-	-		-	6,829.57	708.08	470.44	2,083.91		
		90,432.45	11/30/17	-	-	-	-	1,682.08	90.00	1,416.32	164.00		
		86,925.44	12/31/17	-	-		-	845.46	-	1,261.11	1,369.41		
		76,037.43	1/31/18	-	-	-	-	1,315.82	-	8,068.09	1,504.10		
		68,167.89	2/28/18	-	-	-	-	3,439.42	-	2,840.12	1,590.00		
		63,185.27	3/31/18	-	-	-	-	3,342.52	-	1,514.10	126.00		
		54,628.62	4/30/18	-	-	-	-	2,150.88	-	5,782.20	623.57		
		39,324.73	5/31/18	-	-	-	-	2,132.60	319.00	10,472.60	2,379.69		
		10,508.60	6/30/18	-	-	-	-	4,886.64	-	22,285.19	1,644.30		
		314.79	7/31/18	-	-	-	-	4,470.20	-	14,090.12	(8,366.51)		
8/6/2018	124,000.00	106,867.78	8/31/18	-	-	-	-	4,872.65	-	12,527.36	47.00	-	-
		98,896.61	9/30/18	-	-	-	-	1,386.99	-	6,716.80	(132.62)	-	-
		81,911.10	10/31/18	-	-	-	-	10,757.56	-	5,931.31	138.50	158.14	-
		76,839.00	11/30/18	-	-	-	-	-	-	3,837.39	14.00	1,220.71	-
		75,597.01	12/31/18	-	-	-	-	-	-	587.90	-	504.09	150.00
		74,176.76	1/31/19		-	-	-	(20.00)	-	1,201.96	-	2,808.35	-
		75,052.63	2/28/19	-	-	-	-	-	-	(315.87)	-	(560.00)	-
		70,497.19	3/31/19	-	-	-	-	-	-	1,612.11	-	2,920.33	23.00
		55,503.51	4/30/19	-	-	-	-	-	-	7,900.08	1,552.60	4,389.80	1,151.20
		51,009.19	5/31/19	-	-	-	-	-	-	560.95	-	3,933.37	-
		45,348.85	6/30/19	-	-	-	-	-	-	2,945.00	-	2,715.34	-
	$ 955,000.00							144,980.00	3,517.06	111,820.28	4,881.95	18,090.13	1,324.20

TOTAL FUNDS RECEIVED	
TOTAL CLAIMS PAID	
BALANCE IN S/F ACCOUNT	

TOTAL CLAIMS PAID TO DATE 2016	$ 144,980.00
TOTAL CLAIMS PAID TO DATE 2017	$ 111,820.28
TOTAL CLAIMS PAID TO DATE 2018	$ 18,090.13

TOTAL CLAIMS PAID OUTSIDE S/F 2016	
TOTAL CLAIMS PAID OUTSIDE S/F 2017	$ 3,517.06
TOTAL CLAIMS PAID OUTSIDE S/F 2018	$ 4,881.95
	$ 1,324.20

TO BE PAID BEFORE STOP-LOSS 2016	
TO BE PAID BEFORE STOP-LOSS 2017	$ 15,020.00
TO BE PAID BEFORE STOP-LOSS 2018	$ 33,179.72
	$ 141,909.87

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A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 12/08/2020

Report Criteria: Radford University, Policy Begin Year: 2010

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
2010 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Coll.spt,Self Funded-Outside Re**								
	Checking Account RADFO		**$23,267.40**	**$21,629.70**		**$1,637.70**			
Coverage:	**College Sports Self-Funded**								
	Checking Account RADFO		**$585,848.67**	**$490,848.67**		**$95,000.00**			
Policy:	**US037356**								
Coverage:	**Stop-loss 95k**								
	Checking Account FAIRM		**$153,045.86**	**$76,554.61**		**$76,491.25**			
	2010 Grand Total		**$762,161.93**	**$589,032.98**		**$173,128.95**			
2011 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**College Sports Self-Funded**								
	Checking Account RADFO		**$481,778.40**	**$381,785.49**		**$99,992.91**			
Policy:	**US037356-2**								
Coverage:	**Stop-loss 100k**								
	Checking Account FAIRM		**$51,741.76**	**$36,590.94**		**$15,150.82**			
Policy:	**US037538-2**								
Coverage:	**MSAP**								
	Checking Account FAIRM		**$14,066.97**	**$3,838.98**		**$10,227.99**			
	2011 Grand Total		**$547,587.13**	**$422,215.41**		**$125,371.72**			
2012 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Coll.spt,Self Funded-Outside Re**								
	Checking Account RADFO		**$1,692.50**	**$1,486.62**		**$205.88**			
Policy:	**US059585-2**								
Coverage:	**Stop-loss 150k**								
	Checking Account RADFO		**$602,033.78**	**$519,090.89**		**$82,942.89**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 12/08/2020

Report Criteria: Radford University, Policy Begin Year: 2010

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
Policy:	**US078427-2**								
Coverage:	**Acc.only 5k Max Full Ex**								
	Checking Account FAIRM		**$46,249.67**	**$26,898.07**		**$19,351.60**			
	2012 Grand Total		**$649,975.95**	**$547,475.58**		**$102,500.37**			
2013 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Coll.spt,Self Funded-Outside Re**								
	Checking Account RADFO		**$31,879.48**	**$28,134.16**		**$3,745.32**			
Policy:	**US096303**								
Coverage:	**Stop-loss 175k**								
	Checking Account RADFO		**$847,494.57**	**$732,599.58**		**$114,894.99**			
Policy:	**US161088**								
Coverage:	**Acc.only 5k Max Full Ex**								
	Checking Account FAIRM		**$947.12**	**$600.77**		**$346.35**			
	2013 Grand Total		**$880,321.17**	**$761,334.51**		**$118,986.66**			
2014 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Coll.spt,Self Funded-Outside Re**								
	Checking Account RADFO		**$16,154.63**	**$12,364.39**		**$3,790.24**			
Policy:	**US163577**								
Coverage:	**Stop-loss 175k**								
	Checking Account RADFO		**$776,340.03**	**$679,416.86**		**$96,923.17**			
	Checking Account FAIRM		**$108,268.40**	**$108,268.40**		**$0.00**			
Policy:	**US407124**								
Coverage:	**Acc.only 5k Max Full Ex**								
	Checking Account FAIRM		**$905.43**	**$210.20**		**$695.23**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 12/08/2020

Report Criteria: Radford University, Policy Begin Year: 2010

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
	2014 Grand Total		**$901,668.49**	**$800,259.85**		**$101,408.64**			
2015 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Outside**								
	Checking Account RADFO		**$31,520.11**	**$24,034.63**		**$7,485.48**			
Policy:	**US561906**								
Coverage:	**Intercollegiate Sports**								
	Checking Account RADFO		**$800,273.72**	**$681,854.77**		**$118,418.95**			
	2015 Grand Total		**$831,793.83**	**$705,889.40**		**$125,904.43**			
2016 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Outside**								
	Checking Account RADFO		**$9,624.65**	**$6,107.59**		**$3,517.06**			
Policy:	**US746533**								
Coverage:	**Intercollegiate Sports**								
	Checking Account RADFO		**$1,241,978.67**	**$1,096,998.67**		**$144,980.00**			
	Checking Account FAIRM		**$29,206.71**	**$18,668.07**		**$10,538.64**			
	2016 Grand Total		**$1,280,810.03**	**$1,121,774.33**		**$159,035.70**			
2017 Underwriting Year									
Policy:	**AG000067**								
Coverage:	**Outside**								
	Checking Account RADFO		**$16,170.00**	**$11,009.05**		**$5,160.95**			
Policy:	**US747981**								
Coverage:	**Intercollegiate Sports**								
	Checking Account RADFO		**$907,625.84**	**$767,899.43**		**$139,726.41**			
Policy:	**US748084**								
Coverage:	**Voluntary**								
	Checking Account FAIRM		**$14,303.62**	**$2,904.00**		**$11,399.62**			

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 12/08/2020

Report Criteria: Radford University, Policy Begin Year: 2010

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
	Checking Account RADFO		$16,349.35	$16,349.35		$0.00			
	2017 Grand Total		$954,448.81	$798,161.83		$156,286.98			
2018 Underwriting Year									
Policy: AG000067									
Coverage: Outside									
	Checking Account RADFO		$17,548.89	$12,595.62		$4,953.27			
Policy: US748852									
Coverage: Intercollegiate Sports									
	Checking Account RADFO		$456,525.02	$407,720.27		$48,804.75			
Policy: US749133									
Coverage: Voluntary									
	Checking Account FAIRM		$10,996.88	$9,104.90		$1,891.98			
	2018 Grand Total		$485,070.79	$429,420.79		$55,650.00			
2019 Underwriting Year									
Policy: AG000067									
Coverage: Outside									
	Checking Account RADFO		$8,148.14	$3,311.63		$4,836.51			
Policy: US1295237									
Coverage: Intercollegiate Sports									
	Checking Account RADFO		$425,393.09	$386,799.12		$38,593.97			
	2019 Grand Total		$433,541.23	$390,110.75		$43,430.48			
2020 Underwriting Year									
Policy: AG000067									
Coverage: Outside									
	Checking Account RADFO		$6,328.20	$145.38		$6,182.82			
Policy: US1393879									
Coverage: Intercollegiate Sports									

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 12/08/2020

Report Criteria: Radford University, Policy Begin Year: 2010

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
	Checking Account RADFO		**$4,090.25**	**$3,800.48**		**$289.77**			
	2020 Grand Total		**$10,418.45**	**$3,945.86**		**$6,472.59**			
Grand Total									
	Checking Account RADFO		**$7,308,065.39**	**$6,285,982.35**		**$1,022,083.04**			
	Checking Account FAIRM		**$429,732.42**	**$283,638.94**		**$146,093.48**			
	Grand Totals		**$7,737,797.81**	**$6,569,621.29**		**$1,168,176.52**			

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

BLANKET ACCIDENT ONLY POLICY

POLICYHOLDER: Radford University

POLICY NUMBER: US1393879

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.**
POLICY AGGREGATE BENEFIT AMOUNT:	**$160,000**

CLASS OF ELIGIBLE PERSONS:
A person may be covered only under one Class of Eligible Persons even though He or She may be eligible under more than one class.

Class 1	**Eligible students, including Policyholder intercollegiate student athletes, student managers, student trainers, graduate students participating in Men's Baseball, Men's and Women's Basketball, Men's and Women's Cheerleading, Dance Squad, Men's and Women's Cross Country, Men's and Women's Golf, Women's Lacrosse, Men's and Women's Soccer, Women's Softball, Men's and Women's Tennis, Women's Track and Field, and Women's Volleyball.**
Class 2	**Prospective student athletes during an official visit in which the student athlete was invited by the Policyholder.**

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum:	**$10,000**
Aggregate Limit Amount:	**$500,000**
Time Period for Loss:	**365 days**

ACCIDENT MEDICAL EXPENSE BENEFIT

Maximum Amount per occurrence per Covered Person	**$90,000**
Disappearing Deductible:	**$0**

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

Hospital Room & Board Daily Maximum Benefit:	**100% of the Semi-Private Room Rate**
Intensive Care Room & Board:	**100% of Usual, Reasonable and Customary (URC) charge**
Hospital Miscellaneous Benefit:	**100% of URC**
Pre-Admission Testing Benefit:	**100% of URC**
In-Patient Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount:	**100% of URC**
Assistant Surgeon, Maximum Benefit:	**100% of URC**
Out-Patient Surgery Benefits:	
Outpatient Primary Surgeons Maximum Benefit Amount:	**100% of URC**
Outpatient Assistant Surgeon, Maximum Benefit:	**100% of URC**
Outpatient Surgical Facility Maximum Benefit per	**100% of URC**
Emergency Room Benefit	**100% of URC**
Anesthesia Benefit:	**100% of URC**
Physician's Visits	
In-Hospital Maximum Benefit:	**100% of URC**
Physician's Visits	
Office Visits (Out-of-Hospital) Maximum Benefit:	**100% of URC**
X-Ray Benefit	**100% of URC**
Laboratory Benefit	**100% of URC**
Nursing Benefit Amount:	**100% of URC**
Hospital Inpatient Physiotherapy Benefit	**100% of URC**
Outpatient Physiotherapy Benefit	**100% of URC**

Ground Ambulance Benefit Amount:	**100% of URC**
Dental Treatment For Injury Only Benefit Amount:	**100% of URC**

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.

HEART OR CIRCULATORY MALFUNCTION BENEFIT	**100% of URC**
EXPANDED MEDICAL TREATMENT BENEFIT	**100% of URC**
RE-AGGRAVATION OF PRIOR SPORTS INJURY BENEFIT	**100% of URC**
OUT-PATIENT PRESCRIPTION DRUG BENEFIT	
Benefit payable per prescription	**100% of URC**
DURABLE MEDICAL EQUIPMENT BENEFIT	**100% of URC**
HEAT EXHAUSTION BENEFIT	**100% of URC**

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.

HMO/PPO PROVISION
In the event that Covered Expenses are denied under a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or other group medical plan the Covered Person has in force, and such denial is because care or treatment was received outside of the network's geographic area, benefits will be payable under this coverage, provided the expense is a Covered Expense.

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.

Loss	Percentage of Principal Sum
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. **Air 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. Travel or activity outside the United States.
29. Participation in any motorized race or speed contest.
30. 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.
31. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
32. Treatment of a hernia whether or not caused by a Covered Accident.
33. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
34. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
35. 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.
36. 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..
37. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
38. 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.
39. 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.
40. 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.
41. 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
42. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devises.
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 9or 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 cages 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.

MISSTATMENT OF AGE:
If premium and/or benefits for the Covered Person are based on age and the Covered Peron'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.

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When used throughout this document “The Company”, “Our”, “We”, or “Us” means:

United States Fire Insurance Company

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.valifega.org or contact:

VIRGINA 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.

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:

(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;

(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.

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GBG
Insurance Without Borders℠

Global Explorer

Global Explorer is designed to protect you from acute, unexpected, sudden and unforeseen illnesses and accidental injuries. This plan is tailored for students, language schools, and OPT workers. Coverage is available to all outside their home country who are enrolled and actively attending an accredited high school, college, university or work program. The plan offers worldwide coverage, with no geographic restrictions.

Experience and Expertise in the International Marketplace

Global Benefits Group has been specializing in the financial services market for more than 35 years, serving as leading underwriters, developers and distributors of products and services designed especially for the needs of overseas students and international travelers.

GBG underwrites health, life, disability, travel and other specialty insurances for groups and individuals who are expatriates, third- country nationals or high net-worth local nationals.

Global Benefits Group is the leading provider of health insurance to the international educational community, with customers in over 100 countries.

As globalization of the world's economy has continued to accelerate, GBG has developed a specialized underwriting structure that is required to meet the needs of this select market niche. This structure is devoted to one business only: underwriting risks for organizations and individuals whose life and work transcend geographic boundaries.

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Schedule of Benefits

GENERAL FEATURES AND PLAN SPECIFICATIONS		
Territory		Worldwide Coverage outside of Home Country
Type		OPT / Students
Duration		Maximum Issuance 364 days
COVERAGE		
Maximum	Overall Policy Maximum – Cumulative of all benefits within the policy period. *See Policy Face Page to determine benefit under your plan	**Option A: $1,000,000** **Option B: Unlimited**
Deductibles	1. Emergency Room - Illness – Non Admitted 2. Urgent Care Facility / Walk-in Clinic/Office Visit – per Injury/ Illness	$350 $50
1	Emergency Assistance Services via GBG Assist	Included
2	Emergency Medical Evacuation Worldwide Emergency Reunion Repatriation for Medical Treatment Continuation (Return to host country) Compassionate Return	$100,000 $500/$15,000 $100,000 $2,500 $2,500
3	Medical Stabilization: Emergency medical coverage for acute sudden and unforeseen onset of a pre-existing condition.	$25,000
4	Accident and Acute Medical Treatment (Non-Sports cover) *See Policy Face Page to determine benefit under your plan Emergency Dental – Acute onset of pain (cessation of pain only) Emergency Dental – Accident Physical Therapy Mental Health Coverage - Outpatient Mental Health Coverage – Inpatient Ambulance Coverage Injury and Emergency illness Prescription Drugs –inpatient/outpatient	**Option A: $1,000,000** **Option B: 100%** $500 100% $50/visit $1,000 max. $50/visit $500 max. URC, 60 days $150,000 max. 100% 100%
5	Emergency Medical Treatment – Leisure Sports only Usual, Reasonable and Customary charges for Injuries resulting from participation Leisure Sports Activities	$1,000,000
6	Accidental Death and Dismemberment (AD&D)	$50,000
7	Repatriation of Mortal Remains	$50,000
8	Personal Liability Damage to Property	$100,000 $25,000
9	Curtailment/Study Interruption	$2,500
10	Baggage Delay	$100 / $500
11	Baggage Loss / Theft	$300 / $1,500
12	Loss of Passport	$250
13	Travel Delay	$1,000
14	Missed Departure	$1,000
15	Legal Expenses	$10,000

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Accidental Death and Dismemberment

ACCIDENTAL DEATH AND DISMEMBERMENT	
Principal Sum for Primary Plan Participant	$50, 000
Time Period for Loss	90 days
Loss of:	**Benefit: Percentage of Principal Sum**
Accidental Death	100%
Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand or Foot and Entire Sight of One Eye	100%
Loss of One Hand or Foot	50%
Loss of Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side of body)	50%
Uniplegia (total paralysis of one limb)	25%

Key Benefits

- Annual maximum limit of usd $1,000,000 or Unlimited
- Unlimited Lifetime Maximum
- Emergency Inpatient and Outpatient Care
- Worldwide direct-bill network plan
- Online & live multilingual customer service available 24/7
- Online claims filing at www.gbg.com
- Plans are offered by and administered (claims payment) through Global Benefits Group, Inc., a US based company

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GBG

Insurance Without Borders℠

Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

GBG Assist
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RU21039

INTERNATIONAL STUDENT HEALTH CERTIFICATE INDIVIDUAL COVERAGE

GBG
Insurance Without Borders℠

Global Student Advantage Plus

Welcome to the Global Benefits Group (GBG) family! This is a short-term medical Policy intended to provide Accident and Illness coverage while you are temporarily away from your Home Country and studying abroad.

If your study abroad program has you temporarily residing in the United States, there are requirements and instructions on how to maximize benefits and receive reimbursements for Prescription Drugs, Medical claims, and other benefits covered under this plan. There are also requirements for Pre-authorization of specified medical care. Dedicated GBG Assist personnel are available to assist you.

- ***Using an In-Network medical provider in the U.S. provides full reimbursement of eligible medical expenses after a Deductible***. See the section titled "Preferred Provider Network" for assistance with locating a provider.
- ***Pre-authorization is a process for obtaining approval for specified non-emergency, medical procedures or treatments***. Failure to pre-authorize when required will result in a reduction in payment by the Insurer. See the section titled, "Pre-Authorization Requirements and Procedures" for more complete details.
- ***Prescription Drugs may be obtained from any CVS/Caremark pharmacy***. Present your Medical Identification card to the pharmacist and a discount will be applied. Payment is due at the time of purchase. Follow the claims filing procedures for reimbursement per the benefits shown under the Schedule of Benefits. See the section titled, "How to File a Claim" for instructions on reimbursement. A list of participating pharmacies can be viewed at www.gbg.com.
- ***Hospital Emergency Rooms*** should only be used in medical emergency situations. A medical emergency situation is where your life or health is in jeopardy. Using an emergency room is very expensive. If you using an emergency room for convenience or for any reason other than a serious medical emergency, you will be responsible for a large portion of the payment.

If you are studying in a country other than the United States, GBG Assist is available to guide you through the process of obtaining medical care in a foreign country.

How You Can Reach Us

Customer Service, Pre-Authorization, and Help Locating a Provider (24/7)

Worldwide Collect	+1.905.669.4920
Inside USA/Canada Toll Free	+1.866.914.5333
Email:	GBGAssist@gbg.com
Website:	www.gbg.com

We invite you to visit our Member Services Portal at www.gbg.com, and register as a New Member. The Member Services Portal allows you to conveniently access our Provider Directory, download Forms, submit Claims, and utilize other valuable tools and services.

We look forward to providing you with this valuable insurance protection and outstanding service during your period of study.

Sincerely,

Bob Dubrish
Chief Executive Officer
GBG Insurance Limited

THANK YOU FOR SELECTING GLOBAL BENEFITS GROUP STUDENT HEALTH INSURANCE

Global Student Advantage Plus

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SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance plan. All benefits described are subject to the definitions, exclusions and provisions. The following benefits are subject to the Plan Participant's Deductible and Coinsurance amount. After satisfaction of the Deductible, the Insurer will pay eligible benefits set forth in this Schedule at the specified Plan Coinsurance and Reimbursement Level.

GENERAL FEATURES AND PLAN SPECIFICATIONS	
U.S. Provider Network	Aetna
Area of Coverage	Worldwide
Home Country Coverage	Up to $1,000 per Period of Insurance
Maximum Benefit Payable per Period of Insurance	$2,000,000
Lifetime Maximum	Unlimited
Individual Deductible • Family is 2x Individual	$0 $250 if an Out-of-Network Provider in the U.S. is used
Office Visit Copayment, including Student Health Center	$25
Emergency Room Copayment (waived if admitted)	$250 per Occurrence
Out-of-Pocket-Maximum	$6,350 (excluding deductible) Unlimited if an Out-of-Network Provider in the U.S. is used
Pre-Existing Conditions	No waiting period

Covered Services And Benefit Levels Subject to Deductible, Coinsurance, and Maximum Benefit per Period of Insurance	WHAT THE INSURANCE PLAN COVERS The following coinsurance applies for In-Network Providers in the U. S. or for expenses incurred outside the U. S. Coinsurance reduces to 60% when Out-of-Network Providers in the U.S. are used.
HOSPITALIZATION AND INPATIENT BENEFITS	
Accommodations including semi-private room	80%
Intensive Care/Cardiac Care	80%
Inpatient Consultation by a Physician or Specialist	80%
Hospital Miscellaneous Expenses	80%
Pre-Admission Testing	80%
Extended Care/Inpatient Rehabilitation • Maximum Benefit per Period of Insurance: 45 days • Must be confined to facility immediately following a hospital stay	80%
OUTPATIENT BENEFITS	
Physician Visit/Consultation by Specialist • General Practitioner or Specialist • Urgent Care Center	80%
Diagnostic Testing • X-Ray and Laboratory • MRI, PET, and CT Scans • Inpatient and Outpatient	80%
Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy • Maximum Benefit per Period of Insurance: 30 visits per injury or illness	80% up to $70 per visit
SURGICAL BENEFITS (OUTPATIENT/INPATIENT)	
Inpatient, Outpatient or Ambulatory Surgery Includes; • Surgeon's Fees • Assistant Surgeon and Anesthesiologist • Facility fees • Laboratory tests • Medications and dressings • Other medical services and supplies	80%

EMERGENCIES	
Emergency Room and Medical Services • $250 Copayment waived if admitted • 50% coinsurance for non-emergency use	100% after Deductible
Ambulance Services • Emergency Local Ground Ambulance	100%
Emergency Dental • Limited to accidental injury of sound natural teeth sustained while covered	100% up to $300 per tooth
MATERNITY CARE	
Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy	80%
OTHER BENEFITS	
Inpatient Mental Health • To treat a covered diagnosis	80%
Outpatient Mental Health	80%
Preventive Care and Annual Exams • 0-12 months: 5 visits maximum • Child/Adult: Annual Exam, immunizations	100%
Palliative Dental Care • Sudden onset of pain	80% up to $600
Homeopathic Care and Acupuncture	80% up to $500
Chemotherapy, Radiotherapy • Inpatient and Outpatient	80%
Home Health Care • Maximum Benefit per Period of Insurance: 120 Days	80%
Hospice Care • Inpatient Maximum Benefit per Period of Insurance: 45 Days • Outpatient Maximum Benefit per Period of Insurance: $5,000	80%
Diabetic Medical Supplies • Includes Insulin Pumps and associated supplies	80% up to $7,500
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +) , AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions • Benefit is not covered if condition was diagnosed a pre-existing condition.	80%
Durable Medical Equipment • Reimbursement of rental up to purchase price	80% up to $10,000
Alcohol and Drug Abuse • Rehabilitative treatment only	80%

Prescription Drugs • Up to 31-day supply per prescription • Includes contraceptives • CVS/Caremark network pharmacy is required	80%
Motor Vehicle Accident • Injuries caused by accident	80% up to $10,000
Sports Activities • Injuries arising from interscholastic, intramural, and club sports • Maximum Benefit per period of Insurance: $15,000 for injuries arising from Intercollegiate sports only	80%
ADDITIONAL BENEFITS	
Passport Recovery	$750 Maximum Benefit per Period of Insurance
Lost Baggage • Expense reimbursement due to flight delays • $100 Deductible applies	$200 per item $500 Maximum Benefit per Period of Insurance
Compassionate Care Visit	$1,000 Maximum Benefit per Period of Insurance
ATM Safe • Provides lost cash replacement for losses occurring during a robbery at an ATM.	$500 per Occurrence
Medical Evacuation and Repatriation	$300,000 Maximum Benefit per Period of Insurance
Return of Mortal Remains	$50,000 Maximum Benefit
Accidental Death and Dismemberment	$30,000 Maximum Benefit
War and Terrorism	Included

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment	
Principal Sum for Primary Plan Participant	$30,000
Time Period for Loss	90 days
Loss of:	**Benefit: Percentage of Principal Sum**
Accidental Death	100%
Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand or Foot and Entire Sight of One Eye	100%
Loss of One Hand or Foot	50%
Loss of Sight of One Eye	50%

1.0 GENERAL PROVISIONS

The **Policyholder** is the International Benefit Trust, hereinafter shall be referred to as the "Trust".

Insurer, the Second party, GBG Insurance Limited, hereinafter shall be referred to, sometimes collectively, as the "Insurer", "We" "Us", or "Company".

The declarations of the Plan Participant and eligible Dependents in the application serve as the basis for participation in the Trust. If any information is incorrect or incomplete, or if any information has been omitted, the insurance coverage may be rescinded or terminated. Any references in this Certificate to the Plan Participant and his Dependents that are expressed in the masculine gender shall be interpreted as including the feminine gender whenever appropriate.

No change may be made to this Certificate unless it is approved by an Officer of the Insurer. A change will be valid only if made by a Rider signed by an Officer of the Insurer. No agent or other person may change this Certificate or waiver any of its provisions.

This GBG Insurance Limited plan is an international health insurance Policy issued to the Trust. As such, this plan is subject to the laws of the Bailiwick of Guernsey, and the Plan Participant should be aware that laws governing the terms, conditions, benefits and limitations in health insurance policies issued and delivered in other countries including the United States are not applicable. If any dispute arises as to the interpretation of this document, the English version shall be deemed to be conclusive and taking precedence over any other language version of this document. GBG Insurance Limited is an insurance company incorporated in Guernsey with registration number 42729 and licensed by the Guernsey Financial Services Commission to conduct insurance business under the Insurance Business (Bailiwick of Guernsey) Law, 2002 as amended.

In the event of any conflict between the Master Policy and the Schedule of Benefits, the Schedule of Benefits will govern.

2.0 ELIGIBILITY

2.1 Eligible Classes

All international, full-time students enrolled in and attending a recognized higher education institute outside of their Home Country. Students must actively attend classes. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend class.

The Insurer has the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If it is discovered the eligibility requirements are not met, the insurance coverage will be terminated.

2.2 Persons Eligible to be a Plan Participant

Plan Participants are those persons described as an Eligible Class.

- Student minimum age is 12 years and maximum is 64 years,
- Student must be travelling outside their Home Country.

Students who are United States citizens living in the United States are not eligible for coverage.

2.3 Eligible Dependents

Coverage can be extended to the following family members who are travelling with the student. Insured Dependents may include:

- The spouse or domestic partner up to age 40,
- Dependent children up to age 19, if single. Dependent children include the Plan Participant's natural children, legally adopted children, and step children.

Dependents who are United States citizens living in the United States are not eligible for coverage.

2.4 Application and Effective Date

The Plan Participant's coverage becomes effective on the effective date shown on the Face Page. Coverage under the plan ends on the earlier of:

- On the expiration date of the insurance coverage. However, if a Plan Participant's return is delayed due to unforeseeable circumstances beyond their control, the insurance coverage will be extended until such trip can be completed, but no later than seven days from the original insurance coverage expiration, or
- If medical evacuation was necessary, upon the Plan Participant's evacuation to the Home Country.
- Termination of coverage of the Plan Participant also terminates coverage for Dependents.

Note: The minimum period of insurance must be the entire duration the Plan Participant actively attends classes. Eligible individuals may enroll onto the plan no earlier than 30 days prior to the start of their classes, and terminate coverage no later than 30 days after classes have ended (See Extended Coverage 2.7).

2.5 Addition of a Newborn Baby or Legally Adopted Child

Born Under a Pregnancy Covered by the Maternity Benefit or Adopted as of the Date of Birth: Such babies are automatically covered during the first 31 days of life, up to a $5,000 maximum. All regular deductible, coinsurance and plan copayments will apply. In order to continue the baby's benefits after 31 days, the Plan Participant will:

- Provide written notification to the Insurer within 31 days of the date of birth. In the case of an adopted child, a copy of the legal adoption papers is required. The newborn child shall be accepted from the date of birth, for full coverage according to the terms of the plan, regardless of health status,
- The newborn baby will be enrolled for the same coverage as the Plan Participant.

Any request received beyond the 31-day notification period shall result in coverage only being effective from the date of notification. Coverage is not guaranteed and is subject to submission of a Health Statement.

Born When a Plan Participant is Not Covered by the Maternity Benefit: Newborn babies, that are born and the Plan Participant is not covered by the maternity benefit under this plan, may be covered subject to the following:

- The Plan Participant will provide written notification to the Insurer (Official Copy of Birth Certificate), and

- A Health Statement must be submitted detailing the medical history of the child,
- Coverage will become effective as of the date of notification, provided the Insurer has approved the Health Statement, Coverage is not guaranteed and is based upon the health of the newborn baby,
- Any applicable Pre-existing condition limitation will apply.

2.6 Addition of a Legally Adopted Child After the Date of Birth

A child adopted after the date of birth may be covered providing the following applies:

- The child must be up to 19 years old, and
- The Plan Participant will provide written notification to the Insurer (an official copy of the legal adoption papers is required with the notification), and
- A Health Statement must be submitted detailing the medical history of the child.

Coverage will be contingent based upon the terms and conditions of the plan. Additionally,

- Coverage will become effective as of the date of notification, and
- For a period of 12 months from the effective date of coverage, pre-existing conditions will not be covered.

2.7 Extended Coverage

The Extended Coverage benefit is available to newly enrolled students who arrive in the United States prior to the beginning of the first term of study in the United States, or Plan Participants who have completed their final term of study in the United States and are preparing to return to the Home Country. The Extended Coverage benefit provides up to 30 days of additional coverage.

Extended Coverage does not apply to Plan Participants who are continuing their studies or returning to studies in the United States whether at the same or different institutions.

Newly-Enrolled and Arriving Students

In order to be eligible for the Extended Coverage Benefit and before any benefits will be paid:

1. A newly-enrolled and arriving student must have enrolled in Full-Time Studies at the higher education institution, and
2. All premiums must be paid.

Coverage under the Extended Coverage Benefit will become effective on the later of:

1. 30 days prior to the beginning of the term, or, if later,
2. On the first day the qualifying, newly-enrolled and arriving student arrives in the United States.

Students Concluding their Studies

A Plan Participant may extend coverage for a maximum of 30 days while remaining in the United States following graduation or completion of an educational program. To be eligible for the Extended Coverage benefit and before any benefits will be paid:

1. The Insurer must receive the request for Extended Coverage prior to the termination of the Plan Participant's coverage, and
2. All premiums must be paid.

Coverage under the Extended Coverage Benefit will terminate on the earlier of:

1. 30 days following the Plan Participant's graduation or completion of an educational program, or
2. The date of departure from the United States.

Dependents of Plan Participants who are covered under the Extended Coverage benefit may also continue coverage under the same terms and conditions as the Plan Participant.

Extended Coverage for Short-Term Programs

In the event the Plan Participant's entire program of study is less than 60 days, the applicable Extended Coverage benefit will be limited to seven days. All other Extended Coverage benefit provisions will apply as indicated herein.

3.0 PREMIUM, CANCELLATION, AND POLICY PROVISIONS

3.1 Premium Payment
All Premiums are payable before coverage is provided.

3.2 Cancellation
While the Insurer shall not cancel this plan because of eligible claims made by a Plan Participant, it may at any time terminate a Plan Participant, or modify coverage to different terms, if the Plan Participant has at any time:

- Misled the Insurer by misstatement or concealment;
- Knowingly claimed benefits for any purpose other than are provided for under this plan;
- Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Insurer's detriment;
- Failed to observe the terms and conditions of this plan, or failed to act with utmost good faith.

If the Plan Participant cancels the insurance coverage after it has been issued, or reinstated the Insurer will not refund the unearned portion of the Premium.

3.3 Rate Modifications
The insurance coverage term begins on the Effective Date as shown on the Face Page and ends at midnight on the date shown , but no longer than 365 days later. The coverage is not subject to guaranteed issuance or renewal.

3.4 Duration of Coverage
Benefits are paid to the extent that a Plan Participant receives any of the treatments covered under the Schedule of Benefits following the effective date, including any additional waiting periods and up to the date such individual no longer meets the definition of Plan Participant, or their last date of coverage as listed on the Face Page.

3.5 Compliance with the Plan Terms
The Insurer's liability will be conditional upon each Plan Participant complying with its terms and conditions.

3.6 Fraudulent/Unfounded Claims
If any claim is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and, if appropriate, recoverable.

3.7 Privacy
The confidentiality of information is of paramount concern to GBG Insurance Limited, Global Benefits Group, Inc., and their affiliates ("GBG Family of Companies"). GBG Family of Companies complies with Data Protection Legislation, Medical Confidentiality Guidelines, and Privacy Shield. The Insurer does not share information unless it pertains to the administration of the benefits for Plan Participants. For more detailed information, Our privacy policy can be viewed on Our website at https://www.gbg.com/#/AboutGBG/PrivacyPolicy.

3.8 Waiver
Waiver by the Insurer of any term or condition will not prevent us from relying on such term or condition thereafter.

3.9 Denial of Liability
Neither the Insurer nor the Policyholder is responsible for the quality of care received from any institution or individual. This insurance coverage does not give the Plan Participant any claim, right or cause of action against the Insurer or Policyholder based on an act of omission or commission of a Hospital, Physician or other provider of care or service.

4.0 GEOGRAPHIC AREAS OF COVERAGE

4.1 Areas of Coverage
The plan is written on a Worldwide basis.

4.2 Preferred Provider Network
The Insurer maintains a Preferred Provider Network both within and outside the United States.

United States only:

- **Preferred Provider In-Network:** This tier consists of all Providers as well as other preferred Providers designated by the Insurer and listed on the website. In-Network Providers have agreed to accept a negotiated discount for services. The Medical Identification Card contains the logo for the network. Present it to the Physician or Hospital.
- **Out-of-Network Provider:** Utilizing Providers that are Out-of-Network is a more costly financial option for the Plan Participant. The Insurer reimburses such Providers up to an Allowable Charge as determined by the Insurer. The Provider may bill the Plan Participant the difference between the amounts reimbursed by the Insurer and the Provider's billed charge. Additionally, the Plan Participant will pay a Coinsurance amount that is higher than if an In-Network Provider were used.

All other Countries: The Plan Participant may utilize any licensed Provider. However, we suggest the Plan Participant contact GBG Assist to locate a Provider with a direct billing arrangement with the Insurer.

The Insurer retains the right to limit or prohibit the use of Providers which significantly exceed Allowable Charges.

5.0 PRE-AUTHORIZATION REQUIREMENTS AND PROCEDURES

Pre-Authorization is a process by which a Plan Participant obtains approval for certain medical procedures or treatments prior to the commencement of the proposed medical treatment. This requires the submission of a completed Pre-Authorization Request form to GBG Assist a minimum of five business days prior to the scheduled procedure or treatment date.

The following services require Pre-Authorization:

- Any Hospitalization;
- Outpatient or Ambulatory Surgery;
- Home Health Care including Nursing Services;
- Hospice Care;
- All Cancer Treatment (Including Chemotherapy and Radiation);
- Prescription medications in excess of $3,000 per refill; and
- Air Ambulance – Air Ambulance service will be coordinated by Insurer's air ambulance provider;
- Any condition, which does not meet the above criteria, but are expected to accumulate over $10,000 of medical treatment per policy year.

Either you, your doctor, or your representative must call the number listed on the back of the Medical Identification Card to obtain Pre-Authorization and verification of Network utilization. Prior to the performance of services a letter of authorization will be provided.

Medical Emergency Pre-Authorizations must be received within 48 hours of the admission or procedure. In instances of an emergency, you or the Plan Participant should go to the nearest hospital or provider for assistance even if that hospital or provider is not part of the Network.

Failure to obtain pre-authorization will result in a 30% reduction in payment of covered expenses. Any such penalty will apply to the entire episode of care and does not apply to the Out-of-Pocket maximum. If treatment would not have been approved by the pre-authorization process, all related claims will be denied.
Pre-Authorization approval does not guarantee payment of a claim in full, as additional Copayments and Out-of-Pocket expenses may apply. Benefits payable under the plan are still subject to eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the plan.

In the event of an emergency that requires **medical evacuation,** contact GBG Assist in advance in order to approve and arrange such emergency medical air transportation. GBG Assist, on behalf of the Insurer, retains the right to decide the medical facility to which the Plan Participant shall be transported. Approved medical evacuations will only be to the nearest medical facility capable of providing the necessary medical treatment. If the person chooses not to be treated at the facility and location arranged by GBG Assist, then transportation expenses shall be the responsibility of the Plan Participant. Failure to arrange transportation

as indicated will result in non-payment of transportation costs.

THE FOLLOWING PROVIDES AN EXPLANATION OF THE BENEFITS OFFERED BY THE INSURER. PLEASE REFER TO THE SCHEDULE OF BENEFITS FOR THE SPECIFIC BENEFITS COVERED UNDER THIS PLAN OF INSURANCE.

6.0 HOSPITALIZATION AND INPATIENT BENEFITS

6.1 Accommodations

Coverage is provided for room and board, special diets, and general nursing care. All charges in excess of the allowable semi-private rate are the responsibility of the Plan Participant. Intensive Care Unit benefits will be provided based on the Allowable Charge for Medically Necessary Intensive Care services.

Inpatient hospital confinements, where an overnight accommodation, ward, or bed fee is charged, will only be covered for as long as the patient meets the following criteria:

- Admission to the hospital was pre-authorized, or was deemed to be an eligible medical emergency by GBG Assist; or
- The patient's medical status continues to require either acute or sub-acute levels of curative medical treatment, skilled nursing, physical therapy, or rehabilitation services. GBG Assist is responsible for the determination of the patient's medical status.

Inpatient hospital confinements primarily for purposes of receiving non-acute, long term custodial care, respite care, chronic maintenance care, or assistance with Activities of Daily Living (ADL), are not eligible expenses.

6.2 Medical Treatment, medicines, laboratory, diagnostic tests, and ancillary services

If medically necessary for the diagnosis and treatment of the illness or injury for which a Plan Participant is hospitalized, the following services are also covered:

- Blood transfusions, blood plasma, blood plasma expanders, and all related testing, components, equipment and services,
- Laboratory testing,
- Durable medical equipment,
- Diagnostic X-ray examinations,
- Radiation therapy,
- Respiratory therapy,
- Chemotherapy.

Physical and Occupational therapy must be rendered by a Physician, registered physical/occupational therapist, and relate specifically to the physician's written treatment plan. Therapy must:

- Produce significant improvement in the Plan Participant's condition in a reasonable and predictable period of time, and
- Provide a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a registered physical or occupational therapist, or
- Support the establishment of an effective maintenance program.

6.3 Inpatient Consultation by a Physician or Specialist

Insurer will reimburse one Physician visit per day while the Plan Participant is a patient in a Hospital or approved Extended Care Facility. Visits that are part of normal preoperative and postoperative care are covered under the surgical fee and Insurer will not pay separate charges for such care. If medically necessary, Insurer may elect to pay more than one visit of different physicians on the same day if the physicians are of different specialties. Insurer will require submission of records and other documentation of the medical necessity for the intensive services.

6.4 Extended Care Facility Services, Skilled Nursing and Inpatient Rehabilitation

Benefits are available for an Inpatient confinement and services provided in an approved extended care facility following, or in lieu of, an admission to a Hospital as a result of a covered illness, disability or injury. Care provided must be at a skilled level and is payable in accordance with the current Schedule of Benefits. Intermediate, custodial, rest and homelike care services will not

be considered skilled and are not covered. Coverage for confinement is subject to Insurer approval. Covered services include the following:

- Skilled nursing and related services on an inpatient basis for patients who require medical or nursing care for a covered illness. A confinement includes all approved extended care facility admissions not separated by at least 180 days.
- Rehabilitation for patients who require such care because of a covered illness, disability or injury.

7.0 OUTPATIENT SERVICES

When a Plan Participant is treated as an outpatient of a Hospital or other approved facility, benefits will be paid for facility charges and ancillary services for the following:

- *Treatment of accidental injury within 48 hours of the accident;*
- *Minor surgical procedures;*
- *Medically necessary covered emergency services, as defined herein.*

7.1 Physician Visits

Insurer provides benefits for medical visits to a Physician, in the Physician's office, if medically necessary. Benefits are limited to one visit per day per Plan Participant. Insurer may elect to pay more than one visit to different physicians on the same day if the physicians are of different specialties.

7.2 Outpatient Diagnostic Testing

The Insurer provides benefits for diagnostic testing including echocardiography, ultrasound, MRI, and other specialized testing, to diagnose an illness or injury.

7.3 Therapeutic Services

Insurer will provide benefits for medically necessary therapeutic services rendered to a plan participant as an outpatient of a Hospital, provider's office, or approved independent facility. Services must be pursuant to a physician's written treatment plan, which contains short and long term treatment goals and is provided to Insurer for review. The following services must either:

- Produce significant improvement in the Plan Participant's condition in a reasonable and predictable period of time; and
- Be of such a level of complexity and sophistication, and the condition of the patient must be such that the required therapy can safely and effectively be performed; or
- Be necessary to the establishment of an effective maintenance program.

8.0 SURGICAL BENEFITS

8.1 Surgical Services

Insurer will provide benefits for covered surgical services received in a Hospital, a Physician's office or other approved facility. Surgical services include; use of operation room and recovery room, operative and cutting-procedures, treatment of fractures and dislocations, surgical dressings, and other medically necessary services.

8.2 Anesthesia Services

Benefits are provided for the service of an anesthesiologist, other than the operating surgeon or assistant, who administers anesthesia for a covered surgical or obstetrical procedure.

8.3 Reconstructive Surgery

Reconstructive surgery as a result of an accident or illness will be covered as long as it is determined that it is medically necessary.

9.0 EMERGENCIES

9.1 Emergency Room

Benefits are provided for life threatening emergency services when incurred in a Hospital's emergency room. Admission to the Hospital is not required for benefit consideration. Within the United States, use of the emergency room for non-emergency services is a costly alternative and all services provided may not be eligible for benefit payment.

9.2 Emergency Ground Ambulance Services

Benefits are provided for medically necessary emergency ground ambulance transportation to the nearest Hospital able to provide the required level of care. The use of ambulance services for the convenience of the Plan Participant will not be considered a covered service.

9.3 Emergency Dental

This includes Emergency Dental treatment and restoration of sound natural teeth required as a result of an accident. All treatment must be completed within 120 days of the Accident or before the expiration date of the plan. Routine dental treatment is not covered under this benefit.

10.0 MATERNITY CARE

The following maternity benefits are covered and are applicable to any condition related to pregnancy, including but not limited to childbirth, prenatal, miscarriage, premature birth, and complications of pregnancy. For a pregnancy related to a dependent spouse, conception must occur at least 10- months after the effective date for the pregnancy to be covered. Fertility/infertility services, tests, treatments, drugs, and/or procedures, complications of that pregnancy, delivery and postpartum care are excluded from coverage. The following benefits are only available to the Plan Participant or Spouse.

10.1 Physician and Obstetrical Services

The Insurer provides the following maternity related benefits:

- Obstetrical and other services rendered in a licensed Hospital or approved birthing center, including anesthesia, delivery, medically necessary C- section, pre-natal and post-natal care for any condition related to pregnancy, including but not limited to childbirth and miscarriage. Elective C-sections are not covered;
- All pre-natal and post-natal Physician's office visits, laboratory and diagnostic testing;
- Pre-natal vitamins are covered during the term of the pregnancy only, if prescribed by a physician.

10.2 Newborn Infant Care Services

Hospital nursery services and medical care provided by the attending Physician for newborn infants in the Hospital are covered. Charges for Hospital nursery services and professional services for the newborn infant are covered separately from the mother's Maternity benefits and are subject to satisfaction of the Policy Year Deductible and Coinsurance. Refer to section 2.6 Addition of a Newborn Baby.

10.3 Complications of Pregnancy and Congenital Conditions

Health complications as a result of pregnancy are subject to the Maximum Benefit per Period of Insurance and not the Maximum Benefit under Maternity.

11.0 OTHER MEDICAL BENEFITS

11.1 Mental Health Benefits

Benefits are provided for psychotherapeutic treatment and psychiatric counseling and treatment for an approved psychiatric diagnosis. Benefits are for both inpatient mental health treatment in a Hospital or approved facility and for outpatient mental health treatment. A Physician or a licensed clinical psychologist must provide all mental health care services.

Services include treatment for Bulimia; Anorexia; Bereavement; non-medical causes of insomnia; Attention Deficit Disorder (ADD); and Attention-Deficit Hyperactivity Disorder (ADHD). The following services do not meet the criteria established by the Insurer for consideration under this benefit:

1. Services for conditions not determined by Insurer as to be emotional or personality illnesses;
2. Psychiatric services extending beyond the period necessary for evaluation and diagnosis of mental deficiency or retardation;
3. Services for mental disorders or illness which are not amenable to favorable modification.

11.2 Alternative Medicine

Insurer will provide benefits limited to the following:

- Acupuncture and homeopathy where such is provided as treatment for an illness covered under this plan;
- Treatment is covered only by certified acupuncture and homeopathy specialists.

11.3 Palliative Dental Care

An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth or gums and benefits are payable in accordance with the Schedule of Benefits.

11.4 Preventive Care

Child Wellness: This includes well-child routine medical exams, health history, development assessments, immunizations, and age related diagnostic tests covered up to the age of 12-months.

Adult Wellness: This includes routines physical examinations, immunizations for infectious diseases as recommended by the Center for Disease Control and preventive medical attention.

11.5 Home Health Care including Nursing Services

The Insurer provides benefits for Home Nursing and other Home Health Care services. Nursing care is defined as prescribed care that can only be provided by a licensed Registered Nurse (RN) or Licensed Practical Nurse (LPN) which is medically necessary to treat identified medical conditions on a temporary, limited basis. These services need to meet specified medical criteria to be covered. Home nursing is provided immediately following treatment as an inpatient on physician recommendation. Home nursing is not provided solely for the convenience of the family caregiver.

11.6 Hospice

Hospice is a program approved by Insurer to provide a centrally administered program of palliative and supportive services to terminally ill persons and their families. Terminally ill refers to the patient having a prognosis of 240 days or less. Covered services are available in home, outpatient and inpatient settings. The Hospice care guidelines are:

- Must relate to a medical condition that has been the subject of a prior valid claim with the Insurer, with a diagnosis of terminal illness from a medical doctor;
- Benefit is payable only in relation to care received by a recognized hospice.

11.7 Diabetic Medical Supplies

Insurer provides benefits for certain diabetic supplies including Insulin Pumps and associated supplies.

11.8 HIV/AIDS

Benefits are available for medically necessary, non-experimental services, supplies and drugs for the treatment of Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV +), AIDS Related Complex (ARC), sexually transmitted diseases and all related conditions that are not pre-existing conditions.

11.9 Durable Medical Equipment

Insurer provides benefits for prosthetic devices (artificial devices replacing body parts), orthopedic braces and equipment including wheelchairs and hospital beds. Such Durable Medical Equipment (DME) must be:

- Prescribed by a Physician, and
- Customarily and generally useful to a person only during an illness or injury, and
- Determined by Insurer to be medically necessary and appropriate.

Allowable rental fee of the Durable Medical Equipment must not exceed the Purchase price. Charges for repairs or replacement of artificial devices or other Durable Medical Equipment originally obtained under this plan will be paid at 50% of the allowable reasonable and customary amount.

Some items not covered under Durable Medical Equipment include but are not limited to the following:

- Comfort items such as telephone arms and over bed tables;
- Items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers;
- Miscellaneous items such as exercise equipment, heat lamps, heating pads, toilet seats, bathtub seats,
- The customizing of any vehicle, bathroom facility, or residential facility.

11.10 Alcohol and Substance Abuse

The benefit includes inpatient and outpatient services including diagnosis, counseling, and other medical treatment rendered in a Physician's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Physician or a licensed psychologist who certifies that the Plan Participant needs to continue such treatment.

11.11 Prescription Drugs

Prescription Drugs are medications which are prescribed by a Physician and which would not be available without such Prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, medicines, experimental and/or investigational drugs, or supplies, even when recommended by a Physician, do not qualify as Prescription Drugs. Any drug that is not scientifically or medically recognized for a specific diagnosis or that is considered as off label use, experimental, or not generally accepted for use will not covered, even if a Physician prescribes it.

11.12 Motor Vehicle

The plan covers injuries sustained in a motor vehicle accident in accordance with the benefits shown in the Schedule of Benefits.

11.13 Professional Sports and other Hazardous Activities

The plan covers **leisure sports and activities** meaning such activities that are for relaxation or fun, do not require any special training, and do not heighten the risk of injury or death to an individual. Examples of such covered activities include but are not limited to; kayaking, snorkeling, paddle boarding, sailing, white water rafting levels 1-3, and scuba diving up to 15 meters.

This plan does not cover **hazardous or extreme sports and activities, or professional sports and activities. Interscholastic, intercollegiate, intramural, and club sports are covered as shown in the Schedule of Benefits.**

12.0 ADDITIONAL BENEFITS

12.1 Passport Recovery

The Insurer will pay up to a maximum as defined in the Schedule of Benefits in respect of reasonable expenses necessarily incurred abroad in obtaining the replacement of a Plan Participant's lost or stolen passport. Additional expenses for missing flight and extending accommodations are not covered by this benefit.

12.2 Lost Baggage

Secondary coverage to Common Carrier settlement with reimbursement to the maximum specified in the Schedule of Benefits. No claims will be accepted until after the Plan Participant has filed and received settlement from the Common Carrier. The coverage is in respect of Accidental loss or theft to baggage clothing and personal effects owned by the Plan Participant, subject to depreciation tables selected by the Insurer to a maximum payment of:

a. See Maximum Allowed in Schedule of Benefits in respect of any one article, pair or set of articles.
b. See Maximum allowed in the Schedule of Benefits overall in respect of Valuables/Electronic Items.
c. See Definitions, Conditions and Exclusions.

Conditions:

1. The Plan Participant must observe ordinary proper care in the supervision of the insured property and in all cases of loss;
2. Claims will be evaluated on an "indemnity basis" only – not "new for old". This means the market value of the article less deduction for age, wear, tear and depreciation, or the cost of repair; whichever is the lesser.
3. Claims will not be considered unless proof of ownership and evidence of value is provided;
4. Any amount paid for temporary loss of baggage will be deducted from the final claim settlement if baggage proves to be permanently lost;
5. Proof of a Missing Bag Report must be filed with the Common Carrier;
6. Any amount paid by a Common Carrier in settlement toward the loss will be deducted from the final claim;
7. The Insurer may request any information from the Plan Participant it deems necessary in the settlement of a claim. Failure to provide additional information will result in a denial of the claim;
8. In the event of a claim in respect of a pair or set of articles the Insurer shall only be liable in respect of the value of that part of the pair or set which is lost, stolen or damaged.

The Insurer shall not be liable for:

1. Damage to baggage of any kind and or its contents;
2. Any loss or theft, or suspected theft not reported to the police within 24 hours of discovery and a written report obtained;
3. Any damage or loss or theft of property in transit, which has not been reported to the Common Carrier and written report obtained. In the case of an airline a property irregularity report will be required;
4. Loss or theft of any property left unattended in a public place;
5. Any theft from an unattended motor vehicle unless the property is in a locked/covered baggage area and there is evidence of forced entry which has been verified by a police report;
6. Loss, damage or theft of Valuables/Electronic Items and money packed in checked baggage or other receptacles while travelling;

7. Loss or damage caused by decay, wear and tear, moth, vermin or atmospheric conditions;
8. Deterioration or mechanical derangement of any kind;
9. Loss due to confiscation or detention by customs or other authority;
10. Damage to sports equipment while in use;
11. Losses of jewelry while swimming;
12. Breakage of or damage to fragile articles and any consequence thereof;
13. Any loss or theft of phones, smart phones, computer equipment including tablet personal computers;
14. Unset precious stones, contact or corneal lenses, spectacles or accessories;
15. Stamps, documents, deeds, manuscripts or securities of any kind;
16. Items of a perishable nature;
17. Business goods, samples, tools of trade or motor accessories;
18. Household goods and home contents.

12.3 ATMSafe

This is an exclusive program that provides the Plan Participant with protection against theft when withdrawing cash from an ATM/Bank Machine anywhere in the world. In the event of loss, the Plan Participant will be reimbursed up to the daily withdrawal limit specified in the Schedule of Benefits. All claims require a police report to be filed.

12.4 Medical Evacuation/Repatriation

***Reimbursement of Emergency Air Ambulance (Medical evacuation)*:** The cost of a person accompanying a Plan Participant is covered under this plan, with expenses subject to pre-approval by GBG Assist. GBG Assist retains the right to decide the medical facility to which the Plan Participant shall be transported and the means of transportation. Approved medical evacuations will be to the nearest medical facility capable of providing the necessary medical treatment. The Plan Participant is required to contact GBG Assist for Pre-authorization before a Plan Participant incurs any evacuation and assistance costs using any means of transportation. If the Plan Participant fails to follow these conditions, he will be liable for the full costs of any transportation.
Within 90 days of the medical evacuation, the return flight for the Plan Participant and an accompanying person will be reimbursed up to the cost of an airplane ticket in economy class only to the Plan Participant's Home Country.

***Sea and Offshore Evacuation*:** If a Plan Participant is injured or becomes ill at sea (i.e cruises, yachting, etc.), the Insurer will not consider any benefit until the Plan Participant is on land. This means any costs involved from an evacuation from sea to land will not be considered under this plan. Once on land, this plan will cover medical costs and further evacuation, according to the insurance coverage and terms. If a Plan Participant is at sea, the Insurer would request the Plan Participants are evacuated by sea rescue to a country within their purchased Area of Coverage, where circumstances allow.

Medical Repatriation: If a Plan Participant can no longer meet the Eligibility requirements due to medical reasons, GBG Assist will make the determination if Medical Repatriation to the Home Country is necessary. GBG Assist will coordinate return to the Home Country. If the Plan Participant refuses Repatriation, the plan will be terminated for failure to meet Eligibility requirements.

12.5 Return of Mortal Remains

A benefit for either repatriation of mortal remains or local burial is included. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar personal burial preferences. The necessary clearances for the return of a Plan Participant's mortal remains by air transport to the Home Country will be coordinated by GBG Assist.

12.6 Accidental Death and Dismemberment Benefits

The Plan Participant must receive initial medical treatment within 30 days of the date of Accident. The insurance does not cover injuries received while making a parachute jump (unless to save a life). The maximum amount payable for this benefit is the Principal Sum indicated on the Schedule of Benefits. If the Plan Participant incurs a covered loss, the Insurer will pay the percentage of the Principal Sum shown in the table. If the Plan Participant sustains more than one such loss as the result of one Accident, the Insurer will only pay one amount, the largest to what the Plan Participant is entitled. The loss must result within 90 days of the Accident. Your coverage under the plan must be inforce.

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

12.7 Compassionate Care Visit

The Insurer will repatriate the Plan Participant to their Home Country in the event there is a serious life threatening Illness, injury, or death of a spouse, domestic partner, parent, parent-in-law, child, grandchild, brother, sister of fiancé. The Family Member must be a resident in the Home Country of the Plan Participant. In all cases, the decision rest solely with the insurance company's medical representatives who will make the final and binding determination. In the event of death, a certificate of death must be provided.

12.8 War and Terrorism

This plan covers bodily injury directly or indirectly caused by, or resulting from certain acts of War and Terrorism, provided the Plan Participant is not an active participant, or in training for in such activities. This benefit considers the following activities, excluding the use of nuclear, chemical, or biological weapons of mass destruction.

1. War, hostilities or warlike operations (whether war be declared or not),
2. Invasion,
3. Act of an enemy foreign to the nationality of the Plan Participant or the country in, or over, which the act occurs,
4. Civil war, Riot, Rebellion, Overthrow of the legally constituted government,
5. Military or usurped power,
6. Explosions of war weapons,
7. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Plan Participant whether war be declared with that state or not,
8. Terrorist activity.

13.0 HOW TO FILE A CLAIM

Claims must be filed within **180 days** of treatment to be eligible for reimbursement of covered expenses. Claim forms should be submitted only when the medical service provider does not bill the Insurer directly, and when you have out-of-pocket expenses to submit for reimbursement. All claims worldwide are subject to Usual, Customary, and Reasonable charges as determined by GBG and are processed in the order in which they are received. In order for claims payment to be made, claims must be submitted in a form acceptable to Insurer.

13.1 Medical and Prescription Claims

To file your claim, submit it online at www.gbg.com. Log into the Member Area and select Submit Claim, and then follow the instructions to complete the online claim form. If you are unable to submit your claim electronically, you can mail or fax your completed claim form and copies of supporting documentation. After submitting the claim, you will receive a claim reference number and an electronic receipt for the claim will be sent to you by email.

Claims may be submitted to the Insurer directly by the Provider or Facility. The Insurer will process the claim according to the Schedule of Benefits and plan terms, and remit payment to the health care provider. Ineligible charges or those in excess of the Allowable Charges will be the responsibility of the Plan Participant.
If the Plan Participant has paid the health care provider, the Plan Participant will submit the claim form along with the original paid receipts directly to the Insurer. Photocopies will not be accepted unless the Claim is submitted electronically. The Insurer will reimburse the Plan Participant directly according to the Schedule of Benefits and plan terms.

13.2 Accidental Death and Dismemberment Claims

To substantiate a claim for benefits covered by the terms of this plan, the following initial documents must be submitted:

- An official certificate of death, indicating date of birth of the Plan Participant;
- A detailed medical report at the onset and course of the disease, bodily injury or Accident that resulted in the death or dismemberment. In the event of no medical treatment, a medical or official certificate stating the cause and circumstances of death;
- The Insurer will pay the benefit as soon as the validity of the claim for benefits has been reasonably satisfied. Expenses incurred in relation to the substantiation of a claim will not be the responsibility of the Insurer.

13.3 ATMSafe Claims

This benefit will be payable provided the robbery is reported to the police within 48 hours of its occurrence, and the following documentation is produced upon submission of a claim:

- A copy of the police report;
- A fully completed dated and signed (by the Plan Participant) claim form;
- A copy of the ATM transaction receipt, showing the amount withdrawn, time, date and location of the ATM; and;
- Confirmation from the financial institution records that the transaction occurred at the time, date and said location. The Robbery Benefit is limited to two benefits, per Period of Insurance.

All claims must be submitted to the Insurer within 10 days from the date of the Robbery.
Submit Claims or claims appeal by:

Web:	Mail:	Fax:	Email:
www.gbg.com	GBG Administrative Services 27422 Portola Parkway Suite 110 Foothill Ranch, CA 92610 USA	+1 949 271 2330	gbgassist@gbg.com

13.4 Reimbursement Options

Claims reimbursements will be made by:

- Electronic Direct Deposit for Plan Participant where the receiving bank is located in the U.S.,
- Wire Transfer for members and overseas providers where the receiving bank is located outside of the U.S., or
- Check sent to member or provider where electronic payment is not possible.

13.5 Settlement of Claims

When claims are presented to the Insurer, the Allowable Charges will be applied towards the Deductible. Once the Deductible has been satisfied, all Allowable Charges will be paid at the percentage listed on the Schedule of Benefits, up to the listed benefit maximum. Note the amount of Allowable Charges applied towards the Deductible also reduces the applicable benefit maximum by the same amount.

If the plan has an Out-of-Pocket maximum, once it is met the plan will begin paying 100% of Allowable Charges for the remainder of insurance coverage, subject to the benefit maximums. The Out-of-Pocket maximum does not apply to any expenses covered under the Prescription Benefit.

13.6 Status of Claims

Plan Participant's wishing to request the status of a claim or have a question about a reimbursement received, please submit the status request form via our website at www.gbg.com or e-mail customer service at gbgassist@gbg.com. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review.

13.7 Releasing Necessary Information

It may be necessary for the Insurer to request a complete medical file on a Plan Participant for purpose of claims review or administration of the plan. It may also be necessary to share such information with a medical or utilization review board, or a reinsurer. The release of such confidential medial information will only be with written consent of the Plan Participant.

13.8 Coordination of Benefits

It is the duty of the Plan Participant to inform Insurer of all other coverage. In no event will more than 100% of the Allowable

Charge and/or maximum benefit for the covered services be paid or reimbursed.

If a Plan Participant has coverage under another insurance contract, including but not limited to health insurance, worker's compensation insurance, automobile insurance (whether direct or third party), occupational disease coverage, and a service received is covered by such contracts, benefits will be reduced under this plan to avoid duplication of benefits available under the other contract. This includes benefits that would have been payable had the Plan Participant claimed for them. The following guidelines will be used to determine the primary plan:

- The Plan is Primary if it covers the claimant as an active Insured.
- If two Plans cover the claimant as an Insured, the Plan that has covered him for the longer period of time is the Primary plan.
- If a Plan Participant is covered as an active Insured under the Plan and as a retired or laid off Insured under another Plan, the Plan that covers him as an active Insured is the Primary Plan. The Plan that covers him as a retired or laid off Insured is the Secondary Plan.

13.9 Subrogation

When the plan pays for expenses that were either the result of the alleged negligence, or which arise out of any claim or cause of action which may accrue against any third party responsible for injury or death to the Plan Participant by reason of their eligibility for benefits under the plan, the plan has a right to equitable restitution.

14.0 CLAIMS APPEAL

14.1 Level One Appeal

If you are not satisfied with an administrative, eligibility, rescission of coverage, denial or reduction of benefit or if a health care determination for pre-service or current care coverage has been denied; you or your appointed representative has the right to file an appeal within 180 days.

Your appeal will be reviewed and the decision made by a member of the claims staff who was not included in the original decision. Appeals involving Medical Necessity, clinical appropriateness, or experimental and investigational treatments will be considered by a health care professional.

For Level One Appeals regarding required pre-service or concurrent care coverage decision, GBG will respond with a decision within 15 calendar days. We will respond within 30 calendar days for appeals regarding a post service coverage decision. If more time or information is needed to make the decision, GBG will notify you to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

14.2 Level Two Appeal

If you are dissatisfied with the Level One appeal decision, you may request a Level Two Appeal. To start, follow the same process required for a Level One appeal.

Most requests for a second review will be conducted by the Appeals Committee, which consists of at least three people. Anyone involved in the prior decisions may not vote on the committee. For appeals involving Medical Necessity, clinical appropriateness, or being experimental or investigational, the Committee will consult with at least one Physician reviewer in the same or similar specialty as the care under consideration, as determined by our medical review agent.

For Level Two appeals we will notify you that we have received your request and schedule a Committee Review. For required pre-service and concurrent care coverage determinations, the Committee review will be completed within 15 calendar days. For post-service claims, the Committee Review will be completed within 30 calendar days. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional time needed by the committee to complete the review. You will be notified in writing of the decision within five working days of the meeting, and within the Committee Review time frames.

14.3 Independent Review Procedure

If you are not satisfied with the final decision of the Level Two appeal review, you may request that your appeal be referred to an Independent Review Organization. The Independent Review Organization is composed of persons who are not employed by us, our administrator, or any of our affiliates. A decision to use this external level of appeal will not affect the claimant's rights to any other benefits under the plan.

There is no charge for you to initiate this Independent Review process. The Insurer will abide by the decision of the Independent Review Organization.

In order to request a referral to an Independent Review Organization, certain conditions apply. The reason for the denial must be based on a Medical Necessity or clinical appropriateness determination or because it is considered to be experimental or investigational by our medical review agent. Administrative, eligibility, or benefit coverage reductions or exclusions are not eligible for appeal under this process.

To request a review, you must notify the Appeals Coordinator within 180 days of your receipt of the Insurer's final adverse benefit determination. The Insurer will then forward the file to the Independent Review Organization. The Independent Review Organization will render an opinion within 30 days of request.

14.4 Expedited Appeals

You may request that the appeal process be expedited if, the time frames under this process would seriously jeopardize your life, health, ability to regain maximum function or, in the opinion of your Physician, would cause you severe pain which cannot be managed without the requested services; or your appeal involves non-authorization of an admission or continuing inpatient stay. GBG Medical Review Agent in consultation with the treating Physician will decide if an expedited review is necessary. When an appeal is expedited, GBG will respond within 72 hours, followed up in writing or electronically within five days.

14.5 Complaints Procedure

If you are not satisfied with the outcome of the Appeals process as described above, you may file a formal complaint. The complaints procedures are listed at GBG's website: https://www.gbg.com/#/AboutGBG/ComplaintsProcedures.

15.0 EXCLUSIONS AND LIMITATIONS

All services and benefits described below are excluded from coverage or limited under your plan of Insurance.

#	*Reference*	*Exclusion*
1	**AIDS/HIV**	Pre-existing conditions of Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARC), HIV positive, all secondary diseases, and all sexually transmitted diseases.
2	**Air Travel**	Flying except as a fare-paying passenger in a scheduled aircraft or in an employer owned or hired jet or helicopter for transportation of employees.
3	**Alcohol and Drug Abuse**	Treatment of any illness or injury arising directly or indirectly from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed.
4	**Breast reduction**	All services and treatments.
5	**Charges in Excess of Usual, Customary, and Reasonable**	Any portion of any charge in excess of UCR for the particular service or treatment for the specific geographical area.
6	**Charges Incurred before the Effective Date and After the Expiration Date**	Claims and costs for medical treatment occurring before the effective date of coverage (including waiting periods) or after the expiration date of the plan are not covered. This includes any portion of a covered prescription to be used after the expiration of the current plan year.

7	**Charges Reimbursable by Another Entity**	Services, supplies, or treatment that are provided by or payment is available from: a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country; or; b. Another insurance company or government; or c. A government entity due to an epidemic or public emergency.
8	**Circumcision**	Unless due to underlying medical reasons.
9	**Consultations**	Telephone, E-mail, and internet consultations, and telemedicine, missed appointments, and after hours expenses, and charges made by a provider who is a member of your family or your dependent's family.
10	**Cosmetic and Elective Surgery for Non-Medical Reasons**	Treatments, procedures or drugs which are primarily for enhancement, improvement, or altering one's appearance, unless required due to a non-occupational injury occurring while insured under this plan. Medical complications arising from such treatments or procedures are also not covered.
11	**Counselling and Testing Services**	Non-medical counselling services including but not limited to marriage and family counselling, educational counseling, aptitude testing, educational testing and services.
12	**Dental Care**	a. General diagnostic examinations, cleaning, basic restoration, periodontal treatments, oral surgery, crowns, bridges, endodontic, extraction of wisdom teeth, orthodontic and all other preventive, basic, or major dental services. b. Dental Services at a hospital, including general anesthesia are not covered under the medical plan. c. Inlays, dentures, or false teeth and replacement of lost or stolen crowns, bridges, or dentures d. Implants and all related services e. Temporomandibular Joint Disorders (TMJ) or Malocclusion Temporomandibular Joint Disorders and Mouth guards for teeth grinding.
13	**Durable Medical Equipment**	Includes but are not limited to the following: a. Comfort items such as telephone arms and over bed tables; b. Items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers; c. Miscellaneous items such as exercise equipment, heat lamps, heating pads, toilet seats, bathtub seats, d. The customizing of any vehicle, bathroom facility, or residential facility.
14	**Epidemic**	Treatment and services related to infectious diseases declared to be an outbreak, epidemic, or public emergency by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), or any other Government or Government Agency or ruling body of the country where the outbreak or epidemic has occurred in. Additionally, such coverage is also excluded if there has been an official warning issued against travel to the area, by the State Department, Embassy, Airline or other Governmental Agency, prior to travel to the affected country. This exclusion will not apply if exposure occurs accidentally or unknowingly while travelling to or from areas not declared to be at risk, or if exposure occurs as a result of residing or working in the area prior to the outbreak.

15	**Exceptional Risks**	Treatment related to: a. Injury sustained while participating in a hazardous activity or training for any professional sport or activity. b. Injury sustained while participating in, or training for, (declared or not) or acts of terrorism; c. Chemical contamination; d. The malicious use of Nuclear, Chemical, or Biological Weapons or warfare; e. Contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel.
16	**Experimental or Off-Label Services**	Services, supplies or treatments, including drugs, which are deemed to be experimental or investigational or that is not medically recognized for a specific diagnosis.
17	**Fertility/Infertility Treatments and Birth Control**	Any services, procedure or treatment including drugs used to: a. Treat infertility including in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and any variations of these procedures, and any costs associated with the preparation or storage of sperm for artificial insemination. All expenses related to the use of a surrogate mother are also excluded. b. Vasectomies and sterilization, and any expenses for male or female reversal of sterilization. c. Contraceptive devices including the insertion or removal of such devices. Oral Contraceptives are covered under this plan.
18	**Genetic Screening**	Counseling, screening, testing, or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
19	**Growth Hormones**	Excluded unless used as an integral treatment plan for an illness covered under this plan.
20	**Hair Treatment**	Treatment for alopecia or hair loss including but not limited to Hairplasty, hair transplants or any other procedure to stimulate hair growth; the temporary removal of hair by laser; electrolysis; waxing; or any other means.
21	**Hearing Care**	Routine examination, hearing aids or devices, and the surgical implantation of, or removal of bone anchored hearing devices.
22	**Hernia**	Treatment of a hernia, including sports hernia whether or not caused by a covered Accident.
23	**Illegal Activities**	Injuries and illnesses resulting or arising from or occurring during the commission or perpetration of a violation of law.
24	**Maternity**	a. Pregnancy and related conditions for a dependent child, b. Maternity or delivery preparation classes, c. Elective Caesarean section, d. Care or treatment for an individual acting as a surrogate.

25	**Medical Examinations or Certificates**	Any examination, immunization, or tests necessary for the issuance of medical certificates or determining employment, or suitability for school, sport related activities, or travel or determining insurability.
26	**Non-Covered Treatments**	Treatment of any illness or injury, or charges relating to such that is: a. Not ordered or recommended by a Physician; or b. Not medically necessary; or c. Not rendered under the scope of the Physician's licensing; or d. Not professionally recognized or is determined by Insurer to be unnecessary for proper treatment. e. Enrolling solely for the purpose of obtaining medical treatment, while on a waitlist for a specific treatment, or while traveling against the advice of a physician.
27	**Non-Medical Care**	Services related to custodial care, respite care, home-like care, assistance with activities of daily living (ADL), or Milieu Therapy. Any admission to a nursing home, home for the aged, long term care facility, sanitarium, spa, hydro clinic, or similar facilities. Any admission, arranged wholly or partly for domestic reasons, where the hospital effectively becomes or could be treated as the Plan Participant's home or permanent abode.
28	**Organ Transplant**	Organ transplant and related procedures and expenses.
29	**Over-the-Counter and Non-Prescription Drugs**	Over the counter drugs or non-prescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following: a. Tobacco dependency b. Weight reduction or appetite suppressant, c. Cosmetic drugs, even if ordered for non-cosmetic purposes d. Acne and rosacea drugs and treatment (including hormones and Retin-A), except for cystic and pustular acne, e. Vitamins, supplements, or herbs.
30	**Personal Comfort and Convenience Items**	Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take home supplies.
31	**Podiatric Care**	Routine foot care, including the paring and removing of corns, calluses, or other lesions, or trimming of nails or other such services. Orthopedic shoes or other supportive devices such as; arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.
32	**Prosthetics**	High performance prosthetic devices for sports or improvement of athletic performance, and power enhancement or power controlled devices, nerve stimulators, and other such enhancements to prosthetic devices. Limbs and other devices intended to replace the functionality of the body part being replaced and the repair and replacement of such devices are not covered.

33	**Sanctions**	Notwithstanding any other terms under this plan, we shall not provide coverage nor will we make any payments or provide any service or benefit to any Plan Participant, beneficiary, or third party who may have any rights under this plan to the extent that such cover, payment, service, benefit, or any business or activity of the Plan Participant would violate any applicable trade or economic sanctions law or regulation.
34	**Skin Conditions**	Acne, rosacea, skin tags, and any other treatment to enhance the appearance of the skin, except for cystic or pustular acne.
35	**Sleep Studies**	Sleep studies and other treatments relating to sleep apnea.
36	**Smoking Cessation**	Treatments whether or not recommended by a Physician.
37	**Sexual Dysfunction**	Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions.
38	**Self-Inflicted Illnesses or Injuries**	Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane. Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily injury, except in an endeavor to save human life.
39	**Transsexual Surgery**	Medical or psychological counseling, hormonal therapy in preparation for, or subsequent to, any such surgery, surgical procedures, and any other expenses related to sexual reassignment including the complications arising from such procedures.
40	**Vision Care**	Services and supplies related to: a. Visual therapy, or eye surgery to correct refractive error or deficiencies, including myopia or presbyopia, b. Eye examinations, frames, lenses, or contact lenses, unless covered under the Optional Vision coverage, c. Optional lens coating for anti-glare, anti-scratch, or UV sun protection and sunglasses and related accessories. d. Other devices to assist with impaired vision.
41	**Weight Related Treatment**	Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded.

Accidental Death and Dismemberment Exclusions: In addition to the Exclusions and Limitations shown above, the following exclusions also pertain to the Accidental Death and Dismemberment Benefit:

1. Any loss caused directly or indirectly from extortion, kidnap & ransom or wrongful detention of the Plan Participant or hijacking of any aircraft, motor vehicle, train or waterborne vessel on which the Plan Participant is traveling.
2. Any loss resulting as a fare-paying passenger in a scheduled aircraft or in an employer owned or hired jet or helicopter for transportation of employees.

16.0 DEFINITIONS

Certain words and phrases used in this plan are defined below. Other words and phrases may be defined where they are used.

Accident: Any sudden and unforeseen event occurring during the insurance coverage year period, resulting in bodily injury, the cause or one of the causes of which is external to the Plan Participant's own body and occurs beyond the Plan Participant's control.

Activities of Daily Living (ADL): Activities of daily living are those activities normally associated with the day-to-day fundamentals of personal self-care, including but not limited to: walking, personal hygiene, sleeping, toilet/continence, dressing, cooking/feeding, medication, and getting in and out of bed.

Acute Care: Medically necessary, short-term care for an illness or injury, characterized by rapid onset, severe symptoms, and brief duration, including any intense symptoms, such as severe pain.

Admission: The period from the time that a Plan Participant's enters a Hospital, Extended Care Facility or other approved health care facility as an inpatient until discharge.

Air Ambulance: An aircraft specially equipped with the necessary medical personnel, supplies and Hospital equipment to treat life-threatening illnesses and/or injuries for Plan Participant's whose conditions cannot be treated locally and must be transported by air to the nearest medical center that can adequately treat their conditions. This service requires pre-authorization. A commercial passenger airplane does not qualify as an air ambulance.

Allowable Charge: The fee or price the Insurer determines to be the Usual, Customary and Reasonable Charges for health care services provided to Plan Participants. The Plan Participant is responsible for the payment of any balance over the Allowable Charge (except in the U.S. when a Preferred Provider has delivered the service, then there is no balance due). All services must be medically necessary. Once an allowable charge is established then the deductible, coinsurance, copayments and any excess charges must be paid by the Plan Participant.

Ambulatory Surgical Center: A facility which (a) has as its primary purpose to provide elective surgical care; and (b) admits and discharges a patient within the same working day; and (c) is not part of a Hospital. Ambulatory Surgical Center: does not include: (1) any facility whose primary purpose is the termination of pregnancy; (2) an office maintained by a Physician for the practice of medicine; or (3) an office maintained by a Dentist for the practice of Dentistry.

ATM: an automatic electronic device designed to permit the Plan Participant to interface with a financial institution without teller assistance using a Registered Card.

Birth Center: A facility that: a) is mainly a place for the delivery of a child or children at the end of a normal pregnancy; b) and meets one or both of the following tests: (1) it is licensed as a Birth Center under the laws of the jurisdiction where it is located; and/or (2) it meets all the following requirements: (i) it is operated in accordance with the laws of the jurisdiction where it is located; (ii) it is equipped to perform all necessary routine diagnostic and laboratory tests; (iii) it has trained staff and equipment required to properly treat potential emergencies of the mother and of the child; (iv) it is operated under the full-time supervision of a Physician or a Registered Nurse (R.N.); (v) it has at all times a written agreement with at least one Hospital in the area for immediate acceptance of a patient in the event of a complication; (vi) it maintains medical records for each patient; (vii) and it is expected to discharge or transfer each patient within 48 hours after the delivery.

Certificate: The document provided to the Plan Participant that includes the Schedule of Benefits and the terms of the Master Policy issued to the Trust.

Coinsurance: Inpatient stay at an approved extended care facility for necessary skilled treatment or rehabilitation in accordance with the contract.

Common Carrier: An individual, a company, or public utility which is in the regular business of transporting people and for which a fair has been paid.

Complications of Pregnancy: A condition;

- Caused by pregnancy; and
- Requiring medical treatment prior to, or subsequent to termination of pregnancy; and
- The diagnosis of which is distinct for pregnancy; and
- Which constitutes a classifiably distinct complication of pregnancy.

A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy.
Confinement: Inpatient stay at an approved extended care facility for necessary skilled treatment or rehabilitation in accordance with the contract.

Congenital Condition: Any heredity condition, birth defect, physical anomaly and/or any other deviation from normal development present at birth, which may or may not be apparent at that time. These deviations, either physical or mental, include but are not limited to, genetic and non-genetic factors or inborn errors of metabolism.

Cosmetic Surgery: Surgery or therapy performed to improve or alter appearance for self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

Custodial Care: Includes: (1) the provision of room and board, nursing care, or such other care which is provided to an individual who is mentally or physically disabled and who, as determined by the individual's attending Physician, has reached the maximum level of recovery; and (2) in the case of an institutionalized person, room and board, nursing care or such other care which is provided to an individual for whom it cannot reasonably be expected that medical or surgical treatment will enable him to live outside an institution; and (3) rest cures, respite care and home care provided by family Insureds. Upon receipt and review of a claim, the Insurer or an independent medical review will determine if a service or treatment is Custodial Care.

Deductible: The amounts of covered Allowable Charges payable by the Plan Participant during each Period of Insurance before the plan benefits are applied. Such amount will not be reimbursed under the plan. The Deductible is not considered part of the Out-Of-Pocket Maximum.

Dependent: Refers to a member of the Plan Participant's family who is enrolled under the plan with the Insurer after meeting all the eligibility requirements and for whom premiums have been received.

Durable Medical Equipment: Orthopedic braces, artificial devices replacing body parts and other equipment customarily and generally useful to a person only during an illness or injury and determined by Insurer on a case by case basis to be medically necessary including motorized wheelchairs and beds. See DME Section for more details and services that are not consider eligible benefits.

Eligibility: The requirements that a Plan Participant, including the primary Plan Participant and dependents must meet at all times in order to be covered under this plan.

Emergency Dental Treatment: Emergency dental treatment is urgent treatment necessary to restore or replace sound natural teeth damaged as a result of an accident. Sound teeth do not include teeth with previous crowns, fillings, or cracks. Damage to teeth caused by chewing foods does not qualify for emergency dental coverage.

Experimental and/or Investigational: Any treatment, procedure, technology, facility, equipment, drug, drug usage, device, or supplies not recognized as accepted medical practice by Insurer.

Extended Care Facility: A nursing and/or rehabilitation center approved by Insurer that provides skilled and rehabilitation services to patients who are discharged from a Hospital or who are admitted in lieu of a Hospital stay. The term Extended Care Facility does not include nursing homes, rest home, health resorts, homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of drug addicts or alcoholics, or similar institutions.

HIV: Acquired Immune Deficiency Syndrome (AIDS) and all diseases caused by and/or related to the HIV Virus.

Home Country: The country from which the Plan Participant holds a passport. In the event that a citizen of the United States holds more than one passport, the United States shall be deemed the Home Country.

Home Health Care Agency: An agency or organization, or subdivision thereof, that; a) is primarily engaged in providing skilled nursing services and other therapeutic services in the Plan Participant's home; b) is duly licensed, if required, by the appropriate licensing facility; c) has policies established by a professional group associated with the agency or organization, including at least one Physician and one registered graduate nurse (R.N.), to govern the services provided; d) provides for full-time supervision of such services by a Physician or by a Registered Nurse (R.N.), e) maintains a complete medical record on each patient; and f) has a full-time administrator.

Home Health Care Plan: A program: 1) for the care and treatment of a Plan Participant in his home; 2) established and approved in writing by his attending Physician; and 3) Certified, by the attending Physician, as required for the proper treatment of the injury or illness, in place of inpatient treatment in a Hospital or in an Extended care Facility.

Hospice: An agency which provides a coordinated plan of home and inpatient care to a terminally ill person and which meets all of the following tests: 1) has obtained any required state or governmental license or Certificate of Need; 2) provides service 24-hours-a-day, 7 days a week; 3) is under the direct supervision of a Physician; 4) has a nurse coordinator who is a Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.); 5) has a duly licensed social service coordinator; 6) has as its primary purpose the provision of Hospice services; 7) has a full-time administrator; and 8) maintains written records of services provided to the patient.

Hospital: Includes only acute care facilities licensed or approved by the appropriate regulatory agency as a hospital, and whose services are under the supervision of, or rendered by a staff of physicians who are duly licensed to practice medicine, and which continuously provides twenty-four (24) hour a day nursing service under the direction or supervision of registered professional nurses. The term Hospital does not include nursing homes, rest home, health resorts, and homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of drug addicts or alcoholics, or similar institutions.

Illness: A physical sickness, disease, pregnancy and complications of pregnancy of a Plan Participant. This does not include Mental Illness.

Inpatient: A Plan Participant admitted to an approved Hospital or other health care facility for a medically necessary overnight stay.

Lifetime Maximum: Payment of benefits is subject to a lifetime aggregate maximum per individual Plan Participant as indicated in the Schedule of Benefits, as long as the plan remains in force. The Lifetime Maximum includes all benefit maximums specified in the plan, including those specified in the Schedule of Benefits.

Master Policy: The agreement between the Insurer and the International Benefit Trust.

Maximum Benefit: The payment specified in the Schedule of Benefits, for specific services, which is the maximum amount payable by Insurer per person, regardless of the actual or allowable charge. This is after the Plan Participant has met his obligations of deductible, coinsurance, copayments and any other applicable costs.

Medical Emergency Services: Services provided in connection with an "Emergency", defined as a sudden or unexpected onset of a condition requiring medical or surgical care which the Plan Participant secures after the onset of such condition (or as soon thereafter as care can be made available, but in any case not any later than twenty-four (24) hours after the onset) and in the absence of which care a Plan Participant would be expected to suffer serious bodily injury or death.

Medically Necessary: Those services or supplies which are provided by Hospital, Physician or other approved medical providers that are required to identify or treat an illness or injury and which, as determined by Insurer, are as follows:

- Consistent with the symptom, or diagnosis and treatment of condition, disease or injury;
- Appropriate with regard to standards of accepted professional practice;
- Not solely for the Insured Person's convenience, the Physician's convenience or any other provider's convenience, and
- The most appropriate supply or level of service, which can be provided. When applied to an inpatient, it further means that the medical symptoms or condition require that the services or supplies cannot be safely provided as an outpatient;
- Is not a part of or associated with the scholastic education or vocational training of the patient;
- Is not Experimental or Investigative.

Nurse: A person licensed as a Registered Nurse, (R.N.) or Licensed Practical Nurse, (L.P.N.) by the appropriate licensing authority in the areas which he or she practices nursing.

Outpatient: Services, supplies or equipment received while not an inpatient in a hospital, or other health care facility, or overnight stay.

Period of Insurance: The start and end date for which insurance coverage is in effect as shown on the Face Page. When multiple Certificates are issued during a School Year, the Maximum Benefit is an accumulation of all Certificates issued during the School Year.

Physician: Any person who is duly licensed and meets all of the laws, regulations, and requirements of the jurisdiction in which he practices medicine, osteopathy or podiatry and who is acting within the scope of that license. This term does not include; (1) an intern; or (2) a person in training.

Pre-Authorization: A process by which a Plan Participant obtains written approval for certain medical procedures or treatments from the Insurer prior to the commencement of the proposed medical treatment. Certain medical procedures will require the Pre-Authorization process to be followed in order for the service to be covered and to maximize the benefits of the Plan Participant.

Pre-Existing Condition: Any illness or injury, physical or mental condition, for which a Plan Participant received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date.

Preferred Provider Organization (PPO): Refers to a participating provider, such as Hospital, clinic or Physician that has entered into an agreement to provide health services to Plan Participants.

Premium(s): The consideration owed by the Plan Participant to the Insurer in order to secure benefits for its Plan Participant's under this plan.

Prescription Drugs: Prescription drugs are medications which are prescribed by a physician and which would not be available without such prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, medicines, experimental or Investigative drugs, or medical supplies even when recommended by a physician, do not qualify as prescription drugs.

Professional Sports: Activities in which the participants receive payment for participation.

Provider: The organization or person performing or supplying treatment, services, supplies or drugs.

Rehabilitation: Therapeutic services designed to improve a patient's medical condition within a predetermined time period through establishing a maintenance program designed to maintain the patient's current condition, prevent it from deteriorating and assist in recovery.

Repatriation or Local Burial: This is the expense of preparation and the air transportation of the mortal remains of the Plan Participant from the place of death to their Home Country, or the preparation and local burial of the mortal remains of a Plan Participant who dies outside their home country. This benefit is excluded where death occurs in their Home Country.

Schedule of Benefits: The summary description of the benefits, payment levels and maximum benefits, provided under this plan.

School Year: The 12-month period when the educational institution begins classes, usually starting in late summer and may conduct classes on a quarterly, semester, or other regularly scheduled basis.

Subrogation: Circumstances under which the Insurer may recover expenses for a claim paid out when another party should have been responsible for paying all, or a portion of that claim.

Terrorism: Terrorist activity means an act, or acts, of any person, or groups of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization or government.

Usual, Customary and Reasonable Charge: The lower of: 1) the provider's usual charge for furnishing the treatment, service or supply; or 2) the charge determined by the Insurer to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons: 1) who reside in the same geographical area; and 2) whose Injury or Illness is comparable in nature and severity.

The Usual, Customary, and Reasonable charge for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of providers in the area, will be determined by the Insurer. The Insurer will consider such factors as: 1) complexity; 2) degree of skill needed; 3) type of specialist required; 4) range of services or supplies provided by a facility; and 5) the prevailing charge in other areas.

Waiting Period: The period of time beginning with the Plan Participant's Effective Date, during which limited or no benefits are available for particular services. After satisfaction of the Waiting Period, benefits for those services become available in accordance with this plan.

17.0 SUBSCRIPTION AGREEMENT

I hereby apply to be a Plan Participant of the International Benefit Trust established in the Cayman Islands (the "Trust") and to participate in the insurance coverage extended by GBG Insurance Limited (the "Insurer") 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 (for purposes of this Agreement, Home Country means the country from which the Plan Participant holds a passport. In the event that a citizen of the United States holds more than one passport, the United States shall be deemed the 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 Global Benefits Group, Inc. (the "Plan Manager"). I understand that the liability of the Insurer as underwriter 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 undersigned 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. ITA Global Trust Ltd (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, subject to the discretion of the Insurer, such Coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information and 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 Insurer as provider 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 matter that forms the subject of any of the Representations & 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 Representations & Warranties or failure to advise the Trustee of any change in any matter that forms the subject of any of the Representations & 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 Insurer 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.

18.0 APPENDIX OF HAZARDOUS AND EXTREME SPORTS

Covered Activities and Sports The following sports and activities are covered provided the Plan Participant meets the Eligibility Criteria and participates in these sports as part of a sanctioned school activity.	Excluded Hazardous and Extreme Sports and Activities
Abseiling	American Football
Aerobics	BMX cycling
Archery	Base Jumping
Athletics	Boxing
Badminton	Bungee Jumping
Baseball	Canoeing/Kayaking (white water)
Basketball	Canyoning
Bowls	Caving / Cave Diving
Calisthenics	Cheerleading
Camel/Elephant Riding / Trekking	Cross channel swimming
Canoeing/Kayaking (inland/coastal)	Gaelic Football (non-competitive)
Clay pigeon shooting	Gliding
Cricket	Hang Gliding
Cross country running	Heptathlon
Gymnastics	High Diving
Cycling	Horse Jumping
Curling	Horse Racing
Dry skiing	Hunting-on-horseback
Fencing	Ice Hockey
Fell running	Kite surfing/Landboarding/Buggying
Field Hockey	Lacrosse
Fishing (Fresh water and deep sea)	Martial Arts (Competition)
Flying as a passenger (private/small aircraft)	Martial Arts (Training only)
Go Karting (recreational use)	Microlighting
Golf	Motor Racing (all types)
Ice Hockey – School only.	Motorcycling (any)
Handball	Mountain Boarding
Heptathlon	Mountaineering
Horse riding (no Polo, Hunting, Jumping or Dressage)	Mountain Biking
Hot Air Ballooning	Orienteering
Hurling	Parachuting
Jet Boating	Parasailing
Jet Skiing	Parascending (over land)

Jogging	Parascending (over water)
Kickball	Parkour
Lacrosse	Point-to-point
Netball	Polo
Paintballing	Potholing
Roller Blading (Line Skating / Skate boarding)	Professional Sports
Roller Hockey/Street Hockey	Quad Biking
Rounder's	Rambling
Rowing (inland/coastal)	Rock Climbing
Rugby – Touch Only	Rock Scrambling
Running, Sprint / Long Distance	Rugby - Contact
Safari (organized - no guns)	Sandboarding
Sailboarding	Scuba Diving (greater than 15metres)
Sand Yachting	Shark feeding/cage diving
Scuba Diving (max depth 15 metres)	Sky Diving
Skate boarding	Steeple chasing
Snorkeling	Tombstoning
Squash	Trekking/Hiking (over 3,500 metres altitude)
Surfing	Skiing/Snowboarding
Tennis	Windsurfing
Trekking/Hiking (under 3,500 metres altitude)	White/Black Water Rafting (Grade 4 to 6)
Triathlon	Weight-Lifting
Volleyball	Yachting (crewing) - outside territorial waters
Wake Boarding	Yachting (racing)
Water Polo	Zorbing/Hydrozorbing
Wrestling	
Water Skiing	
White/Black Water Rafting (Grade 1 to 3)	
Yachting (crewing) - inside territorial waters	
Any sport not listed that does not require a high degree of risk or training will be evaluated at the Insurer's discretion.	Any sport(s) requiring an increased skill set and a higher level of training to safely participate in an activity that if not properly executed could result in substantial injury or death. Determination and assignment of sports into this category are evaluated at the Insurer's discretion.

RADFORD UNIVERSITY

REQUEST FOR PROPOSAL # R21-002

TERM CONTRACT FOR INTERCOLLEGIATE ATHLETIC INSURANCE

NOVEMBER 20, 2020

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia* §2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

REQUEST FOR PROPOSAL (RFP)
RFP # R21-002
GENERAL INFORMATION FORM

QUESTIONS/INQUIRIES: All questions/inquiries for information regarding this solicitation should be directed to:

Name: Ronda London
Phone: (540) 831-5090
Email: rlondon1@radford.edu.

Written questions to be submitted via email no later than: December 8, 2020 at 3:00 PM Eastern Time. Responses to all questions will be provided via Addendum.

DUE DATE: Proposals will be received until January 21, 2020 up to and including 3:00 PM Eastern Standard Time Eastern Time.

LATE PROPOSALS: To be considered for selection, proposals must be received by Radford University's Procurement and Contracts Department by the due date and time identified in this solicitation document. The official time used in documenting the receipt of proposals is that time identified on the automatic time stamp machine located in the Procurement and Contracts Department in the David E. Armstrong building on the main campus of Radford University. Proposals received in the Procurement and Contacts Department after the date and time designated are automatically deemed non-responsive and will **not** be given consideration. The University is **not** responsible for delays in delivery conducted by the U.S. Postal Service, private couriers, or the intra university mail system. **It is the sole responsibility of the offeror to ensure their proposal reaches the Procurement and Contracts Department at Radford University by the designated date and time.**

ADDRESS: Proposals should be mailed or delivered by courier (**NOTE**: Contractor cannot hand deliver proposal to the University at this time) to:

Radford University, Procurement and Contracts Department
P. O. Box 6885 (if via mail)
David E. Armstrong Complex, 501 Stockton St. (if via courier)
Radford, VA 24142-6885.
***Radford University is operating under COVD-19 guidance. Visitors are not allowed in campus offices without first pre-registering; therefore, you are encouraged to submit your proposal via mail or courier service.**

Identify the envelope package as instructed in **Attachment A** – Terms and Conditions.

UNIVERSITY CLOSINGS: If the University is closed as a result of an act of God or an emergency situation, the University's website shall post notices of said closings. It is the responsibility of the vendor to check the website at www.radford.edu for said notifications. If the University is closed on the day proposals are due, proposals will be accepted same time the next scheduled business day the University is open. If the University is closed on the day of a scheduled pre-proposal conference a written addendum will be issued to officially reschedule the conference.

TYPE OF BUSINESS: **(Please check all applicable classifications).** In order to qualify for assigned Small, Women and Minority (SWaM) points your business must be certified by the Virginia Department of Small Business and Supplier Diversity (SBSD), provide your assigned SBSD certification number: _____. For assistance with SWaM certification, visit the SBSD website at https://www.sbsd.virginia.gov/

____ **Large**

____ **Small business** – A business that is at least 51% independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or average annual gross receipts of $10 million or less averaged over the previous three years. One or more of these individual owners shall control both the management and daily business operations of the small business.

____ **Women-owned business** – A business that is at least 51% 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% of the equity ownership interest in owned by one or more women who are citizens of the United States or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

____ **Minority-owned business** – A business that is at least 51% 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% 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.

COMPANY INFORMATION/SIGNATURE: In compliance with this Request for Proposal and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the goods or services in accordance with the attached signed proposal inclusive of all addenda, if applicable, and as mutually agreed upon by subsequent negotiation.

<table>
<tr><td colspan="2">FULL LEGAL NAME (PRINT)
(Company name as it appears with your Federal Taxpayer Number)</td><td colspan="2">FEDERAL TAXPAYER NUMBER (ID#)</td></tr>
<tr><td colspan="2">BUSINESS NAME /DBA NAME/TA NAME
(If different than the Full Legal Name)</td><td colspan="2">BILLING NAME
(Company name as it appears on your invoice)</td></tr>
<tr><td colspan="2">PURCHASE ORDER ADDRESS</td><td colspan="2">PAYMENT ADDRESS</td></tr>
<tr><td colspan="2">CONTACT NAME/TITLE (PRINT)</td><td colspan="2">EMAIL ADDRESS</td></tr>
<tr><td>TELEPHONE NUMBER</td><td>TOLL FREE TELEPHONE NUMBER</td><td>FAX NUMBER</td><td>EVA VENDOR ID NUMBER

VIRGINIA STATE CORPORATION COMMISSION REGISTRATION NUMBER</td></tr>
</table>

I acknowledge that I have received the following addenda posted for this solicitation.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ (Please check all that apply.)

SIGNATURE: _____ **DATE:** _____

RU21039

1. *PURPOSE:*

The intent and purpose of this Request for Proposal (RFP) is to establish a contract through competitive negotiations for Intercollegiate Athletic Insurance for Radford University located at 801 East Main Street, Radford, Virginia 24142, an agency of the Commonwealth of Virginia.

2. *SMALL, WOMEN-OWNED AND MINORITY OWNED - SWaM BUSINESS PARTICIPATION:*

The mission of Radford University is to ensure strategic business development practices are in place to promote Small, Women-Owned and Minority-Owned (SWaM) businesses to the maximum extent. Radford University encourages prime suppliers, Contractors, and service providers to facilitate the participation of small businesses, and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, and other inclusive and innovative relationships.

Radford University has established SWaM goals that are posted on the Procurement and Contract website. Links to the University's SWaM initiative can be located at: Procurement and Contracts | Radford University.

3. *CONTRACT PERIOD:*

The term of this contract is for One (1) year, or as negotiated, to begin August 1, 2021. There will be an option for Nine (9) one-year renewals, or as negotiated.

4. *BACKGROUND*

A. **Radford University Background**:

Radford University is a comprehensive public university of 11,870 students that has received national recognition for many of its undergraduate and graduate academic programs, as well as its sustainability initiatives. Radford University serves the Commonwealth of Virginia and the nation through a wide range of academic, cultural, human service and research programs. Well known for its strong faculty/student bonds, innovative use of technology in the learning environment and vibrant student life on a beautiful 204-acre American classical campus, Radford University offers students many opportunities to get involved and succeed in and out of the classroom. The University offers 76 bachelor's degree programs in 47 disciplines, three associate degrees, and six certificates at the undergraduate level; 27 master's programs in 22 disciplines and six doctoral programs at the graduate level; and 13 post-baccalaureate certificates and one post-master's certificate. A Division I member of the NCAA and Big South Conference, Radford University competes in 16 men's and women's varsity athletics. With over 300 clubs and organizations, Radford University offers many opportunities for student engagement, leadership development and community service. In addition to robust academic offerings and engaging student experiences on the main campus located in Radford, Virginia, Radford University also offers a clinical-based educational experience for more than 1,000 students living and learning in Roanoke, Virginia as part of Radford University Carilion, a public-private partnership focused on the cutting-edge delivery of health sciences programming, outreach and service.

It is important to note that due to COVID-19, Radford University transitioned to a complete tele-work/school environment on March 16, 2020. Radford University returned to normal operations with an early start to the Fall 2020 semester beginning August 12, 2020. Radford University has been successful in its containment of COVID-19, as well as the many precautions and strategies put in place to ensure successful operations. Wintermester will begin December 15, 2020 through January 18, 2021. Spring semester dates are January 19, 2021 through May 3, 2021. The Academic Calendar | Radford University provides a complete academic schedule

B. **Specific Background:**

The Radford University Highlanders are composed of 15 teams representing the University in intercollegiate athletics, including men and women's basketball, cross country, golf, soccer and tennis. Men's sports include baseball. Women's sports include volleyball, lacrosse, track and field and softball. The Radford Highlanders compete in the NCAA Division 1 and are members of the Big South Conference.

For over 20 years, the University has provided secondary insurance for all athletes participating in NCAA intercollegiate sports at the University. The University aims to provide medical coverage with a mix of primary and secondary insurance plans so that the student-athletes have no out-of-pocket costs for injuries sustained while representing the University.

5. *EVA BUSINESS-TO-GOVERNMENT ELECTRONIC PROCURMENT SYSTEM:*

The eVA internet electronic procurement solution streamlines and automates government purchasing activities within the Commonwealth of Virginia. Radford University, and other state agencies and institutions, have been directed by the Governor to maximize the use of this system in the procurement of goods and services. We are therefore requesting that your firm register as a **self-registered** vendor in the eVA system.

There are transaction fees involved with the use of eVA. These fees must be considered within the provision of quotes, bids, and price proposals offered to Radford University. Failure to register within the eVA system may result in the quote, bid or proposal from your firm being rejected and the award made to another vendor who is registered in the eVA system.

Registration in the eVA system is accomplished on-line. Your firm must provide the necessary information. Please visit the eVA website portal at https://eva.virginia.gov/register-now.html and register with eVA. This process needs to be completed before Radford University can issue your firm a Purchase Order or contract. If your firm conducts business from multiple geographic locations, please register these locations in your initial registration.

For registration and technical assistance, reference the eVA website at http://www.eva.virginia.gov, or call eVA Customer Care at 866-289-7367 or 804-371-2525. Email eVACustomerCare@DGS.Virginia.gov

6. *CONTRACT PARTICIPATION-COOPERATIVE PURCHASING/USE OF AGREEMENT BY THIRD PARTIES:*

Under the authority of §6 *of the Rules Governing Procurement of Goods, Services, Insurance and Construction by a Public Institution of Higher Education of the Commonwealth of Virginia (see* https://vascupp.org/rules.pdf), it is the intent of this solicitation and resulting contracts to allow for cooperative procurement. Accordingly, any public body, public or private health or educational institutions or lead issuing institution's affiliated corporations may access any resulting contract if authorized by the Contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor, the resultant contract may be extended to the entities indicated above to purchase at contract prices in accordance with the contract terms. The Contractor shall notify Radford University in writing of any such entities accessing the contract. No modification of this contract or execution of a separate contract is required to participate; however, the participating entity and the Contractor may modify the terms and conditions of this contract to accommodate specific governing laws, regulations, policies, and business goals required by the participating entity. Any such modification will apply solely between the participating entity and the Contractor. The Contractor will provide semi-annual usage reports for all entities accessing the contract. Participating entities shall place their own orders directly with the Contractor and shall fully and independently administer their use of the contract to include contractual disputes, invoicing and payments without direct administration from Radford University. Radford University 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 Radford University 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.

Refer to **Attachment C,** Zone Map, if the offeror wishes to submit a separate pricing structure based on approved zones for cooperative institutions. If no other prices are offered, pricing provided will apply to all zones in the Commonwealth of Virginia. If you wish to provide pricing for a zone other than which this solicitation originated, please indicate you are doing so in the response. If you anticipate pricing differentials for different zones, a separate pricing sheet must be submitted for each zone that includes appropriate pricing for that zone.

Use of this contract does not preclude any participating entity from using other contracts or competitive processes as the need may be.

7. ***CONTRACT ADMINISTRATION:***

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Radford University assigns Contract Administrators to each contract awarded. The Contract Administrator shall be the initial point of contact for the Contractor. Contract Administrators are charged with ensuring the terms and conditions of the contract are followed, payments are made in accordance to the contractual pricing schedule, and reporting noncompliance issues to the Procurement and Contracts Department at Radford University. Contract Administrators **do not** have the authority to authorize changes and/or modifications to the contract. Should noncompliance issues exist and cannot be resolved at this level or changes/modifications to the contract are required, the assigned Contract Officer in the Procurement and Contracts Department must be notified immediately by the Contract Administrator. The assigned Contract Administrator is Assistant Athletic Director for Sports Medicine.

8. ***INTENTIONALLY LEFT BLANK***

9. ***STATEMENT OF NEEDS:***

A **Background Information:**

1. Radford University is seeking a vendor to provide an insurance program to provide:

a. Full Excess Coverage Athletic Injury Insurance;

b. Primary Student Athlete group health insurance for both domestic and international Student Athletes. Student Athlete coverage for domestic and international students must meet the requirements of all federal and Virginia state laws as well as Radford University Sports Medicine Athletics Insurance Policies and Procedures (see **ATTACHMENT D)** and cover intercollegiate sports.

c. Broker and Third-Party Administration (TPA) services to assist the University in producing the most cost effective and comprehensive athletic insurance coverage. Vendors should be prepared to discuss their abilities to service their proposed insurance programs, including but not limited to:

i. Market and obtain quotations, evaluate and report on an insurer's financial status, place and service the desired insurance coverages.

ii. Provide annual loss runs for each policy a minimum of 60 days before expiration, including any prior year with open losses.

iii. Act as an advocate for the University in communications with the insurers and intermediaries, including negotiations of the lowest possible fees and/or deductible options.

iv. Offer creative solutions and innovative suggestions for the University to consider.

v. Review and verify insurance documents received from insurers for accuracy.

vi. Act as a liaison with insurers on loss control inspections and recommendations.

vii. Prepare certificates of insurance and endorsements as requested.

viii. Assist the University if it requests that other related coverages be added during the term of the contract.

ix. Develop a strategy for any upcoming renewal to be presented in writing to the University a minimum of 90 days before expiration. Include and identify any intended intermediaries used in the quote process.

x. Coordinate the collection of underwriting data for the policies placed, including complete loss statistics and other underwriting data.

xi. Provide annual renewal quotes on all annual policies, and at expiration of any multiyear policies.

xii. Provide risk management and professional services directly or indirectly, and other recommendations as requested by the University, including, but not limited to, minimization of loss potential, property or liability inspections and transfer of risk techniques.

xiii. When requested by the University, provide detailed rating worksheets on insurance proposals, either a full set or a sampling that reflects the pricing detail used is required.

xiv. Disclose coverage additions and coverage restrictions on all renewal quotes in a chart format as compared to the expiring coverage.

xv. Provide answers to the University and obtain clarification from insurers, underwriters or adjusters regarding coverage or claims questions.

xvi. Provide a binder of insurance for coverages placed, prior to the expiration of the proceeding policy.

xvii. Work with local providers and hospitals to secure standard discounts at their facilities for services such as diagnostic imaging, surgeries and specialist visits. Radford University's primary hospitals are Lewis Gale Montgomery (HCA Medical) and Carilion New River Valley Medical Center. Most of the providers are associated with one of those two hospitals.

d. Refer to **"ATTACHMENT E"** for a list of the current intercollegiate athletic teams, squads, individuals, etc., sanctioned / recognized by the University, and the current number of insured per athletic team.

e. Refer to **"ATTACHMENT F"** for currently available loss history information.

f. Radford University's full excess coverage, athletics injury insurance plan is with Dissinger Reed, underwritten by US Fire and administered by AG Administrators, refer to **"ATTACHMENT H";** and is consistent with the coverage requirements set forth in this solicitation.

g. Radford University carries no class 2 coverage for non-team members (i.e., those trying out for athletic teams; however, Radford University requires that all members trying out for an athletic team have primary care medical insurance before trying out for a team.

h. Radford University carries a separate plan for international student athletes provided by CISI/Aetna. Most coverage terms are twelve (12) months uninterrupted. Refer to "**ATTACHMENT J**" for plan details. This policy covers intercollegiate athletic injuries and meets all required federal laws as well as the Commonwealth of Virginia's minimum insurance requirements for international students and Radford University Sports Medicine Athletics Insurance Policies and Procedure guidelines, refer to **"ATTACHMENT D"**.

i. Radford University carries a separate accident plan for domestic uninsured athletes provided by US Fire Insurance. "This is a voluntary student accident plan and only covers costs associated with athletic injuries. Refer to **"ATTACHMENT I"** for plan details.

j. Radford University uses multiple provider networks; however, the University student athletes primarily use Carillion Health System and Hospital Corporation of American Health Systems. **It is the desire of Radford University that both the primary and excess providers have or obtain relationships with Radford University's major athletic medical services providers.**

B **Full Excess Athletic Injury Insurance:**

1. GENERAL MINIMUM REQUIREMENTS:

a. The Contractor should be capable of providing a quality, comprehensive, full excess, athletic injury insurance plan for eligible insureds, to be made effective 12:01AM Eastern on August 1, 2021, or at a future date that is mutually agreeable to both the University and the Contractor.

b. The Contractor's full excess coverage, athletic injury insurance plan should provide medical and emergency dental health coverage, even when:

1. 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; and

2. Charges are incurred by an insured (claimant) who does not have primary medical insurance.

c. The Contractor's full excess coverage, athletic injury insurance plan coverage should be effective:

i. During all authorized team travel, play, practice, workouts, conditioning sessions, etc.; and

ii. Twenty-four (24) hours per day, seven days per week, during any trip authorized and supervised by the University.

2. PLAN REQUIREMENTS: At a minimum, the Contractor's full excess coverage, athletic injury insurance plan should include, but not be limited to, the following benefits / coverage / features:

a. **Major Medical Health Coverage:** The Contractor's medical and dental health benefit should provide 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** NCAA catastrophic coverage limits of $90,000 for any one (1) accident (refer to **"ATTACHMENT G"**, the **NCAA Catastrophic Injury Insurance Program"**), to include:

i. 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 the University.

ii. Restorative and Reconstructive 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 or other diseases of the surgical part.

iii. Comprehensive Dental Plan: The Contractor's medical and dental health coverage should include the cost of hospitalization (inpatient) and outpatient services for the treatment of and injuries sustained during covered athletic activities to sound, natural teeth.

iv. Heart and Circulatory Benefits.

v. Pre-existing Conditions and Re-aggravation of Previous Injuries Benefits.

vi. HMO/PPO Denial Benefits.

b. **Accidental Death and Dismemberment Coverage**. At a minimum the Contractor's medical and dental health coverage should include:

i. An aggregate ADD benefit of a minimum of $500,000 for the benefit period;

ii. An accidental death benefit of $10,000 per insured; and

iii. An accidental dismemberment benefit of $10,000 per insured.

c. **Benefit Period**. The Contractor's medical and dental health benefit should provide a coverage benefit period of two years (104 weeks).

3. INSURED ELIGIIBILITY MINIMUM REQUIREMENTS:

a. Eligible insureds should be defined as those individuals who participate in, or are associated with, a University sanctioned / recognized, intercollegiate athletic sport program, event, training, practice, etc., to include all: **(*Note: For the purposes of this solicitation, an "intercollegiate athletic sport" should be defined as a sport that is *"designed with varsity status by Radford University and administered by the University's Department of Intercollegiate Athletics."):***

i. Athletes on an athletic team, for an intercollegiate sport sanctioned and recognized by Radford University **(see Attachment E);**

ii. Coaches, to include:
(i) Volunteer Coaches; and
(ii) Student Coaches

iii. Athletic Training Students;

iv. Student Managers;

v. Cheerleaders and Dance Team Members Recognized by Radford University;

vi. Ball Boys / Girls and Bat Boys / Girls Recognized by Radford University;

vii. Practice Squad Members

b. The Contractor should provide coverage for all eligible insureds without requiring an initial medical examination or other evidence of insurability.

c. The Contractor should accept additional insureds at any time during the policy year.

d. The number of insureds is subject to change during the year, and from year-to-year. No roster lists other than the listed sports and number of participants (**see ATTACHMENT E**) shall be required from the University in order to obtain coverage under the plan.

4. PLAN IMPLEMENTATION REQUIREMENTS:

At a minimum, the Contractor should provide and/or perform the following services related to enrollment:

a. The Contractor should provide Radford University with a list of participating hospitals and physicians. **Radford University desires that both the primary and secondary insurance providers have or obtain relationships with Radford University Athletic medical service providers as defined in this Section 9 the Statement of Needs, A, Background Information, j.**

b. The Contractor should provide insurance identification cards, for the insureds, to the Contract Administrator for distribution.

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 Radford University. Radford University and its employees, students, patients, or others may suffer irreparable harm by disclosures of confidential or proprietary information and Radford University may seek legal remedies available to it should such disclosure occur. The Contractor's personnel shall not:

i. Access data that is unrelated to their job duties at Radford University;

ii. Disclose to any other person, or allow any other person access to, any information related to Radford University 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.

b. The Contractor should assign an "Account Manager" for the Radford University account. The "Account Manager" should assist Radford University with resolving problems (e.g., claims, renewals, invoices, etc.); and should provide Radford University with management reports and other data as required by the University.

i. The **Account Manager** should be accessible via:
(i) Toll-free **telephone number** and **facsimile number**; and
(ii) E-mail address

ii. The **Contractor** should provide Radford University with the "Account Manager's":
(i) Name;
(ii) Toll-free **telephone number** and **facsimile number**;
(iii) **E-mail address**; and
(iv) **Hours of availability** Eastern Time

iii. In the event there are any changes to the "Account Manager's" contact information, the Contractor should provide Radford University with the updated information by the time the changes are effective.

6. CLAIM ADMINISTRATION REQUIREMENTS:

The Contractor should settle all claims for coverage under this contract; and at minimum:

a. The Contractor should respond to any correspondence related to a claim within **seven to ten (7-10) 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. **(*Note: If treatment is covered under the plan, the Contractor should pay (after the plan deductible is satisfied) in accordance with the schedule of plan benefits.**

i. The Contractor should provide toll-free telephone assistance, Monday through Friday, from 8:30 AM to 4:30 PM Eastern Time. (except during Federal holidays) through which the University or an insured can inquire about a claim.

(i) The Contractor should submit a claim report on a **monthly basis**, to the University Contract Administrator (or his/her designee), that includes, but not limited to, the following information:

(ii) The number of claims paid per component of the plan (e.g., medical, dental, dismemberment, etc.); and

(iii) The dollar amount paid per component of the plan (e.g., medical, dental, dismemberment, etc.).

ii. Contractor should provide Radford University staff with all training and support necessary for the proper processing of claims utilizing the Contractor's forms, electronic system, etc.

iii. The Contractor should provide claims coordinating services to include, but not be limited to:

(i) Collection of Explanation of Benefits (EOB's) for eligible insureds;

(ii) Collection of Health Insurance Claim Forms' (ICFs) and itemized statements from Medical Providers;

(iii) Provide Coordination of Benefits (COB) with eligible insureds of a claimant.

iv. Contractor should provide on-line claims capabilities including the ability to access claim forms, tracking claims, etc.

v. Contractor should provide the ability to report incidents directly from an electronic injury tracking system.

7. PRICE/PREMIUM PAYMENT MINIMUM REQUIREMENTS:

a. 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.

b. The full excess coverage, athletic injury insurance plan premium will be paid to the Contractor by the University.

c. 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.)

8. OPTIONAL PLAN BENFITS:

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Define/describe/explain in detail any other plan benefits and options that you would recommend for the full excess coverage, athletics injury insurance plan. (**Note: Optional Benefits will not be a part of the Evaluation Criteria. Optional benefits shall be incorporated at the sole discretion of Radford University). Describe in detail optional benefits that include the following:**

a. **Voluntary Student Athlete Plan**: Health Benefits for student athletes that have primary insurance plans with high deductibles or no "out of network" benefits. This benefit would be implemented on a per student basis at the discretion of Radford University.

b. **Mandatory Student Athlete Plan**: Health benefit for all student athletes. This benefit would be implemented "across the board" if the University were to implement such a plan.

c. **International Student Athlete Insurance**: The Contractor should provide detailed benefit, deductible and premium information for major medical and primary health insurance policy options for International Student Athletes. The insurance options should include, but not be limited to:

   i. A minimum medical benefit of $100,000;

   ii. A minimum intercollegiate sports benefit of $10,000;

   iii. Various deductible and/or coinsurance options;

   iv. Coverage for up to twelve (12) months at a time with unlimited reapplies;

   v. And must meet the requirements of all Federal and State laws.

d. **Domestic Student Athlete Primary Health Insurance**: The Contractor should provide detailed benefit, deductible and premium information for primary health insurance policy options for Uninsured Domestic Student Athletes. The insurance options should include, but not be limited to:

   i. A minimum medical benefit of $250,000;

   ii. A minimum intercollegiate sports benefit of $25,000;

   iii. Various deductible options;

   iv. Coverage for up to twelve (12) months at a time with unlimited reapplies; and

   v. Freedom to choose any doctor or hospital.

e. **Existing Third-Party Claims**: The Contractor should provide the required administrative assistance necessary to follow up on third party claims dated prior to the inception date of this contract. Please detail your ability to provide such assistance.

10. *SPECIFIC REQUIREMENTS:*

Proposals should be as thorough and detailed as possible so that Radford University may properly evaluate your capabilities to provide the required goods or services. Offerors are required to submit the following information/items as a complete proposal:

AU2103 **Capacity:**

1. Submit an audited financial statement for 2019, or equivalent evidence of financial condition.

B. **Capabilities:** Describe in detail / documentation of your company's capabilities to satisfy the characteristics and administrative requirements of this RFP, to include:

1. Evidence that your company and/or the proposed insurer (i.e. carrier / underwriter) is eligible to do business in the Commonwealth of Virginia.
2. A brief history and description of your company's operations (i.e. size, scope and nature of the company, years of operation, etc.).
3. A statement that describes in detail, in your own words, which demonstrates an in-depth understanding of the:

    a. Purpose;
    b. Requirements; and
    c. Deliverables requested in this RFP

C. **Plans and Methodologies:** Describe in detail, the specific plans for providing the services identified in **Section 9, the "STATEMENT OF NEEDS,**" and in response to this **Section 10, "SPECIFIC REQUIREMENTS"**, to include, but not limited, to the following information:

1. **Full Excess Athletic Injury Coverage Insurance Plan:** A detailed description of the proposed insurance plan, to include recommended alternative insurance plans.

    a. **Minimum Plan Benefits:** For each insurance plan (to include each recommended alternative insurance plan), define / describe / explain in detail, the:

        i. Accidental death coverage
        ii. Accidental dismemberment coverage
        iii. Comprehensive dental plan
        iv. Comprehensive prescription drug plan
        v. Comprehensive vision plan, coverage area(s)
        vi. Coverage for injuries with no specific injury date
        vii. Coverage for injuries resulting from overuse (e.g., shin splints, tennis elbow, etc.) with no specific injury date
        viii. HIV/AIDS related disability coverage
        ix. Disability definition
        x. Duration of benefits
        xi. Elimination of benefits, for both accident and sickness
        xii. Enhanced rehabilitation
        xiii. Expanded medical benefits for sports related conditions
        xiv. Interrupted elimination period
        xv. Medical benefits
        xvi. Pre-existing condition limit
        xvii. Rate guarantee period; and
        xviii. Recurrent disability period
        xix. Benefit period (i.e. to what age), for both injury and sickness
        xx. Coverage area(s)
        xxi. Elimination of benefits waiting period, for both injury and sickness

2. **Preferred Provider Network**: Describe in detail your company's "Preferred Provider Network" (to include hospitals and physicians); and provide / identify:

    a. A list of the hospitals;
    b. A list of the physicians; and
    c. The percentage the insured would be penalized for obtaining care outside of the "Preferred Provider Network".

3. **Enrollment Process:** Describe in detail; your company's enrollment process.

4. **Loss Control:** Describe in detail, your company's enrollment process.

5. **Claim's Processing:** Describe in detail, your company's claims processing procedures, to include:

    a. Your company's claim service capabilities (to include electronic capabilities - e.g. through the company's website.);

    b. The maximum period of time within which claims will be paid for the primary injure and related injuries; from the date of the accident / injury;

    c. How your company will report claims that are paid / denied to claimants and to Radford University; and

    d. The appeal process; identify the person(s) who will have final authority in the acceptance or rejection of a claim.

6. **Reports:** Describe in detail how your company will report other pertinent information to Radford University and to the insured, as applicable.

7. **Materials:** Provide samples of the following and address your company's ability to customize these and other related materials:

    a. Implementation / Administration Materials;
    b. Claims forms (and all other types of forms and endorsements thereto); and
    c. All standard reports.

8. **Insurer (Carrier / Underwriter):** Identify the entity that will underwrite the proposed insurance plan; and identify the address / phone / fax / email information.

9. **Insurance Plan Implementation:** Describe in detail, the specific approach for implementing the proposed insurance plan.

D. **Personnel**:

1. Company Personnel:

    a. Identify the names and titles of all the key personnel (to include the support personnel) with whom Radford University would work on a regular basis.

    b. Identify the responsibilities to be assigned to each key individual; and specifically identify the individual who would be responsible for directing the intercollegiate athletic excess, international and domestic Insurance plan services as identified in Section 9, the **"STATEMENT OF NEEDS"**, and that individuals: days and hours of availability, business address, telephone (toll-free if available) number, fax number and e-mail address and the percentage of their time that this individual would be devoted to Radford University.

c. Describe in detail, each key individual's specific work experience in providing the intercollegiate athletic excess coverage, international coverage and domestic coverage insurance plan services identified in Section 9, the "STATEMENT OF NEEDS".

d. Describe the organizational structure of the personnel with whom Radford University would work on a regular basis, in terms of personnel assigned to functions (e.g., administration, insured customer service, claims processing, etc.); and identify how many personnel are assigned to each function.

2. Third Party Service Providers:

E. **Experience:** Describe In detail, your company's general and specific experience as it relates to the services identified in Section 9, the **"STATEMENT OF NEEDS"**, to include:

1. The underwriter's A.M. Best Company (or other comparable rating organizations) rating of A XII.

2. The number of years that your company has provided full excess, international and domestic athletic injury coverage insurance.

3. Your company's experience with providing full excess, international and domestic intercollegiate athletic accident/personal injury insurance at other public institutions of higher education, comparable to the size and scope of Radford University's requirements.

F. **Quality Control:** Describe in detail your company's quality control and customer satisfaction policies / procedures (submit copies of these policies / procedures).

G. **References:** Provide four (4) references, either educational (preferred) or governmental, for whom you have provided the type of services described herein. Include the date(s) services were furnished, the client name, address, and the name and phone number of the individual Radford University has your permission to contact.

H. **Cost of Service**: Offerors shall identify all costs associated with providing the goods and services identified in **Section 9, the 'STATEMENT OF NEEDS**," and in response to this **Section 10, "SPECIFIC REQUIREMENTS**", in accordance with **Section 19, the "PRICING SCHEDULE**".

1. If the University elects to exercise the option to renew the contract for an additional one (1) year period:

a. The contract premium for the additional one (1) year period, and any subsequent renewal periods, should be based upon utilization, enrollment and medical trends;

b. The premium increase shall be fair and reasonable in all coverage categories (explain in detail how this will be managed, average historical increases, etc.);

c. The retention rate shall be demonstrated to be no greater than the rate for the previous contract period / policy year, for example: For the first (1st) renewal period (e.g. 08/01/2022 - 7/31/2023), the retention rate shall not be greater than the retention rate for the initial contract period / policy year (08-01-2021 - 07/31/2022); **NOTE: "Retention Rate"** shall be defined as the Contractor's expenses, to include, but not be limited to the Contractor's administrative fees, legal fees, overhead, postage and state premium taxes, etc.).

d. Explain the deductible and recommend either a per injury deductible or annual aggregate deductible as the method for this policy.

F Participation of Small, Women-owned and Minority-owned business (SWaM) Business:

If your business cannot be classified as SWaM, describe your plan for utilizing SWaM subcontractors if awarded a contract. Describe your ability to provide reporting on SWaM subcontracting spend when requested. If your firm or any business that you plan to subcontract with can be classified as SWaM, but has not been certified by the Virginia Department of Small Business and Supplier Diversity (SBSD), it is expected that the certification process will be initiated no later than the time of the award. If your firm is

currently certified, you agree to maintain your certification for the life of the contract. For assistance with SWaM certification, visit the SBSD website at http://www.sbsd.virginia.gov .

11. *SELECTION CRITERIA AND AWARD:*

A. **Selection Criteria**:

Proposals will be evaluated by Radford University using the following weighted evaluation criteria.

	Evaluation Criteria	**Percentage of Points**
1	Qualifications and experience of Offeror in providing the goods/services.	25
2	Quality of products/services offered and suitability for the intended purposes.	25
3	Specific plans or methodology to be used to provide the products/services.	20
4	Financial (Cost)	20
5	Participation of Small, Women-Owned and Minority-Owned (SWaM) Businesses.	10%
	TOTAL	100%

B. **Award:**

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 criteria included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the Offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, Radford University shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. Radford University may cancel this Request for Proposal or reject proposals at any time prior to award. Should Radford University determine in writing and in its sole discretion that only one Offeror has made the best proposal 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. See **Attachment B** for sample contract form.

12. *PROPOSAL PREPARATION AND SUBMISSION:*

A. **General Instructions:**

1. **RFP Responses**: In order to be considered for selection, Offerors shall submit a complete response to this RFP to include.

   a. **One (1) original paper copy of the entire proposal, INCLUSIVE OF ALL ATTACHMENTS.** Any proprietary information should be clearly marked in accordance with section 12.A.1.c below.

   b. **One (1) electronic copy** in WORD format or searchable PDF (USB/Flash Drive) of the entire proposal as one document, **INCLUSIVE OF ALL ATTACHMENTS** mailed along with the hard copy above. Any proprietary information should be clearly marked in accordance with 12.A.1.c below.

   c. Should the proposal contain **proprietary information,** provide **one (1) redacted** electronic copy in WORD format or searchable PDF (USB/Flash Drive) of the entire document **INCLUSIVE OF ALL ATTACHMENTS. All identified proprietary information should be blacked out.** This USB/Flash Drive should be marked **"*Redacted Copy*"**

d. Response shall be submitted to**:**

Radford University
Procurement and Contracts Department
Attn: Ronda London
P.O. Box 6885
David E. Armstrong Complex
501 Stockton Street
Radford, VA 24142-6885

Identify the envelope/package as instructed in Attachment A – Terms and Conditions
No other distribution of the proposal shall be made by the Offeror.

B. **Proposal Preparation**:

Sign and Complete: Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in Radford University requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by Radford University. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

1. **Concise & Clear**: Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

2. **Organization**: Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the attachment, paragraph number, sub letter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and sub letter should be repeated at the top of the next page. The proposal should contain a table of contents, which cross-references the RFP requirements. Information which the Offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at an appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find the RFP requirements are specifically addressed.

3. **Word Usage**: As used in this RFP, the terms “must”, “shall”, “should” and “may” identify the criticality of requirements. “must” and “shall” identify requirements whose absence will have a major impact on the suitability of the proposed solution. Items labeled as “should” or “may” are highly desirable, although their absence will not have a large impact and would be useful, but are not necessary. Depending on the overall response to the RFP, some individual “must” and “shall” items may not be fully satisfied, but it is the intent to satisfy most, if not all, “must” and “shall” requirements. The inability of an Offeror to satisfy a “must” or “shall” requirement does not automatically remove that Offeror from consideration; however, it may seriously affect the overall rating of the Offeror's proposal.

4. **Binding**: The original proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.

5. **Ownership:** Ownership of all data, materials and documentation originated and prepared for Radford University pursuant to the RFP shall belong exclusively to Radford University and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia of Freedom of Information Act. However, to prevent disclosure the Offeror must invoke the protections of Section 2.2-4342F of the Code of Virginia, in writing either before or at the time the data or other materials is submitted. The written request must specifically identify the data or other materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must

indicate only the specific words, figures, or paragraphs that constitute trade secret proprietary information. The classification of an entire proposal document, line item prices and/or total proposal prices as proprietary or trade secrets is not acceptable and may result in the rejection of the proposal.

6. **Legal Agreement**: Unless noted in the proposal, a signed and submitted proposal certifies that the firm's principals or legal counsel has reviewed the Request for Proposal General Terms and Conditions and the Special Terms and Conditions and agrees that these provisions will become a part of any final agreement, and that the principals or legal counsel has reviewed and approved the firm's entire proposal prior to submission to the University.

C. **Oral Presentations:**

Offerors who submit a proposal in response to this RFP may be invited to give an oral presentation of their proposal to Radford University. This will provide an opportunity for the Offeror to clarify or elaborate on the proposal but in no way will change the original proposal. The University will schedule the time and location of these presentations. Oral presentations may be conducted at the option of Radford University. Therefore, proposals should be complete.

13. ***INTENTIONALLY LEFT BLANK***

14. ***INVOICES AND PAYMENT:***

Invoices for goods or services provided under any contract resulting from this solicitation should be submitted by email to acctspayable@radford.edu . Invoices shall be identified with the assigned contract number. Invoices shall identify contract pricing for all good/services payment is being requested. If submitting invoices by mail use the following address. **Email is the preferred method of invoice receipt.**

RADFORD UNIVERSITY
ACCOUNTS PAYABLE
POST OFFICE BOX 6906
RADFORD, VA 24142-6906

Payment will be made thirty days after receipt of proper invoice for the amount of payment due, or thirty days after receipt of goods / services, whichever is later, in accordance with the Commonwealth of Virginia Prompt Payment Act.

15. ***ADDENDUM:***

Any **ADDENDUM** issued for this solicitation may be accessed on Virginia Business Opportunities by going to www.eva.virginia.gov . Since a paper copy of the addendum will not be mailed to you, we encourage you to check the web site regularly.

16. ***COMMUNICATIONS:***

Communications regarding this solicitation shall be formal from the date of issue, until either a Contractor has been selected or the Procurement and Contracts Department at Radford University rejects all proposals. Formal communications will be directed to the Contract Officer listed on this solicitation. (Reference General Information – Questions/Inquiries) Informal communications, including but not limited to request for information, comments or speculations regarding this solicitation to any University employee other than a Procurement and Contracts Department representative may result in the offending offeror's proposal being rejected.

17. ***TERMS AND CONDITIONS:***

This solicitation and any resulting contract/purchase order shall be governed by the attached terms and conditions. See **Attachment A.**

18. ***ATTACHMENTS:***

RU21039

Attachment A – Terms and Conditions
Attachment B – Sample of Standard Contract Form
Attachment C – Zone Map for Cooperative Contracts
Attachment D - Radford University Sports Medicine Athletics Insurance Policies and Procedures
Attachment E - Radford University Intercollegiate Athletic Sports Teams Listing
Attachment F - Radford University Loss History Reports
Attachment G - NCAA Catastrophic Injury Insurance Program
Attachment H - Radford University's Current US Fire/AG Administrators Aggregate Deductible Secondary Plan
Attachment I - Radford University's Current Voluntary Student Accident Student Athlete Coverage
Attachment J - Radford University's 2020-2021 International Policy

19. ***PRICING SCHEDULE:***

Offerors shall identify all costs associated with providing the full excess athletic injury insurance, international student athlete major medical and primary health insurance and uninsured domestic student athlete primary health insurance plans coverage as specified in this solicitation document. Please include a detailed summary of benefits for each proposed plan.

THE FOLLOWING PRICING TABLES ARE EXAMPLES ONLY. CONTRACTOR'S OWN TEMPALTES MAY BE UTILIZED. PLEASE NOTE THAT THIS IS THE MINIMUM PRICING INFORMATION THAT THE UNIVERSITY REQUIRES IN YOUR RESPONSE TO THIS SOLICITATION.

FULL EXCESS COVERAGE, ATHLETIC INJURY INSURANCE	**GRAND TOTAL DEDUCTIBLE, ANNUAL PREMIUM AND ADMINISTRATIVE COSTS**			
Annual Aggregate Deductible	**Aggregate Deductible**	**Stop Loss Premium**	**Administrative Fees**	**Total Potential Cost**
(1) Athletics Injury Insurance with $__0___ Deductible:	$	**$**	**$**	**$**
(2) Athletics Injury Insurance with $__5000___ Deductible:	$	**$**	**$**	**$**
Other Annual Deductible and Pricing	$	**$**	**$**	**$**

FULL EXCESS COVERAGE, ATHLETIC INJURY INSURANCE	**ANNUAL PREMIUM**		
Traditional Plan with Per Injury Deductible	Premium	Administrative Fees	Total Potential Cost
(1) $ -0- Deductible:	$	$	$
(2) $ 250.00 Deductible:	$	$	$
(3) $ 500.00 Deductible:	$	$	$
(4) $5000.00 Deductible:	$	$	$

Other Deductible: Describe Method and Deductible Pricing.			
	$	$	$

OPTIONAL BENEFITS	COVERAGE BENEFITS	ANNUAL PREMIUM PER STUDENT ATHLETE
(1) Voluntary Student Athlete Plan	$	$
(2) Mandatory Student Athlete Plan	$	$

INTERNATIONAL STUDENT ATHLETE PRIMARY INSURANCE PLANS: (PLEASE ATTACH A SCHEDULE OF BENEFITS FOR EACH PROPOSED PLAN)			
International Student Athlete Insurance	**Plan 1**	**Plan 2**	**Plan 3**
Underwriter			
Benefit Period			
Medical Maximum Annual	$	$	$
Medical Maximum per Injury/Illness	$	$	$
Deductible/Copay per Injury/Illness	$	$	$
Coinsurance	$	$	$
Intercollegiate Sports Benefit Per Injury	$	$	$
Prescription Medicine Benefit	$	$	$
Emergency Medical Evacuation Benefit	$	$	$

Repatriation of Mortal Remains Benefit	$	$	$
Emergency Reunion Benefit	$	$	$
AD & D Benefit	$	$	$
Dental (Emergency Benefit)	$	$	$
Physical Therapy Benefit	$	$	$
Home Country Coverage-Incidental Trips	$	$	$
Home Country Extension of Benefits	$	$	$
Monthly Premium:	$	$	$
UNINSURED DOMESTIC STUDENT ATHLETE HEALTH INSURANCE	**Plan 1**	**Plan 2**	**Plan 3**
Underwriter			
Benefit Period			
Medical Maximum Annual	$	$	$
Medical Maximum per Injury/Illness	$	$	$
Deductible	$	$	$
Coinsurance	$	$	$
Intercollegiate Sports Benefit	$	$	$
Prescription Medicine Benefit	$	$	$
AD & D Benefit	$	$	$
Dental (Emergency) Benefit	$	$	$
Physical Therapy Benefit	$	$	$
Monthly Premium	$	$	$

ATTACHMENT A

TERMS AND CONDITIONS

GENERAL TERMS AND CONDITIONS:

See:
GENERAL_TERMS_AND_CONDITIONS.pdf

ADDITIONAL TERMS AND CONDITIONS:

1. **ADDITIONAL GOOD AND SERVICES:** The University may acquire other goods or services that the supplier provides other than those specifically solicited. The University reserves the right, subject to mutual agreement, 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.

2. **AUDIT:** The Contractor hereby agrees to 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. Radford University, its authorized agents, and/or state auditors shall have full access and the right to examine any of said materials during said period.

3. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that Radford University shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this contract.

4. **CANCELLATION OF CONTRACT:** Radford University reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the Contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 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.

5. **CONTRACT DOCUMENTS:** The contract entered into by the parties shall consist of the Request for Proposal including all addendums thereof, the proposal submitted by the Contractor, the written results of negotiations, the University Standard Contract Form, all of which shall be referred to collectively as the Contract Documents.

6. **IDENTIFICATION OF PROPOSAL ENVELOPE:** The signed proposal should be returned in a separate envelop or package and identified as follows:

From

Name of Offeror	**Due Date**	**Time Due**
Street or Box Number		**Solicitation Number**
City, State, Zip Code		**Solicitation Title**

Name of Procurement Officer:

The envelope should be addressed to:

RU21039
RADFORD UNIVERSITY
Procurement and Contracts Department
P.O. Box 6885
501 Stockton Street
Radford, Virginia 24142

The offeror takes the risk that if the envelop is not marked as described above, it may be inadvertently opened and the information compromised, which may cause the proposal to be disqualified. Proposals may be hand delivered to the designated location in the office issuing the solicitation. No other correspondence or other proposals should be placed in the envelope.

7. **NOTICES:** Any notices to be given by either party to the other pursuant to any contract resulting from this solicitation shall be in writing, hand delivered, mailed or electronically submitted to the address of the respective party at the following address:

If to the Contractor: Address Shown on the RFP Cover Page
Attention: Name of Person Signing RFP

If to Radford University:

RADFORD UNIVERSITY
Procurement and Contracts Department
Attn: Ronda London
P.O. Box 6885
501 Stockton Street
Radford, Virginia 24142

8. **PUBLIC POSTING:** Radford University maintains a web-based contract database with a public gateway access. Any resulting cooperative contract(s) to this solicitation will be posted to the publicly accessible website. Contents identified and mutually negotiated, as proprietary information will not be made public.

9. **SEVERAL LIABILITY:** Radford University will be severally liable to the extent of its purchase made against any contract resulting from this solicitation. Applicable entities described herein will be severally liable to the extent of their purchases made against any contract resulting from this solicitation.

SPECIAL TERMS AND CONDITIONS:

1. **ACCEPTANCE PERIOD:** Any proposal submitted in responses to this solicitation shall be valid for ninety (90) days. At the end of the 90 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 canceled.

2. **ADVERTISING:** In the event a contract is awarded for supplies, equipment, or services resulting from this solicitation, no indication of such sales or services to Radford University will be used in product literature or advertising. The Contractor shall not state in any of the advertising or product literature that Radford University has purchased or uses its products or services, and the Contractor shall not include Radford University in any client list in advertising and promotion materials without the express written consent of the University.

3. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION**: The Contractor assures that the information and data obtained as to personal facts and circumstances related to students or staff will be collected and held confidential, during and following the contract, and unless disclosure is required pursuant to court order, subpoena or other regulatory authority, will not be divulged without the individual's and the University's written consent and only in accordance with federal law or *Code of Virginia*. Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the University of any breach or suspected breach in the security of such information. Contractors shall allow the University to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.

4. CONTINUITY OF SERVICES:

A. The Contractor recognizes that the services under this contract are vital to the University and must be continued without interruption and that, upon Contract expiration, a successor, either the University or another Contractor, may continue them. The Contractor agrees:

1. To exercise its best efforts and cooperation to affect an orderly and efficient transition to a successor;

2. To make all University owned facilities, equipment and data available to any successor at an appropriate time prior to the expiration of the Contract to facilitate transition to successor, and

3. That the University Contract Officer shall have final authority to resolve disputes related to the transition of the contract from the Contractor to its successor.

B. The Contractor shall, upon written notice from the Contract Officer, furnish phase-in/phase-out services for up to ninety (90) days after this Contract expires and shall negotiate in good faith a plan with the successor to execute the phase-in/phase-out services. This plan shall be subject to the Contract Officer's approval.

C. The Contractor shall be reimbursed for all reasonable, pre-approved phase-in/phase-out costs (i.e., costs incurred within the agreed period after Contract expiration that result from phase-in/phase-out operations) and a fee (profit) not to exceed a pro rate portion of the fee (profit) under this Contract. All phase-in/phase-out work fees must be approved by the Contract Officer in writing prior to commencement of said work.

5. CONTRACTOR/SUBCONTRACTOR LICENSE REQUIREMENT: By my signature on this solicitation, I certify that this firm/individual and subcontractor is properly licensed for providing the goods/services specified:

Contractor Name: _____
Contractor License# _____
Type _____

Subcontract Name:_____
LicenseNo._____
Type: _____

6. 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. The Offeror further certifies that the Contractor and any subcontractors will maintain these during the entire term of the contract and that all insurance coverages will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

INSURANCE COVERAGES AND LIMITS REQUIRED:

☑ Worker's Compensation - Statutory requirements and benefits.
☑ Employers Liability - $100,000.00
☑ Commercial General Liability - $1,000,000.00 per occurrence and $2,000,00 in the aggregate to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. Radford University shall be named as an additional insured to the policy by endorsement.
☐ Automobile Liability - $1,000,000 combined single limit.
☐ Builders Risk – For all renovation and new construction projects under $100,000 Radford University will provide All Risk – Builders Risk Insurance. For all renovation contracts, and new construction from $100,000 up to $500,000 the Contractor will be required to provide All Risk – Builders Risk Insurance in the amount of the Contract and name Radford University as additional insured. All insurance verifications of insurance will be through a valid insurance certificate.

*The Contractor agrees to be responsible for, indemnify, defend and hold harmless Radford University, its officers, agents and employees from the payment of all sums of money by reason of any claim against them arising out of

any and all occurrences resulting in bodily or mental injury or property damage that may happen to occur in connection with and during the performance of the Contract, including but not limited to claims under the Worker's Compensation Act. The Contractor agrees that it will, at all times, after the completion of the work, be responsible for, indemnify, defend and hold harmless Radford University, its officers, agents and employees from all liabilities resulting from bodily or mental injury or property damage directly or indirectly arising out of the performance or nonperformance of the Contract.

7. **LICENSE/REGISTRATION:** The Contractor shall possess and maintain through the period of the contract performance, all licenses required by Federal or Commonwealth of Virginia Laws or Regulations for the performance of any and all work required by this contract. Contractor shall provide written proof of licensing/registration when requested by the University.

8. **ORDER PLACEMENT:** The University does not place verbal orders for Goods and Services. The University may only place orders for Goods and Services by issuing a formal written Purchase Order in advance delivery of Goods and Services. For this Contract, the University will issue an order at the beginning of each term for the entire projected annual amount for the excess insurance. The University will issue a separate order for international insurance and domestic plans. If the Contractor provides Goods and Services prior to receipt of a formal written Purchase Order or incurs costs in excess of authorized purchase order fee amounts, it does so at its own risk.

9. **RENEWAL OF CONTRACT:** This contract may be renewed by the University for nine (9) successive one (1) year periods under the terms and conditions of the original contract or as negotiated. Premium increases may be negotiated only at the time of renewal. Written notice of the Commonwealth's intention to renew shall be given approximately ninety (90) days prior to the expiration date of each contract period.

Attachment B

SAMPLE CONTRACT FORM
Standard Contract form for reference only
Offerors do not need to fill in this form.

RADFORD UNIVERSITY

STANDARD CONTRACT
Contract Number: Rxxxxx

This contract entered into this __ day of _____, 20__, by _____, located at (insert complete physical address), hereinafter called the "Contractor" and Commonwealth of Virginia, **Radford University**, called the "Purchasing Agency or Radford University", located at 801 East Main Street, Radford, VA. 24142."

1. **WITNESSETH** that the Contractor and Radford University, in consideration of the mutual covenants, promises and agreements contained, agree as follows:

2. **SCOPE OF CONTRACT:** Contractor shall provide the _____ to Radford University as set forth in the Contract Documents.

3. **TERM OF CONTRACT:** From _____ through _____ with _____ **(number of years) year renewal options or as negotiated, to include all contractual provisions contained herein.**

4. **THE CONTRACT DOCUMENTS SHALL CONSIST OF:**

   This signed Radford University Standard Contract. Document;

   Radford University's Request for Proposal (RFP) Rxx-xxx dated _____, Addendum xxx dated _____ (list all addendums in this format).

   Contractor's Proposal signed and dated _____

   Negotiation Summation: **(List each document by title and execution date)**

5. **COMPENSATION AND METHOD OF PAYMENT:** The Contractor shall be paid by Radford University in accordance with the contract documents. **(*Note: If advantageous you can list compensation here.)**

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

CONTRACTOR:

Print Name: _____

Title: _____

Signature: _____

Date: _____

RADFORD UNIVERSITY

Print Name: _____

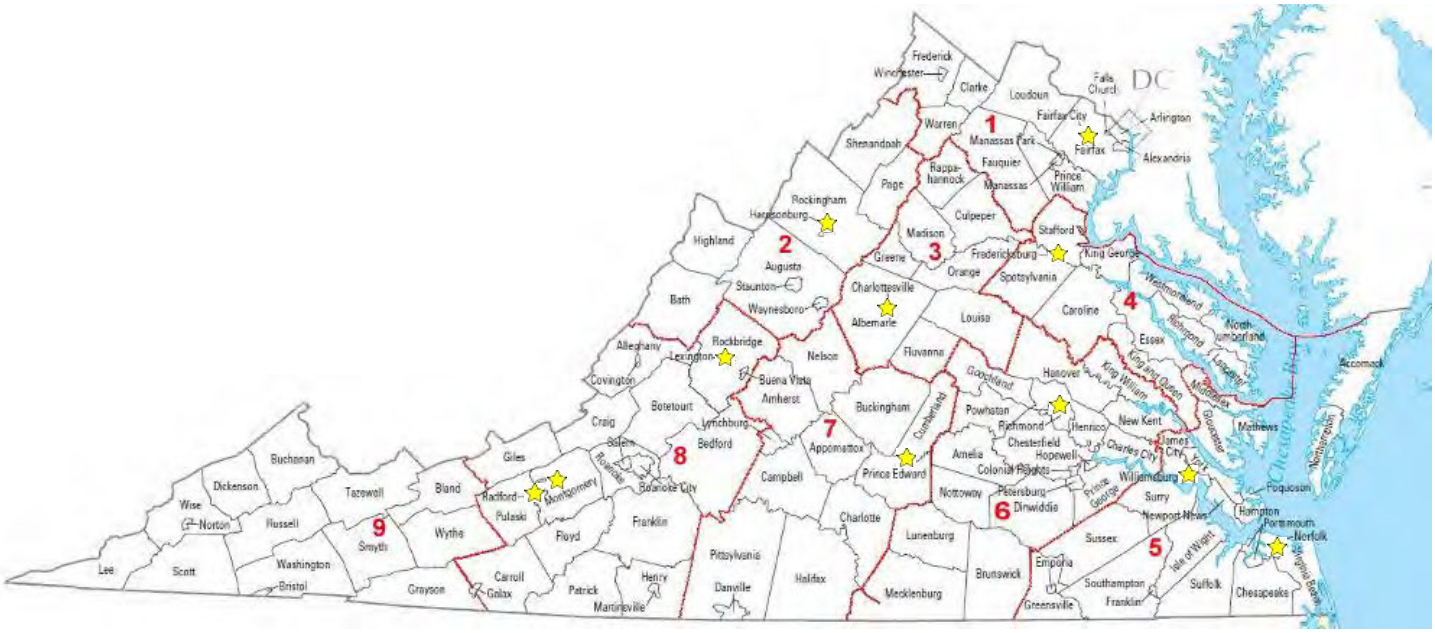
Title: _____

Signature: _____

Date: _____

Attachment C

Zone Map



Virginia Association of State College & University Purchasing Professionals (VASCUPP)

List of member institutions by zones

Zone 1 George Mason University	**Zone 2** James Madison University (Harrisonburg)	**Zone 3** University of Virginia
Zone 4 University of Mary Washington (Fredericksburg)	**Zone 5** College of William and Mary (Williamsburg) Old Dominion University (Norfolk)	**Zone 6** Virginia Commonwealth University (Richmond)
Zone 7 Longwood University (Farmville)	**Zone 8** Virginia Military Institute (Lexington) Virginia Tech (Blacksburg) Radford University (Radford)	**Zone 9**

The zone map is provided for the offeror to determine appropriate pricing structures based on approved zones for cooperative institutions. If no other prices are offered, pricing provided will apply to all zones in the Commonwealth of Virginia. If you wish to provide pricing for a zone other than which this solicitation originated, please indicate you are doing so in the response. If you anticipate pricing differentials for different zones, a separate pricing sheet must be submitted for each zone that includes appropriate pricing for that zone.

RADFORD UNIVERSITY SPORTS MEDICINE
ATHLETICS INSURANCE POLICIES & PROCEDURES

Revised on 04-15-2020

The purpose of this document is to inform you of the policies and procedures associated with Radford University's athletic insurance policies and procedures for all participants in athletics at Radford University.

Please take the time to fill out the enclosed forms so that we can maintain accurate insurance information on your son or daughter. **We ask that the forms be returned with all other Sports Medicine forms.** Along with the forms, also send a copy (front and back) of the insurance card for the policy that covers the student-athlete (SA). If you have a dental plan, please include a photocopy of both sides of that card as well. **The *Primary Insurance Information and Authorization* form (2 pages) and an insurance card, or a photocopy of both sides, must be on file before a student can participate. This form should be updated yearly and at any time changes occur in your primary insurance plan (within 14 days). If there is a lapse in the SA's personal health insurance policy and an injury occurs, the SA (or their parents/guardians) will be responsible for all costs related to the injury.**

It is the strict policy of Radford University that all SA's provide evidence of valid and current major medical health insurance plan or accident plan **with a minimal benefit of $10,000 per incident** that includes coverage for athletically related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current and acceptable insurance coverage is on file with the Radford University Department of Athletics. Please note that some insurance policies do not cover an injury that is sustained while participating in collegiate athletics and/or have limited or no out-of-state or out-of-network coverage. The **Radford University Excess Policy will cover DEDUCTIBLE amounts up to $3500. The excess policy WILL NOT cover DEDUCTIBLE amounts in excess of $3500**. Deductible amounts over $3500 will be the responsibility of the policy holder. In addition, the excess policy will only cover the $3500 deductible amount once per injury. It is your responsibility to check with your insurance company about these issues and indicate your coverage limitations on the insurance form. Also, the excess policy will only cover charges for physical therapy up to $2500. Once the total amount of copays for physical therapy have reached $2500, copays for physical therapy will be the responsibility of the policy holder. When a student-athlete is asked to complete or continue physical therapy at home during a break period, then the student-athlete/parents/guardians will be responsible for paying for these services and will be able to submit the receipts, along with EOB's from the insurance company, for reimbursement from our excess policy up to the max amount of $2500.

If you are not currently covered by a sufficient primary insurance policy, please visit www.healthcare.gov and select an individual plan to cover your son/daughter. We highly recommend Anthem Blue Cross Blue Shield or United Health Care Individual Plans due to their high acceptance in our area. There is also a policy that will cover international student-athletes and includes coverage of athletic injuries. For help with obtaining a primary health insurance policy, please contact Chad Hyatt at 540-831-5877. ***If your student-athlete is eligible for Medicaid, please make sure that they are enrolled and active when they arrive on campus. To assist with this process, please go to www.medicaid.gov.***

PROCEDURES FOLLOWING AN ATHLETICALLY RELATED INJURY OR ILLNESS

When an athletic injury occurs, the SA must report the injury to the Radford Sports Medicine Staff within 48 hours. The staff will then devise a treatment plan and determine if a medical referral is warranted. When a SA is sent to an outside provider, the sports medicine staff will file an athletic injury claim form with our insurance carrier. The sports medicine staff will also present the medical care provider (clinic, hospital, etc.) with the information you have returned to us at the time of service. The provider, in turn, will file a claim with your primary insurance. Your primary insurance will consider the charges for payment. If there is a balance on your account after your insurance claim has been processed, you must send all Explanation of Benefits (EOB's) and bills to John Shifflett (see address below) within 30 days. The remaining balance will then be filed to the University's excess insurance policy for payment. Please be advised that our excess insurance company may contact you requesting additional information regarding any open claims your SA may have. Please comply with any requests that they make. Also, please read the *Radford University Excess Insurance Policy* that follows. In addition, please realize that you MUST submit any EOB's and bills in a timely manner (within 30 days of receipt) in order to be eligible for payment under the University's excess policy. All excess payments are subject to the terms and conditions set forth by the insurer and are not a guarantee of payment.

RADFORD UNIVERSITY EXCESS INSURANCE POLICY FOR ATHLETIC INJURIES

The Radford University Athletics Department has a program that will assist parents and guardians if a SA is injured while participating in intercollegiate athletics by providing **EXCESS** medical coverage. **THIS POLICY IS SECONDARY TO, OR IN EXCESS OF PERSONAL FAMILY MEDICAL INSURANCE COVERAGE**. This will assist in the payment for injuries that occur during organized and supervised practices, strength and conditioning sessions, competition and travel to and from practice sessions or games. **Radford University's excess insurance policy becomes effective only after all other insurance benefits have been utilized. The policy will cover all copays and coinsurance related to an athletic injury and will cover up to $3500 in deductible. The policy WILL NOT cover deductible amounts in excess of $3500. For instance, if your deductible is $5000, then the Athletic policy will cover the first $3500 and you will be responsible for the remaining $1500. It is our recommendation that you have a policy for your son or daughter with a deductible less than $5000.**

Please review the following policies governing this coverage:

1. Radford University's excess insurance policy will go into effect only after receiving proof that the expenses have been filed on the SA's primary insurance and that those benefits have already been paid or denied payment. Once your insurance has paid on or denied a claim, they will send you an EOB form stating what and how much was covered. This EOB and any concurrent bills and itemized statements must then be forwarded to John Shifflett at:

   Radford University Sports Medicine
   PO Box 6913
   Radford, VA 24142
   (540) 831-6114 *fax*
   Jshifflett2@radford.edu

   All EOB's and bills must be forwarded to us within 30 DAYS of receipt in order to further process the claim. Documents received outside of this time frame will not be eligible for payment under Radford University's excess insurance policy. It is imperative that you submit all documents in a timely manner. If we do not have all necessary documents, the claim will go unpaid and this may affect your son or daughter's credit history.

2. Radford University and its excess insurance policy will not be responsible for any pre-existing condition, regardless if it has been previously treated or not. It is the responsibility of the SA to disclose any condition or injury that they have incurred and/or are receiving treatment for to the Radford Sports Medicine Staff.

3. Radford University's excess insurance policy will only consider those bills incurred for an injury sustained while representing the Radford University Athletics Program.

4. The Radford Athletic Department assumes NO financial responsibility for:
   - Injuries sustained while playing intramurals, inside a dormitory room and campus events, or injuries sustained while not enrolled in the academic semester
   - Any medical expenses for which the SA was not referred by a member of the RU Sports Medicine Staff
   - Required or elective surgery where an injury or illness is not the direct cause of athletic participation
   - Injuries occurring after the SA has exhausted their eligibility
   - Injuries occurring after graduation or early departure from the University
   - In the event a SA or policy holder does not notify or indicate changes with their personal medical insurance within **14 days.**

5. Radford University's excess insurance policy will only be responsible for bills incurred for one year from the date of injury as long as the procedures in policy 1 are followed.

6. ***NOTICE:*** Radford University does not accept TRICARE PRIME as your primary medical insurance.

   If you currently have TRICARE PRIME as your primary medical insurance, we REQUIRE that you switch your son/daughter to TRICARE STANDARD due to past difficulties with securing referrals for those Student-Athletes with TRICARE PRIME. There are no TRICARE PRIME providers in our area. By switching from TRICARE PRIME to TRICARE STANDARD, there is no military referral necessary to see a local physician or specialist. For instance, if your son/daughter is referred to a urologist or dermatologist and can't come home to be seen on a military base, they can be seen locally without a referral from your primary military doctor if they have TRICARE STANDARD. We realize that by switching to TRICARE STANDARD, there may be more out of pocket cost for you. With this extra cost, you will know that your son/daughter will be covered in the area and a portion of your bill may be paid rather than nothing at all with TRICARE PRIME. ***Failure to switch to TRICARE STANDARD may result in denial of coverage through our EXCESS insurer and you will be responsible for any medical costs incurred.***

   If you currently have **MEDICAID** or **Kaiser Permanente** as your son or daughters primary medical coverage, please contact Chad Hyatt at 540-831-5877 to discuss any special requirements for his/her policy. These insurances may require that a student come home for medical care other than emergency.

7. If you currently have HMO coverage, you will be REQUIRED to contact your insurance company directly and obtain benefits in the Radford/Blacksburg area or switch your Primary Care Physician to one of our Team Physicians. This will help us to eliminate delays in referrals to providers and help to reduce the overall cost of healthcare for the SA.

OBTAINING GUEST PRIVILEGES OR CHANGING PRIMARY CARE PHYSICIAN (PCP)

If your current provider does not have coverage in the Radford/Blacksburg area (typical for an out of area HMO), please contact your insurance carrier to see if you can register your son/daughter for "guest privileges" in our area. You may also have the option to change his/her Primary Care Physician (PCP). If you need to change your PCP, this must be done with your provider prior to your son's/daughter's arrival at Radford University and we will need the provider's name and contact information for our files. *We suggest, Dr. Delmas Bolin at Performance Sports Medicine in Roanoke, VA., as he also serves as our Head Team Physician and Medical Director. His address can be found below. If Dr. Bolin is not on your provider network, we suggest Dr. Thomas Knisley at the Student Health Center whose information can also be found below (Dr. Kincaid is in network with Anthem Healthkeepers).*

The following is a list of providers whom we generally refer our SA's to for Radford University Athletics. Please check with your insurance company to insure that these offices are indeed on your list of providers. You may be able to add them or access "guest privileges" to them through your current insurance policy.

Carilion New River Valley Medical Center
2900 Lamb Circle
Christiansburg, VA 24073 (540) 731-2000

Dr. Delmas Bolin (Head Team Physician)
1215 Corporate Circle SW Suite 201
Roanoke, VA 24018 (540) 772-1890

Dr. Thomas Knisley (Student Health Medical Dir.)
Radford University Student Health Center
Moffett Hall
(540) 831-5111

If your insurance company will not grant coverage in our area or allow you to change your son's/daughter's PCP, it is imperative that we have their Primary Care Physician (PCP) information on file so that we can contact the PCP to obtain the proper referrals. Please provide this information on the insurance form. If your son/daughter requires a REFERRAL from a PCP in order for your insurance to pay, prior to being seen elsewhere, please make sure that your son/daughter understands this process. They will also need to make their RU Staff Athletic Trainer aware that a referral is needed prior to scheduling an appointment and include the necessary information on the *Primary Insurance Information and Authorization* form. Please note that if you are unable to obtain the proper referrals from your son's/daughter's PCP, this will delay the scheduling of non-emergency diagnostic testing and medical procedures and your son/daughter may be required to return home or travel to the nearest provider required by your insurance company to obtain advanced diagnostic imaging or treatment (MRI's, CT Scans, etc.) If your current insurance will not allow for any out of network coverage, then you should consider a primary medical plan that will cover your son or daughter in Radford, VA.

If you have any questions or concerns regarding athletic insurance coverage or if you need to purchase a primary insurance plan, please email Chad Hyatt at mhyatt2@radford.edu or call him at 540-831-5877.

RADFORD UNIVERSITY EXCESS INSURANCE POLICY COVERAGE LIMITATIONS

Pre-existing and Non-Athletic Injuries

It is our duty and privilege to take care of any and all injuries and illnesses that affect our student athletes. However, Radford University and its excess insurance carrier will not be financially responsible for any injuries or illnesses that occur before the beginning of the student athlete's career at Radford. Any medical testing, procedures, etc., that are required for an incoming student athlete to be cleared for participation will be the responsibility of the student athlete, guardian and their medical insurance. Also, Radford University will not be financially responsible for any non-athletic related injuries or illnesses. Only injuries that occur during supervised collegiate activity (i.e. practice, game or conditioning) will be eligible for coverage under Radford University's excess insurance plan.

Payment for Medications

We will make every effort to keep the costs to the student athlete as low as possible. Usually, when the student athlete requires a prescription medication, the Team Physician will prescribe a generic medication that the student athlete can pick up from a local pharmacy. **The student athlete, not the Athletics Department, will be responsible for the cost of the medication.**

Maximum Allowed Payments and/or Reimbursements (per injury)

Physical Therapy- payments will not total more than $2500 per injury. When a student-athlete is required to complete or continue physical therapy at home during a break period, then the student-athlete/parents/guardians will be responsible for paying for these services and will be able to submit the receipts, along with EOB's from the insurance company, for reimbursement from our excess policy up to the max amount of $2500.

Deductibles- our policy will only cover deductible amounts up to **$3500**. Any deductible amount over $3500 will be the responsibility of the patient and parents/guardians.

Our Best and Go Highlanders!

M. Chad Hyatt, MEd, ATC

Chad Hyatt, Assistant Athletic Director for Sports Medicine
Radford University
540-831-5877
mhyatt2@radford.edu

ATTACHMENT E

Radford University Intercollegiate Athletic Sports Teams Listing

October 2020

SPORT	NUMBER OF PARTICIPANTS		
	Men	Women	Total
BASEBALL	35	0	35
BASKETBALL	16	16	32
CHEERLEADERS	2	20	22
LACROSSE	0	30	30
GOLF	8	8	16
SOCCER	35	35	70
SOFTBALL	0	20	20
STUDENT MANAGERS	8	4	12
TENNIS	8	8	16
TRACK & FIELD	0	30	30
VOLLEYBALL	0	24	24
DANCE	0	18	18
STUDENT ATHLETIC TRAINERS	5	5	10
TOTALS:	136	233	335

ATTACHMENT F

RADFORD UNIVERSITY
CLAIMS
SELF-FUNDING

DATE FUNDS RECEIVED	AMOUNT APPLIED TO SELF-FUND	BALANCE IN SELF-FUNDED ACCOUNT	DATE OF REPORT	2016-2017 CLAIMS PAID AGGREGATE: 160,000.00	2016-2017 CLAIMS PAID OUTSIDE RE-INSURANCE	2017-2018 CLAIMS PAID AGGREGATE: 145,000.00	2017-2018 CLAIMS PAID OUTSIDE RE-INSURANCE	2018-2019 CLAIMS PAID AGGREGATE: 160,000.00	2018-2019 CLAIMS PAID OUTSIDE RE-INSURANCE	2019-2020 CLAIMS PAID AGGREGATE: 160,000.00	2019-2020 CLAIMS PAID OUTSIDE RE-INSURANCE	2020-2021 CLAIMS PAID AGGREGATE: 160,000.00	2020-2021 CLAIMS PAID OUTSIDE RE-INSURANCE
		104,202.95	9/30/17	5,084.68	-	115.00	22.00						
		93,784.85	10/31/17	6,829.57	708.08	470.44	2,083.91						
		90,432.45	11/30/17	1,682.08	90.00	1,416.32	164.00						
		86,925.44	12/31/17	845.46	-	1,261.11	1,369.41						
		76,037.43	1/31/18	1,315.82	-	8,068.09	1,504.10						
		68,167.89	2/28/18	3,439.42	-	2,840.12	1,590.00						
		63,185.27	3/31/18	3,342.52	-	1,514.10	126.00						
		54,628.62	4/30/18	2,150.88	-	5,782.20	623.57						
		39,324.73	5/31/18	2,132.60	319.00	10,472.60	2,379.69						
		10,508.60	6/30/18	4,886.64	-	22,285.19	1,644.30						
		314.79	7/31/18	4,470.20	-	14,090.12	(8,366.51)						
8/6/2018	124,000.00	106,867.78	8/31/18	4,872.65	-	12,527.36	47.00	-	-				
		98,896.61	9/30/18	1,386.99	-	6,716.80	(132.62)	-	-				
		81,911.10	10/31/18	10,757.56	-	5,931.31	138.50	158.14	-				
		76,839.00	11/30/18	-	-	3,837.39	14.00	1,220.71	-				
		75,597.01	12/31/18	-	-	587.90	-	504.09	150.00				
		74,176.76	1/31/19	(20.00)	-	1,201.96	-	2,808.35	-				
		75,052.63	2/28/19	-	-	(315.87)	-	(560.00)	-				
		70,497.19	3/31/19	-	-	1,612.11	-	2,920.33	23.00				
		55,503.51	4/30/19	-	-	7,900.08	1,552.60	4,389.80	1,151.20				
		51,009.19	5/31/19	-	-	560.95	-	3,933.37	-				
		45,348.85	6/30/19	-	-	2,945.00	-	2,715.34	-				
7/24/19	124,000.00	161,103.07	7/31/19	-	-	3,350.64	-	4,392.84	502.30				
		155,414.64	8/31/19	-	-	1,036.04	-	3,756.84	895.55	-	-		
		138,181.93	9/30/19	-	-	14,297.40	-	1,131.90	286.00	1,285.41	232.00		
		136,174.97	10/31/19	-	-	126.32	-	994.97	640.00	-	245.67		
		129,674.49	11/30/19	-	-	77.63	-	3,870.21	228.16	1,927.58	396.90		
		119,671.59	12/31/19	-	-	-	279.00	6,440.20	247.51	2,955.19	81.00		
		107,227.29	1/31/20	-	-	5,877.11	-	3,408.49		2,941.86	216.84		
		105,521.89	2/29/20	-	-	(46.98)	-	1,457.53	(143.57)	438.42	-		
		98,046.96	3/31/20	-	-	4,034.88	-	1,481.00	43.09	1,422.78	493.18		
		94,012.42	4/30/20	-	-	30.00	-	475.70	373.92	603.80	2,551.12		
		90,224.76	5/31/20	-	-	-	-	85.00	-	3,717.63	(14.97)		
		82,522.36	6/30/20	-	-	131.81	-	734.23	27.01	6,519.35	290.00		
		80,443.35	7/31/20	-	-	-	-	(108.93)	-	1,648.17	539.77		
		80,204.65	8/31/20	-	-	(1,008.72)	-	-	-	1,667.42	(420.00)	-	-
	$ 1,079,000.00			144,980.00	3,517.06	139,726.41	5,160.95	46,210.11	4,424.17	25,127.61	4,611.51	0.00	0.00

TOTAL FUNDS RECEIVED	$ 1,079,000.00
TOTAL CLAIMS PAID	$ 998,795.35
BALANCE IN S/F ACCOUNT	$ 80,204.65
TOTAL CLAIMS PAID TO DATE 2010	$ 95,000.00
TOTAL CLAIMS PAID TO DATE 2011	$ 99,992.91
TOTAL CLAIMS PAID TO DATE 2012	$ 82,942.89
TOTAL CLAIMS PAID TO DATE 2013	$ 114,894.99
TOTAL CLAIMS PAID TO DATE 2014	$ 96,923.17
TOTAL CLAIMS PAID TO DATE 2015	$ 118,418.95
TOTAL CLAIMS PAID TO DATE 2016	$ 144,980.00
TOTAL CLAIMS PAID TO DATE 2017	$ 139,726.41
TOTAL CLAIMS PAID TO DATE 2018	$ 46,210.11
TOTAL CLAIMS PAID TO DATE 2019	$ 25,127.61
TOTAL CLAIMS PAID TO DATE 2020	$ -
TOTAL CLAIMS PAID OUTSIDE S/F 2010	$ 1,637.70
TOTAL CLAIMS PAID OUTSIDE S/F 2012	$ 205.88
TOTAL CLAIMS PAID OUTSIDE S/F 2013	$ 3,745.32
TOTAL CLAIMS PAID OUTSIDE S/F 2014	$ 3,790.24
TOTAL CLAIMS PAID OUTSIDE S/F 2015	$ 7,485.48
TOTAL CLAIMS PAID OUTSIDE S/F 2016	$ 3,517.06
TOTAL CLAIMS PAID OUTSIDE S/F 2017	$ 5,160.95
TOTAL CLAIMS PAID OUTSIDE S/F 2018	$ 4,424.17
TOTAL CLAIMS PAID OUTSIDE S/F 2019	$ 4,611.51
TOTAL CLAIMS PAID OUTSIDE S/F 2020	$ -
TO BE PAID BEFORE STOP-LOSS 2010	$ -
TO BE PAID BEFORE STOP-LOSS 2011	$ 7.09
TO BE PAID BEFORE STOP-LOSS 2012	$ 67,057.11
TO BE PAID BEFORE STOP-LOSS 2013	$ 60,105.01
TO BE PAID BEFORE STOP-LOSS 2014	$ 78,076.83
TO BE PAID BEFORE STOP-LOSS 2015	$ 41,581.05
TO BE PAID BEFORE STOP-LOSS 2016	$ 15,020.00
TO BE PAID BEFORE STOP-LOSS 2017	$ 5,273.59
TO BE PAID BEFORE STOP-LOSS 2018	$ 113,789.89
TO BE PAID BEFORE STOP-LOSS 2019	$ 134,872.39
TO BE PAID BEFORE STOP-LOSS 2020	$ 160,000.00

RU21039

NCAA
CATASTROPHIC INJURY INSURANCE PROGRAM
BENEFIT SUMMARY
FOR THE PERIOD 8/1/19 THROUGH 7/31/21

This document is a summary of the NCAA Catastrophic Injury Insurance Program. The insurance policy on file with the NCAA contains all the provisions, exclusions and limitations and qualifications of the insurance benefits. If any discrepancy exists between this piece and the Policy, the Policy will govern and control the payment of benefits.

The Catastrophic Injury Insurance Program provided by the NCAA covers student-athletes, student coaches, student managers, student trainers and student cheerleaders who are catastrophically injured while participating in a Covered Event. The policy provides benefits in excess of any other valid and collectible insurance. Following is a benefit schedule:

The Maximum Benefit Amount per Insured Person per Covered Accident, for all benefits combined (except Accidental Death), is $20,000,000.

MEDICAL, DENTAL, REHABILITATION AND CUSTODIAL CARE EXPENSE BENEFITS

1. For those Insured Persons who incur a Covered Loss in excess of the Covered Accident Deductible, the Policy provides Medical, Dental, Rehabilitation and Custodial Care Expense Benefits.

Maximum Benefit Period:	Lifetime
Benefit Percentage after satisfaction of the Covered Accident Deductible	100%
Covered Accident Deductible	$90,000
The following sublimits apply:	
- Custodial Care Maximum Benefit per Calendar Year (subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year)	$100,000*
- Home Health Care Maximum Benefit per Calendar Year (subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year)	$100,000*
- Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	$100,000*
- Private Duty Nursing Maximum Benefit per Calendar Year (subject to the Combined Private Duty Nursing, Combined Home Health Care & Custodial Care Maximum Benefit per Calendar Year)	$250,000
- Combined Private Duty Nursing, Custodial Care and Home Health Care Maximum Benefit per Calendar Year	$250,000

**For injuries incurred during the 2018-2019 policy term: Beginning January 1, 2019 and effective January 1 of each year thereafter this maximum benefit will increase annually. The amount of the increase will be equal to the lesser of: 2%; or the percentage of increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers, based on the year-over-year change reported as of the immediately preceding November.*

**For injuries incurred during the 2019-2020 policy term: Beginning January 1, 2020 and effective January 1 of each year thereafter this maximum benefit will increase annually. The amount of the increase will be equal to the lesser of: 2%; or the percentage of increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers, based on the year-over-year change reported as of the immediately preceding November.*

**For injuries incurred during the 2020-2021 policy term: Beginning January 1, 2021 and effective January 1 of each year thereafter this maximum benefit will increase annually. The amount of the increase will be equal to the lesser of: 2%; or the percentage of increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers, based on the year-over-year change reported as of the immediately preceding November.*

2. Payment for covered Medical Expense resulting from a Covered Accident for care and treatment of mental or nervous disorders by a Doctor shall not exceed $90.00 for each visit, not more than one visit on any one day, not more than fifty (50) visits in each calendar year.

Covered Medical Expense for Hospital inpatient care or treatment of a mental or nervous disorder whether in a general Hospital or a psychiatric Hospital, will be limited to the first forty-five (45) days of such treatment during each calendar year. For Partial Hospitalization for care or treatment of a mental or nervous disorder, each two (2) days of Partial Hospitalization will be treated as one (1) day of inpatient hospitalization for purposes of accumulating the forty-five (45) days of inpatient treatment maximum per calendar year. These limitations for mental or nervous disorders will not apply when the primary condition requiring such care and treatment is due to a brain injury Incurred as the result of a Covered Accident.

3. Payment for outpatient physical therapy due to a Covered Accident shall not exceed $75,000 in each calendar year. Outpatient physical therapy must qualify as a Rehabilitation Expense. Outpatient physical therapy includes, but is not limited to: (a) heat treatment; (b) diathermy; (c) microtherm; (d) ultrasonic; (e) adjustment; (f) manipulation; (g) massage therapy; and (h) acupuncture.

   If surgical treatment is rendered while the patient is under general anesthesia, this limitation shall not apply to covered Medical Expense for treatment of subluxation or dislocation of the spine or treatment for the general purpose of correction of nerve interference and its effects, by manual or mechanical means when interference results from or is related to distortion or misalignment of or in the vertebral column.

4. Payment for all prosthetic devices/limbs, including adjustments, replacements, refittings and supplies, in combination, shall not exceed $100,000 during the first two (2) years after the Covered Accident. Payment shall not exceed $100,000 ($200,000 if the Covered Accident results in an amputation of the leg above the knee) during each consecutive ten (10) year period immediately thereafter, not to exceed a $500,000 Lifetime maximum ($750,000 Lifetime maximum if the Covered Accident results in an amputation of the leg above the knee).

5. Payment for covered Medical Expenses incurred within 24 months following the Date of Recovery of a Covered Accident shall not exceed $25,000.

DISABILITY BENEFITS

For those Insured Persons who incur a Covered Loss in excess of the Covered Accident Deductible, and who are Partially or Totally Disabled as defined in the Policy, the following benefits are provided:

1. **Total Disability Benefit** – $400 each month, not to exceed twelve (12) months, and $2,700 each month thereafter during which the Insured Person remains Totally Disabled. The $2,700 monthly Total Disability benefit amount will be increased by 3% after the $2,700 benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Totally Disabled.

   Total Disability Benefit Offset Provision
   The monthly benefit for Total Disability will be reduced by one-half (1/2) of the after-tax monthly compensation earned by the Insured Person in excess of $1,000 per month beginning on the first anniversary after the date of the Covered Accident. That $1,000 will be increased by 2.5% each subsequent twelve (12) consecutive month period thereafter.

2. **Partial Disability Benefit** (for an Insured Person that has not previously received Total Disability benefits under this policy) $270 each month, not to exceed twelve (12) months, and $1,800 each month thereafter during which the Insured Person remains Partially Disabled. The $1,800 monthly Partial Disability benefit amount will be increased by 3% after that benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Partially Disabled.

   Partial Disability Change in Status Benefit (for an Insured Person who previously received Total Disability benefits under this policy) - Maximum initial monthly benefit for continuous Partial Disability is 2/3 of the Total Disability Benefit that was paid for the month immediately preceding the change in status to Partial Disability. The monthly Partial Disability benefit amount will be increased by 3% after that benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Partially Disabled.

   Partial Disability Benefit Offset Provision
   The monthly benefit for Partial Disability will be reduced by one-half (1/2) of the after-tax monthly compensation earned by the Insured Person in excess of $1,400 per month beginning on the first anniversary after the date of the Covered Accident. That $1,400 will be increased by 2.5% each subsequent twelve (12) consecutive month period thereafter.

Adjustment Expense Benefit Maximum **$50,000 Lifetime**

a. Payment for expense of training of Immediate Family members to perform rehabilitative or custodial functions for the Insured Person shall not exceed $5,000, and such training must be rendered during the twenty-four (24) consecutive month period immediately following the date of the Covered Accident which necessitates such training.

b. Payment will be made for travel of Immediate Family members which occurs within the period of twenty-four (24) consecutive months immediately following the date of the Covered Accident to the Insured Person which necessitates such family travel and shall not exceed $6,000 for each Immediate Family member who actually travels to the Hospital or Rehabilitation Facility.

c. Loss of earnings by the Insured Person's spouse, or parent/legal guardian if the Insured Person is not married, will be limited to 75% of gross lost earnings of the spouse or one parent/guardian only due to the injury to the Insured Person, not to exceed $500 per week for a maximum of twenty-six (26) weeks during the twenty-four (24) consecutive months immediately following the date of the Covered Accident. Gross earnings will be determined based on the average monthly gross earnings for the twelve (12)-month period immediately preceding the date of the Covered Accident.

Special Expense Benefit - Provided the Covered Accident Deductible is satisfied this benefit provides payment for Reasonable and Customary expenses incurred for special items approved by the Totally or Partially Disabled Insured Person's Doctor to accommodate his or her physical disability, such as home or automobile modifications. Benefits are limited to:

- $175,000 during the first 10 years following the date of the Covered Accident;
- $ 70,000 for years 10-20 after the date of the Covered Accident;
- $ 85,000 for years 20-30 after the date of the Covered Accident;
- $105,000 for years 30-40 after the date of the Covered Accident and
- $125,000 for each 10 year period thereafter following the date of the Covered Accident.

Ancillary Injury Benefit - Covers medical and dental expenses for an accidental bodily injury resulting from a separate accident unrelated to a Covered Accident of a Totally or Partially Disabled Insured Person during the period the Insured Person is receiving Total or Partial Disability benefits under the Policy. This Benefit is limited to a $100,000 lifetime aggregate and is subject to a $2,000 Calendar Year Deductible.

College Education Benefit – The Policy provides payment for the full standard cost of attendance for a Totally or Partially Disabled Insured Person to complete his or her undergraduate and/or graduate degree. The Insured Person must recommence studies within five (5) years and complete the degree requirements within twenty (20) years thereafter. The maximum lifetime college education benefit is $120,000.

Vocational Rehabilitation Benefit - The Vocational Rehabilitation Benefit provides payment for Reasonable and Customary expenses Incurred for services rendered through a vocational rehabilitation program or for vocational rehabilitation counseling services intended to enable the Totally or Partially Disabled Insured Person to develop skills necessary for gainful employment, and to participate in a job search and find gainful employment. The maximum lifetime Vocational Rehabilitation Benefit is $60,000.

Assimilation Benefit - The Policy provides for payment up to a lifetime maximum of $50,000 for the Totally or Partially Disabled Insured Person to participate in a specialized, intensive, rehabilitation program at an accredited medical facility specializing in research, surgery, and training for injuries to the spinal cord, the nervous system, or closed head injuries within two (2) years of the date of the Covered Accident.

DEATH BENEFIT

The Policy will pay $25,000 if an Insured Person dies as a result of a Covered Accident or sustains injury due to a Covered Accident which, independent of all other causes, results directly in the death of the Insured Person within twelve (12) months following the date of such injury.

NONDUPLICATION OF BENEFITS

If any item of expense is payable under more than one provision of the Policy, payment will be made only under the provision providing the greater benefit.

DEFINITIONS:

"Activities of Daily Living *(ADLs)"* means:

- transferring oneself (such as moving in or out of a bed or chair);
- dressing (putting on or removing from oneself items of clothing);
- bathing (washing oneself in a bathtub or shower or by sponge bath);
- feeding (giving oneself food or nourishment, including through a feeding tube);
- toileting (getting oneself on or off a toilet and related hygiene); and
- continence (maintaining one's control of bladder or bowel functions or maintaining care of a catheter or colostomy bag if one cannot control bladder or bowel functions).

"Covered Accident" means an accident that occurs while the Policy is in effect, which directly results in bodily injury or death (not excluded from coverage by the Policy Exclusions and Limitations) of an Insured Person, and which: a) occurs while he or she is participating in a Covered Event; or b) occurs during Covered Travel to or from the location of a Covered Event; or c) occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel that is authorized by, organized by or directly supervised by an official representative of the Insured Person's Participating School; or d) results from a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event; and: a) for which the Insured Person Incurs a Covered Loss, within twenty-four (24) consecutive months immediately following the date of the accident, in excess of the Covered Accident Deductible; or b) that results directly in the death (not excluded from coverage by the Policy Exclusions and Limitations) of the Insured Person within twelve (12) consecutive months immediately following the date of that accident.

"Covered Accident Deductible" means an amount of Medical Expenses and/or Dental Expenses and/or Rehabilitation Expenses and/or Custodial Care Expenses, as shown in the Schedule of Benefits, Incurred by the Insured Person as a result of a Covered Accident within the period of twenty-four (24) consecutive months immediately following the date of that Covered Accident, for which no benefits are payable under the Policy. Such expenses must qualify as Covered Loss under the Policy.

"Covered Event" means, for **players on an athletic team**: (a.) a Qualifying Intercollegiate Sport competition scheduled by the Insured Person's Participating School; (b.) official team activities; (c.) Conditioning; or (d.) practice sessions.

For players on an athletic team, Covered Event must be authorized by, organized by or directly supervised by an official representative of the Insured Person's Participating School (not including any activities not directly a part of a Qualifying Intercollegiate Sport, such as camps, clinics and other events not conducted by the Insured Person's Participating School).

Covered Event means, for **Student Coaches, Student Managers and Student Trainers**, only those activities directly associated with the covered activities of a Qualifying Intercollegiate Sport team or covered activities of Student Cheerleaders and under the direct supervision of an official representative of the Participating School.

Covered Event means, for **Student Cheerleaders:** (a) activities performed as part of the cheer unit for a Qualifying Intercollegiate Sport team competition scheduled by the Insured Person's Participating School; or (b) practice sessions and pep rallies both of which must be authorized by, organized by and directly supervised by a safety-certified official coach or advisor of the Insured Person's Participating School, other than a member of the cheer unit or other undergraduate Student, and in preparation for a Qualifying Intercollegiate Sport team competition.

The coach or advisor must have a current safety certification by a nationally recognized formal credentialing program for safety certification. However, the safety-certification requirement does not apply with respect to practice sessions that are held solely by dance team members or mascots. A graduate student can meet the safety-certification requirement if:

i) officially designated by the school as the official coach or advisor; and
ii) the school has given the graduate student the authority to authorize, organize and directly supervise.

Covered Event, for **Student Cheerleaders**, does not include any activities, camps, clinics, national competitions, fund-raisers, alumni events; unless the activity is directly associated with the activities of a Qualifying Intercollegiate Sport team or conducted by the Insured Person's Participating School.

"Covered Loss" means Reasonable and Customary: a) Medical Expense; b) Dental Expense; c) Rehabilitation Expense; d) Custodial Care Expense; e) Adjustment Expense; f) Special Expense; g) Medical Expense and Dental Expense that are covered under the Ancillary Injury Benefit; and h) Expenses that are covered under the Vocational Rehabilitation Benefit as described in the Policy which are Incurred by an Insured Person as a result of a Covered Accident.

Covered Loss shall also include the: a) cost of school attendance that is covered under the College Education Benefit, and b) program expenses covered under the Assimilation Benefit as described in the Policy which are Incurred by an Insured Person as a result of a Covered Accident. An expense will be a Covered Loss under the Policy after all adjustments (including, but not limited to, discounts, write-offs, and negotiated fees) have been applied only to the extent that the expense is for Medically Necessary services, and not excluded under Exclusions and Limitations (Section VIII) in the Policy. Further, for those Insured Persons who have satisfied the Covered Accident Deductible, Covered Loss shall not include any expenses sustained after the respective Date of Recovery (except as shown on the Schedule of Benefits, Section B-5)..

"Covered Travel" means team or individual travel, for purposes of representing the Participating School, that is to or from the location of a Covered Event and is authorized by the Insured Person's Participating School, provided the travel is paid for or subject to reimbursement by the Participating School. Covered Travel to a Covered Event will commence upon embarkation from an authorized departure point and terminate upon arrival at the location of the Covered Event.

Covered Travel from a Covered Event will commence upon departing from the location of the Covered Event and terminate upon return to the authorized place from which such Covered Travel to the Covered Event began.

"Custodial Care" means Medically Necessary services or treatment which, regardless of where provided: (a) could be rendered safely by a person without medical skills; and (b) provides a routine level of maintenance care designed primarily to help the patient with daily living activities, including (but not limited to):

1) personal care such as help in walking and getting in and out of bed; help with bathing; help with eating by spoon, tube or gastrostomy; exercising, dressing; enema and using the toilet; 2) homemaking such as preparing meals or special diets; 3) acting as companion or sitter or providing a protective environment; 4) supervising medication which can usually be self-administered; 5) oral hygiene; and 6) ordinary skin and nail care; or

(c) in the case of a Totally Disabled Insured Person, cannot be self-administered.

Custodial Care does not include exercise, physical therapy, occupational therapy or rehabilitation services or treatment, including those that may be payable under this Policy as a Rehabilitation Expense.

No benefits will be paid for Custodial Care services or treatment which is provided by a member of the Insured Person's Immediate Family or by an individual who resides with the Insured Person, unless specifically agreed to in writing by the Company. Custodial Care does not include Home Health Care services or treatment.

"Date of Recovery" means:

a. for an Insured Person who suffered the complete and irreparable severance of an arm or leg at or above the wrist or ankle joint, but who was not Totally Disabled, the date immediately following a period of twenty-four (24) consecutive months during which the Insured Person received no Medically Necessary treatment or service as a result of the Covered Accident for which benefits had been received under the Policy;
b. for an Insured Person not Totally Disabled and who has not suffered the complete and irreparable severance of an arm or leg at or above the wrist or ankle joint, the earlier of:
    1) the date the Insured Person receives medical clearance to participate in Qualifying Intercollegiate Sports; or
    2) the date immediately following a period of **"**twenty-four" (24) consecutive months during which the Insured Person received no Medically Necessary treatment or service as a result of the Covered Accident for which benefits had been received under the Policy; or
c. For an Insured Person who was Totally Disabled, the date such Insured Person no longer qualifies as Totally Disabled as defined herein, subject to "b" above.

"Home Health Care" means nursing care and treatment provided to an Insured Person in his/her home, which: (a) is required for progressive and positive improvement of the Insured Person's medical condition, or (b) is necessary to provide care and treatment that cannot be self administered for a Totally Disabled Insured Person. To qualify for Home Health Care:

a. A Home Health Care plan must be established and approved in writing by the attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care; and
b. 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
c. Home Health Care must commence within seven (7) days of discharge from a Hospital or Extended Care Facility or Rehabilitation Facility and be immediately preceded by a Hospital or Extended Care Facility or Rehabilitation Facility confinement of five (5) consecutive days or more; and
d. Home physical, speech, and occupational therapies must be initiated in conjunction with discharge placement through a Rehabilitation Facility and approved by the attending Doctor.

No benefits will be paid for Home Health Care, which is provided by a member of the Insured Person's Immediate Family or by an individual who resides with the Insured Person, unless specifically agreed to in writing by the Company. Home Health Care does not include Custodial Care or Private Duty Nursing.

"Hospital" means an institution, which meets all of the following requirements: a) it is licensed (if required by law) as a hospital by applicable licensing authorities; and b) it is open at all times; and c) it is operated mainly to diagnose and treat illnesses on an inpatient basis; and d) it has a staff of one (1) or more Doctors on call at all times; and e) it has twenty-four (24) hour nursing services by Registered Nurses; and f) it is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescence home, or like place; and g) it has organized facilities for major surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

"Immediate Family" means the mother, father, sister, brother, husband, wife, or children of the Insured Person, who are members of the same household as the Insured Person. In their absence, others that may be considered as "Immediate Family" are grandparents, aunts or uncles, who share the same household, or any other person legally responsible for the care of the Insured Person.

"Incur" or "Incurred" means that an expense is sustained by the Insured Person, after all adjustments (including, but not limited to, discounts, write-offs and negotiated fees). A Covered Loss shall be considered to be Incurred on the date the treatment or service is rendered or the purchase or rental occurs.

"Instrumental Activities of Daily Living (IADLs)" means:

- using the telephone and other communication devices;
- shopping;
- preparing meals;
- housekeeping or basic home maintenance;
- doing laundry;
- driving or arranging transportation;
- self-administering medication(s);
- handling finances.

"Insured Person" means:

a. a Student attending or registered to attend the Participating School and participating as:
   1) a player on an athletic team in a Qualifying Intercollegiate Sport sanctioned and recognized by the Participating School; or as
   2) a Student cheerleader of a cheer team officially recognized as such by the Participating School (includes dance team members and mascots); or as
   3) a Student coach, Student manager, or Student trainer of an athletic team in a Qualifying Intercollegiate Sport sanctioned and recognized by the Participating School or of a cheerleading unit officially recognized as such by the Participating School;

b. a person as identified by the Participating School and as approved in writing by the Company and endorsed onto the Policy; or

c. a prospective student that has graduated from high school and signed an irrevocable commitment to participate in a Qualifying Intercollegiate Sport (or its equivalent for cheerleading) at a Participating School.

"Medical Expense" means the Reasonable and Customary charges: a) of a professional ambulance service for Medically Necessary transportation to and from a Hospital; b) of a Doctor for Medically Necessary care and treatment; c) of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary); d) for Medically Necessary Hospital inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services to a maximum payment of $300 per month); e) for Medically Necessary out-patient and emergency room care and treatment; f) for confinement in an Extended Care Facility; g) for Home Health Care; h) for Private Duty Nursing; and i) for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Doctor operating within the scope of his or her license.

"Medically Necessary" means a service or supply that is ordered, prescribed or rendered by a Doctor or Hospital and determined by the Company to be: a) provided for the diagnosis or treatment of the patient's condition; and b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of the Insured Person's condition; and c) provided in accordance with generally accepted professional standards and/or medical practice; and d) the most appropriate supply or level of service which can be provided on a cost effective basis (including but not limited to, inpatient vs. outpatient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

In the case of Hospital or Extended Care Facility confinement, Home Health Care or Private Duty Nursing or Custodial Care, the length of confinement or treatment and the services or supplies furnished by the Hospital or Extended Care Facility, Home Health Care or Private Duty Nursing or Custodial Care plan will be Medically Necessary only if it is reasonably determined by the Company that they are related to the care or treatment of the patient's condition. The services or supplies must not be an Experimental or Investigational Drug or Treatment in nature. The fact that a Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

"Participating School" means a college or university, which is an active member of the NCAA. For purposes of this policy, a provisional member of the NCAA that becomes an active member of the NCAA during the August 1, 2020 to August 1, 2021 School Year, will be considered an active member of the NCAA on August 1, 2020. Also for purposes of this policy, a provisional member of the NCAA that becomes an active member of the NCAA during the August 1, 2020 to August 1, 2021 School Year, will be considered an active member of the NCAA on August 1, 2020.

"Qualifying Intercollegiate Sport" means a sport: a.) which has been accorded varsity status by the Participating School as an NCAA sport; and (b.) which is administered by such school's department of intercollegiate athletics; and (c.) for which the eligibility of the participating Student athlete is reviewed and certified in accordance with NCAA legislation, rules, or regulations; and (d.) which entitles qualified participants to receive the Participating School's official awards.

"Partial Disability or Partially Disabled" means the Insured Person, within two years of the date of a Covered Accident and as a result of that Covered Accident:

- has suffered an irrecoverable loss of use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least one ADL(s); or
- has suffered an irrecoverable loss of speech, hearing of both ears or sight in both eyes and is unable to perform at least one ADL(s) or at least one IADL(s); or
- has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least one ADL(s) or at least two IADL(s).

"Rehabilitation Expense" means the Reasonable and Customary charges for Medically Necessary physical and occupational rehabilitation provided: (a) by a Doctor; (b) under the supervision of a duly licensed Rehabilitation Facility; or (c) by an individual with an accredited certification in fitness, strength training, conditioning, sports medicine or related therapy, including (but not limited to) Certified Strength and Conditioning Specialists and Certified Personal Trainers.

"Student" means an individual who is actually enrolled and attending school as a full time Student at a Participating School, or recognized as a full time Student by a Participating School.

"Total Disability or Totally Disabled" means the Insured Person, within two years of the date of a Covered Accident and as a result of that Covered Accident:

- has suffered an irrecoverable loss of use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least three ADL(s); or
- has suffered an irrecoverable loss of speech, hearing of both ears, or sight in both eyes and is unable to perform at least three ADL(s) or at least three IADL(s); or
- has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least three ADL(s) or at least four IADL(s).

"True Catastrophic Claim" means a covered claim for a Totally Disabled Insured Person. True Catastrophic Claim also includes a covered claim for an Insured Person with one or more limbs amputated because of a Covered Accident.

EXCLUSIONS AND LIMITATIONS

The Policy does not cover, and the Covered Accident Deductible may not be satisfied by, any Covered Loss, Total Disability, Partial Disability or death caused or contributed by or resulting from:

(a) self destruction or attempted self destruction, while sane or insane, or intentional self inflicted injury;
(b) the Insured Person's commission of, or attempted commission of, a criminal or felonious act, EXCEPT this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of the Insured Person's participation in that Covered Event; or
(c) the Insured Person being intoxicated, or being under the influence of drugs or narcotics unless as prescribed by a Doctor for a medical condition other than drug addiction, EXCEPT this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of the Insured Person's participation in that Covered Event.
An Insured Person shall be presumed to be intoxicated if the level of alcohol in his or her blood is determined to exceed the level above which a person is held under the law of the location at which the Covered Accident occurs, to be intoxicated if operating a motor vehicle, regardless of whether the Insured Person is in fact operating a motor vehicle when the Covered Accident occurs.
(d) Any injury or illness suffered by an Insured Person where the Insured Person's Participating School required the Insured Person to sign a waiver relieving that Participating School of responsibility or liability based on notification by a Doctor that the Insured Person's participation exposed the Insured Person to increased risk for that type of injury, cardiovascular accident or stroke or other similar traumatic event incurred.

The Policy does not cover and the Covered Accident Deductible may not be satisfied by, disease or illness, EXCEPT:

(a) as provided in the Ancillary Injury provision of the Policy; or
(b) when treatment for a disease or illness is Medically Necessary and the disease or illness is a direct result of a Covered Accident; or
(c) for a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event.

Coverage Underwritten By:
Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, Nebraska 68175

2019-20 Schedule of Benefits & Premium Quotation

RU21039

Option #1- Aggregate Ded. Plan w/o MSAP

Covered Intercollegiate Sports
Baseball, Basketball, Cheer/Dance, Cross Country, Golf, Lacrosse, Soccer, Softball, Student Managers, Tennis, Track & Field, Volleyball, Other,

Schedule of Benefits		
Maximum Benefit per Injury		$90,000
Aggregate Deductible		$160,000
Specific Deductible		$0
Insured Percentage		100%
Initial Treatment Period		180 days
Benefit Period		104 weeks
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum	
Expanded Medical		Included
Re-aggravation/Reinjury of Pre-Existing Conditions		Included
Heart & Circulatory		Included
HMO/PPO Denials		Included
Guest Recruit Coverage (including PSA tryouts)		Available
Proposed Effective Date		August 1, 2019

Annual Premium	$23,000
Administration Fees	$23,000
Total Hard Costs	$46,000
Recommended upfront funding of claims account (negotiable)	$80,000
Total initial funding request	$126,000
Total potential maximum annual cost	**$206,000**

Program Information	
Insurance Carrier:	United States Fire Insurance Company
Claims Payer:	A-G Administrators Inc.
Broker/Program Coordinator:	Dissinger Reed

Notice of Acceptance

By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.

Name	Title
Signature	Date

This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.

Primary Insurance - Domestic

Voluntary Student Accident Plan - For Athletes

This voluntary student accident plan is offered to your student athletes that arrive on campus without any primary insurance. It pays 100% of Usual and Customary medical charges related to a covered accident up to $5,000 maximum per injury. This policy does not have a specific deductible and will pay from the first dollar up to the maximum. Enrollments are done via an excel spreadsheet and invoicing goes directly to the institution instead of the student athlete directly.

PROGRAM-AT-A-GLANCE

Potential Program Benefits
Excess Accident Medical Expenses
Supplemental Accident Death Benefit
Supplemental Accidental Dismemberment Benefit

Benefit Period	$5,000 Medical Maximum
Price	$850/student/year

DID YOU KNOW?

Commercial Insurance Deductibles on the rise!

- 72-74% of health plans now have a general annual deductible
- The average general annual deductible for all commercial health plans is now over $1,200

High Deductible Health Plans Increasing

- 15.5 million people have a HDHP
- Average HDHP Deductible = $4,037
- 20% of all students are now covered by an HDHP
- Unprecedented 15% annual growth in HDHPs over past several years
- Northeastern US States (NY, NJ, PA) have a particularly high number of HDHPs

BENEFITS HIGHTLIGHT

Blanket coverage for all full-time students

- $5,000 accident medical benefit per Accident`
- Graduate and undergraduate students covered

Reduces liability exposures for on-campus accidents

- Covers slips, trips and falls, motorized vehicle, bike and scooter accidents.
- Covers intramural, club, intercollegiate athletic injuries

Provides athletics insurance program stabilization

- Relieves burden of lower cost claims on excess plan stabilize program from potential volatility

Inexpensive cost/rich benefit-local provider discount contracts apply

Provides consistent administration & coordination of student accident claims seamless integration with Athletic Insurance claims

$0 Deductible, pays 100% UCR up to plan limits excess of all other coverage

World Class Coverage Plan *designed for*

Radford University

2020-2021

Policy # GLM N10893069

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company, a member of the Chubb Group of Companies

Question(s) or need assistance?
CISI Claims Department (9-5 EST, M-F): Phone: (800) 303-8120 ext. 5130 **|** (203) 399-5130 **| E-mail**: claimhelp@mycisi.com
Team Assist (24/7/365) – AXA Assistance: Phone: (855) 327-1411 **|** (312) 935-1703 **| E-mail:** medassist-usa@axa-assistance.us
Locate a provider through Aetna's preferred provider network: https://www.culturalinsurance.com/aetna-provider-search

Schedule of Benefits Coverage and Services	Maximum Limits
Accidental Death and Dismemberment Per Insured Person	$15,000
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
*Deductible for Emergency Room visits as a result of a Covered Sickness***:	*$500*
Benefit Maximum Per Insured Student	$500,000 at 100%
Benefit Maximum Per Insured Dependent	$100,000 at 100%
Emergency Medical Reunion	(incl. hotel/meals, max $200/day) $5,000
Home Country Coverage Limit	up to the Medical Maximum
Trip Interruption	$1,500
Emergency Medical Evacuation	$250,000
Repatriation/Return of Mortal Remains	$100,000
***The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the illness is life threatening. Life threatening means the illness will likely cause the death of the Insured Person.*	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Radford University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Eligibility and Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as Radford University - International Students and Scholars participants, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States and outside their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount:
Life	100%
Two or more Members	100%
Speech and Hearing in Both Ears	100%
One Member	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of 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 one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is $1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Expenses incurred for treatment of specified therapies, including acupuncture and physiotherapy are payable on an inpatient or outpatient basis up to a combined total of $2,500. Physiotherapy means a physical or mechanical therapy, diathermy, ultrasonic, heat treatment in any form, manipulation or massage.
- Nervous or Mental Disorders are treated as any other condition.
- Chiropractic Care and Therapeutic Services shall be limited to a total of $50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. The overall maximum coverage per Injury or Sickness is $500 which includes x-ray and evaluation charges.
- Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $500 ($250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are treated as any other medical condition after the first 6 months of continuous coverage.

Aetna Preferred Provider Network (Within the U.S.A. only)

This Policy utilizes the Aetna Preferred Provider hospital and Doctor network for the purpose of delivering quality health care at a preferred fee. You are not required to use the PPO network, but can receive information on participating providers by visiting: **https://www.culturalinsurance.com/aetna-provider-search**, or access it from our website: https://www.culturalinsurance.com/, and click on **'U.S. Provider Search'** on the top bar.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized.

We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape.

The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Home Country Benefit

We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's coverage would otherwise end or the end of the Policy Term.

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a Family Member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, this Insurance does not cover Medical Expense Benefits for:

- Charges for a Pre-Existing Condition incurred during the first 6 months of coverage.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.

- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Company shall be ACE American Insurance Company.
Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.
Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.
Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.
Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and sub-mucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Family Member or **Immediate Family Member** means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or **Medical Necessity** means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence or **Country of Residence** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov

This information provides 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 policy issued in the state in which the policy was delivered under form number AH- 15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number. In the U.S., call 1 (855) 327-1411, worldwide call (01 312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation Benefit

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the *Schedule of Benefits*, if any Injury or Covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation Benefit

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the *Schedule of Benefits*, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country or Permanent Residence, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations, and Escort Services: expenses

for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

Note: All Covered Expenses in connection with either **Emergency Medical Evacuation** or **Return of Mortal Remain**s must be pre-approved and authorized by an Assistance Company representative appointed by the Company.

The TAP offers these services *(These services are not insured benefits):*

Medical Assistance

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring: In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Prescription Drug Replacement/Shipment: Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal: The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash: The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services: The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Frequently Asked Questions (FAQs)

CISI Claims Department (9-5 EST, M-F): Phone: (800) 303-8120 | (203) 399-5130 | **Email:** claimhelp@mycisi.com
Team Assist (24/7/365) - AXA: Phone: (855) 327-1411 | (312) 935-1703 | **Email:** medassist-usa@axa-assistance.us

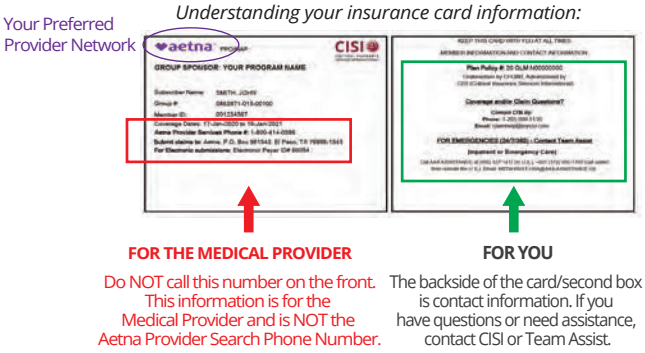
How will I receive my insurance documents?

Once you are enrolled, you will receive an email from **CISI Enrollments (enrollments@culturalinsurance.com)**, with the subject line **'CISI Materials'**. The email will contain:

- **Insurance ID Card -** You will need this if you need to seek treatment
- **Policy Brochure -** This outlines the coverage under your plan
- **Claim Form -** If you sought treatment and need to submit a claim
- Link to download the myCISI Traveler App and create a myCISI login *(so you can have access to your insurance documents at all times!)*

Your Insurance ID Card

Understanding your insurance card information:



Need to go to the Doctor?

1. Locate a Medical Provider

Medical Provider *refers to a doctor, urgent care, hospital, or other medical facility.*

Aetna is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

To locate an In-Network provider near you, use the Aetna Preferred Provider Network website:

https://www.culturalinsurance.com/aetna-provider-search

(This link is also available in your brochure, on our website mycisi.com, Participant Portal and within the myCISI Traveler App)

2. Schedule an Appointment

If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an Appoinment. If you need assistance, contact CISI or Team Assist.

3. At Your Appointment

Make sure you have your Insurance ID card either printed, or saved on your phone (this can be done through the myCISI Traveler App).

Present your card at your visit so they can see that Aetna is your PPO Network. Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

What is 'In-Network' and 'Out-of-Network'?

Aetna is your Preferred Provider (PPO) Network. The providers within their network are known as In-Network Providers. This means you will receive medical services with Aetna's discounted rates. If you go to a Medical Provider Out-of-Network, you will be subjected to the Medical Provider's rates with no discount from Aetna. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

Do I have to pay at the time of my appointment?

Depending on your type of visit, you may have a copay. If you have a copay, it will appear on the front of your insurance card under 'In-Network Copay'. If there is no 'In-Network Copay' listed on your card, you have no copay ($0).

What is a Copay or Coinsurance?

This is the amount of money you will have to pay out-of-pocket for covered medical services.

What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before CISI pays). Please see your plan's Schedule of Benefits to see if you have any Deductible(s). (Your Plan brochure is attached to your welcome email and posted within the participant portal).

Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's coverage in the Policy Brochure which can be found attached to your welcome email and within the Participant Portal. If you have specific questions that you are unsure of, call CISI.

Who pays when picking up a prescription at a pharmacy?

Prescription medication will be an out-of-pocket expense. As long as the medication is for an illness or injury that is covered under your policy, you can be reimbursed. Complete a claim form and state clearly why you needed the medication. Submit the completed claim form with the prescription receipt to CISI. See the other side for claim submission questions.

What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt!

- › Your Name
- › Your Doctor's name
- › Name of the Medication
- › Dosage of medication
- › Date medication filled
- › Amount of medication

What do I do in case of inpatient care/serious accident?

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with AXA Assistance (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

Claim questions?

How do I submit a claim?

If you seek medical treatment for an Injury or Illness and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible).

Step 1: Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.

Step 2: Attach itemized bills for all amounts being claimed and documentation. **If mailing, We recommend you provide us with a copy and keep the originals for yourself.*

Step 3: You can submit claims by
Mail: 1 High Ridge Park, Stamford, CT 06905,
Email: claimhelp@mycisi.com, *or*
Fax: (203) 399-5596

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. For claim submission questions, call (203) 399-5130, or email claimhelp@mycisi.com.

How long will it take to be reimbursed for medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, our website mycisi.com & on the myCISI Participant Portal.

I received a bill from a medical provider. What do I do?

1. Does the bill include your insurance information? If not, you may just have to provide it to them.
2. On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.
3. Once the medical provider has this information, they can send CISI a bill.
4. The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

Can I send the bill to CISI?

Yes, but you should also give your insurance information to your medical provider. Email a copy to us at claimhelp@mycisi.com and complete the insurance information and send back to the medical provider.

I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

This means that we need a certain type of bill from the medical provider. If you received the letter, we have sent one to the medical provider as well. However, it does speed things up if you call to request an itemized bill and forward it to CISI. This should ensure that we get what is needed to pay your claims.

I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.

What services can Team Assist provide?

The Team Assist Plan (The AP or TAP) is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855) 327-1411, worldwide call (312) 935-1703 (collect calls accepted) or email medassist-usa@axa-assistance.us.

Medical Assistance

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day.
Medical Monitoring: In the event the Insured is admitted to a hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.
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Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.
Locating Legal Services: The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.
Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.
Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Cultural Insurance Services International – Claim Form

- **Program Name:** Radford University – International Students & Scholars
- **Policy Number:** GLM N10893069
- **Participant ID Number** (from the front of your insurance card)**:**

Mailing Address: **1 High Ridge Park, Stamford, CT 06905 | *E-mail:* claimhelp@mycisi.com | *Fax:* (203) 399-5596**
For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

See next page for state specific disclaimers and claimant cooperation provision.

► NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured:_____ Date of Birth: _____/_____/_____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address:_____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

► IF IN AN ACCIDENT

Date of Accident:_____/_____/_____ Place of Accident: _____ Date of Doctor/Hospital Visit:_____/_____/_____

Description/Details of Injury *(attach additional notes if necessary)*:_____

_____

► IF SICKNESS/ILLNESS

Description of Sickness/Illness *(attach additional notes if necessary)*:_____

*Onset Date of Symptoms: _____/_____/_____ *Date of Doctor/Hospital Visit: _____/_____/_____

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

► REIMBURSEMENT

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, **you must include the payment receipt(s).** Any eligible reimbursements will be made in U.S currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

► FOR CLAIMS RELATED TO TRIP INTERRUPTION BENEFIT

In order to claim monies back related to the Trip Interruption Benefit, you **MUST** submit the following documentation:

- Proof of Payment
- Flight Itinerary including your name, travel dates and departure and arrival locations
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)
- If death of a family member, obituary or a copy of the death certificate is required as proof

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

_____

► CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): _____

Signature: _____Date:_____

Cultural Insurance Services International – Claim Form

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Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

For residents of Alabama: Any person who knowingly 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 or confinement in prison, or any combination thereof.

For residents of Arkansas, Louisiana, New Mexico: Any person who 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.

For residents of 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.

For residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly 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.

For residents of 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

For residents of Kentucky: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance 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 crime.

For residents of Rhode Island: Any person who 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.

For residents of Maine, Tennessee, Virginia, 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 include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or 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.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly 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.

For residents of Ohio: Any person who, 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.

For residents of Oklahoma: Any person who knowingly, 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.

For residents of Oregon: Any person who knowingly, and with intent to defraud any insurance company or other persons 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, may be subject to prosecution for insurance fraud.

For residents of Pennsylvania: Any person who knowingly and with the 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.

For claimants not residing in Alabama, Arkansas California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia nor Washington: Any person who, knowingly presents a false or fraudulent claim for payment of 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.

RADFORD UNIVERSITY

Addendum Number One

Date: December 10, 2020

Reference Request For Proposal Number:	**R21-002**
Commodity:	**Intercollegiate Athletic Insurance**
Dated	**November 20, 2020**
For Delivery To:	**Radford University** **Agency, Commonwealth of Virginia** **501 Stockton Street** **Radford, Virginia 24142**
Proposal Due Date/Time:	**January 21, 2020/3:00PM Eastern Time**

Questions/Inquiries and Responses:

1. **Question:** Does the University have a breakdown of the losses over the last five (5) years?
   Response: Please see Attachment A to this Addendum for a breakout of the Claims History and Attachment B for a summary of the University's updated claims totals.

   The University has had increasing write-offs with our main healthcare provider, Carilion New River Valley Medical Center (Carilion). Upon the execution of an extension with Carilion, the University will receive a 25% discount on all remaining balances after payment by the primary and then write-offs after discount of up to $35,000 per year thus claims payouts will continue to trend down.

2. **Question:** Does the University have the last 5 years of Premiums that the University has been paying?
   Response: The University's premiums have remained fairly consistent. The Aggregate Deductibles are as follows:

   - 2016 - $21,000
   - 2017 - $21,000
   - 2018 through 2020 - $23,000

3. **Question:** Do you anticipate extending the bid due date?
   Response: No. **Also Please Note:** This is a Request for Proposal not an Invitation for Bid.

4. **Question:** What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?
   Response: Please refer to the Selection Criteria and Award Section 11 for the details on **identifying how the Offerors will be selected by the University to move forward to the** negotiations stage.

5. **Question:** Was this bid posted to the nationwide free bid notification website at www.mygovwatch.com/free?
   Response: No.

6. **Question:** Other than your own website, where was this bid posted?
   Response: The RFP was publicly posted, as required by the Virginia Association of State College and University Purchasing Professionals (VASCUPP) Governing Rules which can be found at https://vascupp.org/ and the Newspaper of General Circulation (Roanoke Times and World News which is closest to our demographic area) and the Virginia Business Opportunities (VBO) which can be found at https://eva.virginia.gov/ and then click of Business Opportunities.

7. **Question:** May we have a copy of the fully policy? There are many intricacies within policies that may not show on a Plan Summary.
   Response: See Attachment C. **Note:** The policy pays for anything that the University claims as a sports injury under the deductible and anything that is not the University can utilize discretionary funds to cover the charges. The University has never had anything denied.

8. **Question:** Have there been any Plan Design Changes in the past five years? If so, what are they?
   Response: No. The University has had an aggregate deductible plan for 10 years now with no changes to the plan design.

9. **Question:** Can you provide a claims report with a run date no older than November 30, 2020? Typically, we would use what is submitted, however, since we are working on this so early, the carrier is requesting loss runs as close to a current date as possible.
   Response: See Attachment B.

10. **Question:** What electronic injury tracking system are you currently using? We want to confirm that our TPA is compatible.
    Response: Presagia Injury Zone

11. **Question:** A copy of the October 2019 Census to see if there were any significant changes.
    Response: There are no changes. Same sports and numbers.

12. **Question:** Page 11, 7a, the claimant would be liable for additional charges if it is above the U&C – All services within the contract will be covered according to the Policy. Any services outside of the contract (above and beyond) what is covered in the policy, could be balance

billed to the patient. This is not likely because the ICS plan is 100% and then the CAT plan kicks in. However, the carrier will not state that the "claimant will not be liable for any charges". Given this, will you still accept the proposal? I would imagine, all carriers technically adhere to what I'm stating.
Response: Yes.

13. **Question:** How many international student athletes are there? I see 335 total athletes and need to know how many are internationals?
Response: Approximately 25-35.

14. **Question:** Claims experience for current and three years prior - International Plan (similar report **as page 33** of 54).
Response: See Attachment D. The University does not have reports as they are individual plans.

15. **Question:** Section 9.B.3.c (page 9) states: "The Contractor should accept additional insureds at any time during the policy year. Can you be more specific? Once we underwrite your program using the athletic census and ancillary insureds (student coaches, etc.) we are not able to simply add additional insureds at any time during the policy year. We would have to wait until the following policy year to underwrite appropriately and insure them properly. Will that work for your needs or can you further specify what this item is referring to?
Response: There are times when the University has additions to a roster mid-year. They will need to be covered under the supplemental policy at that time. Also, if the University has a mid-year transfer student athlete that has no insurance, the University would like to be able to purchase an individual accident policy for that individual.

16. **Question:** What is the annual cost of the international CISI insurance plan for school year 2020-21.
Response: The cost was approximately $1,400 for each international student athlete.

17. **Question:** What are the average number of domestic student athletes that are uninsured or underinsured?
Response: Eight (8) to twelve (12).

18. **Question:** Are your international student athletes going to be required to enroll in the international plan on a mandatory basis?
Response: They will be required to enroll in a plan such as the University Plan as long as it continues to cover athletics. They will not be required to enroll in any proposed plans as a result of this RFP.

Respectfully,

Ronda London

Radford University
Ronda London, Senior Contract Officer
Phone: 540-831-5090
Email: rlondon1@radford.edu

GBG
Insurance Without Borders℠

Global Explorer

Global Explorer is designed to protect you from acute, unexpected, sudden and unforeseen illnesses and accidental injuries. This plan is tailored for students, language schools, and OPT workers. Coverage is available to all outside their home country who are enrolled and actively attending an accredited high school, college, university or work program. The plan offers worldwide coverage, with no geographic restrictions.

Experience and Expertise in the International Marketplace

Global Benefits Group has been specializing in the financial services market for more than 35 years, serving as leading underwriters, developers and distributors of products and services designed especially for the needs of overseas students and international travelers.

GBG underwrites health, life, disability, travel and other specialty insurances for groups and individuals who are expatriates, third- country nationals or high net-worth local nationals.

Global Benefits Group is the leading provider of health insurance to the international educational community, with customers in over 100 countries.

As globalization of the world's economy has continued to accelerate, GBG has developed a specialized underwriting structure that is required to meet the needs of this select market niche. This structure is devoted to one business only: underwriting risks for organizations and individuals whose life and work transcend geographic boundaries.

Schedule of Benefits

GENERAL FEATURES AND PLAN SPECIFICATIONS		
Territory		Worldwide Coverage outside of Home Country
Type		OPT / Students
Duration		Maximum Issuance 364 days
COVERAGE		
Maximum	Overall Policy Maximum – Cumulative of all benefits within the policy period. *See Policy Face Page to determine benefit under your plan	**Option A: $1,000,000** **Option B: Unlimited**
Deductibles	1. Emergency Room - Illness – Non Admitted 2. Urgent Care Facility / Walk-in Clinic/Office Visit – per Injury/ Illness	$350 $50
1	Emergency Assistance Services via GBG Assist	Included
2	Emergency Medical Evacuation Worldwide Emergency Reunion Repatriation for Medical Treatment Continuation (Return to host country) Compassionate Return	$100,000 $500/$15,000 $100,000 $2,500 $2,500
3	Medical Stabilization: Emergency medical coverage for acute sudden and unforeseen onset of a pre-existing condition.	$25,000
4	Accident and Acute Medical Treatment (Non-Sports cover) *See Policy Face Page to determine benefit under your plan Emergency Dental – Acute onset of pain (cessation of pain only) Emergency Dental – Accident Physical Therapy Mental Health Coverage - Outpatient Mental Health Coverage – Inpatient Ambulance Coverage Injury and Emergency illness Prescription Drugs –inpatient/outpatient	**Option A: $1,000,000** **Option B: 100%** $500 100% $50/visit $1,000 max. $50/visit $500 max. URC, 60 days $150,000 max. 100% 100%
5	Emergency Medical Treatment – Leisure Sports only Usual, Reasonable and Customary charges for Injuries resulting from participation Leisure Sports Activities	$1,000,000
6	Accidental Death and Dismemberment (AD&D)	$50,000
7	Repatriation of Mortal Remains	$50,000
8	Personal Liability Damage to Property	$100,000 $25,000
9	Curtailment/Study Interruption	$2,500
10	Baggage Delay	$100 / $500
11	Baggage Loss / Theft	$300 / $1,500
12	Loss of Passport	$250
13	Travel Delay	$1,000
14	Missed Departure	$1,000
15	Legal Expenses	$10,000

Accidental Death and Dismemberment

ACCIDENTAL DEATH AND DISMEMBERMENT	
Principal Sum for Primary Plan Participant	$50, 000
Time Period for Loss	90 days
Loss of:	**Benefit: Percentage of Principal Sum**
Accidental Death	100%
Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand or Foot and Entire Sight of One Eye	100%
Loss of One Hand or Foot	50%
Loss of Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side of body)	50%
Uniplegia (total paralysis of one limb)	25%

Key Benefits

- Annual maximum limit of usd $1,000,000 or Unlimited
- Unlimited Lifetime Maximum
- Emergency Inpatient and Outpatient Care
- Worldwide direct-bill network plan
- Online & live multilingual customer service available 24/7
- Online claims filing at www.gbg.com
- Plans are offered by and administered (claims payment) through Global Benefits Group, Inc., a US based company

GlobalExplorer_ENG_14DEC2017

GBG

Insurance Without Borders℠

Global Benefits Group
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Foothill Ranch, CA 92610 USA

GBG Assist
U.S. Toll-Free: +1.866.914.5333

Worldwide Collect: +1.905.669.4920

Email: GBGAssist@gbg.com

INTERNATIONAL STUDENT HEALTH CERTIFICATE INDIVIDUAL COVERAGE

GBG
Insurance Without Borders℠

Global Student Advantage Plus

Welcome to the Global Benefits Group (GBG) family! This is a short-term medical Policy intended to provide Accident and Illness coverage while you are temporarily away from your Home Country and studying abroad.

If your study abroad program has you temporarily residing in the United States, there are requirements and instructions on how to maximize benefits and receive reimbursements for Prescription Drugs, Medical claims, and other benefits covered under this plan. There are also requirements for Pre-authorization of specified medical care. Dedicated GBG Assist personnel are available to assist you.

- ***Using an In-Network medical provider in the U.S. provides full reimbursement of eligible medical expenses after a Deductible***. See the section titled "Preferred Provider Network" for assistance with locating a provider.
- ***Pre-authorization is a process for obtaining approval for specified non-emergency, medical procedures or treatments***. Failure to pre-authorize when required will result in a reduction in payment by the Insurer. See the section titled, "Pre-Authorization Requirements and Procedures" for more complete details.
- ***Prescription Drugs may be obtained from any CVS/Caremark pharmacy***. Present your Medical Identification card to the pharmacist and a discount will be applied. Payment is due at the time of purchase. Follow the claims filing procedures for reimbursement per the benefits shown under the Schedule of Benefits. See the section titled, "How to File a Claim" for instructions on reimbursement. A list of participating pharmacies can be viewed at www.gbg.com.
- ***Hospital Emergency Rooms*** should only be used in medical emergency situations. A medical emergency situation is where your life or health is in jeopardy. Using an emergency room is very expensive. If you using an emergency room for convenience or for any reason other than a serious medical emergency, you will be responsible for a large portion of the payment.

If you are studying in a country other than the United States, GBG Assist is available to guide you through the process of obtaining medical care in a foreign country.

How You Can Reach Us

Customer Service, Pre-Authorization, and Help Locating a Provider (24/7)

Worldwide Collect	+1.905.669.4920
Inside USA/Canada Toll Free	+1.866.914.5333
Email:	GBGAssist@gbg.com
Website:	www.gbg.com

We invite you to visit our Member Services Portal at www.gbg.com, and register as a New Member. The Member Services Portal allows you to conveniently access our Provider Directory, download Forms, submit Claims, and utilize other valuable tools and services.

We look forward to providing you with this valuable insurance protection and outstanding service during your period of study.

Sincerely,

Bob Dubrish
Chief Executive Officer
GBG Insurance Limited

THANK YOU FOR SELECTING GLOBAL BENEFITS GROUP STUDENT HEALTH INSURANCE

Global Student Advantage Plus

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SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance plan. All benefits described are subject to the definitions, exclusions and provisions. The following benefits are subject to the Plan Participant's Deductible and Coinsurance amount. After satisfaction of the Deductible, the Insurer will pay eligible benefits set forth in this Schedule at the specified Plan Coinsurance and Reimbursement Level.

GENERAL FEATURES AND PLAN SPECIFICATIONS	
U.S. Provider Network	Aetna
Area of Coverage	Worldwide
Home Country Coverage	Up to $1,000 per Period of Insurance
Maximum Benefit Payable per Period of Insurance	$2,000,000
Lifetime Maximum	Unlimited
Individual Deductible • Family is 2x Individual	$0 $250 if an Out-of-Network Provider in the U.S. is used
Office Visit Copayment, including Student Health Center	$25
Emergency Room Copayment (waived if admitted)	$250 per Occurrence
Out-of-Pocket-Maximum	$6,350 (excluding deductible) Unlimited if an Out-of-Network Provider in the U.S. is used
Pre-Existing Conditions	No waiting period

Covered Services And Benefit Levels Subject to Deductible, Coinsurance, and Maximum Benefit per Period of Insurance	WHAT THE INSURANCE PLAN COVERS The following coinsurance applies for In-Network Providers in the U. S. or for expenses incurred outside the U. S. Coinsurance reduces to 60% when Out-of-Network Providers in the U.S. are used.
HOSPITALIZATION AND INPATIENT BENEFITS	
Accommodations including semi-private room	80%
Intensive Care/Cardiac Care	80%
Inpatient Consultation by a Physician or Specialist	80%
Hospital Miscellaneous Expenses	80%
Pre-Admission Testing	80%
Extended Care/Inpatient Rehabilitation • Maximum Benefit per Period of Insurance: 45 days • Must be confined to facility immediately following a hospital stay	80%
OUTPATIENT BENEFITS	
Physician Visit/Consultation by Specialist • General Practitioner or Specialist • Urgent Care Center	80%
Diagnostic Testing • X-Ray and Laboratory • MRI, PET, and CT Scans • Inpatient and Outpatient	80%
Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy • Maximum Benefit per Period of Insurance: 30 visits per injury or illness	80% up to $70 per visit
SURGICAL BENEFITS (OUTPATIENT/INPATIENT)	
Inpatient, Outpatient or Ambulatory Surgery Includes; • Surgeon's Fees • Assistant Surgeon and Anesthesiologist • Facility fees • Laboratory tests • Medications and dressings • Other medical services and supplies	80%

EMERGENCIES	
Emergency Room and Medical Services • $250 Copayment waived if admitted • 50% coinsurance for non-emergency use	100% after Deductible
Ambulance Services • Emergency Local Ground Ambulance	100%
Emergency Dental • Limited to accidental injury of sound natural teeth sustained while covered	100% up to $300 per tooth
MATERNITY CARE	
Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy	80%
OTHER BENEFITS	
Inpatient Mental Health • To treat a covered diagnosis	80%
Outpatient Mental Health	80%
Preventive Care and Annual Exams • 0-12 months: 5 visits maximum • Child/Adult: Annual Exam, immunizations	100%
Palliative Dental Care • Sudden onset of pain	80% up to $600
Homeopathic Care and Acupuncture	80% up to $500
Chemotherapy, Radiotherapy • Inpatient and Outpatient	80%
Home Health Care • Maximum Benefit per Period of Insurance: 120 Days	80%
Hospice Care • Inpatient Maximum Benefit per Period of Insurance: 45 Days • Outpatient Maximum Benefit per Period of Insurance: $5,000	80%
Diabetic Medical Supplies • Includes Insulin Pumps and associated supplies	80% up to $7,500
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +) , AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions • Benefit is not covered if condition was diagnosed a pre-existing condition.	80%
Durable Medical Equipment • Reimbursement of rental up to purchase price	80% up to $10,000
Alcohol and Drug Abuse • Rehabilitative treatment only	80%

Prescription Drugs • Up to 31-day supply per prescription • Includes contraceptives • CVS/Caremark network pharmacy is required	80%
Motor Vehicle Accident • Injuries caused by accident	80% up to $10,000
Sports Activities • Injuries arising from interscholastic, intramural, and club sports • Maximum Benefit per period of Insurance: $15,000 for injuries arising from Intercollegiate sports only	80%
ADDITIONAL BENEFITS	
Passport Recovery	$750 Maximum Benefit per Period of Insurance
Lost Baggage • Expense reimbursement due to flight delays • $100 Deductible applies	$200 per item $500 Maximum Benefit per Period of Insurance
Compassionate Care Visit	$1,000 Maximum Benefit per Period of Insurance
ATM Safe • Provides lost cash replacement for losses occurring during a robbery at an ATM.	$500 per Occurrence
Medical Evacuation and Repatriation	$300,000 Maximum Benefit per Period of Insurance
Return of Mortal Remains	$50,000 Maximum Benefit
Accidental Death and Dismemberment	$30,000 Maximum Benefit
War and Terrorism	Included

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment	
Principal Sum for Primary Plan Participant	$30,000
Time Period for Loss	90 days
Loss of:	**Benefit: Percentage of Principal Sum**
Accidental Death	100%
Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand or Foot and Entire Sight of One Eye	100%
Loss of One Hand or Foot	50%
Loss of Sight of One Eye	50%

1.0 GENERAL PROVISIONS

The **Policyholder** is the International Benefit Trust, hereinafter shall be referred to as the "Trust".

Insurer, the Second party, GBG Insurance Limited, hereinafter shall be referred to, sometimes collectively, as the "Insurer", "We" "Us", or "Company".

The declarations of the Plan Participant and eligible Dependents in the application serve as the basis for participation in the Trust. If any information is incorrect or incomplete, or if any information has been omitted, the insurance coverage may be rescinded or terminated. Any references in this Certificate to the Plan Participant and his Dependents that are expressed in the masculine gender shall be interpreted as including the feminine gender whenever appropriate.

No change may be made to this Certificate unless it is approved by an Officer of the Insurer. A change will be valid only if made by a Rider signed by an Officer of the Insurer. No agent or other person may change this Certificate or waiver any of its provisions.

This GBG Insurance Limited plan is an international health insurance Policy issued to the Trust. As such, this plan is subject to the laws of the Bailiwick of Guernsey, and the Plan Participant should be aware that laws governing the terms, conditions, benefits and limitations in health insurance policies issued and delivered in other countries including the United States are not applicable. If any dispute arises as to the interpretation of this document, the English version shall be deemed to be conclusive and taking precedence over any other language version of this document. GBG Insurance Limited is an insurance company incorporated in Guernsey with registration number 42729 and licensed by the Guernsey Financial Services Commission to conduct insurance business under the Insurance Business (Bailiwick of Guernsey) Law, 2002 as amended.

In the event of any conflict between the Master Policy and the Schedule of Benefits, the Schedule of Benefits will govern.

2.0 ELIGIBILITY

2.1 Eligible Classes

All international, full-time students enrolled in and attending a recognized higher education institute outside of their Home Country. Students must actively attend classes. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend class.

The Insurer has the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If it is discovered the eligibility requirements are not met, the insurance coverage will be terminated.

2.2 Persons Eligible to be a Plan Participant

Plan Participants are those persons described as an Eligible Class.

- Student minimum age is 12 years and maximum is 64 years,
- Student must be travelling outside their Home Country.

Students who are United States citizens living in the United States are not eligible for coverage.

2.3 Eligible Dependents

Coverage can be extended to the following family members who are travelling with the student. Insured Dependents may include:

- The spouse or domestic partner up to age 40,
- Dependent children up to age 19, if single. Dependent children include the Plan Participant's natural children, legally adopted children, and step children.

Dependents who are United States citizens living in the United States are not eligible for coverage.

2.4 Application and Effective Date

The Plan Participant's coverage becomes effective on the effective date shown on the Face Page. Coverage under the plan ends on the earlier of:

- On the expiration date of the insurance coverage. However, if a Plan Participant's return is delayed due to unforeseeable circumstances beyond their control, the insurance coverage will be extended until such trip can be completed, but no later than seven days from the original insurance coverage expiration, or
- If medical evacuation was necessary, upon the Plan Participant's evacuation to the Home Country.
- Termination of coverage of the Plan Participant also terminates coverage for Dependents.

Note: The minimum period of insurance must be the entire duration the Plan Participant actively attends classes. Eligible individuals may enroll onto the plan no earlier than 30 days prior to the start of their classes, and terminate coverage no later than 30 days after classes have ended (See Extended Coverage 2.7).

2.5 Addition of a Newborn Baby or Legally Adopted Child

Born Under a Pregnancy Covered by the Maternity Benefit or Adopted as of the Date of Birth: Such babies are automatically covered during the first 31 days of life, up to a $5,000 maximum. All regular deductible, coinsurance and plan copayments will apply. In order to continue the baby's benefits after 31 days, the Plan Participant will:

- Provide written notification to the Insurer within 31 days of the date of birth. In the case of an adopted child, a copy of the legal adoption papers is required. The newborn child shall be accepted from the date of birth, for full coverage according to the terms of the plan, regardless of health status,
- The newborn baby will be enrolled for the same coverage as the Plan Participant.

Any request received beyond the 31-day notification period shall result in coverage only being effective from the date of notification. Coverage is not guaranteed and is subject to submission of a Health Statement.

Born When a Plan Participant is Not Covered by the Maternity Benefit: Newborn babies, that are born and the Plan Participant is not covered by the maternity benefit under this plan, may be covered subject to the following:

- The Plan Participant will provide written notification to the Insurer (Official Copy of Birth Certificate), and

- A Health Statement must be submitted detailing the medical history of the child,
- Coverage will become effective as of the date of notification, provided the Insurer has approved the Health Statement, Coverage is not guaranteed and is based upon the health of the newborn baby,
- Any applicable Pre-existing condition limitation will apply.

2.6 Addition of a Legally Adopted Child After the Date of Birth

A child adopted after the date of birth may be covered providing the following applies:

- The child must be up to 19 years old, and
- The Plan Participant will provide written notification to the Insurer (an official copy of the legal adoption papers is required with the notification), and
- A Health Statement must be submitted detailing the medical history of the child.

Coverage will be contingent based upon the terms and conditions of the plan. Additionally,

- Coverage will become effective as of the date of notification, and
- For a period of 12 months from the effective date of coverage, pre-existing conditions will not be covered.

2.7 Extended Coverage

The Extended Coverage benefit is available to newly enrolled students who arrive in the United States prior to the beginning of the first term of study in the United States, or Plan Participants who have completed their final term of study in the United States and are preparing to return to the Home Country. The Extended Coverage benefit provides up to 30 days of additional coverage.

Extended Coverage does not apply to Plan Participants who are continuing their studies or returning to studies in the United States whether at the same or different institutions.

Newly-Enrolled and Arriving Students

In order to be eligible for the Extended Coverage Benefit and before any benefits will be paid:

1. A newly-enrolled and arriving student must have enrolled in Full-Time Studies at the higher education institution, and
2. All premiums must be paid.

Coverage under the Extended Coverage Benefit will become effective on the later of:

1. 30 days prior to the beginning of the term, or, if later,
2. On the first day the qualifying, newly-enrolled and arriving student arrives in the United States.

Students Concluding their Studies

A Plan Participant may extend coverage for a maximum of 30 days while remaining in the United States following graduation or completion of an educational program. To be eligible for the Extended Coverage benefit and before any benefits will be paid:

1. The Insurer must receive the request for Extended Coverage prior to the termination of the Plan Participant's coverage, and
2. All premiums must be paid.

Coverage under the Extended Coverage Benefit will terminate on the earlier of:

1. 30 days following the Plan Participant's graduation or completion of an educational program, or
2. The date of departure from the United States.

Dependents of Plan Participants who are covered under the Extended Coverage benefit may also continue coverage under the same terms and conditions as the Plan Participant.

Extended Coverage for Short-Term Programs

In the event the Plan Participant's entire program of study is less than 60 days, the applicable Extended Coverage benefit will be limited to seven days. All other Extended Coverage benefit provisions will apply as indicated herein.

3.0 PREMIUM, CANCELLATION, AND POLICY PROVISIONS

3.1 Premium Payment

All Premiums are payable before coverage is provided.

3.2 Cancellation

While the Insurer shall not cancel this plan because of eligible claims made by a Plan Participant, it may at any time terminate a Plan Participant, or modify coverage to different terms, if the Plan Participant has at any time:

- Misled the Insurer by misstatement or concealment;
- Knowingly claimed benefits for any purpose other than are provided for under this plan;
- Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Insurer's detriment;
- Failed to observe the terms and conditions of this plan, or failed to act with utmost good faith.

If the Plan Participant cancels the insurance coverage after it has been issued, or reinstated the Insurer will not refund the unearned portion of the Premium.

3.3 Rate Modifications

The insurance coverage term begins on the Effective Date as shown on the Face Page and ends at midnight on the date shown , but no longer than 365 days later. The coverage is not subject to guaranteed issuance or renewal.

3.4 Duration of Coverage

Benefits are paid to the extent that a Plan Participant receives any of the treatments covered under the Schedule of Benefits following the effective date, including any additional waiting periods and up to the date such individual no longer meets the definition of Plan Participant, or their last date of coverage as listed on the Face Page.

3.5 Compliance with the Plan Terms

The Insurer's liability will be conditional upon each Plan Participant complying with its terms and conditions.

3.6 Fraudulent/Unfounded Claims

If any claim is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and, if appropriate, recoverable.

3.7 Privacy

The confidentiality of information is of paramount concern to GBG Insurance Limited, Global Benefits Group, Inc., and their affiliates ("GBG Family of Companies"). GBG Family of Companies complies with Data Protection Legislation, Medical Confidentiality Guidelines, and Privacy Shield. The Insurer does not share information unless it pertains to the administration of the benefits for Plan Participants. For more detailed information, Our privacy policy can be viewed on Our website at https://www.gbg.com/#/AboutGBG/PrivacyPolicy.

3.8 Waiver

Waiver by the Insurer of any term or condition will not prevent us from relying on such term or condition thereafter.

3.9 Denial of Liability

Neither the Insurer nor the Policyholder is responsible for the quality of care received from any institution or individual. This insurance coverage does not give the Plan Participant any claim, right or cause of action against the Insurer or Policyholder based on an act of omission or commission of a Hospital, Physician or other provider of care or service.

4.0 GEOGRAPHIC AREAS OF COVERAGE

4.1 Areas of Coverage

The plan is written on a Worldwide basis.

4.2 Preferred Provider Network

The Insurer maintains a Preferred Provider Network both within and outside the United States.

United States only:

- **Preferred Provider In-Network:** This tier consists of all Providers as well as other preferred Providers designated by the Insurer and listed on the website. In-Network Providers have agreed to accept a negotiated discount for services. The Medical Identification Card contains the logo for the network. Present it to the Physician or Hospital.
- **Out-of-Network Provider:** Utilizing Providers that are Out-of-Network is a more costly financial option for the Plan Participant. The Insurer reimburses such Providers up to an Allowable Charge as determined by the Insurer. The Provider may bill the Plan Participant the difference between the amounts reimbursed by the Insurer and the Provider's billed charge. Additionally, the Plan Participant will pay a Coinsurance amount that is higher than if an In-Network Provider were used.

All other Countries: The Plan Participant may utilize any licensed Provider. However, we suggest the Plan Participant contact GBG Assist to locate a Provider with a direct billing arrangement with the Insurer.

The Insurer retains the right to limit or prohibit the use of Providers which significantly exceed Allowable Charges.

5.0 PRE-AUTHORIZATION REQUIREMENTS AND PROCEDURES

Pre-Authorization is a process by which a Plan Participant obtains approval for certain medical procedures or treatments prior to the commencement of the proposed medical treatment. This requires the submission of a completed Pre-Authorization Request form to GBG Assist a minimum of five business days prior to the scheduled procedure or treatment date.

The following services require Pre-Authorization:

- Any Hospitalization;
- Outpatient or Ambulatory Surgery;
- Home Health Care including Nursing Services;
- Hospice Care;
- All Cancer Treatment (Including Chemotherapy and Radiation);
- Prescription medications in excess of $3,000 per refill; and
- Air Ambulance – Air Ambulance service will be coordinated by Insurer's air ambulance provider;
- Any condition, which does not meet the above criteria, but are expected to accumulate over $10,000 of medical treatment per policy year.

Either you, your doctor, or your representative must call the number listed on the back of the Medical Identification Card to obtain Pre-Authorization and verification of Network utilization. Prior to the performance of services a letter of authorization will be provided.

Medical Emergency Pre-Authorizations must be received within 48 hours of the admission or procedure. In instances of an emergency, you or the Plan Participant should go to the nearest hospital or provider for assistance even if that hospital or provider is not part of the Network.

Failure to obtain pre-authorization will result in a 30% reduction in payment of covered expenses. Any such penalty will apply to the entire episode of care and does not apply to the Out-of-Pocket maximum. If treatment would not have been approved by the pre-authorization process, all related claims will be denied.
Pre-Authorization approval does not guarantee payment of a claim in full, as additional Copayments and Out-of-Pocket expenses may apply. Benefits payable under the plan are still subject to eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the plan.

In the event of an emergency that requires **medical evacuation,** contact GBG Assist in advance in order to approve and arrange such emergency medical air transportation. GBG Assist, on behalf of the Insurer, retains the right to decide the medical facility to which the Plan Participant shall be transported. Approved medical evacuations will only be to the nearest medical facility capable of providing the necessary medical treatment. If the person chooses not to be treated at the facility and location arranged by GBG Assist, then transportation expenses shall be the responsibility of the Plan Participant. Failure to arrange transportation

as indicated will result in non-payment of transportation costs.

THE FOLLOWING PROVIDES AN EXPLANATION OF THE BENEFITS OFFERED BY THE INSURER. PLEASE REFER TO THE SCHEDULE OF BENEFITS FOR THE SPECIFIC BENEFITS COVERED UNDER THIS PLAN OF INSURANCE.

6.0 HOSPITALIZATION AND INPATIENT BENEFITS

6.1 Accommodations

Coverage is provided for room and board, special diets, and general nursing care. All charges in excess of the allowable semi-private rate are the responsibility of the Plan Participant. Intensive Care Unit benefits will be provided based on the Allowable Charge for Medically Necessary Intensive Care services.

Inpatient hospital confinements, where an overnight accommodation, ward, or bed fee is charged, will only be covered for as long as the patient meets the following criteria:

- Admission to the hospital was pre-authorized, or was deemed to be an eligible medical emergency by GBG Assist; or
- The patient's medical status continues to require either acute or sub-acute levels of curative medical treatment, skilled nursing, physical therapy, or rehabilitation services. GBG Assist is responsible for the determination of the patient's medical status.

Inpatient hospital confinements primarily for purposes of receiving non-acute, long term custodial care, respite care, chronic maintenance care, or assistance with Activities of Daily Living (ADL), are not eligible expenses.

6.2 Medical Treatment, medicines, laboratory, diagnostic tests, and ancillary services

If medically necessary for the diagnosis and treatment of the illness or injury for which a Plan Participant is hospitalized, the following services are also covered:

- Blood transfusions, blood plasma, blood plasma expanders, and all related testing, components, equipment and services,
- Laboratory testing,
- Durable medical equipment,
- Diagnostic X-ray examinations,
- Radiation therapy,
- Respiratory therapy,
- Chemotherapy.

Physical and Occupational therapy must be rendered by a Physician, registered physical/occupational therapist, and relate specifically to the physician's written treatment plan. Therapy must:

- Produce significant improvement in the Plan Participant's condition in a reasonable and predictable period of time, and
- Provide a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a registered physical or occupational therapist, or
- Support the establishment of an effective maintenance program.

6.3 Inpatient Consultation by a Physician or Specialist

Insurer will reimburse one Physician visit per day while the Plan Participant is a patient in a Hospital or approved Extended Care Facility. Visits that are part of normal preoperative and postoperative care are covered under the surgical fee and Insurer will not pay separate charges for such care. If medically necessary, Insurer may elect to pay more than one visit of different physicians on the same day if the physicians are of different specialties. Insurer will require submission of records and other documentation of the medical necessity for the intensive services.

6.4 Extended Care Facility Services, Skilled Nursing and Inpatient Rehabilitation

Benefits are available for an Inpatient confinement and services provided in an approved extended care facility following, or in lieu of, an admission to a Hospital as a result of a covered illness, disability or injury. Care provided must be at a skilled level and is payable in accordance with the current Schedule of Benefits. Intermediate, custodial, rest and homelike care services will not

be considered skilled and are not covered. Coverage for confinement is subject to Insurer approval. Covered services include the following:

- Skilled nursing and related services on an inpatient basis for patients who require medical or nursing care for a covered illness. A confinement includes all approved extended care facility admissions not separated by at least 180 days.
- Rehabilitation for patients who require such care because of a covered illness, disability or injury.

7.0 OUTPATIENT SERVICES

When a Plan Participant is treated as an outpatient of a Hospital or other approved facility, benefits will be paid for facility charges and ancillary services for the following:

- *Treatment of accidental injury within 48 hours of the accident;*
- *Minor surgical procedures;*
- *Medically necessary covered emergency services, as defined herein.*

7.1 Physician Visits

Insurer provides benefits for medical visits to a Physician, in the Physician's office, if medically necessary. Benefits are limited to one visit per day per Plan Participant. Insurer may elect to pay more than one visit to different physicians on the same day if the physicians are of different specialties.

7.2 Outpatient Diagnostic Testing

The Insurer provides benefits for diagnostic testing including echocardiography, ultrasound, MRI, and other specialized testing, to diagnose an illness or injury.

7.3 Therapeutic Services

Insurer will provide benefits for medically necessary therapeutic services rendered to a plan participant as an outpatient of a Hospital, provider's office, or approved independent facility. Services must be pursuant to a physician's written treatment plan, which contains short and long term treatment goals and is provided to Insurer for review. The following services must either:

- Produce significant improvement in the Plan Participant's condition in a reasonable and predictable period of time; and
- Be of such a level of complexity and sophistication, and the condition of the patient must be such that the required therapy can safely and effectively be performed; or
- Be necessary to the establishment of an effective maintenance program.

8.0 SURGICAL BENEFITS

8.1 Surgical Services

Insurer will provide benefits for covered surgical services received in a Hospital, a Physician's office or other approved facility. Surgical services include; use of operation room and recovery room, operative and cutting-procedures, treatment of fractures and dislocations, surgical dressings, and other medically necessary services.

8.2 Anesthesia Services

Benefits are provided for the service of an anesthesiologist, other than the operating surgeon or assistant, who administers anesthesia for a covered surgical or obstetrical procedure.

8.3 Reconstructive Surgery

Reconstructive surgery as a result of an accident or illness will be covered as long as it is determined that it is medically necessary.

9.0 EMERGENCIES

9.1 Emergency Room

Benefits are provided for life threatening emergency services when incurred in a Hospital's emergency room. Admission to the Hospital is not required for benefit consideration. Within the United States, use of the emergency room for non-emergency services is a costly alternative and all services provided may not be eligible for benefit payment.

9.2 Emergency Ground Ambulance Services

Benefits are provided for medically necessary emergency ground ambulance transportation to the nearest Hospital able to provide the required level of care. The use of ambulance services for the convenience of the Plan Participant will not be considered a covered service.

9.3 Emergency Dental

This includes Emergency Dental treatment and restoration of sound natural teeth required as a result of an accident. All treatment must be completed within 120 days of the Accident or before the expiration date of the plan. Routine dental treatment is not covered under this benefit.

10.0 MATERNITY CARE

The following maternity benefits are covered and are applicable to any condition related to pregnancy, including but not limited to childbirth, prenatal, miscarriage, premature birth, and complications of pregnancy. For a pregnancy related to a dependent spouse, conception must occur at least 10- months after the effective date for the pregnancy to be covered. Fertility/infertility services, tests, treatments, drugs, and/or procedures, complications of that pregnancy, delivery and postpartum care are excluded from coverage. The following benefits are only available to the Plan Participant or Spouse.

10.1 Physician and Obstetrical Services

The Insurer provides the following maternity related benefits:

- Obstetrical and other services rendered in a licensed Hospital or approved birthing center, including anesthesia, delivery, medically necessary C- section, pre-natal and post-natal care for any condition related to pregnancy, including but not limited to childbirth and miscarriage. Elective C-sections are not covered;
- All pre-natal and post-natal Physician's office visits, laboratory and diagnostic testing;
- Pre-natal vitamins are covered during the term of the pregnancy only, if prescribed by a physician.

10.2 Newborn Infant Care Services

Hospital nursery services and medical care provided by the attending Physician for newborn infants in the Hospital are covered. Charges for Hospital nursery services and professional services for the newborn infant are covered separately from the mother's Maternity benefits and are subject to satisfaction of the Policy Year Deductible and Coinsurance. Refer to section 2.6 Addition of a Newborn Baby.

10.3 Complications of Pregnancy and Congenital Conditions

Health complications as a result of pregnancy are subject to the Maximum Benefit per Period of Insurance and not the Maximum Benefit under Maternity.

11.0 OTHER MEDICAL BENEFITS

11.1 Mental Health Benefits

Benefits are provided for psychotherapeutic treatment and psychiatric counseling and treatment for an approved psychiatric diagnosis. Benefits are for both inpatient mental health treatment in a Hospital or approved facility and for outpatient mental health treatment. A Physician or a licensed clinical psychologist must provide all mental health care services.

Services include treatment for Bulimia; Anorexia; Bereavement; non-medical causes of insomnia; Attention Deficit Disorder (ADD); and Attention-Deficit Hyperactivity Disorder (ADHD). The following services do not meet the criteria established by the Insurer for consideration under this benefit:

1. Services for conditions not determined by Insurer as to be emotional or personality illnesses;
2. Psychiatric services extending beyond the period necessary for evaluation and diagnosis of mental deficiency or retardation;
3. Services for mental disorders or illness which are not amenable to favorable modification.

11.2 Alternative Medicine

Insurer will provide benefits limited to the following:

- Acupuncture and homeopathy where such is provided as treatment for an illness covered under this plan;
- Treatment is covered only by certified acupuncture and homeopathy specialists.

11.3 Palliative Dental Care

An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth or gums and benefits are payable in accordance with the Schedule of Benefits.

11.4 Preventive Care

Child Wellness: This includes well-child routine medical exams, health history, development assessments, immunizations, and age related diagnostic tests covered up to the age of 12-months.

Adult Wellness: This includes routines physical examinations, immunizations for infectious diseases as recommended by the Center for Disease Control and preventive medical attention.

11.5 Home Health Care including Nursing Services

The Insurer provides benefits for Home Nursing and other Home Health Care services. Nursing care is defined as prescribed care that can only be provided by a licensed Registered Nurse (RN) or Licensed Practical Nurse (LPN) which is medically necessary to treat identified medical conditions on a temporary, limited basis. These services need to meet specified medical criteria to be covered. Home nursing is provided immediately following treatment as an inpatient on physician recommendation. Home nursing is not provided solely for the convenience of the family caregiver.

11.6 Hospice

Hospice is a program approved by Insurer to provide a centrally administered program of palliative and supportive services to terminally ill persons and their families. Terminally ill refers to the patient having a prognosis of 240 days or less. Covered services are available in home, outpatient and inpatient settings. The Hospice care guidelines are:

- Must relate to a medical condition that has been the subject of a prior valid claim with the Insurer, with a diagnosis of terminal illness from a medical doctor;
- Benefit is payable only in relation to care received by a recognized hospice.

11.7 Diabetic Medical Supplies

Insurer provides benefits for certain diabetic supplies including Insulin Pumps and associated supplies.

11.8 HIV/AIDS

Benefits are available for medically necessary, non-experimental services, supplies and drugs for the treatment of Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV +), AIDS Related Complex (ARC), sexually transmitted diseases and all related conditions that are not pre-existing conditions.

11.9 Durable Medical Equipment

Insurer provides benefits for prosthetic devices (artificial devices replacing body parts), orthopedic braces and equipment including wheelchairs and hospital beds. Such Durable Medical Equipment (DME) must be:

- Prescribed by a Physician, and
- Customarily and generally useful to a person only during an illness or injury, and
- Determined by Insurer to be medically necessary and appropriate.

Allowable rental fee of the Durable Medical Equipment must not exceed the Purchase price. Charges for repairs or replacement of artificial devices or other Durable Medical Equipment originally obtained under this plan will be paid at 50% of the allowable reasonable and customary amount.

Some items not covered under Durable Medical Equipment include but are not limited to the following:

- Comfort items such as telephone arms and over bed tables;
- Items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers;
- Miscellaneous items such as exercise equipment, heat lamps, heating pads, toilet seats, bathtub seats,
- The customizing of any vehicle, bathroom facility, or residential facility.

11.10 Alcohol and Substance Abuse

The benefit includes inpatient and outpatient services including diagnosis, counseling, and other medical treatment rendered in a Physician's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Physician or a licensed psychologist who certifies that the Plan Participant needs to continue such treatment.

11.11 Prescription Drugs

Prescription Drugs are medications which are prescribed by a Physician and which would not be available without such Prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, medicines, experimental and/or investigational drugs, or supplies, even when recommended by a Physician, do not qualify as Prescription Drugs. Any drug that is not scientifically or medically recognized for a specific diagnosis or that is considered as off label use, experimental, or not generally accepted for use will not covered, even if a Physician prescribes it.

11.12 Motor Vehicle

The plan covers injuries sustained in a motor vehicle accident in accordance with the benefits shown in the Schedule of Benefits.

11.13 Professional Sports and other Hazardous Activities

The plan covers **leisure sports and activities** meaning such activities that are for relaxation or fun, do not require any special training, and do not heighten the risk of injury or death to an individual. Examples of such covered activities include but are not limited to; kayaking, snorkeling, paddle boarding, sailing, white water rafting levels 1-3, and scuba diving up to 15 meters.

This plan does not cover **hazardous or extreme sports and activities, or professional sports and activities. Interscholastic, intercollegiate, intramural, and club sports are covered as shown in the Schedule of Benefits.**

12.0 ADDITIONAL BENEFITS

12.1 Passport Recovery

The Insurer will pay up to a maximum as defined in the Schedule of Benefits in respect of reasonable expenses necessarily incurred abroad in obtaining the replacement of a Plan Participant's lost or stolen passport. Additional expenses for missing flight and extending accommodations are not covered by this benefit.

12.2 Lost Baggage

Secondary coverage to Common Carrier settlement with reimbursement to the maximum specified in the Schedule of Benefits. No claims will be accepted until after the Plan Participant has filed and received settlement from the Common Carrier. The coverage is in respect of Accidental loss or theft to baggage clothing and personal effects owned by the Plan Participant, subject to depreciation tables selected by the Insurer to a maximum payment of:

a. See Maximum Allowed in Schedule of Benefits in respect of any one article, pair or set of articles.
b. See Maximum allowed in the Schedule of Benefits overall in respect of Valuables/Electronic Items.
c. See Definitions, Conditions and Exclusions.

Conditions:

1. The Plan Participant must observe ordinary proper care in the supervision of the insured property and in all cases of loss;
2. Claims will be evaluated on an "indemnity basis" only – not "new for old". This means the market value of the article less deduction for age, wear, tear and depreciation, or the cost of repair; whichever is the lesser.
3. Claims will not be considered unless proof of ownership and evidence of value is provided;
4. Any amount paid for temporary loss of baggage will be deducted from the final claim settlement if baggage proves to be permanently lost;
5. Proof of a Missing Bag Report must be filed with the Common Carrier;
6. Any amount paid by a Common Carrier in settlement toward the loss will be deducted from the final claim;
7. The Insurer may request any information from the Plan Participant it deems necessary in the settlement of a claim. Failure to provide additional information will result in a denial of the claim;
8. In the event of a claim in respect of a pair or set of articles the Insurer shall only be liable in respect of the value of that part of the pair or set which is lost, stolen or damaged.

The Insurer shall not be liable for:

1. Damage to baggage of any kind and or its contents;
2. Any loss or theft, or suspected theft not reported to the police within 24 hours of discovery and a written report obtained;
3. Any damage or loss or theft of property in transit, which has not been reported to the Common Carrier and written report obtained. In the case of an airline a property irregularity report will be required;
4. Loss or theft of any property left unattended in a public place;
5. Any theft from an unattended motor vehicle unless the property is in a locked/covered baggage area and there is evidence of forced entry which has been verified by a police report;
6. Loss, damage or theft of Valuables/Electronic Items and money packed in checked baggage or other receptacles while travelling;

7. Loss or damage caused by decay, wear and tear, moth, vermin or atmospheric conditions;
8. Deterioration or mechanical derangement of any kind;
9. Loss due to confiscation or detention by customs or other authority;
10. Damage to sports equipment while in use;
11. Losses of jewelry while swimming;
12. Breakage of or damage to fragile articles and any consequence thereof;
13. Any loss or theft of phones, smart phones, computer equipment including tablet personal computers;
14. Unset precious stones, contact or corneal lenses, spectacles or accessories;
15. Stamps, documents, deeds, manuscripts or securities of any kind;
16. Items of a perishable nature;
17. Business goods, samples, tools of trade or motor accessories;
18. Household goods and home contents.

12.3 ATMSafe

This is an exclusive program that provides the Plan Participant with protection against theft when withdrawing cash from an ATM/Bank Machine anywhere in the world. In the event of loss, the Plan Participant will be reimbursed up to the daily withdrawal limit specified in the Schedule of Benefits. All claims require a police report to be filed.

12.4 Medical Evacuation/Repatriation

Reimbursement of Emergency Air Ambulance (Medical evacuation): The cost of a person accompanying a Plan Participant is covered under this plan, with expenses subject to pre-approval by GBG Assist. GBG Assist retains the right to decide the medical facility to which the Plan Participant shall be transported and the means of transportation. Approved medical evacuations will be to the nearest medical facility capable of providing the necessary medical treatment. The Plan Participant is required to contact GBG Assist for Pre-authorization before a Plan Participant incurs any evacuation and assistance costs using any means of transportation. If the Plan Participant fails to follow these conditions, he will be liable for the full costs of any transportation.
Within 90 days of the medical evacuation, the return flight for the Plan Participant and an accompanying person will be reimbursed up to the cost of an airplane ticket in economy class only to the Plan Participant's Home Country.

Sea and Offshore Evacuation: If a Plan Participant is injured or becomes ill at sea (i.e cruises, yachting, etc.), the Insurer will not consider any benefit until the Plan Participant is on land. This means any costs involved from an evacuation from sea to land will not be considered under this plan. Once on land, this plan will cover medical costs and further evacuation, according to the insurance coverage and terms. If a Plan Participant is at sea, the Insurer would request the Plan Participants are evacuated by sea rescue to a country within their purchased Area of Coverage, where circumstances allow.

Medical Repatriation: If a Plan Participant can no longer meet the Eligibility requirements due to medical reasons, GBG Assist will make the determination if Medical Repatriation to the Home Country is necessary. GBG Assist will coordinate return to the Home Country. If the Plan Participant refuses Repatriation, the plan will be terminated for failure to meet Eligibility requirements.

12.5 Return of Mortal Remains

A benefit for either repatriation of mortal remains or local burial is included. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar personal burial preferences. The necessary clearances for the return of a Plan Participant's mortal remains by air transport to the Home Country will be coordinated by GBG Assist.

12.6 Accidental Death and Dismemberment Benefits

The Plan Participant must receive initial medical treatment within 30 days of the date of Accident. The insurance does not cover injuries received while making a parachute jump (unless to save a life). The maximum amount payable for this benefit is the Principal Sum indicated on the Schedule of Benefits. If the Plan Participant incurs a covered loss, the Insurer will pay the percentage of the Principal Sum shown in the table. If the Plan Participant sustains more than one such loss as the result of one Accident, the Insurer will only pay one amount, the largest to what the Plan Participant is entitled. The loss must result within 90 days of the Accident. Your coverage under the plan must be inforce.

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

12.7 Compassionate Care Visit

The Insurer will repatriate the Plan Participant to their Home Country in the event there is a serious life threatening Illness, injury, or death of a spouse, domestic partner, parent, parent-in-law, child, grandchild, brother, sister of fiancé. The Family Member must be a resident in the Home Country of the Plan Participant. In all cases, the decision rest solely with the insurance company's medical representatives who will make the final and binding determination. In the event of death, a certificate of death must be provided.

12.8 War and Terrorism

This plan covers bodily injury directly or indirectly caused by, or resulting from certain acts of War and Terrorism, provided the Plan Participant is not an active participant, or in training for in such activities. This benefit considers the following activities, excluding the use of nuclear, chemical, or biological weapons of mass destruction.

1. War, hostilities or warlike operations (whether war be declared or not),
2. Invasion,
3. Act of an enemy foreign to the nationality of the Plan Participant or the country in, or over, which the act occurs,
4. Civil war, Riot, Rebellion, Overthrow of the legally constituted government,
5. Military or usurped power,
6. Explosions of war weapons,
7. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Plan Participant whether war be declared with that state or not,
8. Terrorist activity.

13.0 HOW TO FILE A CLAIM

Claims must be filed within **180 days** of treatment to be eligible for reimbursement of covered expenses. Claim forms should be submitted only when the medical service provider does not bill the Insurer directly, and when you have out-of-pocket expenses to submit for reimbursement. All claims worldwide are subject to Usual, Customary, and Reasonable charges as determined by GBG and are processed in the order in which they are received. In order for claims payment to be made, claims must be submitted in a form acceptable to Insurer.

13.1 Medical and Prescription Claims

To file your claim, submit it online at www.gbg.com. Log into the Member Area and select Submit Claim, and then follow the instructions to complete the online claim form. If you are unable to submit your claim electronically, you can mail or fax your completed claim form and copies of supporting documentation. After submitting the claim, you will receive a claim reference number and an electronic receipt for the claim will be sent to you by email.

Claims may be submitted to the Insurer directly by the Provider or Facility. The Insurer will process the claim according to the Schedule of Benefits and plan terms, and remit payment to the health care provider. Ineligible charges or those in excess of the Allowable Charges will be the responsibility of the Plan Participant.
If the Plan Participant has paid the health care provider, the Plan Participant will submit the claim form along with the original paid receipts directly to the Insurer. Photocopies will not be accepted unless the Claim is submitted electronically. The Insurer will reimburse the Plan Participant directly according to the Schedule of Benefits and plan terms.

13.2 Accidental Death and Dismemberment Claims

To substantiate a claim for benefits covered by the terms of this plan, the following initial documents must be submitted:

- An official certificate of death, indicating date of birth of the Plan Participant;
- A detailed medical report at the onset and course of the disease, bodily injury or Accident that resulted in the death or dismemberment. In the event of no medical treatment, a medical or official certificate stating the cause and circumstances of death;
- The Insurer will pay the benefit as soon as the validity of the claim for benefits has been reasonably satisfied. Expenses incurred in relation to the substantiation of a claim will not be the responsibility of the Insurer.

13.3 ATMSafe Claims

This benefit will be payable provided the robbery is reported to the police within 48 hours of its occurrence, and the following documentation is produced upon submission of a claim:

- A copy of the police report;
- A fully completed dated and signed (by the Plan Participant) claim form;
- A copy of the ATM transaction receipt, showing the amount withdrawn, time, date and location of the ATM; and;
- Confirmation from the financial institution records that the transaction occurred at the time, date and said location. The Robbery Benefit is limited to two benefits, per Period of Insurance.

All claims must be submitted to the Insurer within 10 days from the date of the Robbery.
Submit Claims or claims appeal by:

Web:	Mail:	Fax:	Email:
www.gbg.com	GBG Administrative Services 27422 Portola Parkway Suite 110 Foothill Ranch, CA 92610 USA	+1 949 271 2330	gbgassist@gbg.com

13.4 Reimbursement Options

Claims reimbursements will be made by:

- Electronic Direct Deposit for Plan Participant where the receiving bank is located in the U.S.,
- Wire Transfer for members and overseas providers where the receiving bank is located outside of the U.S., or
- Check sent to member or provider where electronic payment is not possible.

13.5 Settlement of Claims

When claims are presented to the Insurer, the Allowable Charges will be applied towards the Deductible. Once the Deductible has been satisfied, all Allowable Charges will be paid at the percentage listed on the Schedule of Benefits, up to the listed benefit maximum. Note the amount of Allowable Charges applied towards the Deductible also reduces the applicable benefit maximum by the same amount.

If the plan has an Out-of-Pocket maximum, once it is met the plan will begin paying 100% of Allowable Charges for the remainder of insurance coverage, subject to the benefit maximums. The Out-of-Pocket maximum does not apply to any expenses covered under the Prescription Benefit.

13.6 Status of Claims

Plan Participant's wishing to request the status of a claim or have a question about a reimbursement received, please submit the status request form via our website at www.gbg.com or e-mail customer service at gbgassist@gbg.com. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review.

13.7 Releasing Necessary Information

It may be necessary for the Insurer to request a complete medical file on a Plan Participant for purpose of claims review or administration of the plan. It may also be necessary to share such information with a medical or utilization review board, or a reinsurer. The release of such confidential medial information will only be with written consent of the Plan Participant.

13.8 Coordination of Benefits

It is the duty of the Plan Participant to inform Insurer of all other coverage. In no event will more than 100% of the Allowable

Charge and/or maximum benefit for the covered services be paid or reimbursed.

If a Plan Participant has coverage under another insurance contract, including but not limited to health insurance, worker's compensation insurance, automobile insurance (whether direct or third party), occupational disease coverage, and a service received is covered by such contracts, benefits will be reduced under this plan to avoid duplication of benefits available under the other contract. This includes benefits that would have been payable had the Plan Participant claimed for them. The following guidelines will be used to determine the primary plan:

- The Plan is Primary if it covers the claimant as an active Insured.
- If two Plans cover the claimant as an Insured, the Plan that has covered him for the longer period of time is the Primary plan.
- If a Plan Participant is covered as an active Insured under the Plan and as a retired or laid off Insured under another Plan, the Plan that covers him as an active Insured is the Primary Plan. The Plan that covers him as a retired or laid off Insured is the Secondary Plan.

13.9 Subrogation

When the plan pays for expenses that were either the result of the alleged negligence, or which arise out of any claim or cause of action which may accrue against any third party responsible for injury or death to the Plan Participant by reason of their eligibility for benefits under the plan, the plan has a right to equitable restitution.

14.0 CLAIMS APPEAL

14.1 Level One Appeal

If you are not satisfied with an administrative, eligibility, rescission of coverage, denial or reduction of benefit or if a health care determination for pre-service or current care coverage has been denied; you or your appointed representative has the right to file an appeal within 180 days.

Your appeal will be reviewed and the decision made by a member of the claims staff who was not included in the original decision. Appeals involving Medical Necessity, clinical appropriateness, or experimental and investigational treatments will be considered by a health care professional.

For Level One Appeals regarding required pre-service or concurrent care coverage decision, GBG will respond with a decision within 15 calendar days. We will respond within 30 calendar days for appeals regarding a post service coverage decision. If more time or information is needed to make the decision, GBG will notify you to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

14.2 Level Two Appeal

If you are dissatisfied with the Level One appeal decision, you may request a Level Two Appeal. To start, follow the same process required for a Level One appeal.

Most requests for a second review will be conducted by the Appeals Committee, which consists of at least three people. Anyone involved in the prior decisions may not vote on the committee. For appeals involving Medical Necessity, clinical appropriateness, or being experimental or investigational, the Committee will consult with at least one Physician reviewer in the same or similar specialty as the care under consideration, as determined by our medical review agent.

For Level Two appeals we will notify you that we have received your request and schedule a Committee Review. For required pre-service and concurrent care coverage determinations, the Committee review will be completed within 15 calendar days. For post-service claims, the Committee Review will be completed within 30 calendar days. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional time needed by the committee to complete the review. You will be notified in writing of the decision within five working days of the meeting, and within the Committee Review time frames.

14.3 Independent Review Procedure

If you are not satisfied with the final decision of the Level Two appeal review, you may request that your appeal be referred to an Independent Review Organization. The Independent Review Organization is composed of persons who are not employed by us, our administrator, or any of our affiliates. A decision to use this external level of appeal will not affect the claimant's rights to any other benefits under the plan.

There is no charge for you to initiate this Independent Review process. The Insurer will abide by the decision of the Independent Review Organization.

In order to request a referral to an Independent Review Organization, certain conditions apply. The reason for the denial must be based on a Medical Necessity or clinical appropriateness determination or because it is considered to be experimental or investigational by our medical review agent. Administrative, eligibility, or benefit coverage reductions or exclusions are not eligible for appeal under this process.

To request a review, you must notify the Appeals Coordinator within 180 days of your receipt of the Insurer's final adverse benefit determination. The Insurer will then forward the file to the Independent Review Organization. The Independent Review Organization will render an opinion within 30 days of request.

14.4 Expedited Appeals

You may request that the appeal process be expedited if, the time frames under this process would seriously jeopardize your life, health, ability to regain maximum function or, in the opinion of your Physician, would cause you severe pain which cannot be managed without the requested services; or your appeal involves non-authorization of an admission or continuing inpatient stay. GBG Medical Review Agent in consultation with the treating Physician will decide if an expedited review is necessary. When an appeal is expedited, GBG will respond within 72 hours, followed up in writing or electronically within five days.

14.5 Complaints Procedure

If you are not satisfied with the outcome of the Appeals process as described above, you may file a formal complaint. The complaints procedures are listed at GBG's website: https://www.gbg.com/#/AboutGBG/ComplaintsProcedures.

15.0 EXCLUSIONS AND LIMITATIONS

All services and benefits described below are excluded from coverage or limited under your plan of Insurance.

#	*Reference*	*Exclusion*
1	**AIDS/HIV**	Pre-existing conditions of Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARC), HIV positive, all secondary diseases, and all sexually transmitted diseases.
2	**Air Travel**	Flying except as a fare-paying passenger in a scheduled aircraft or in an employer owned or hired jet or helicopter for transportation of employees.
3	**Alcohol and Drug Abuse**	Treatment of any illness or injury arising directly or indirectly from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed.
4	**Breast reduction**	All services and treatments.
5	**Charges in Excess of Usual, Customary, and Reasonable**	Any portion of any charge in excess of UCR for the particular service or treatment for the specific geographical area.
6	**Charges Incurred before the Effective Date and After the Expiration Date**	Claims and costs for medical treatment occurring before the effective date of coverage (including waiting periods) or after the expiration date of the plan are not covered. This includes any portion of a covered prescription to be used after the expiration of the current plan year.

7	**Charges Reimbursable by Another Entity**	Services, supplies, or treatment that are provided by or payment is available from: a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country; or; b. Another insurance company or government; or c. A government entity due to an epidemic or public emergency.
8	**Circumcision**	Unless due to underlying medical reasons.
9	**Consultations**	Telephone, E-mail, and internet consultations, and telemedicine, missed appointments, and after hours expenses, and charges made by a provider who is a member of your family or your dependent's family.
10	**Cosmetic and Elective Surgery for Non-Medical Reasons**	Treatments, procedures or drugs which are primarily for enhancement, improvement, or altering one's appearance, unless required due to a non-occupational injury occurring while insured under this plan. Medical complications arising from such treatments or procedures are also not covered.
11	**Counselling and Testing Services**	Non-medical counselling services including but not limited to marriage and family counselling, educational counseling, aptitude testing, educational testing and services.
12	**Dental Care**	a. General diagnostic examinations, cleaning, basic restoration, periodontal treatments, oral surgery, crowns, bridges, endodontic, extraction of wisdom teeth, orthodontic and all other preventive, basic, or major dental services. b. Dental Services at a hospital, including general anesthesia are not covered under the medical plan. c. Inlays, dentures, or false teeth and replacement of lost or stolen crowns, bridges, or dentures d. Implants and all related services e. Temporomandibular Joint Disorders (TMJ) or Malocclusion Temporomandibular Joint Disorders and Mouth guards for teeth grinding.
13	**Durable Medical Equipment**	Includes but are not limited to the following: a. Comfort items such as telephone arms and over bed tables; b. Items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers; c. Miscellaneous items such as exercise equipment, heat lamps, heating pads, toilet seats, bathtub seats, d. The customizing of any vehicle, bathroom facility, or residential facility.
14	**Epidemic**	Treatment and services related to infectious diseases declared to be an outbreak, epidemic, or public emergency by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), or any other Government or Government Agency or ruling body of the country where the outbreak or epidemic has occurred in. Additionally, such coverage is also excluded if there has been an official warning issued against travel to the area, by the State Department, Embassy, Airline or other Governmental Agency, prior to travel to the affected country. This exclusion will not apply if exposure occurs accidentally or unknowingly while travelling to or from areas not declared to be at risk, or if exposure occurs as a result of residing or working in the area prior to the outbreak.

15	**Exceptional Risks**	Treatment related to: a. Injury sustained while participating in a hazardous activity or training for any professional sport or activity. b. Injury sustained while participating in, or training for, (declared or not) or acts of terrorism; c. Chemical contamination; d. The malicious use of Nuclear, Chemical, or Biological Weapons or warfare; e. Contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel.
16	**Experimental or Off-Label Services**	Services, supplies or treatments, including drugs, which are deemed to be experimental or investigational or that is not medically recognized for a specific diagnosis.
17	**Fertility/Infertility Treatments and Birth Control**	Any services, procedure or treatment including drugs used to: a. Treat infertility including in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and any variations of these procedures, and any costs associated with the preparation or storage of sperm for artificial insemination. All expenses related to the use of a surrogate mother are also excluded. b. Vasectomies and sterilization, and any expenses for male or female reversal of sterilization. c. Contraceptive devices including the insertion or removal of such devices. Oral Contraceptives are covered under this plan.
18	**Genetic Screening**	Counseling, screening, testing, or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
19	**Growth Hormones**	Excluded unless used as an integral treatment plan for an illness covered under this plan.
20	**Hair Treatment**	Treatment for alopecia or hair loss including but not limited to Hairplasty, hair transplants or any other procedure to stimulate hair growth; the temporary removal of hair by laser; electrolysis; waxing; or any other means.
21	**Hearing Care**	Routine examination, hearing aids or devices, and the surgical implantation of, or removal of bone anchored hearing devices.
22	**Hernia**	Treatment of a hernia, including sports hernia whether or not caused by a covered Accident.
23	**Illegal Activities**	Injuries and illnesses resulting or arising from or occurring during the commission or perpetration of a violation of law.
24	**Maternity**	a. Pregnancy and related conditions for a dependent child, b. Maternity or delivery preparation classes, c. Elective Caesarean section, d. Care or treatment for an individual acting as a surrogate.

25	**Medical Examinations or Certificates**	Any examination, immunization, or tests necessary for the issuance of medical certificates or determining employment, or suitability for school, sport related activities, or travel or determining insurability.
26	**Non-Covered Treatments**	Treatment of any illness or injury, or charges relating to such that is: a. Not ordered or recommended by a Physician; or b. Not medically necessary; or c. Not rendered under the scope of the Physician's licensing; or d. Not professionally recognized or is determined by Insurer to be unnecessary for proper treatment. e. Enrolling solely for the purpose of obtaining medical treatment, while on a waitlist for a specific treatment, or while traveling against the advice of a physician.
27	**Non-Medical Care**	Services related to custodial care, respite care, home-like care, assistance with activities of daily living (ADL), or Milieu Therapy. Any admission to a nursing home, home for the aged, long term care facility, sanitarium, spa, hydro clinic, or similar facilities. Any admission, arranged wholly or partly for domestic reasons, where the hospital effectively becomes or could be treated as the Plan Participant's home or permanent abode.
28	**Organ Transplant**	Organ transplant and related procedures and expenses.
29	**Over-the-Counter and Non-Prescription Drugs**	Over the counter drugs or non-prescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following: a. Tobacco dependency b. Weight reduction or appetite suppressant, c. Cosmetic drugs, even if ordered for non-cosmetic purposes d. Acne and rosacea drugs and treatment (including hormones and Retin-A), except for cystic and pustular acne, e. Vitamins, supplements, or herbs.
30	**Personal Comfort and Convenience Items**	Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take home supplies.
31	**Podiatric Care**	Routine foot care, including the paring and removing of corns, calluses, or other lesions, or trimming of nails or other such services. Orthopedic shoes or other supportive devices such as; arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.
32	**Prosthetics**	High performance prosthetic devices for sports or improvement of athletic performance, and power enhancement or power controlled devices, nerve stimulators, and other such enhancements to prosthetic devices. Limbs and other devices intended to replace the functionality of the body part being replaced and the repair and replacement of such devices are not covered.

33	**Sanctions**	Notwithstanding any other terms under this plan, we shall not provide coverage nor will we make any payments or provide any service or benefit to any Plan Participant, beneficiary, or third party who may have any rights under this plan to the extent that such cover, payment, service, benefit, or any business or activity of the Plan Participant would violate any applicable trade or economic sanctions law or regulation.
34	**Skin Conditions**	Acne, rosacea, skin tags, and any other treatment to enhance the appearance of the skin, except for cystic or pustular acne.
35	**Sleep Studies**	Sleep studies and other treatments relating to sleep apnea.
36	**Smoking Cessation**	Treatments whether or not recommended by a Physician.
37	**Sexual Dysfunction**	Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions.
38	**Self-Inflicted Illnesses or Injuries**	Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane. Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily injury, except in an endeavor to save human life.
39	**Transsexual Surgery**	Medical or psychological counseling, hormonal therapy in preparation for, or subsequent to, any such surgery, surgical procedures, and any other expenses related to sexual reassignment including the complications arising from such procedures.
40	**Vision Care**	Services and supplies related to: a. Visual therapy, or eye surgery to correct refractive error or deficiencies, including myopia or presbyopia, b. Eye examinations, frames, lenses, or contact lenses, unless covered under the Optional Vision coverage, c. Optional lens coating for anti-glare, anti-scratch, or UV sun protection and sunglasses and related accessories. d. Other devices to assist with impaired vision.
41	**Weight Related Treatment**	Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded.

Accidental Death and Dismemberment Exclusions: In addition to the Exclusions and Limitations shown above, the following exclusions also pertain to the Accidental Death and Dismemberment Benefit:

1. Any loss caused directly or indirectly from extortion, kidnap & ransom or wrongful detention of the Plan Participant or hijacking of any aircraft, motor vehicle, train or waterborne vessel on which the Plan Participant is traveling.
2. Any loss resulting as a fare-paying passenger in a scheduled aircraft or in an employer owned or hired jet or helicopter for transportation of employees.

16.0 DEFINITIONS

Certain words and phrases used in this plan are defined below. Other words and phrases may be defined where they are used.

Accident: Any sudden and unforeseen event occurring during the insurance coverage year period, resulting in bodily injury, the cause or one of the causes of which is external to the Plan Participant's own body and occurs beyond the Plan Participant's control.

Activities of Daily Living (ADL): Activities of daily living are those activities normally associated with the day-to-day fundamentals of personal self-care, including but not limited to: walking, personal hygiene, sleeping, toilet/continence, dressing, cooking/feeding, medication, and getting in and out of bed.

Acute Care: Medically necessary, short-term care for an illness or injury, characterized by rapid onset, severe symptoms, and brief duration, including any intense symptoms, such as severe pain.

Admission: The period from the time that a Plan Participant's enters a Hospital, Extended Care Facility or other approved health care facility as an inpatient until discharge.

Air Ambulance: An aircraft specially equipped with the necessary medical personnel, supplies and Hospital equipment to treat life-threatening illnesses and/or injuries for Plan Participant's whose conditions cannot be treated locally and must be transported by air to the nearest medical center that can adequately treat their conditions. This service requires pre-authorization. A commercial passenger airplane does not qualify as an air ambulance.

Allowable Charge: The fee or price the Insurer determines to be the Usual, Customary and Reasonable Charges for health care services provided to Plan Participants. The Plan Participant is responsible for the payment of any balance over the Allowable Charge (except in the U.S. when a Preferred Provider has delivered the service, then there is no balance due). All services must be medically necessary. Once an allowable charge is established then the deductible, coinsurance, copayments and any excess charges must be paid by the Plan Participant.

Ambulatory Surgical Center: A facility which (a) has as its primary purpose to provide elective surgical care; and (b) admits and discharges a patient within the same working day; and (c) is not part of a Hospital. Ambulatory Surgical Center: does not include: (1) any facility whose primary purpose is the termination of pregnancy; (2) an office maintained by a Physician for the practice of medicine; or (3) an office maintained by a Dentist for the practice of Dentistry.

ATM: an automatic electronic device designed to permit the Plan Participant to interface with a financial institution without teller assistance using a Registered Card.

Birth Center: A facility that: a) is mainly a place for the delivery of a child or children at the end of a normal pregnancy; b) and meets one or both of the following tests: (1) it is licensed as a Birth Center under the laws of the jurisdiction where it is located; and/or (2) it meets all the following requirements: (i) it is operated in accordance with the laws of the jurisdiction where it is located; (ii) it is equipped to perform all necessary routine diagnostic and laboratory tests; (iii) it has trained staff and equipment required to properly treat potential emergencies of the mother and of the child; (iv) it is operated under the full-time supervision of a Physician or a Registered Nurse (R.N.); (v) it has at all times a written agreement with at least one Hospital in the area for immediate acceptance of a patient in the event of a complication; (vi) it maintains medical records for each patient; (vii) and it is expected to discharge or transfer each patient within 48 hours after the delivery.

Certificate: The document provided to the Plan Participant that includes the Schedule of Benefits and the terms of the Master Policy issued to the Trust.

Coinsurance: Inpatient stay at an approved extended care facility for necessary skilled treatment or rehabilitation in accordance with the contract.

Common Carrier: An individual, a company, or public utility which is in the regular business of transporting people and for which a fair has been paid.

Complications of Pregnancy: A condition;

- Caused by pregnancy; and
- Requiring medical treatment prior to, or subsequent to termination of pregnancy; and
- The diagnosis of which is distinct for pregnancy; and
- Which constitutes a classifiably distinct complication of pregnancy.

A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy.
Confinement: Inpatient stay at an approved extended care facility for necessary skilled treatment or rehabilitation in accordance with the contract.

Congenital Condition: Any heredity condition, birth defect, physical anomaly and/or any other deviation from normal development present at birth, which may or may not be apparent at that time. These deviations, either physical or mental, include but are not limited to, genetic and non-genetic factors or inborn errors of metabolism.

Cosmetic Surgery: Surgery or therapy performed to improve or alter appearance for self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

Custodial Care: Includes: (1) the provision of room and board, nursing care, or such other care which is provided to an individual who is mentally or physically disabled and who, as determined by the individual's attending Physician, has reached the maximum level of recovery; and (2) in the case of an institutionalized person, room and board, nursing care or such other care which is provided to an individual for whom it cannot reasonably be expected that medical or surgical treatment will enable him to live outside an institution; and (3) rest cures, respite care and home care provided by family Insureds. Upon receipt and review of a claim, the Insurer or an independent medical review will determine if a service or treatment is Custodial Care.

Deductible: The amounts of covered Allowable Charges payable by the Plan Participant during each Period of Insurance before the plan benefits are applied. Such amount will not be reimbursed under the plan. The Deductible is not considered part of the Out-Of-Pocket Maximum.

Dependent: Refers to a member of the Plan Participant's family who is enrolled under the plan with the Insurer after meeting all the eligibility requirements and for whom premiums have been received.

Durable Medical Equipment: Orthopedic braces, artificial devices replacing body parts and other equipment customarily and generally useful to a person only during an illness or injury and determined by Insurer on a case by case basis to be medically necessary including motorized wheelchairs and beds. See DME Section for more details and services that are not consider eligible benefits.

Eligibility: The requirements that a Plan Participant, including the primary Plan Participant and dependents must meet at all times in order to be covered under this plan.

Emergency Dental Treatment: Emergency dental treatment is urgent treatment necessary to restore or replace sound natural teeth damaged as a result of an accident. Sound teeth do not include teeth with previous crowns, fillings, or cracks. Damage to teeth caused by chewing foods does not qualify for emergency dental coverage.

Experimental and/or Investigational: Any treatment, procedure, technology, facility, equipment, drug, drug usage, device, or supplies not recognized as accepted medical practice by Insurer.

Extended Care Facility: A nursing and/or rehabilitation center approved by Insurer that provides skilled and rehabilitation services to patients who are discharged from a Hospital or who are admitted in lieu of a Hospital stay. The term Extended Care Facility does not include nursing homes, rest home, health resorts, homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of drug addicts or alcoholics, or similar institutions.

HIV: Acquired Immune Deficiency Syndrome (AIDS) and all diseases caused by and/or related to the HIV Virus.

Home Country: The country from which the Plan Participant holds a passport. In the event that a citizen of the United States holds more than one passport, the United States shall be deemed the Home Country.

Home Health Care Agency: An agency or organization, or subdivision thereof, that; a) is primarily engaged in providing skilled nursing services and other therapeutic services in the Plan Participant's home; b) is duly licensed, if required, by the appropriate licensing facility; c) has policies established by a professional group associated with the agency or organization, including at least one Physician and one registered graduate nurse (R.N.), to govern the services provided; d) provides for full-time supervision of such services by a Physician or by a Registered Nurse (R.N.), e) maintains a complete medical record on each patient; and f) has a full-time administrator.

Home Health Care Plan: A program: 1) for the care and treatment of a Plan Participant in his home; 2) established and approved in writing by his attending Physician; and 3) Certified, by the attending Physician, as required for the proper treatment of the injury or illness, in place of inpatient treatment in a Hospital or in an Extended care Facility.

Hospice: An agency which provides a coordinated plan of home and inpatient care to a terminally ill person and which meets all of the following tests: 1) has obtained any required state or governmental license or Certificate of Need; 2) provides service 24-hours-a-day, 7 days a week; 3) is under the direct supervision of a Physician; 4) has a nurse coordinator who is a Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.); 5) has a duly licensed social service coordinator; 6) has as its primary purpose the provision of Hospice services; 7) has a full-time administrator; and 8) maintains written records of services provided to the patient.

Hospital: Includes only acute care facilities licensed or approved by the appropriate regulatory agency as a hospital, and whose services are under the supervision of, or rendered by a staff of physicians who are duly licensed to practice medicine, and which continuously provides twenty-four (24) hour a day nursing service under the direction or supervision of registered professional nurses. The term Hospital does not include nursing homes, rest home, health resorts, and homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of drug addicts or alcoholics, or similar institutions.

Illness: A physical sickness, disease, pregnancy and complications of pregnancy of a Plan Participant. This does not include Mental Illness.

Inpatient: A Plan Participant admitted to an approved Hospital or other health care facility for a medically necessary overnight stay.

Lifetime Maximum: Payment of benefits is subject to a lifetime aggregate maximum per individual Plan Participant as indicated in the Schedule of Benefits, as long as the plan remains in force. The Lifetime Maximum includes all benefit maximums specified in the plan, including those specified in the Schedule of Benefits.

Master Policy: The agreement between the Insurer and the International Benefit Trust.

Maximum Benefit: The payment specified in the Schedule of Benefits, for specific services, which is the maximum amount payable by Insurer per person, regardless of the actual or allowable charge. This is after the Plan Participant has met his obligations of deductible, coinsurance, copayments and any other applicable costs.

Medical Emergency Services: Services provided in connection with an "Emergency", defined as a sudden or unexpected onset of a condition requiring medical or surgical care which the Plan Participant secures after the onset of such condition (or as soon thereafter as care can be made available, but in any case not any later than twenty-four (24) hours after the onset) and in the absence of which care a Plan Participant would be expected to suffer serious bodily injury or death.

Medically Necessary: Those services or supplies which are provided by Hospital, Physician or other approved medical providers that are required to identify or treat an illness or injury and which, as determined by Insurer, are as follows:

- Consistent with the symptom, or diagnosis and treatment of condition, disease or injury;
- Appropriate with regard to standards of accepted professional practice;
- Not solely for the Insured Person's convenience, the Physician's convenience or any other provider's convenience, and
- The most appropriate supply or level of service, which can be provided. When applied to an inpatient, it further means that the medical symptoms or condition require that the services or supplies cannot be safely provided as an outpatient;
- Is not a part of or associated with the scholastic education or vocational training of the patient;
- Is not Experimental or Investigative.

Nurse: A person licensed as a Registered Nurse, (R.N.) or Licensed Practical Nurse, (L.P.N.) by the appropriate licensing authority in the areas which he or she practices nursing.

Outpatient: Services, supplies or equipment received while not an inpatient in a hospital, or other health care facility, or overnight stay.

Period of Insurance: The start and end date for which insurance coverage is in effect as shown on the Face Page. When multiple Certificates are issued during a School Year, the Maximum Benefit is an accumulation of all Certificates issued during the School Year.

Physician: Any person who is duly licensed and meets all of the laws, regulations, and requirements of the jurisdiction in which he practices medicine, osteopathy or podiatry and who is acting within the scope of that license. This term does not include; (1) an intern; or (2) a person in training.

Pre-Authorization: A process by which a Plan Participant obtains written approval for certain medical procedures or treatments from the Insurer prior to the commencement of the proposed medical treatment. Certain medical procedures will require the Pre-Authorization process to be followed in order for the service to be covered and to maximize the benefits of the Plan Participant.

Pre-Existing Condition: Any illness or injury, physical or mental condition, for which a Plan Participant received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date.

Preferred Provider Organization (PPO): Refers to a participating provider, such as Hospital, clinic or Physician that has entered into an agreement to provide health services to Plan Participants.

Premium(s): The consideration owed by the Plan Participant to the Insurer in order to secure benefits for its Plan Participant's under this plan.

Prescription Drugs: Prescription drugs are medications which are prescribed by a physician and which would not be available without such prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, medicines, experimental or Investigative drugs, or medical supplies even when recommended by a physician, do not qualify as prescription drugs.

Professional Sports: Activities in which the participants receive payment for participation.

Provider: The organization or person performing or supplying treatment, services, supplies or drugs.

Rehabilitation: Therapeutic services designed to improve a patient's medical condition within a predetermined time period through establishing a maintenance program designed to maintain the patient's current condition, prevent it from deteriorating and assist in recovery.

Repatriation or Local Burial: This is the expense of preparation and the air transportation of the mortal remains of the Plan Participant from the place of death to their Home Country, or the preparation and local burial of the mortal remains of a Plan Participant who dies outside their home country. This benefit is excluded where death occurs in their Home Country.

Schedule of Benefits: The summary description of the benefits, payment levels and maximum benefits, provided under this plan.

School Year: The 12-month period when the educational institution begins classes, usually starting in late summer and may conduct classes on a quarterly, semester, or other regularly scheduled basis.

Subrogation: Circumstances under which the Insurer may recover expenses for a claim paid out when another party should have been responsible for paying all, or a portion of that claim.

Terrorism: Terrorist activity means an act, or acts, of any person, or groups of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization or government.

Usual, Customary and Reasonable Charge: The lower of: 1) the provider's usual charge for furnishing the treatment, service or supply; or 2) the charge determined by the Insurer to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons: 1) who reside in the same geographical area; and 2) whose Injury or Illness is comparable in nature and severity.

The Usual, Customary, and Reasonable charge for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of providers in the area, will be determined by the Insurer. The Insurer will consider such factors as: 1) complexity; 2) degree of skill needed; 3) type of specialist required; 4) range of services or supplies provided by a facility; and 5) the prevailing charge in other areas.

Waiting Period: The period of time beginning with the Plan Participant's Effective Date, during which limited or no benefits are available for particular services. After satisfaction of the Waiting Period, benefits for those services become available in accordance with this plan.

17.0 SUBSCRIPTION AGREEMENT

I hereby apply to be a Plan Participant of the International Benefit Trust established in the Cayman Islands (the "Trust") and to participate in the insurance coverage extended by GBG Insurance Limited (the "Insurer") 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 (for purposes of this Agreement, Home Country means the country from which the Plan Participant holds a passport. In the event that a citizen of the United States holds more than one passport, the United States shall be deemed the 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 Global Benefits Group, Inc. (the "Plan Manager"). I understand that the liability of the Insurer as underwriter 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 undersigned 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. ITA Global Trust Ltd (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, subject to the discretion of the Insurer, such Coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information and 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 Insurer as provider 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 matter that forms the subject of any of the Representations & 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 Representations & Warranties or failure to advise the Trustee of any change in any matter that forms the subject of any of the Representations & 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 Insurer 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.

18.0 APPENDIX OF HAZARDOUS AND EXTREME SPORTS

Covered Activities and Sports The following sports and activities are covered provided the Plan Participant meets the Eligibility Criteria and participates in these sports as part of a sanctioned school activity.	Excluded Hazardous and Extreme Sports and Activities
Abseiling	American Football
Aerobics	BMX cycling
Archery	Base Jumping
Athletics	Boxing
Badminton	Bungee Jumping
Baseball	Canoeing/Kayaking (white water)
Basketball	Canyoning
Bowls	Caving / Cave Diving
Calisthenics	Cheerleading
Camel/Elephant Riding / Trekking	Cross channel swimming
Canoeing/Kayaking (inland/coastal)	Gaelic Football (non-competitive)
Clay pigeon shooting	Gliding
Cricket	Hang Gliding
Cross country running	Heptathlon
Gymnastics	High Diving
Cycling	Horse Jumping
Curling	Horse Racing
Dry skiing	Hunting-on-horseback
Fencing	Ice Hockey
Fell running	Kite surfing/Landboarding/Buggying
Field Hockey	Lacrosse
Fishing (Fresh water and deep sea)	Martial Arts (Competition)
Flying as a passenger (private/small aircraft)	Martial Arts (Training only)
Go Karting (recreational use)	Microlighting
Golf	Motor Racing (all types)
Ice Hockey – School only.	Motorcycling (any)
Handball	Mountain Boarding
Heptathlon	Mountaineering
Horse riding (no Polo, Hunting, Jumping or Dressage)	Mountain Biking
Hot Air Ballooning	Orienteering
Hurling	Parachuting
Jet Boating	Parasailing
Jet Skiing	Parascending (over land)

Jogging	Parascending (over water)
Kickball	Parkour
Lacrosse	Point-to-point
Netball	Polo
Paintballing	Potholing
Roller Blading (Line Skating / Skate boarding)	Professional Sports
Roller Hockey/Street Hockey	Quad Biking
Rounder's	Rambling
Rowing (inland/coastal)	Rock Climbing
Rugby – Touch Only	Rock Scrambling
Running, Sprint / Long Distance	Rugby - Contact
Safari (organized - no guns)	Sandboarding
Sailboarding	Scuba Diving (greater than 15metres)
Sand Yachting	Shark feeding/cage diving
Scuba Diving (max depth 15 metres)	Sky Diving
Skate boarding	Steeple chasing
Snorkeling	Tombstoning
Squash	Trekking/Hiking (over 3,500 metres altitude)
Surfing	Skiing/Snowboarding
Tennis	Windsurfing
Trekking/Hiking (under 3,500 metres altitude)	White/Black Water Rafting (Grade 4 to 6)
Triathlon	Weight-Lifting
Volleyball	Yachting (crewing) - outside territorial waters
Wake Boarding	Yachting (racing)
Water Polo	Zorbing/Hydrozorbing
Wrestling	
Water Skiing	
White/Black Water Rafting (Grade 1 to 3)	
Yachting (crewing) - inside territorial waters	
Any sport not listed that does not require a high degree of risk or training will be evaluated at the Insurer's discretion.	Any sport(s) requiring an increased skill set and a higher level of training to safely participate in an activity that if not properly executed could result in substantial injury or death. Determination and assignment of sports into this category are evaluated at the Insurer's discretion.

Athletic Insurance Proposal

DISSINGER REED

Radford University

2021-22

Proposal Created and Presented By:
Dissinger Reed LLC
8700 Indian Creek Pkwy STE 320
Overland Park, KS 66210
(913)491-6385
www.dissingerreed.com

REQUEST FOR PROPOSAL (RFP)
RFP # R21-002
GENERAL INFORMATION FORM

QUESTIONS/INQUIRIES: All questions/inquiries for information regarding this solicitation should be directed to:

Name: Ronda London
Phone: (540) 831-5090
Email: rlondon1@radford.edu.

Written questions to be submitted via email no later than: December 8, 2020 at 3:00 PM Eastern Time. Responses to all questions will be provided via Addendum.

DUE DATE: Proposals will be received until January 21, 2020 up to and including 3:00 PM Eastern Standard Time Eastern Time.

LATE PROPOSALS: To be considered for selection, proposals must be received by Radford University's Procurement and Contracts Department by the due date and time identified in this solicitation document. The official time used in documenting the receipt of proposals is that time identified on the automatic time stamp machine located in the Procurement and Contracts Department in the David E. Armstrong building on the main campus of Radford University. Proposals received in the Procurement and Contacts Department after the date and time designated are automatically deemed non-responsive and will **not** be given consideration. The University is **not** responsible for delays in delivery conducted by the U.S. Postal Service, private couriers, or the intra university mail system. **It is the sole responsibility of the offeror to ensure their proposal reaches the Procurement and Contracts Department at Radford University by the designated date and time.**

ADDRESS: Proposals should be mailed or delivered by courier (**NOTE**: Contractor cannot hand deliver proposal to the University at this time) to:

Radford University, Procurement and Contracts Department
P. O. Box 6885 (if via mail)
David E. Armstrong Complex, 501 Stockton St. (if via courier)
Radford, VA 24142-6885.
***Radford University is operating under COVD-19 guidance. Visitors are not allowed in campus offices without first pre-registering; therefore, you are encouraged to submit your proposal via mail or courier service.**

Identify the envelope package as instructed in **Attachment A** – Terms and Conditions.

UNIVERSITY CLOSINGS: If the University is closed as a result of an act of God or an emergency situation, the University's website shall post notices of said closings. It is the responsibility of the vendor to check the website at www.radford.edu for said notifications. If the University is closed on the day proposals are due, proposals will be accepted same time the next scheduled business day the University is open. If the University is closed on the day of a scheduled pre-proposal conference a written addendum will be issued to officially reschedule the conference.

TYPE OF BUSINESS: **(Please check all applicable classifications).** In order to qualify for assigned Small, Women and Minority (SWaM) points your business must be certified by the Virginia Department of Small Business and Supplier Diversity (SBSD), provide your assigned SBSD certification number: N/A. For assistance with SWaM certification, visit the SBSD website at https://www.sbsd.virginia.gov/

____ **Large**

_X_ **Small business** – A business that is at least 51% independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or average annual gross receipts of $10 million or less averaged over the previous three years. One or more of these individual owners shall control both the management and daily business operations of the small business.

____ **Women-owned business** – A business that is at least 51% 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% of the equity ownership interest in owned by one or more women who are citizens of the United States or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

____ **Minority-owned business** – A business that is at least 51% 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% 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.

COMPANY INFORMATION/SIGNATURE: In compliance with this Request for Proposal and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the goods or services in accordance with the attached signed proposal inclusive of all addenda, if applicable, and as mutually agreed upon by subsequent negotiation.

<table>
<tr><td colspan="2">FULL LEGAL NAME (PRINT)
(Company name as it appears with your Federal Taxpayer Number)
Dissinger Reed</td><td colspan="2">FEDERAL TAXPAYER NUMBER (ID#)
[redacted]</td></tr>
<tr><td colspan="2">BUSINESS NAME /DBA NAME/TA NAME
(If different than the Full Legal Name)</td><td colspan="2">BILLING NAME
(Company name as it appears on your invoice)</td></tr>
<tr><td colspan="2">PURCHASE ORDER ADDRESS
8700 Indian Creek Parkway, Ste 320
Overland Park, KS 66210</td><td colspan="2">PAYMENT ADDRESS
8700 Indian Creek Parkway, Ste 320
Overland Park, KS 66210</td></tr>
<tr><td colspan="2">CONTACT NAME/TITLE (PRINT)
Chris Nixon, Director of Sales</td><td colspan="2">EMAIL ADDRESS
cnixon@dissingerreed.com</td></tr>
<tr><td>TELEPHONE NUMBER
(913) 491-6385</td><td>TOLL FREE TELEPHONE NUMBER
(800) 386-9183</td><td>FAX NUMBER
(913) 491-0527</td><td>EVA VENDOR ID NUMBER

VIRGINIA STATE CORPORATION COMMISSION REGISTRATION NUMBER</td></tr>
</table>

I acknowledge that I have received the following addenda posted for this solicitation.

1 _X_ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ (Please check all that apply.)

SIGNATURE: _____ **DATE:** 1/18/2021

18. ***ATTACHMENTS:***

Attachment A – Terms and Conditions
Attachment B – Sample of Standard Contract Form
Attachment C – Zone Map for Cooperative Contracts
Attachment D - Radford University Sports Medicine Athletics Insurance Policies and Procedures
Attachment E - Radford University Intercollegiate Athletic Sports Teams Listing
Attachment F - Radford University Loss History Reports
Attachment G - NCAA Catastrophic Injury Insurance Program
Attachment H - Radford University's Current US Fire/AG Administrators Aggregate Deductible Secondary Plan
Attachment I - Radford University's Current Voluntary Student Accident Student Athlete Coverage
Attachment J - Radford University's 2020-2021 International Policy

19. ***PRICING SCHEDULE:***

Offerors shall identify all costs associated with providing the full excess athletic injury insurance, international student athlete major medical and primary health insurance and uninsured domestic student athlete primary health insurance plans coverage as specified in this solicitation document. Please include a detailed summary of benefits for each proposed plan.

THE FOLLOWING PRICING TABLES ARE EXAMPLES ONLY. CONTRACTOR'S OWN TEMPALTES MAY BE UTILIZED. PLEASE NOTE THAT THIS IS THE MINIMUM PRICING INFORMATION THAT THE UNIVERSITY REQUIRES IN YOUR RESPONSE TO THIS SOLICITATION.

FULL EXCESS COVERAGE, ATHLETIC INJURY INSURANCE	**GRAND TOTAL DEDUCTIBLE, ANNUAL PREMIUM AND ADMINISTRATIVE COSTS**			
Annual Aggregate Deductible	**Aggregate Deductible**	**Stop Loss Premium**	**Administrative Fees**	**Total Potential Cost**
(1) Athletics Injury Insurance with $__0___ Deductible:	$	**$**	**$**	**$**
(2) Athletics Injury Insurance with $__5000___ Deductible:	$			
Other Annual Deductible and Pricing	$			

In lieu of completing this pricing chart, we've provided our pricing on the quote pages within our proposal. Please note that while we have included quotes from several different carriers and TPA combos,the responses to the RFP questions are geared towards how your current claims payer, A-G Administrators handles claims as we assume that you would like to keep that consistent moving forward.

FULL EXCESS COVERAGE, ATHLETIC INJURY INSURANCE	**ANNUAL PREMIUM**		
Traditional Plan with Per Injury Deductible	Premium	Administrative Fees	Total Potential Cost
(1) $ -0- Deductible:	$	$	$
(2) $ 250.00 Deductible:	$	$	$
(3) $ 500.00 Deductible:	$	$	$
(4) $5000.00 Deductible:	$	$	$

Other Deductible: Describe Method and Deductible Pricing.			
	$	$	$

OPTIONAL BENEFITS	COVERAGE BENEFITS	ANNUAL PREMIUM PER STUDENT ATHLETE
(1) Voluntary Student Athlete Plan	$	$
(2) Mandatory Student Athlete Plan	$	$

INTERNATIONAL STUDENT ATHLETE PRIMARY INSURANCE PLANS: (PLEASE ATTACH A SCHEDULE OF BENEFITS FOR EACH PROPOSED PLAN)			
International Student Athlete Insurance	**Plan 1**	**Plan 2**	**Plan 3**
Underwriter			
Benefit Period			
Medical Maximum Annual	$	$	$
Medical Maximum per Injury/Illness	$	$	$
Deductible/Copay per Injury/Illness	$	$	$
Coinsurance	$	$	$
Intercollegiate Sports Benefit Per Injury	$	$	$
Prescription Medicine Benefit	$	$	$
Emergency Medical Evacuation Benefit	$	$	$

Repatriation of Mortal Remains Benefit	$	$	$
Emergency Reunion Benefit	$	$	$
AD & D Benefit	$	$	$
Dental (Emergency Benefit)	$	$	$
Physical Therapy Benefit	$	$	$
Home Country Coverage-Incidental Trips	$	$	$
Home Country Extension of Benefits	$	$	$
Monthly Premium:	$	$	$
UNINSURED DOMESTIC STUDENT ATHLETE HEALTH INSURANCE	**Plan 1**	**Plan 2**	**Plan 3**
Underwriter			
Benefit Period			
Medical Maximum Annual	$	$	$
Medical Maximum per Injury/Illness	$	$	$
Deductible	$	$	$
Coinsurance	$	$	$
Intercollegiate Sports Benefit	$	$	$
Prescription Medicine Benefit	$	$	$
AD & D Benefit	$	$	$
Dental (Emergency) Benefit	$	$	$
Physical Therapy Benefit	$	$	$
Monthly Premium	$	$	$

ATTACHMENT A

TERMS AND CONDITIONS

GENERAL TERMS AND CONDITIONS:

See:
GENERAL_TERMS_AND_CONDITIONS.pdf

ADDITIONAL TERMS AND CONDITIONS:

1. **ADDITIONAL GOOD AND SERVICES:** The University may acquire other goods or services that the supplier provides other than those specifically solicited. The University reserves the right, subject to mutual agreement, 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.

2. **AUDIT:** The Contractor hereby agrees to 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. Radford University, its authorized agents, and/or state auditors shall have full access and the right to examine any of said materials during said period.

3. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that Radford University shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this contract.

4. **CANCELLATION OF CONTRACT:** Radford University reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the Contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 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.

5. **CONTRACT DOCUMENTS:** The contract entered into by the parties shall consist of the Request for Proposal including all addendums thereof, the proposal submitted by the Contractor, the written results of negotiations, the University Standard Contract Form, all of which shall be referred to collectively as the Contract Documents.

6. **IDENTIFICATION OF PROPOSAL ENVELOPE:** The signed proposal should be returned in a separate envelop or package and identified as follows:

From

Name of Offeror	**Due Date**	**Time Due**
Street or Box Number		**Solicitation Number**
City, State, Zip Code		**Solicitation Title**

Name of Procurement Officer:

4. CONTINUITY OF SERVICES:

A. The Contractor recognizes that the services under this contract are vital to the University and must be continued without interruption and that, upon Contract expiration, a successor, either the University or another Contractor, may continue them. The Contractor agrees:

1. To exercise its best efforts and cooperation to affect an orderly and efficient transition to a successor;

2. To make all University owned facilities, equipment and data available to any successor at an appropriate time prior to the expiration of the Contract to facilitate transition to successor, and

3. That the University Contract Officer shall have final authority to resolve disputes related to the transition of the contract from the Contractor to its successor.

B. The Contractor shall, upon written notice from the Contract Officer, furnish phase-in/phase-out services for up to ninety (90) days after this Contract expires and shall negotiate in good faith a plan with the successor to execute the phase-in/phase-out services. This plan shall be subject to the Contract Officer's approval.

C. The Contractor shall be reimbursed for all reasonable, pre-approved phase-in/phase-out costs (i.e., costs incurred within the agreed period after Contract expiration that result from phase-in/phase-out operations) and a fee (profit) not to exceed a pro rate portion of the fee (profit) under this Contract. All phase-in/phase-out work fees must be approved by the Contract Officer in writing prior to commencement of said work.

5. CONTRACTOR/SUBCONTRACTOR LICENSE REQUIREMENT: By my signature on this solicitation, I certify that this firm/individual and subcontractor is properly licensed for providing the goods/services specified:

Contractor Name: Dissinger Reed
Contractor License# 136408
Type Health, Life & Annuities, Property & Casualty

Subcontract Name: N/A
LicenseNo._____
Type: _____

6. 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. The Offeror further certifies that the Contractor and any subcontractors will maintain these during the entire term of the contract and that all insurance coverages will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

INSURANCE COVERAGES AND LIMITS REQUIRED:

☑ Worker's Compensation - Statutory requirements and benefits.
☑ Employers Liability - $100,000.00
☑ Commercial General Liability - $1,000,000.00 per occurrence and $2,000,00 in the aggregate to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. Radford University shall be named as an additional insured to the policy by endorsement.
☐ Automobile Liability - $1,000,000 combined single limit.
☐ Builders Risk – For all renovation and new construction projects under $100,000 Radford University will provide All Risk – Builders Risk Insurance. For all renovation contracts, and new construction from $100,000 up to $500,000 the Contractor will be required to provide All Risk – Builders Risk Insurance in the amount of the Contract and name Radford University as additional insured. All insurance verifications of insurance will be through a valid insurance certificate.
*The Contractor agrees to be responsible for, indemnify, defend and hold harmless Radford University, its officers, agents and employees from the payment of all sums of money by reason of any claim against them arising out of

Statement of Needs

B. Full Excess Athletic Injury Insurance

1. GENERAL MINIMUM REQUIREMENTS:

a. The Contractor should be capable of providing a quality, comprehensive, full excess, athletic injury insurance plan for eligible insureds, to be made effective 12:01AM Eastern on August 1, 2021, or at a future date that is mutually agreeable to both the University and the Contractor.
Dissinger Reed agrees and complies with the above statement.

b. The Contractor's full excess coverage, athletic injury insurance plan should provide medical and emergency dental health coverage, even when:

1. 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; and
Dissinger Reed agrees and complies with the above statement.

2. Charges are incurred by an insured (claimant) who does not have primary medical insurance.
Dissinger Reed agrees and complies with the above statement.

c. The Contractor's full excess coverage, athletic injury insurance plan coverage should be effective:

i. During all authorized team travel, play, practice, workouts, conditioning sessions, etc.; and
ii. Twenty-four (24) hours per day, seven days per week, during any trip authorized and supervised by the University.
Dissinger Reed agrees and complies with the above statement.

2. PLAN REQUIREMENTS: At a minimum, the Contractor's full excess coverage, athletic injury insurance plan should include, but not be limited to, the following benefits / coverage / features:

a. Major Medical Health Coverage: The Contractor's medical and dental health benefit should provide 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 NCAA catastrophic coverage limits of $90,000 for any one (1) accident (refer to "ATTACHMENT G", the NCAA Catastrophic Injury Insurance Program"), to include:

i. 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 the University.
ii. Restorative and Reconstructive 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 or other diseases of the surgical part.
iii. Comprehensive Dental Plan: The Contractor's medical and dental health coverage should include the cost of hospitalization (inpatient) and outpatient services for the treatment of and injuries sustained during covered athletic activities to sound, natural teeth.
iv. Heart and Circulatory Benefits.
v. Pre-existing Conditions and Re-aggravation of Previous Injuries Benefits.
vi. HMO/PPO Denial Benefits.
Dissinger Reed agrees and complies with the above statement.

b. Accidental Death and Dismemberment Coverage. At a minimum the Contractor's medical and dental health coverage should include:

i. An aggregate ADD benefit of a minimum of $500,000 for the benefit period;
ii. An accidental death benefit of $10,000 per insured; and
iii. An accidental dismemberment benefit of $10,000 per insured.
Dissinger Reed agrees and complies with the above statement.

c. **Benefit Period**. The Contractor's medical and dental health benefit should provide a coverage benefit period of two years (104 weeks).
Dissinger Reed agrees and complies with the above statement.

3. INSURED ELIGIIBILITY MINIMUM REQUIREMENTS:

a. Eligible insureds should be defined as those individuals who participate in, or are associated with, a University sanctioned / recognized, intercollegiate athletic sport program, event, training, practice, etc., to include all: **(*Note: For the purposes of this solicitation, an "intercollegiate athletic sport" should be defined as a sport that is *"designed with varsity status by Radford University and administered by the University's Department of Intercollegiate Athletics."):***

i. Athletes on an athletic team, for an intercollegiate sport sanctioned and recognized by Radford University **(see Attachment E);**
ii. Coaches, to include:
(i) Volunteer Coaches; and
(ii) Student Coaches
iii. Athletic Training Students;
iv. Student Managers;
v. Cheerleaders and Dance Team Members Recognized by Radford University;
vi. Ball Boys / Girls and Bat Boys / Girls Recognized by Radford University;
vii. Practice Squad Members
Dissinger Reed agrees and complies with the above statement.

b. The Contractor should provide coverage for all eligible insureds without requiring an initial medical examination or other evidence of insurability.
Dissinger Reed agrees and complies with the above statement.

c. The Contractor should accept additional insureds at any time during the policy year.
Dissinger Reed agrees and complies with the above statement.

d. The number of insureds is subject to change during the year, and from year-to-year. No roster lists other than the listed sports and number of participants (**see ATTACHMENT E**) shall be required from the University in order to obtain coverage under the plan.
Dissinger Reed agrees and complies with the above statement.

4. PLAN IMPLEMENTATION REQUIREMENTS:

At a minimum, the Contractor should provide and/or perform the following services related to enrollment:

a. The Contractor should provide Radford University with a list of participating hospitals and physicians. Radford University desires that both the primary and secondary insurance providers have or obtain relationships with Radford University Athletic medical service providers as defined in this Section 9 the Statement of Needs, A, Background Information, j.
Dissinger Reed and A-G Administrators, LLC. will work carefully with you to establish a direct payment contracts and your own virtual network with your team providers, as well as local hospitals and physicians.

b. The Contractor should provide insurance identification cards, for the insureds, to the Contract Administrator for distribution.
ID hard copies will be provided to the athletic department. Please see page 40 for an example.

5. PLAN ADMINISTRATION MINIMUM REQUIREMENTS:
RU21039

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 Radford University. Radford University and its employees, students, patients, or others may suffer irreparable harm by disclosures of confidential or proprietary information and Radford University may seek legal remedies available to it should such disclosure occur. The Contractor's personnel shall not:

i. Access data that is unrelated to their job duties at Radford University;
ii. Disclose to any other person, or allow any other person access to, any information related to Radford University 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.
Dissinger Reed agrees and complies with the above statement.

b. The Contractor should assign an "Account Manager" for the Radford University account. The "Account Manager" should assist Radford University with resolving problems (e.g., claims, renewals, invoices, etc.); and should provide Radford University with management reports and other data as required by the University.

i. The **Account Manager** should be accessible via:
(i) Toll-free **telephone number** and **facsimile number**; and
(ii) E-mail address
P: (913) 491-6385
F: (913) 491-0527
cnixon@dissingerreed.com

ii. The **Contractor** should provide Radford University with the "Account Manager's":
(i) Name;
(ii) Toll-free **telephone number** and **facsimile number**;
(iii) **E-mail address**; and
(iv)**Hours of availability** Eastern Time
Dissinger Reed
P: (800) 386-9183
F: (913) 491-0527
8am -5pm (and always available via cell on nights and weekends)

iii. In the event there are any changes to the "Account Manager's" contact information, the Contractor should provide Radford University with the updated information by the time the changes are effective.
Dissinger Reed agrees and complies with the above statement.

6. CLAIM ADMINISTRATION REQUIREMENTS:

The Contractor should settle all claims for coverage under this contract; and at minimum:

a. The Contractor should respond to any correspondence related to a claim within **seven to ten (7-10) 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. **(*Note: If treatment is covered under the plan, the Contractor should pay (after the plan deductible is satisfied) in accordance with the schedule of plan benefits.**

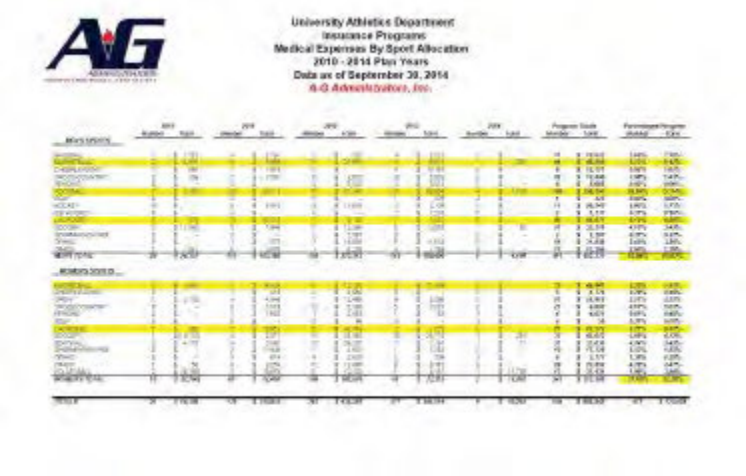
i. The Contractor should provide toll-free telephone assistance, Monday through Friday, from 8:30 AM to 4:30 PM Eastern Time. (except during Federal holidays) through which the University or an insured can inquire about a claim.
Toll Free Phone Number: (800) 386-9183

(i) The Contractor should submit a claim report on a **monthly basis**, to the University Contract Administrator (or his/her designee), that includes, but not limited to, the following information:

(ii) The number of claims paid per component of the plan (e.g., medical, dental, dismemberment, etc.); and
(iii)The dollar amount paid per component of the plan (e.g., medical, dental, dismemberment, etc.).
As you know from your work with Dissinger Reed and TPA, A-G Administrators, our commitment to providing you with quick responses and able reporting is second to none. We pride ourselves on fast response times (usually within 24 hours, not 10 days) and we certainly have the ability to provide you with any data reports that you'd like to see throughout the year. Here are some examples of the reports that we can produce for you on a monthly basis or as needed:

PLAN DESIGN AND LOSS LAG SUMMARY

CLAIMS BY SPORT



CLAIMS BY BODY PART

ORGANIZATION
PAI INSURANCE PROGRAMS
CLAIMS BY BODY PART
2013 TO 2016 POLICY YEARS
DATA AS OF JUNE 23, 2017
A-G ADMINISTRATORS

Body Part	Claims	Total Paid	% of Claims	% of Total Paid
Knee	185	$ 118,726	16%	20%
Shoulder	83	$ 112,594	10%	19%
Hip/Groin/Core Muscle	90	$ 82,410	8%	14%
Foot & Ankle	201	$ 67,847	24%	11%
Lower Back	58	$ 46,130	7%	8%
Wrist & Hand	85	$ 37,341	10%	6%
Multiple Inj.	4	$ 28,077	1%	5%
Head & Face	40	$ 22,874	5%	4%
Back	39	$ 16,959	4%	3%
Lower Leg / Shin	25	$ 12,891	4%	2%
Elbow	17	$ 11,982	2%	2%
Leg	21	$ 10,964	2%	2%
Neck	20	$ 8,880	2%	1%
Ribs	20	$ 8,589	2%	1%
Upper Leg	16	$ 5,670	2%	1%
Chest	11	$ 4,871	1%	1%
Clavicle	2	$ 4,064	0%	1%
Hamstring	5	$ 3,294	1%	1%
Eye	4	$ 1,858	0%	0%
Arm	4	$ 1,730	0%	0%
Cervical	1	$ 825	0%	0%
Thoracic	1	$ 347	0%	0%
Organ	1	$ 270	0%	0%
Achilles Tendon	1	$ 265	0%	0%
Cardiac	1	$ 50	0%	0%
Rib	1	$ 39	0%	0%
Grand Total	868	$ 604,894	100%	100%

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CLAIMS BY PROCEDURE

ORGANIZATION
PAI INSURANCE PROGRAM
CLAIMS BY PROCEDURE
2013 TO 2016 POLICY YEARS
DATA AS OF JUNE 23, 2017
A-G ADMINISTRATORS

Payment Category	Claims	Total Paid	% of Claims	% of Total Paid
Surgery	110	$ 119,963	13%	20%
MRI	355	$ 109,302	42%	18%
Phys.therapy	200	$ 93,418	24%	16%
Out-pat.Surgery	50	$ 73,935	6%	12%
Medical Treatment	241	$ 48,389	28%	8%
X-ray,Radiology	494	$ 30,505	58%	5%
Surgery Center	9	$ 27,422	1%	5%
Anesthesia	55	$ 25,533	6%	4%
First Health Rejoining	56	$ 13,290	7%	2%
Outpatient	10	$ 12,930	1%	2%
Misc Conversion	8	$ 12,422	1%	2%
Injection	41	$ 9,225	5%	2%
Med.Supplies	20	$ 7,434	2%	1%
Orthopedic Appliance	38	$ 6,211	4%	1%
Cat Scan	29	$ 5,419	3%	1%
Consultation	65	$ 5,058	8%	1%
Emg.room	12	$ 3,947	1%	1%
Manipulation/adjustment	21	$ 3,343	2%	1%
Bone Healing Sys	1	$ 2,930	0%	0%
Asst.surgeon	4	$ 2,429	0%	0%
Therapy	9	$ 1,893	1%	0%
In-patient	1	$ 1,671	0%	0%
Dental	5	$ 1,248	1%	0%

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CLAIMS BY PROVIDER

ORGANIZATION
PAI INSURANCE PROGRAM
CLAIMS BY PROVIDER
2013 TO 2016 POLICY YEARS
DATA AS OF JUNE 23, 2017
A-G ADMINISTRATORS

Provider	2013 Claims	2013 Paid	2014 Claims	2014 Paid	2015 Claims	2015 Paid	2016 Claims	2016 Paid	Program Totals Claims	Program Totals Paid	Percentage Totals Claims	Percentage Totals Paid
Allegiance Imaging	103	$ 83,040	93	$ 89,812	79	$ 72,693	82	$ 68,262	357	$ 313,812	17%	15%
Centinela Care	28	$ 12,288	32	$ 15,270	3	$ 1,179	4	$ 4,350	69	$ 33,088	3%	5%
University Physical Therapy	28	$ 16,388	27	$ 11,460	22	$ 8,821	10	$ 8,741	87	$ 44,888	10%	6%
Orthopaedic Specialist Surgeon	4	$ 28,118	5	$ 31,790	1	$ 441			10	$ 30,251	1%	5%
Mineral Care Physicians	2	$ 7,000	1	$ 329	2	$ 18,940			5	$ 26,079	1%	4%
Regional Orthopaedic Assoc	14	$ 9,459	10	$ 6,230	4	$ 4,821	5	$ 1,369	33	$ 21,089	4%	4%
Papaleonis Associates Medical Imag	151	$ 7,336	50	$ 4,895	134	$ 4,963	96	$ 2,825	444	$ 19,027	52%	3%
Chapin Center For Chiropractic	17	$ 8,228	9	$ 4,566	16	$ 3,996	8	$ 990	50	$ 18,084	6%	3%
Morgan Kelman Clinic	15	$ 1,971	18	$ 5,211	38	$ 5,584	13	$ 2,057	84	$ 14,583	6%	2%
Omega Imaging	17	$ 9,673	7	$ 3,187	18	$ 4,001	6	$ 1,880	48	$ 18,988	6%	2%
First Health	34	$ 7,146	17	$ 2,260	2	$ 147	5	$ 3,840	58	$ 13,295	7%	2%
Veronica Surgery Center Llc	1	$ 1,106	1	$ 9,000	1	$ 8,580			3	$ 12,986	0%	2%
Glasgow Surgery Center					1	$ 12,158	1	$ 879	2	$ 13,038	0%	2%
Outpatient Spec. Specialists	3	$ 6,986	4	$ 4,930	4	$ 759	1	$ 73	16	$ 12,748	2%	2%
First State Surg Ctr	3	$ 4,738	3	$ 2,211	3	$ 2,847	2	$ 201	11	$ 10,109	1%	2%
East State Orthopaedic	13	$ 2,221	11	$ 2,264	8	$ 3,447	4	$ 414	36	$ 8,576	4%	1%
Physicians Associates Pa	16	$ 5,028	4	$ 777	8	$ 1,009			28	$ 6,813	3%	1%
Glasgow Medical Center					3	$ 681	2	$ 1,373	5	$ 6,054	1%	1%
Anesthesia Services	5	$ 3,227	3	$ 1,453	3	$ 463			10	$ 5,483	1%	1%
Electrostim Med Services	4	$ 5,282							4	$ 5,282	0%	1%
Independence Imaging	2	$ 1,094	1	$ 3,845	2	$ 1,191	1	$ 209	6	$ 5,152	1%	1%
Aria Health	1	$ 4,598							1	$ 4,598	0%	1%
ATI Physical Therapy	5	$ 1,859	1	$ 517	4	$ 1,921	3	$ 305	13	$ 4,561	2%	1%
Barry Chiropractic Llc	7	$ 2,499	4	$ 1,934	1	$ 74			12	$ 4,507	1%	1%
Downer Chiropractic Sang Center	1	$ 325	1	$ 2,573	1	$ 3,794			4	$ 6,692	0%	1%
Christiana Spine Ambulatory	4	$ 2,708			3	$ 1,501			7	$ 4,209	1%	1%
Lionsmare Medical Center							2	$ 4,105	2	$ 4,105	0%	1%
Nose Arnolds Medical Center	2	$ 168	1	$ 3,877					3	$ 4,045	0%	1%
Health Access Network	7	$ 2,027	5	$ 1,488					12	$ 3,515	1%	1%
Sports Medicine	4	$ 1,307	4	$ 2,234	7	$ 440			15	$ 3,971	2%	1%
Arthrosis Institute	2	$ 664	1	$ 260	4	$ 2,126	5	$ 1,314	12	$ 3,682	1%	1%

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RU21039

CLAIMS PAID AND DISCOUNT ANALYSIS

CLAIM ACCOUNT SUMMARY
(SENT MONTHLY ALONG WITH MTD AND YTD CLAIMS REPORTS)

ii. Contractor should provide Radford University staff with all training and support necessary for the proper processing of claims utilizing the Contractor's forms, electronic system, etc.
Dissinger Reed will provide all necessary training and support through the implementation process. We will conduct an on-boarding webinar upon award of the contract to make sure that new (and existing) staffers understand the claims processes, online integration and have contact information for those who will be working with Radford University.

After the initial webinar takes place, we will continue to provide support and work on strategies to help make the program successful.

iii. The Contractor should provide claims coordinating services to include, but not be limited to:
(i) Collection of Explanation of Benefits (EOB's) for eligible insureds;
(ii) Collection of Health Insurance Claim Forms' (ICFs) and itemized statements from Medical Providers;
(iii) Provide Coordination of Benefits (COB) with eligible insureds of a claimant.
As you know, we do our best to assist in the collection of EOBs, itemized bills and COB as the providers will permit.

iv. Contractor should provide on-line claims capabilities including the ability to access claim forms, tracking claims, etc.

A-G Administrators, EGBAR system, is one of the only companies that has real-time claim status. Most others update their systems on a daily basis. Your Sports Medicine Staff is very familiar with how this platform works and would be happy to continue using it moving forward.

v. Contractor should provide the ability to report incidents directly from an electronic injury tracking system.

As you know from experience in working with A-G Administrators over the years, the process is very simple. A-G accepts claims submitted electronically through their EGBAR platform, via email, via snail mail, via fax and through your injury tracking service by an EDI transaction.

Following the initial submission of the claim form, an account representative will assist you in obtaining any additional information that is needed from you medical providers. This is important to note as that assistance is unique in the industry- A-G Administrators really goes above and beyond to be an extension of your athletic training department so you can focus on the student athletes, not on insurance paperwork.

The following will need to be submitted for a claim to be processed:

- An accident claim from must be completed in full and signed by the appropriate school official and the student-athlete.
- All itemized bills related to a covered accident.
- Any primary insurance EOB related to the covered accident.

You can see additional information regarding the EGBAR system on pages 62-78.

Additionally, A-G Administrators monitors and manages their claims processing times on a weekly basis. Over the past 6 months, their average turnaround time on ALL claims is 10 days (6 business days) with 90% of our claims paid in 4 days from upload. Their assumption is that all clean claims fall into the 90% paid in this time period.

RU21039

4/9/2019 1:00:51 PM

Pay Dates: 01/01/1900 - 04/10/2019

Report Criteria:

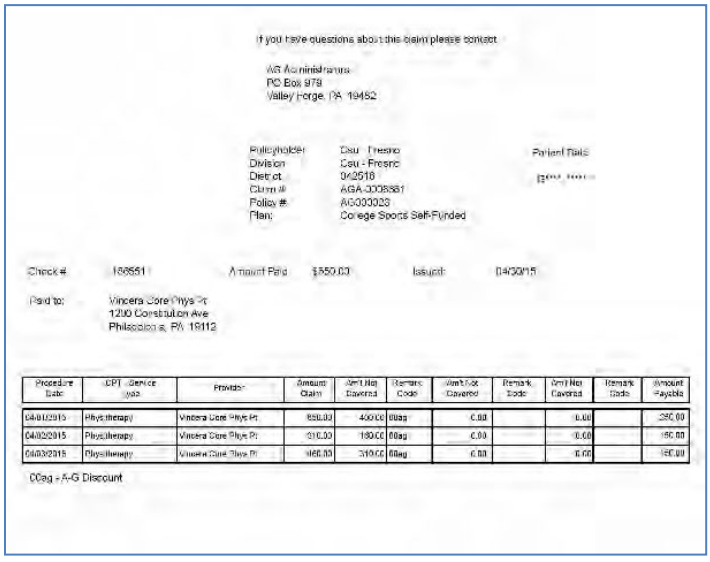
A-G Administrators, Inc.
Claims History Report

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
[redacted] Claim: AGA-0164812; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 09/05/2018									
09/24/2018	TMI Sports Medicine	X-ray,Radiology	$94.28	$50.70	Primary Adjustm		10/31/2018	11/02/2018	2658
				$43.58	Other Ins Paid	$0.00	10/31/2018	11/02/2018	2658
09/24/2018	TMI Sports Medicine	Medical Treatment	$142.74	$66.58	Primary Adjustm		10/31/2018	11/02/2018	2658
				$38.16	Other Ins Paid	$40.00	10/31/2018	11/02/2018	2658
Claim # AGA-0164812 Totals :			**$237.02**	**$197.02**		**$40.00**			
Claim: AGA-0184910; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Hand; Date Incurred: 01/04/2019									
01/14/2019	UT Southwestern	X-ray,Radiology	$96.00	$40.36	Primary Adjustm	$55.64	04/09/2019	04/09/2019	4614
Claim # AGA-0184910 Totals :			**$96.00**	**$40.36**		**$55.64**			
Claim: AGA-0179631; Activity: Mens Basketball; Diagnosis: Sprain/strain; Anatomy: Hip; Date Incurred: 11/19/2018									
11/27/2018	TMI Sports Medicine	Phys.therapy	$50.00	$23.96	Primary Adjustm	$26.04	01/26/2019	01/29/2019	3752
11/28/2018	TMI Sports Medicine	Phys.therapy	$225.00	$118.67	Primary Adjustm		01/26/2019	01/29/2019	3760
				$71.33	Other Ins Paid	$35.00	01/26/2019	01/29/2019	3760
12/05/2018	TMI Sports Medicine	Phys.therapy	$200.00	$110.81	Primary Adjustm		02/13/2019	02/15/2019	4094
				$54.19	Other Ins Paid	$35.00	02/13/2019	02/15/2019	4094
12/04/2018	TMI Sports Medicine	Phys.therapy	$200.00	$110.81	Primary Adjustm		02/13/2019	02/15/2019	4094
				$54.19	Other Ins Paid	$35.00	02/13/2019	02/15/2019	4094
11/30/2018	TMI Sports Medicine	Phys.therapy	$200.00	$110.81	Primary Adjustm		02/13/2019	02/15/2019	4094
				$54.19	Other Ins Paid	$35.00	02/13/2019	02/15/2019	4094
11/27/2018	TMI Sports Medicine	Medical Treatment	$210.78	$92.98	Primary Adjustm		02/13/2019	02/15/2019	4094
				$83.84	Other Ins Paid	$33.96	02/13/2019	02/15/2019	4094
11/27/2018	TMI Sports Medicine	X-ray,Radiology	$79.80	$42.29	Primary Adjustm		02/13/2019	02/15/2019	4094
				$37.51	Other Ins Paid	$0.00	02/13/2019	02/15/2019	4094
12/07/2018	TMI Sports Medicine	Phys.therapy	$200.00	$110.81	Primary Adjustm		02/26/2019	03/01/2019	4265
				$54.19	Other Ins Paid	$35.00	02/26/2019	03/01/2019	4265
Claim # AGA-0179631 Totals :			**$1,365.58**	**$1,130.58**		**$235.00**			

EOB submissions: A record of all paid claims is available online 24/7/365 in real time through our proprietary, secure portal, EGBAR and, if you desire to continue to receive individual EOBs, we can forward these electronically upon printing:

Web Portal Claims History Report may be filtered by check date to see all paid claims.

Should you continue to desire to have EOBs for each individual payment sent whenever a check is printed, we will do so electronically and deliver the following:



If you have questions about this claim please contact

AG Administrators
PO Box 979
Valley Forge, PA 19482

Policyholder: Csu - Fresno
Division: Csu - Fresno
District: 042518
Claim #: AGA-3008881
Policy #: AG000003
Plan: College Sports Self-Funded

Patient Pays:

Check #: 186551 Amount Paid: $550.00 Issued: 04/30/15

Paid to: Vincera Core Phys Pt
1200 Constitution Ave
Philadelphia, PA 19112

Procedure Date	CPT / Service Type	Provider	Amount Claim	Amt Not Covered	Remark Code	Amt Not Covered	Remark Code	Amt Not Covered	Remark Code	Amount Payable
04/02/2015	Physiotherapy	Vincera Core Phys Pt	850.00	400.00	66ag	0.00		0.00		250.00
04/02/2015	Physiotherapy	Vincera Core Phys Pt	310.00	160.00	66ag	0.00		0.00		150.00
04/02/2015	Physiotherapy	Vincera Core Phys Pt	165.00	315.00	66ag	0.00		0.00		150.00

66ag = A-G Discount

A-G Administrators, Inc. has a proprietary, HIPAA-compliant, secure portal to assist you with the claim's management and administrative oversight of your insurance program including a robust online reporting capacity. Claims history reports including all of the above mentioned may be generated 24/7/365 in real time. In addition, we prepare specialized reports on an annual basis to assist you in program review, risk analysis and measurement of your intervention strategies.

7. PRICE/PREMIUM PAYMENT MINIMUM REQUIREMENTS:

a. 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.
Dissinger Reed agrees and complies with the above statement.

b. The full excess coverage, athletic injury insurance plan premium will be paid to the Contractor by the University.
Dissinger Reed agrees and complies with the above statement.

c. 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.)
Dissinger Reed agrees and complies with the above statement.

8. OPTIONAL PLAN BENFITS:

Define/describe/explain in detail any other plan benefits and options that you would recommend for the full excess coverage, athletics injury insurance plan. (**Note: Optional Benefits will not be a part of the Evaluation Criteria. Optional benefits shall be incorporated at the sole discretion of Radford University). Describe in detail optional benefits that include the following:**
*Please note that while we understand that the optional plan benefits are not considered as part of the evaluation, our offerings in this section are designed for and available to institutions that purchase their secondary insurance from Dissinger Reed or one of our affiliated carriers. Some carriers require the intercollegiate sports secondary insurance plan to be placed with them in order to offer the Voluntary Student Athlete Plan. We've done our best to make those specific notes on the corresponding pages but please inquire before making a determination that one of the following offerings is best suited for you. Thank you for your understanding as these "primary" insurance plans see tremendous utilization and employing this methodology is one of the ways carriers are able to offer the premiums that they do.

a. **Voluntary Student Athlete Plan**: Health Benefits for student athletes that have primary insurance plans with high deductibles or no "out of network" benefits. This benefit would be implemented on a per student basis at the discretion of Radford University.
Please see page 34 for details regarding the proposed Voluntary Student Athlete Plan.

b. **Mandatory Student Athlete Plan**: Health benefit for all student athletes. This benefit would be implemented "across the board" if the University were to implement such a plan.
Please see page 33 for details regarding the proposed Mandatory Student Athlete Plan.

c. **International Student Athlete Insurance**: The Contractor should provide detailed benefit, deductible and premium information for major medical and primary health insurance policy options for International Student Athletes. The insurance options should include, but not be limited to:

i. A minimum medical benefit of $100,000;
ii. A minimum intercollegiate sports benefit of $10,000;
iii. Various deductible and/or coinsurance options;
iv. Coverage for up to twelve (12) months at a time with unlimited reapplies;
v. And must meet the requirements of all Federal and State laws.
Please see pages 48-61 for International Student Athletic Insurance Plan details that meet the above requirements.

d. **Domestic Student Athlete Primary Health Insurance**: The Contractor should provide detailed benefit, deductible and premium information for primary health insurance policy options for Uninsured Domestic Student Athletes. The insurance options should include, but not be limited to:

i. A minimum medical benefit of $250,000;
ii. A minimum intercollegiate sports benefit of $25,000;
iii. Various deductible options;
iv. Coverage for up to twelve (12) months at a time with unlimited reapplies; and

v. Freedom to choose any doctor or hospital.
Please see pages 48-61 for Domestic Student Athletic Insurance Plan details that meet the above requirements.

e. **Existing Third-Party Claims**: The Contractor should provide the required administrative assistance necessary to follow up on third party claims dated prior to the inception date of this contract. Please detail your ability to provide such assistance.
Sarah Doherty will be the main contact for any primary insurance plan.
sdoherty@dissingerreed.com
(913) 491-6385

10. *SPECIFIC REQUIREMENTS:*

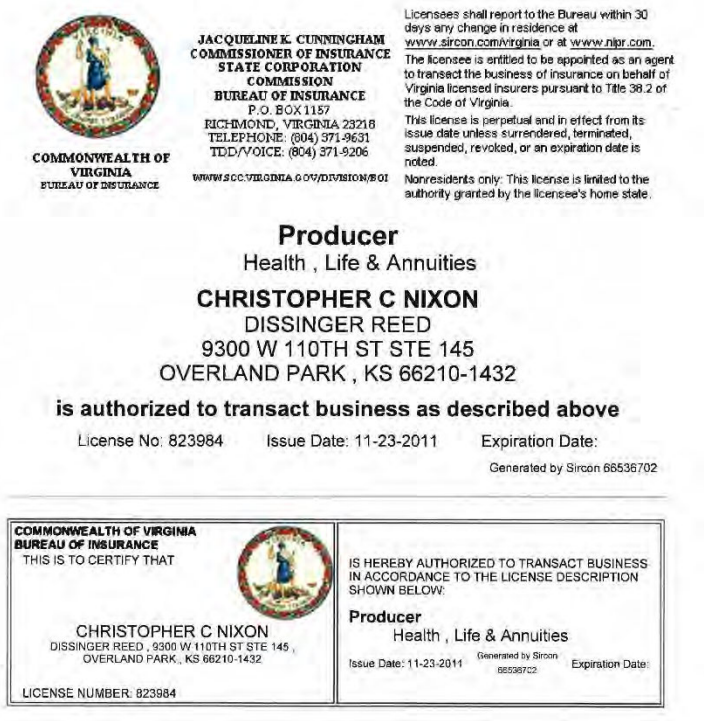
Proposals should be as thorough and detailed as possible so that Radford University may properly evaluate your capabilities to provide the required goods or services. Offerors are required to submit the following information/items as a complete proposal:

A. **Capacity:**

1. Submit an audited financial statement for 2019, or equivalent evidence of financial condition.
If presented with an intent to awarded contract, Dissinger Reed is happy to provide financial statements but prefer to keep them private in the public bid format.

B. **Capabilities:** Describe in detail / documentation of your company's capabilities to satisfy the characteristics and administrative requirements of this RFP, to include:

1. Evidence that your company and/or the proposed insurer (i.e. carrier / underwriter) is eligible to do business in the Commonwealth of Virginia.
Attached is the current license for Chris Nixon for the state of Virginia.



COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206
WWW.SCC.VIRGINIA.GOV/DIVISION/BOI

Licensees shall report to the Bureau within 30 days any change in residence at www.sircon.com/virginia or at www.nipr.com.
The licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.
This license is perpetual and in effect from its issue date unless surrendered, terminated, suspended, revoked, or an expiration date is noted.
Nonresidents only: This license is limited to the authority granted by the licensee's home state.

Producer
Health , Life & Annuities
CHRISTOPHER C NIXON
DISSINGER REED
9300 W 110TH ST STE 145
OVERLAND PARK , KS 66210-1432
is authorized to transact business as described above
License No: 823984 Issue Date: 11-23-2011 Expiration Date:
Generated by Sircon 66536702

COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE
THIS IS TO CERTIFY THAT
CHRISTOPHER C NIXON
DISSINGER REED , 9300 W 110TH ST STE 145 ,
OVERLAND PARK , KS 66210-1432
LICENSE NUMBER: 823984

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:
Producer
Health , Life & Annuities
Issue Date: 11-23-2011 Generated by Sircon 66536702 Expiration Date:

2. A brief history and description of your company's operations (i.e. size, scope and nature of the company, years of operation, etc.).
Founder Ed Dissinger began consulting with higher education and interscholastic institutions in 1982. Ed ran a large national brokerage firm for over 25 years. During this time, Ed recognized an opportunity to create his own agency

dedicated to this underserved marketplace. Ed established Dissinger Insurance Services in 2001 with the goal of providing the best products and services for the athletic insurance market. In January of 2009, Christian Reed purchased the company, forming Dissinger Reed (formed and headquartered in Overland Park, KS).

Dissinger Reed has grown over the last decade and became one of the largest and most respected independent athletic insurance agencies in the United States. Currently Dissinger Reed advises over 200 higher education institutions and 22 state high school associations across the country. Our focus is on athletic insurance and we have access to 16 different insurance carriers that provide quotes for intercollegiate athletics. We also currently partner with 5 different TPA's (Third Party Administrators).

After 39 years in the athletic insurance marketplace, Dissinger Reed continues to develop long term partnerships with clients, carriers and TPA's. Our ability to navigate the uncertainty of the insurance marketplace while securing the most comprehensive coverage for each client. Our understanding of market conditions, current industry regulations and insurance standards are the backbone of the consulting services we provide our clients. Dissinger Reed strives to educate each client and communicate on how these insurance guidelines may impact your program. Dissinger Reed has worked hard to uphold our very well-respected standing in the marketplace. We have done so by holding ourselves to the highest standards of ethics while providing unmatched products and services. This is exemplified by the loyalty of our clientele and long-term partner relationships. Dissinger Reed has grown to 12 employees with offices located in Overland Park, KS and Moraga, CA.

3. A statement that describes in detail, in your own words, which demonstrates an in-depth understanding of the:

a. Purpose;
b. Requirements; and
c. Deliverables requested in this RFP

Dissinger Reed will utilize our experience in the areas of plan design, claims analyses and underwriting to maximize the impact of dollars spent by Radford University for its student insurance programs. Over the past 10 years working together, we have seen your program increase in cost a bit initially but has been going down steadily since 2014. We consider this to be a testament to our understanding both of this RFP and of how we are best suited to lead your program into the future. The Radford program has a lot of moving parts and we understand them all and can assist with each where other brokers may only be able to affectively assist you with one or two of your many needs.

C. **Plans and Methodologies:** Describe in detail, the specific plans for providing the services identified in **Section 9, the "STATEMENT OF NEEDS,"** and in response to this **Section 10, "SPECIFIC REQUIREMENTS"**, to include, but not limited, to the following information:

1. **Full Excess Athletic Injury Coverage Insurance Plan:** A detailed description of the proposed insurance plan, to include recommended alternative insurance plans.
As is the case most years during our renewal, it is important to evaluate alternative plan design options. While we typically provide 3 or 4 quotes from different carriers, we usually provide you with both aggregate deductible and fully-insured plan design quotes. This is a good practice to make sure that the existing, aggregate deductible, plan design remains the best for your evolving program. We feel this is yet again the case with the quotes that we obtained for this RFP. The COVID-Era has brought on new challenges in collegiate athletics and the possibility (and practicality) of sport cancellations has led the aggregate deductible plan to be the most desirable as it allows you to be rewarded (in a sense) for a year with low claims, whatever the cause. Your fully-insured counterparts have not saved (or been refunded) nearly as much as you have over the past 18 months with the changes COVID has brought We are always happy to dig further into the methodology here and do an in-depth analysis on the impact that the aggregate deductible plan design has had on your program over the past 10+ years in working with Dissinger Reed.

a. **Minimum Plan Benefits:** For each insurance plan (to include each recommended alternative insurance plan), define / describe / explain in detail, the:

i. Accidental death coverage
ii. Accidental dismemberment coverage
iii. Comprehensive dental plan

iv. Comprehensive prescription drug plan
v. Comprehensive vision plan, coverage area(s)
vi. Coverage for injuries with no specific injury date
vii. Coverage for injuries resulting from overuse (e.g., shin splints, tennis elbow, etc.) with no specific injury date
viii. HIV/AIDS related disability coverage
ix. Disability definition
x. Duration of benefits
xi. Elimination of benefits, for both accident and sickness
xii. Enhanced rehabilitation
xiii. Expanded medical benefits for sports related conditions
xiv. Interrupted elimination period
xv. Medical benefits
xvi. Pre-existing condition limit
xvii. Rate guarantee period; and
xviii. Recurrent disability period
xix. Benefit period (i.e. to what age), for both injury and sickness
xx. Coverage area(s)
xxi. Elimination of benefits waiting period, for both injury and sickness

While we do, always, meet these minimum plan benefits, we consider them to be the bare-minimum for our programs. Although the specific wording of the policy is fairly black and white, there are a lot of grey areas in collegiate athletic insurance and that is where your Sports Medicine Staff can attest to our abilities to work with you through some of the challenging instances to make sure we are covering your needs. Some of the other companies out there are not as open to this way of thinking and take the policy very literally. Please see pages 30-39 for detailed Athletic Insurance coverage and pages 48-61 for detail Primary Insurance coverage recommendations.

2. **Preferred Provider Network**: Describe in detail your company's "Preferred Provider Network" (to include hospitals and physicians); and provide / identify:

a. A list of the hospitals;
b. A list of the physicians; and
c. The percentage the insured would be penalized for obtaining care outside of the "Preferred Provider Network".

Dissinger Reed and A-G Administrators, LLC. will work carefully with you to establish a direct payment contracts and your own virtual network with your team providers. A-G's approach will be comprehensive in establishing contracts with these providers and will also consider the political environment along with the medical reimbursement environment. There will be no penalty for using "outside providers", as A-G will work will providers in all hospitals, as well as personal and team physicians.

3. **Enrollment Process:** Describe in detail; your company's enrollment process.
Our secondary insurance plan is a blanket accident insurance plan meaning we don't have to enroll each athlete on an annual basis. Rather they are included in the coverage if they are a rostered athlete or meet the coverage terms of the policy (student coach, athletic training student, etc). If you are referring to the primary insurance options, each plan/carrier will have their own unique enrollment process. As your staff will attest, we make this as easy as possible for you and assist you with the enrollment process on primary plans on an annual basis.

4. **Loss Control:** Describe in detail, your company's enrollment process.
While I wish we can take full responsibility for the loss control that takes plan within Radford athletics, we cannot. There is so much that goes into injury prevention and I believe that the Sports Medicine staff has done a great job at this over the past 10 years. One of the controllable losses is that of making sure all student-athletes have primary insurance. Chad and John are great about this and we hope to continue to support them in their efforts to ensure that every athlete has some form of primary insurance. Beyond primary, it is important to control WHERE the athletes are seen for medical service (as much as possible) and then on the back end to review the billed charges and negotiate discounts that will reduce the amount owed by the secondary insurance program. This is where we are a

step ahead of any other claims payer in the market and have proven to obtain greater discounts than anyone else. The improvement in your program is a testament to those efforts to control your losses.

5. **Claim's Processing:** Describe in detail, your company's claims processing procedures, to include:

   a. Your company's claim service capabilities (to include electronic capabilities - e.g. through the company's website.);
   The TPA's we work with provide several options to start a claims process. In most cases, claims will be submitted online via a portal or email. Please see pages 62-78 for more portal details.

   b. The maximum period of time within which claims will be paid for the primary injure and related injuries; from the date of the accident / injury;
   The TPA's we work with have a turnaround time of two weeks or less upon receiving all necessary documents and information regarding the claim.

   c. How your company will report claims that are paid / denied to claimants and to Radford University; and The EGBAR system allows for live, real-time, status updates of your claims. You can see if a claim has been paid, denied or is pending further information. We can also provide you with a pending claims report at whatever frequency you would like. This is truly where our online capabilities are a step ahead the competition. We provide monthly reports based upon available data from the insurance carriers; updating projections based on claims, emerging trends, and ongoing updated vendor information.

   d. The appeal process; identify the person(s) who will have final authority in the acceptance or rejection of a claim.
   The insurance carrier will ultimately have the final determination on a claim. The specific person may change as they work through millions of claims annually. Know that we are advocates for your program and our TPA (in this case A-G Administrators) have the authority to claim claims without carrier review and rarely do we see an appeal escalate to the carrier level for final determination.

6. **Reports:** Describe in detail how your company will report other pertinent information to Radford University and to the insured, as applicable.
   In the event Radford University would need a document or statement beyond the normal monthly claims reports, we can meet that request in a timely manner. Dissinger Reed works in conjunction with our carrier partners to provide reports that address the following:
   - Illuminate areas of utilization
   - Isolate the underlying cost drivers
   - Provide alternate benefit modeling to:
     - Project potential financial impact on the student and university
     - Drills down for details on impatient stays, outpatient procedures, office visits, pharmacy utilization and other specific areas
     - Isolates high dollar claims and/or high dollar claim areas.

7. **Materials:** Provide samples of the following and address your company's ability to customize these and other related materials:

   a. Implementation / Administration Materials;
   As has been the case for many years of our partnership, we will send you new secondary insurance ID cards in the mail at the inception date each year. We are happy to host training and implementation sessions with your staff at any time throughout the year. We will furnish you with digital copies of the policy, claim forms, ID cards and anything else you need throughout the year.

   b. Claims forms (and all other types of forms and endorsements thereto); and
   Please see pages 77-78 for sample claims forms.

   c. All standard reports.
   Please see pages 69-73 for sample reports.

8. **Insurer (Carrier / Underwriter):** Identify the entity that will underwrite the proposed insurance plan, and identify the address / phone / fax / email information.
A-G Administrators will be acting as the claims payer and serves as the MGU (Managing General Underwriter) for the insurance carrier. This is the same TPA that you have had for several years now.

A-G Administrators, LLC.
Claims Department
PO Box 21013, Eagan, MN 55121
P: (800) 634-8628
F: (610) 933-4122
Email: claims@agadm.com

United States Fire Insurance Company
Administrative Office
305 Madison Avenue
Morristown, NJ 097960
P: (973) 490-6600
F: (973) 490-6612

9. **Insurance Plan Implementation:** Describe in detail, the specific approach for implementing the proposed insurance plan.
Dissinger Reed would be eager to begin service as early as possible. We can bind coverage within hours of receipt of notice award. Implementation of the program will occur immediately upon the award of the RFP. We will conduct a webinar within 24-48 hours to educate the staff involved regarding processes, online integration and contact information for those who will be working with Radford University.

After the initial webinar takes place, we will continue to provide support and work on strategies to help make the program successful.

D. **Personnel**:

1. Company Personnel:

a. Identify the names and titles of all the key personnel (to include the support personnel) with whom Radford University would work on a regular basis.
The dedicated team that would be working with Radford University is a group that works with unique risks that focuses specifically on the unique needs of colleges and universities. Dissinger Reed currently provides customized insurance solutions for over 200 higher education institutions across the country.

All team members have various degrees and previous insurance carrier or HR experience. The team is led by Christian. All account managers have multiple years of experience in the industry and are licensed professionals.

Name	Area Of Responsibility	Years In Industry	Role For NSU
Christian Reed	CEO	12	Senior Consultant
Chris Nixon	Director of Sales	14	Team Lead
Janel Campbell	Administrative Sales Coordinator	2	Account Manager
Sarah Doherty	Primary Insurance	12	Account Manager

b. Identify the responsibilities to be assigned to each key individual; and specifically identify the individual who would be responsible for directing the intercollegiate athletic excess, international and domestic Insurance plan services as identified in Section 9, the **"STATEMENT OF NEEDS"**, and that individuals: days and hours of availability, business address, telephone (toll-free if available) number, fax number and e-mail address and the percentage of their time that this individual would be devoted to Radford University.

Chris Nixon, Team Lead
8700 Indian Creek Parkway, Ste 320
Overland Park, KS 66210
P: (913) 491-6385
F: (913) 491-0527
Email: cnixon@dissingerreed.com
100% designated to the success of the intercollegiate athletic program.

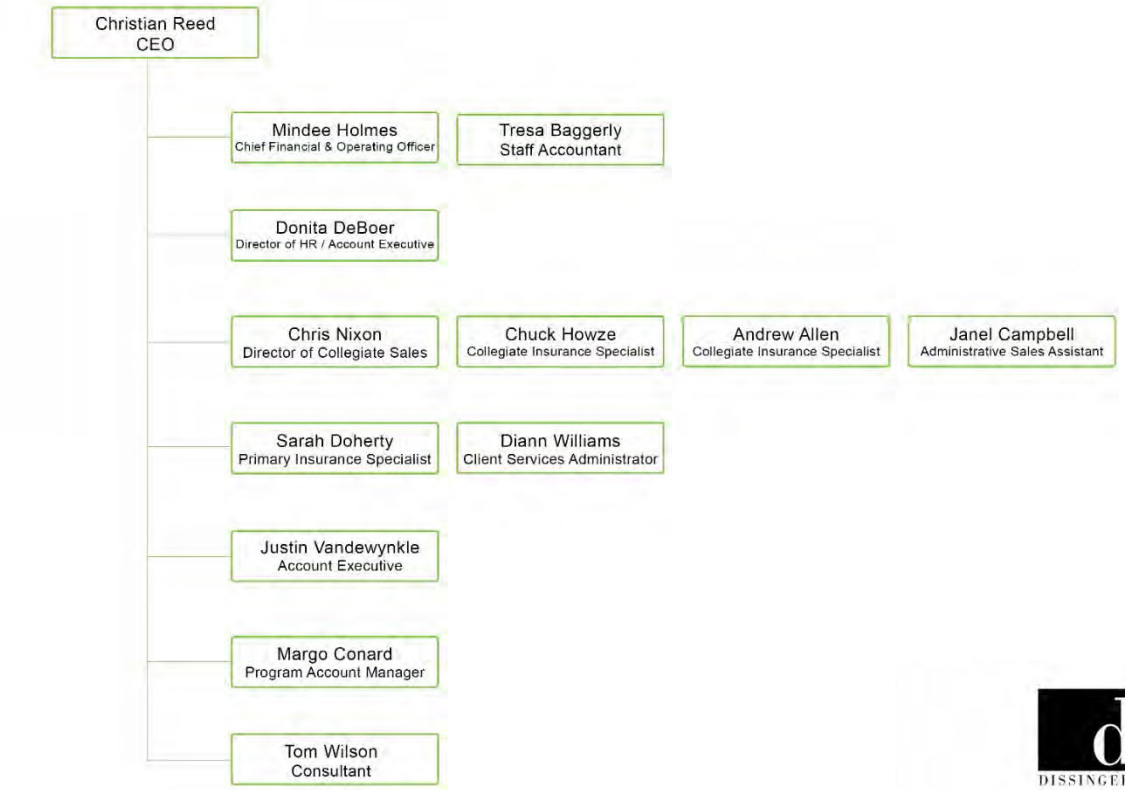
Sarah Doherty, Account Manager
8700 Indian Creek Parkway, Ste 320
Overland Park, KS 66210
P: (913) 491-6385
F: (913) 491-0527
Email: sdoherty@dissingerreed.com
100% designated to the success of the domestic and international primary insurance program.

c. Describe in detail, each key individual's specific work experience in providing the intercollegiate athletic excess coverage, international coverage and domestic coverage insurance plan services identified in Section 9, the "STATEMENT OF NEEDS".

Please see page 27 for a detailed Team Roaster of who will be working with Radford University.

d. Describe the organizational structure of the personnel with whom Radford University would work on a regular basis, in terms of personnel assigned to functions (e.g., administration, insured customer service, claims processing, etc.); and identify how many personnel are assigned to each function.

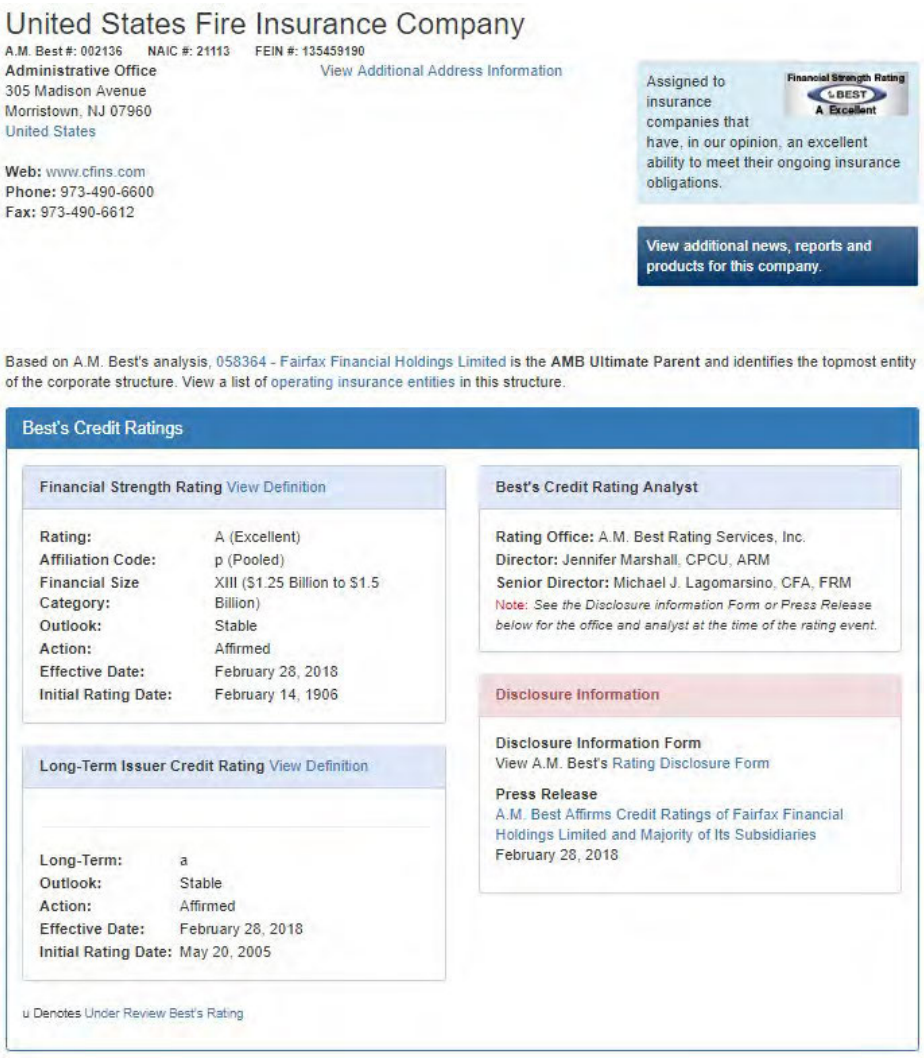
Your designated account representative, Chris Nixon, is your main point of contact for all functions of the program.



2. Third Party Service Providers:
A-G Administrators, LLC Contact:
James Shipp
1001 Old Cassatt Road
Berwyn, PA 19312
P: 610.933.08002
Email: jshipp@agadm.com

E. **Experience:** Describe In detail, your company's general and specific experience as it relates to the services identified in Section 9, the **"STATEMENT OF NEEDS"**, to include:

1. The underwriter's A.M. Best Company (or other comparable rating organizations) rating of A XII.
We only partner with A rated insurance carriers. Please see reference to the AM Best rating for United States Fire Insurance Company below.



United States Fire Insurance Company

A.M. Best #: 002136 NAIC #: 21113 FEIN #: 135459190

Administrative Office
305 Madison Avenue
Morristown, NJ 07960
United States

View Additional Address Information

Web: www.cfins.com
Phone: 973-490-6600
Fax: 973-490-6612

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

Financial Strength Rating
A.M. BEST
A Excellent

View additional news, reports and products for this company.

Based on A.M. Best's analysis, 058364 - Fairfax Financial Holdings Limited is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

Financial Strength Rating View Definition

Rating:	A (Excellent)
Affiliation Code:	p (Pooled)
Financial Size Category:	XIII ($1.25 Billion to $1.5 Billion)
Outlook:	Stable
Action:	Affirmed
Effective Date:	February 28, 2018
Initial Rating Date:	February 14, 1906

Long-Term Issuer Credit Rating View Definition

Long-Term:	a
Outlook:	Stable
Action:	Affirmed
Effective Date:	February 28, 2018
Initial Rating Date:	May 20, 2005

u Denotes Under Review Best's Rating

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Director: Jennifer Marshall, CPCU, ARM
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: *See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.*

Disclosure Information

Disclosure Information Form
View A.M. Best's Rating Disclosure Form

Press Release
A.M. Best Affirms Credit Ratings of Fairfax Financial Holdings Limited and Majority of Its Subsidiaries
February 28, 2018

2. The number of years that your company has provided full excess, international and domestic athletic injury coverage insurance.
Dissinger Reed has been providing secondary athletic insurance since 1981 (40 years) and is recognized as The Most Trusted Name In Athletic Insurance. We have been assisting our clients with their international and domestic primary insurance needs for over 15 year.

3. Your company's experience with providing full excess, international and domestic intercollegiate athletic accident/personal injury insurance at other public institutions of higher education, comparable to the size and scope of Radford University's requirements.

Dissinger Reed works with all sides of a campus and has a robust portfolio of products for students and student athletes. Being a broker allows to us to partner with all product carriers, so we are always able to give you in depth market knowledge and comparison. This allows us to make a choice based on what really is best for your students and campus. We excel at skilled in communication, process development and strategic carrier partnerships.

Dissinger Reed has been working with the following schools for primary insurance:

Charleston Southern University – Larkin Zimmerman, *Assistant Athletic Trainer*
USC Upstate – Sandy Sandago, *Associate AD/Sports Medicine*
University or Arizona – *Kara Meyer, Assistant Director Medical Insurance*
University of Central Florida – Jessica Magluta, *Insurance Coordinator*
Grand Canyon University – Geordie Hackett, *Director of Sports Medicine*
University of North Carolina – Joy McCloy MS, LAT, ATC, *Associate Director for Health and Sports Performance*
University of North Alabama – Deborah Williams, *Associate Athletic Director for Business Affairs*

Please see our detailed references on pages 28-29 or visit www.dissingerreed.com for a full list of clients.

F. **Quality Control:** Describe in detail your company's quality control and customer satisfaction policies / procedures (submit copies of these policies / procedures).

As a company, we have individual duties, benchmarks and goals as well as the same for the entire company. We spot-check work and projects to ensure the best quality and by nature of being a small business, we are in constant communication with every staff member to ensure that they maintaining a consistent and positive work standards and customer service to our clients.

G. **References:** Provide four (4) references, either educational (preferred) or governmental, for whom you have provided the type of services described herein. Include the date(s) services were furnished, the client name, address, and the name and phone number of the individual Radford University has your permission to contact.

We certainly hope that you will take the time to reach out to our clients and speak about their experience. Many of them came from your current provider and the insight into the great improvements will help you better understand the true value of our offering.

Please see our detailed references on pages 28-29 or visit www.dissingerreed.com for a full list of clients.

H. **Cost of Service**: Offerors shall identify all costs associated with providing the goods and services identified in **Section 9, the 'STATEMENT OF NEEDS,"** and in response to this **Section 10, "SPECIFIC REQUIREMENTS"**, in accordance with **Section 19, the "PRICING SCHEDULE"**.

1. If the University elects to exercise the option to renew the contract for an additional one (1) year period:

a. The contract premium for the additional one (1) year period, and any subsequent renewal periods, should be based upon utilization, enrollment and medical trends;

Premiums are figured by many factors, not limited to historical claims data. As your broker, it is our responsibility to fight for the best rates moving forward.

b. The premium increase shall be fair and reasonable in all coverage categories (explain in detail how this will be managed, average historical increases, etc.);

Dissinger Reed will work with the TPA to provide the best rates moving forward. If an increase, or decrease must happen, we will do our best to provide the necessary data as to why an increase is necessary.

c. The retention rate shall be demonstrated to be no greater than the rate for the previous contract period / policy year, for example: For the first (1st) renewal period (e.g. 08/01/2022 - 7/31/2023), the retention rate shall not be greater than the retention rate for the initial contract period / policy year (08-01-2021 - 07/31/2022); NOTE: "Retention Rate" shall be defined as the Contractor's expenses, to include, but not be limited to the Contractor's administrative fees, legal fees, overhead, postage and state premium taxes, etc.).
As you are aware, we received a broker fee as a typical P&C broker would. We are generally compensated by the insurance carrier, not by our clients directly. We would work with your staff to design a plan that meets the needs of your department (in terms of policy benefits and limits) and our compensation would come by way of a percentage of the premium and paid by the insurance carrier.

d. Explain the deductible and recommend either a per injury deductible or annual aggregate deductible as the method for this policy.
My first recommendation would be to go with the campus-wide mandatory student accident plan. This approach would reduce the premium that athletics pays as well as provide a great benefit to your general student body. If adding a $25 accident insurance fee is not feasible at Radford, I would recommend that you keep your existing, aggregate deductible, plan design. This is the best plan design, especially with the uncertainty that we've seen in the past 20 months. You are the beneficiary of the reduced risk/claims versus a fully-insured plan design in which the carrier would benefit. As far as a specific per claim deductible, I would leave it at zero as you have grown accustomed to. It is the easiest to manage and leaves no out of pocket expense to the athlete/family. I am happy to discuss more about the philosophy or get into an i-depth analysis at any time.

F. Participation of Small, Women-owned and Minority-owned business (SWaM) Business:

If your business cannot be classified as SWaM, describe your plan for utilizing SWaM subcontractors if awarded a contract. Describe your ability to provide reporting on SWaM subcontracting spend when requested. If your firm or any business that you plan to subcontract with can be classified as SWaM, but has not been certified by the Virginia Department of Small Business and Supplier Diversity (SBSD), it is expected that the certification process will be initiated no later than the time of the award. If your firm is currently certified, you agree to maintain your certification for the life of the contract. For assistance with SWaM certification, visit the SBSD website at http://www.sbsd.virginia.gov .
Dissinger Reed is not considered a SWaM business.

RU21039

Dissinger Reed
Team Roster

Christopher Nixon, Director of Collegiate Sales

- B.B.A. from The University of Kansas
- Licensed Life/Health/Accident and Property & Casualty Insurance Agent
- Chris joined Dissinger Reed in 2010, after many years working with Dissinger Reed as a vendor
- Over 14 years of direct sales and client service experience
- Excellent Communication and Relationship Building Skills

Christian Reed, Owner/CEO

- B.A. in Sports Broadcasting from Arizona State University
- Licensed Life/Health/Accident and Property & Casualty Consultant
- Over 18 years working as a Broker/Consultant
- Consulted and directed hundreds of programs how to utilize athletic insurance
- Personally works with insurance coordinators and athletic trainers to ensure program success
- Over 24 years of direct sales and management experience

Sarah Doherty, Primary Insurance Specialist

- Licensed Life/Health/Accident and Property & Casualty Consultant
- Sarah joined Dissinger Reed in 2016
- Over 9 years specializing in Primary/Individual Insurance Products
- Over 11 years working within insurance industry
- Client relationship building, process management, service and product knowledge
- Works within the collegiate division to provide clients with primary insurance for their SA's

Janel Campbell, Administrative Sales Coordinator

- B.A. in Communications, Public Relations from the Park University
- M.A.S. in Sports and Fitness Management from Missouri Western State University
- Licensed Life/Health and Accident
- Janel joined Dissinger Reed in 20017
- Over 3 years sales and customer service experience
- Works with Chris and Chuck within the collegiate division of Dissinger Reed

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Dissinger Reed

References

Charleston Southern University
Charleston, SC
Larkin Zimmerman, Asst. Athletic Trainer
lchapman@csuniv.edu 843-863-7080

Virginia Tech
Blacksburg, VA
Ellen Douglas, Risk Manager
edouglas@vt.edu 540-231-5690

William & Mary
Williamsburg, VA
Chelsey Burk, Asst. AD/Business Affairs
cpburk@wm.edu 757-221-2048

Coastal Carolina University
Conway, SC
Dwayne Beam, Assoc. AD/Sports Medicine
dbeam@coastal.edu 843-349-2825

College of Charleston
Charleston, SC
Chris Horschel, Dir. Sports Medicine
horschelc@cofc.edu 843-953-3267

University of South Carolina
Columbia, SC
John Kasik, Assoc. AD/Sports Medicine
jkasik@sc.edu 803-777-7885

USC Upstate
Spartanburg, SC
Sandy Sandago, Assoc. AD/Sports Medicine
ssandago@uscupstate.edu 864-503-5104

We work with over 180 institutions, you are welcome to check out a complete list at
www.dissingerreed.com/college-and-university-client-list

RU21039

Dissinger Reed
Testimonials

We think we're pretty great! And as it turns out, our clients do too!

Dissinger Reed's product knowledge, policy delivery and responsiveness to our questions have been outstanding. We truly value our partnership. During this time, our claims have been paid on average of 7-10 days. This not only pleases our providers but, by settling claims in a timely fashion, we have avoided the potential complaints that can inevitably come from our student-athlete's parents!

Tory Lindley, Senior Associate Athletic Director, Northwestern University

It is with great pleasure for us to recommend Dissinger Reed to anyone who might be seeking a change in insurance services. Over the years, we have worked with a few other insurance companies and Dissinger Reed has far outperformed the competition. They have saved Texas Tech University thousands of dollars and helped strengthen our relationship with local medical providers. Their customer service and attention to detail is unmatched.

Jill Gossett, Sports Medicine, Texas Tech University

During the past twelve years, Dissinger Reed has helped reshape the way UTEP manages its athletic insurance. Dissinger Reed's involvement is directly responsible for helping save UTEP over One Million dollars in claims costs.

Jody Chapman, Sports Medicine, University of Texas at El Paso

With the ongoing challenges facing institutions our size, we are so appreciative of the way Dissinger Reed has taken care of us. They redesigned our intercollegiate sports insurance plan to reduce our cost substantially and helped us by improving our student health plan to include coverage for sports accidents all the while maintaining exceptional support for our institution, our sports medicine staff and our athletes.

Todd Garrett, Director of Athletics, MidAmerica Nazarene University

I am certain that by no means are we your largest account - but we very definitely appreciate the fact that you treat us like we are.

Steve Moniaci, Director of Athletics, Houston Baptist University

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Carrier and Claims Payer

Company Information

Insurance Carrier	United States Fire Insurance Company
A.M. Best Rating	A (Excellent) Financial Size: XII
Location	Morristown, NJ
Claims Processor/Third Party Administrator Company	**A-G Administrators Inc.**
# of years in the athletic claims business	35 years
Located	Berwyn, PA
Details about this TPA and the claims submission process	
Address to mail claim submission	P.O. Box 21013, Eagan, MN 55121
Fax Number to submit a claim	(610) 933-4122
Email address for claim submission	claims@agadm.com
Online claims submission available?	Yes- http://access.agadministrators.com
Online claim status lookup?	Yes
Claim submission deadline/information	90 days from the date of accident or within a reasonable amount of time. Complete claims submission includes: Claim form, itemized medical bill, HCFA 1500, UB92/UB04
Third Party Administrators website	www.agadm.com
Customer Service Toll-Free Phone Number	(800) 634-8628
Customer Service/Claims question hours	8am-5pm EST
Dedicated claims representative assigned?	Yes
Compliant with federal HIPAA laws?	Yes
Turn-around time for processing a clean claim	10 day average
History and Background Information	
A-G Administrators Inc. is a full service sports insurance claims manager for more than 350 college and universities throughout the country and has been in business since 1983. Our goal is to work with the client, within the boundaries of the policy, to meet every need and standard. We work to ensure that your claims are handled in a timely, efficient and courteous manner. A-G Administrators has the most advanced technology in the marketplace and is widely recognized as the best athletic claims payer in the business.	

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2021-22 Schedule of Benefits & Premium Quotation

Option #1- Aggregate Deductible Plan

Covered Intercollegiate Sports
Baseball, Basketball, Cheer, Dance, Golf, Lacrosse, Soccer, Softball, Student Managers, Student Trainers, Tennis, Track & Field, Volleyball,

Schedule of Benefits	
Maximum Benefit per Injury	$90,000
Aggregate Deductible	$120,000
Specific Deductible	$0
Insured Percentage	100%
Initial Treatment Period	180 days
Benefit Period	104 weeks
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum
Accidental Dental	Coverage up to plan maximum for injury to sound/natural tooth
Expanded Medical	Included
Re-aggravation/Reinjury of Pre-Existing Conditions	Included
Heart & Circulatory	Included
HMO/PPO Denials	Included
Guest Recruit Coverage (including PSA tryouts)	Included
Proposed Effective Date	August 1, 2021

Annual Premium	$14,000
Administration Fees	$23,000
Total Hard Costs	$37,000
Recommended upfront funding of claims account (negotiable)	$60,000
Total initial funding request	$97,000
Total potential maximum annual cost	**$157,000**

Program Information	
Insurance Carrier:	United States Fire Insurance Company
Claims Payer:	A-G Administrators Inc.
Broker/Program Coordinator:	Dissinger Reed

Notice of Acceptance

By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.

Name	Title
Signature	Date

This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.

d:r
DISSINGER REED

RU21039

2021-22 Schedule of Benefits & Premium Quotation

Option #2- Fully Insured Plan

Summary of Benefits	
Deductible	$0 per specific injury
Plan Maximum	$90,000 medical benefit per injury
Policy classification	Excess/secondary to all other valid and collectible insurance
Coinsurance	100% of Usual, Reasonable and Customary after the deductible
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury
Benefit Period	104 weeks (2 years) from the original date of injury
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum
Accidental Dental	Coverage up to plan maximum for injury to sound/natural tooth
Outpatient Physical Therapy	Coverage included up to plan maximum
Durable Medical Equipment	Covered if medically necessary & prescribed by physician
Expanded Medical (Overuse)	Included
Re-aggravation/Reinjury of Pre-Existing Condition	Included
Heart & Circulatory caused by overexertion	Included
HMO/PPO denial coverage	Included
Off-season conditioning	Included if school sponsored and supervised activity
Guest Recruit Coverage (including PSA tryouts)	Included
Proposed Effective Date of Coverage	August 1, 2021

Who is covered?

Men's: Baseball, Basketball, Cheer, Golf, Soccer, Student Managers, Student Trainers, Tennis,

Women's: Basketball, Cheer, Dance, Golf, Lacrosse, Soccer, Softball, Student Managers, Student Trainers, Tennis, Track & Field, Volleyball,

When are they covered?

A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.

Premium Quotation

Insurance Carrier	United States Fire Insurance Company
Claims Payor	A-G Administrators Inc.
Program Coordinator/Broker	Dissinger Reed
Annual Premium	**$155,000**

Notice of Acceptance

By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.

Name	Title
Signature	Date

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2021-22 Schedule of Benefits & Premium Quotation

Option #3 - Campus Wide Accident & ICS

Campus Wide Accident Insurance Plan	
Who is covered?	
All full time enrolled undergraduate students	
Summary of Benefits	
Campus Accident Plan Deductible	$0 per injury
Campus Accident Plan Maximum	$10,000 medical benefit per injury
Total # of Enrolled Students Cost	11,870
Per/Student/Year	$25
Total Cost of Student Plan	$296,750

Secondary Athletic Insurance Plan	
Who is covered?	
All Student-Athletes	
When are they covered?	
A covered person is insured while participating in sponsored and supervised activities of the Policyholder such as games, practice, conditioning, and travel to and from such events.	
Summary of Benefits	
Deductible	$0 per specific injury
Plan Maximum	$90,000 medical benefit per injury
Policy classification	Excess/secondary to all other valid and collectible insurance
Coinsurance	100% of Usual, Reasonable and Customary after the deductible
Initial Treatment/Expense	Medical treatment must be received within 180 days of injury
Benefit Period	104 weeks (2 years) from the original date of injury
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum
Accidental Dental	Coverage up to plan maximum for injury to sound/natural tooth
Outpatient Physical Therapy	Coverage included up to plan maximum
Durable Medical Equipment	Covered if medically necessary & prescribed by physician
Guest Recruit Coverage (including PSA tryouts)	Included
Proposed Effective Date of Coverage	August 1, 2021
Additional Athletic Related Coverages	Expanded Medical (Overuse), Re-aggravation/Reinjury or Pre-Existing Condition, Heart & Circulatory cased by overexertion, HMO/PPO denial coverage is all included
Athletic Insurance Premium	$104,645
Insurance Carrier	United States Fire Insurance Company
Claims Payor	A-G Administrators Inc.
Total Student Accident and Athletics Premium	$401,395

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Accident Insurance

Voluntary Student Accident Plan - For Athletes

This voluntary student accident plan is offered to your student athletes that arrive on campus without any primary insurance. It pays 100% of Usual and Customary medical charges related to a covered accident up to $5,000 maximum per injury. This policy does not have a specific deductible and will pay from the first dollar up to the maximum. Enrollments are done via an excel spreadsheet and invoicing goes directly to the institution instead of the student athlete directly.

PROGRAM-AT-A-GLANCE

Potential Program Benefits
Excess Accident Medical Expenses
Supplemental Accident Death Benefit
Supplemental Accidental Dismemberment Benefit

Medical Maximum	$5,000
Price	$800/student/year

DID YOU KNOW?

Commercial Insurance Deductibles on the rise!

-

- 72 74% of health plans now have a general annual deductible
- The average general annual deductible for all commercial health plans is now over $1,200

High Deductible Health Plans Increasing

- 15.5 million people have a HDHP
- Average HDHP Deductible = $4,037
- 20% of all students are now covered by an HDHP
- Unprecedented 15% annual growth in HDHPs over past several years
- Northeastern US States (NY, NJ, PA) have a particularly high number of HDHPs

BENEFITS HIGHTLIGHT

Blanket coverage for all full-time students

- $5,000 accident medical benefit per Accident`
- Graduate and undergraduate students covered

Reduces liability exposures for on-campus accidents

- Covers slips, trips and falls, motorized vehicle, bike and scooter accidents.
- Covers intramural, club, intercollegiate athletic injuries

Provides athletics insurance program stabilization

- Relieves burden of lower cost claims on excess plan stabilize program from potential volatility

Inexpensive cost/rich benefit-local provider discount contracts apply

Provides consistent administration & coordination of student accident claims seamless integration with Athletic Insurance claims

$0 Deductible, pays 100% UCR up to plan limits excess of all other coverage

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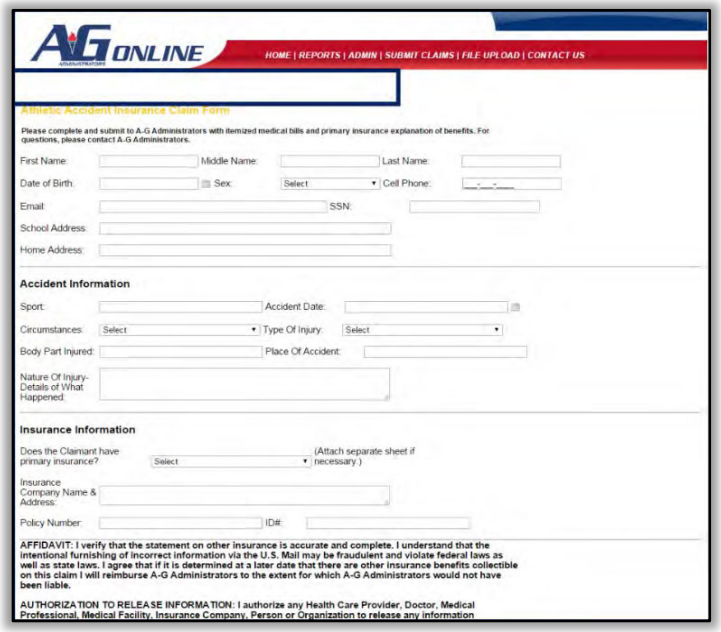
Third Party Administrator

Proposed Claims Administration and TPA Services

EGBAR stands for Efficiency Generating Business Automation Resource

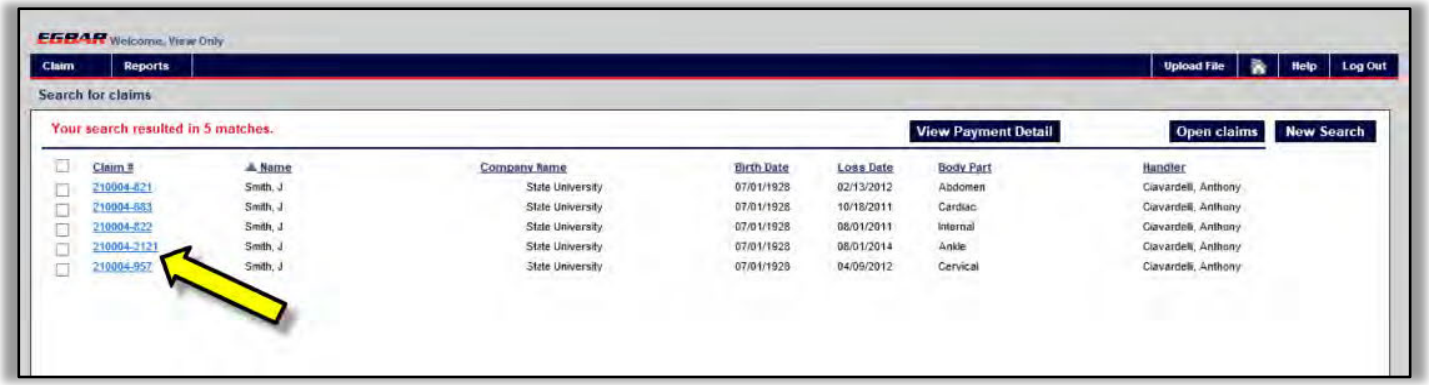
- Provides a completely paperless work environment
- Delivers an unprecedented level of transparency in the claims process
- Increases the efficiency of your claims flow
- Strengthens our already efficient claims processing time

Complete and submit claim forms online



Or upload your completed PDF claim form

Check the status of claims in real-time to ensure you have submitted proper documentation for processing



Please take a minute to view the EGBAR Demo video at: https://access.agadministrators.com/help/

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Carrier and Claims Payer

Company Information

Insurance Carrier	Starr Indemnity & Liability Company
A.M. Best Rating	A (Excellent) Financial Size: XIV
Location	New York, NY
Claims Processor/Third Party Administrator Company	**Bob McCloskey Insurance (BMI)**
# of years in the athletic claims business	41 years
Located	Matawan, New Jersey
Details about this TPA and the claims submission process	
Address to mail claim submission	PO Box 511, Matawan, NJ 07747
Fax Number to submit a claim	(732) 583-9610
Email address for claim submission	
Online claims submission available?	Yes- https://webportal.bobmccloskey.com/
Online claim status lookup?	Yes
Claim submission deadline/information	90 days from the date of accident or within a reasonable amount of time. Complete claims submission includes: Claim form, itemized medical bill, HCFA 1500, UB92/UB04
Third Party Administrators website	www.bobmccloskey.com
Customer Service Toll-Free Phone Number	(800) 445-3126
Customer Service/Claims question hours	8am-5pm EST
Dedicated claims representative assigned?	Yes
Compliant with federal HIPAA laws?	Yes
Turn-around time for processing a clean claim	15 day average
History and Background Information	
Bob McCloskey Insurance has over 25 years of experience adjudicating and paying special risk accident claims for colleges and universities. The majority of BMI's staff has an average of 15 years of experience with major carriers in the insurance industry, resulting in a greater knowledge of the carrier claims process. BMI Benefit's timely claims turnaround time is 10-15 business days, once all information is received. The background and experience of BMI Benefit's claims department has also enabled them to become a leader in the application of Self Insured Retention Plans to Intercollegiate Sports Programs.	

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2021-22 Schedule of Benefits & Premium Quotation

Option #4- Aggregate Deductible Plan (BMI)

Covered Intercollegiate Sports
Baseball, Basketball, Cheer, Dance, Golf, Lacrosse, Soccer, Softball, Student Managers, Student Trainers, Tennis, Track & Field, Volleyball,

Schedule of Benefits	
Maximum Benefit per Injury	$90,000
Aggregate Deductible	$115,000
Specific Deductible	$0
Insured Percentage	100%
Initial Treatment Period	180 days
Benefit Period	104 weeks
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum
Accidental Dental	Coverage up to plan maximum for injury to sound/natural tooth
Expanded Medical	Included
Re-aggravation/Reinjury of Pre-Existing Conditions	Included
Heart & Circulatory	Included
HMO/PPO Denials	Included
Guest Recruit Coverage (including PSA tryouts)	Included
Proposed Effective Date	August 1, 2021

Annual Premium	$17,250
Administration Fees	$23,500
Total Hard Costs	$40,750
Recommended upfront funding of claims account (negotiable)	$57,500
Total initial funding request	$98,250
Total potential maximum annual cost	**$155,750**

Program Information	
Insurance Carrier:	STARR Indemnity & Liability Co.
Claims Payer:	Bob McCloskey Insurance (BMI)
Broker/Program Coordinator:	Dissinger Reed

Notice of Acceptance

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Name	Title
Signature	Date

This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.

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Accident Insurance

Voluntary Student Accident Plan - For Athletes

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PROGRAM-AT-A-GLANCE

Potential Program Benefits
Excess Accident Medical Expenses
Supplemental Accident Death Benefit
Supplemental Accidental Dismemberment Benefit

Medical Maximum	$5,000
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BENEFITS HIGHTLIGHT

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Reduces liability exposures for on-campus accidents

- Covers slips, trips and falls, motorized vehicle, bike and scooter accidents.
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- Relieves burden of lower cost claims on excess plan stabilize program from potential volatility

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Provides consistent administration & coordination of student accident claims seamless integration with Athletic Insurance claims

$0 Deductible, pays 100% UCR up to plan limits excess of all other coverage

Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

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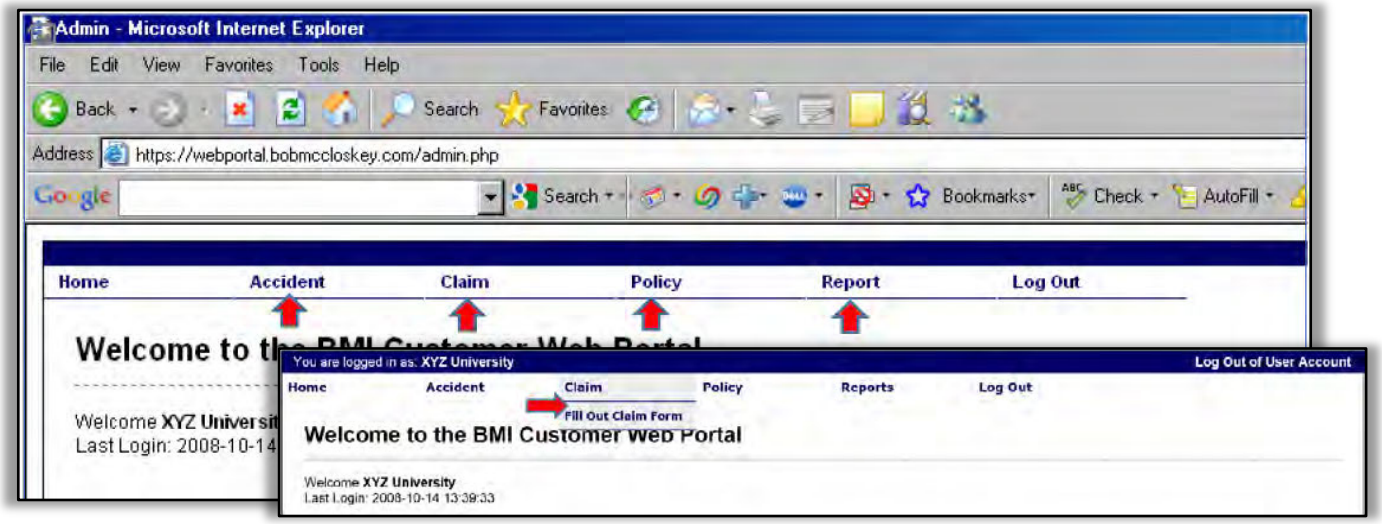
Third Party Administrator

Proposed Claims Administration and TPA Services

Clients create a username and password for access to:

- Complete online claim forms and check the status of existing claims
- Payment information, including check number
- Claim detail, such as: Provider, patient ID, date of service
- Explanation of Benefits
- Loss histories
- Create reports for claims
- Access to the policy

The BMI Portal allows to check accidents by member, check claims, review the policy and run specific reports for your school.



The claim summary provides information on the claim including, member ID, patient ID, member name, claim status and more.

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Broker Services

Secondary Insurance ID Cards

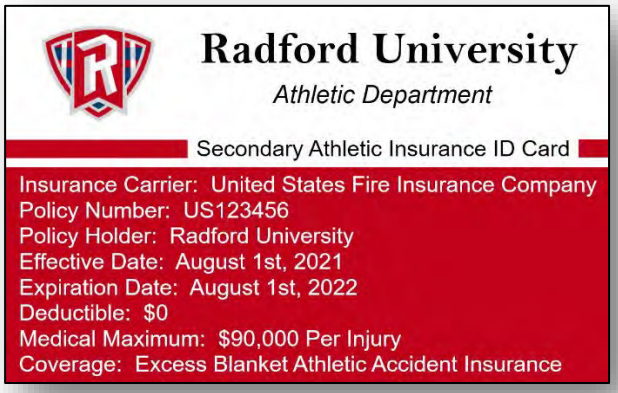
We provide these secondary insurance ID cards to our clients each year. They are customized with your school name, policy number, effective dates, claims contact and correspondence information, as seen below.

Your athletic training staff can keep these plastic credit card style cards with them so in the event of an accident, they have all the pertinent information to give to the medical provider while on the road game or during an emergency.

The feedback that we've received on this service to our clients has been amazing. It helps the flow of the claim at the provider level as it transitions from primary insurance over to the secondary insurance program without requiring additional work on behalf of your staff.

We consider this to be just another way that we differentiate ourselves and provide a world-class service to our clients.

FRONT



BACK

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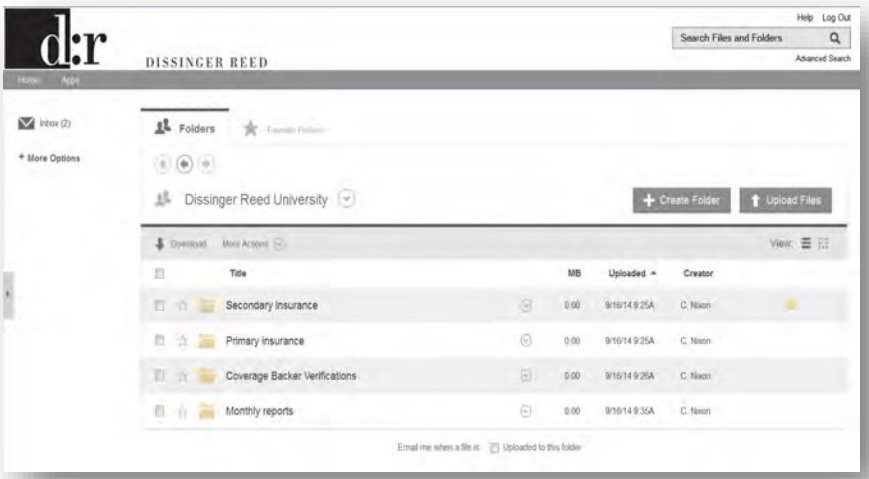
Broker Services
Client Portal

As a valuable service to our clients, we create a customized portal through which you can obtain all insurance related documents at any time from your PC or mobile device. Files are encrypted and stored with the highest level of security for your information.

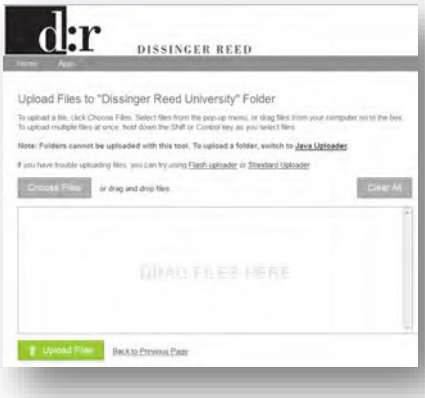


Quick Access to the Following:

- Monthly claims reports
- Primary insurance flyers/info
- Secondary insurance
    - Copy of your policy
    - Copy of your contract
    - ID cards
    - Premium Information
- Renewal documentation
- Coverage Backer spreadsheets
- Primary insurance enrollment files
- Copies of discount agreements
- Invoices

Have confidence in securely uploading primary insurance enrollment rosters and Coverage Backer spreadsheets. We will be notified of the upload and retrieve the documents.

You will be emailed a link from which you can set up your ShareFile account and log in to the client portal. After that, feel free to download the desktop program, phone applications or widgets for your convenience and access on the fly.



ShareFile for iOS

ShareFile for Android

ShareFile for BlackBerry

ShareFile for Windows Phone

Sync for Windows

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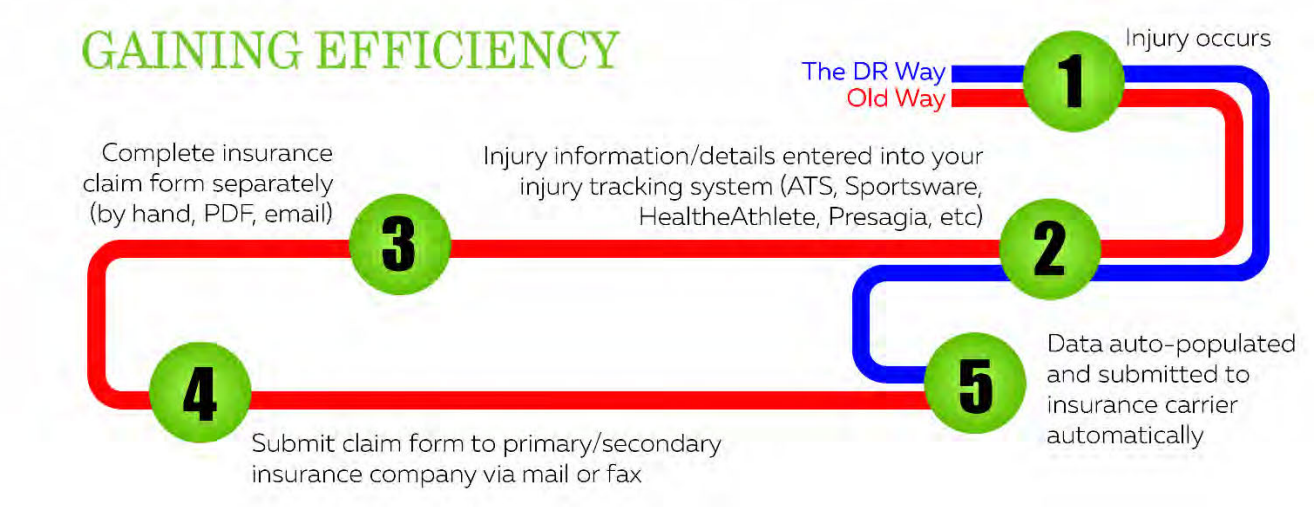
Broker Services

Injury Management Systems: Automate Claim Filing

Dissinger Reed's focus on providing top level customer service has led us to streamline processes in the athletic training room. Most of the TPAs that we partner with have developed integration with the leading injury tracking systems. This will give you the ability to track injuries and integrate with the TPAs claims platform, and will reduce the workload associated with an injury and the insurance paperwork that follows.



This integration will provide your athletic training room the following benefits:

- Claims forms are "auto-filled" with information you've already documented
- Up-to-date claims reports are easily accessed from the injury management system
- Electronic files (including PDF and audio/video files) can be uploaded with ease into the injury management system for on-the-go storage
- The TPA claims system can be remotely accessed from anywhere, on any device (PC, smartphone, or tablet).

" The ability to file our claims directly from our injury tracking system has been a HUGE time saver. We used to hand-write or fill PDFs then scan and email our claim forms. Now we simply upload the claim within our injury tracking system and the claim gets filed with our secondary insurance partner. Thank you Dissinger Reed team!"

Matt Thomason / Director of Sports Medicine, Kansas State University

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Broker Services

Coverage Backer™: Primary Insurance Verification System

As an athletic insurance consultant, one of our goals is to reduce the amount of claims on your secondary insurance policy. One way Dissinger Reed can impact your program is to offer an insurance verification solution. This service can check your student athletes' primary insurance validity without wasting your valuable time. We have partnered with a reliable company that communicates with over 1,300 insurance companies digitally to verify coverage. By utilizing this service, insurance is verified prior to the athlete seeing a provider or stepping on the field of play.

Input your athletes' primary insurance information into the excel template.

We will review the results with you and strategize on what can be done to limit the exposure to your athletic program.

Results are emailed back to you within 48 hours for review and management. Coverage status will include: Active, Inactive, Not Found and Failed.

OR download athletes' primary insurance information from your injury tracking software.

Dissinger Reed conducts the digital verification process using our exclusive Coverage Backer™ verification system.

" Coverage Backer has been a fantastic resource! The ability to easily access from multiple insurance companies is spectacular to say the least and a game changer in the world of Sports Medicine. Dissinger Reed continues to surpass my expectations in customer service"

Nicole A. Nembhard / Coordinator of Athletic Insurance for Sports Medicine, Northwestern Athletics

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Broker Services

EZRx: Prescription Drug Savings Program

WHAT IS EZRx?

EZRx is a prescription drug program specifically designed to meet the unique needs of college and/or university athletic departments. This program was created to streamline the prescription drug benefit for student athletes by simplifying the overall process and placing management and ownership of the benefit with the pharmaceutical benefits management (PBM) provider, MedTrak Services.

CURRENT PROCESS

STEP #	OWNER	PROCESS
1	Doctor/School	Doctor/Athletic Trainer writes prescription for student athlete
2	Athlete	Student athlete fills prescription at select pharmacy/pharmacies
3	Athlete	Student athlete submits full price, out of pocket claims information to Athletic Department
4	School	Athletic Department Administrator submits claim(s) to insurance provider
5	Provider	Insurance provider reimburses Athletic Department
6	School	Athletic Department reimburses student athlete
7	School	Athletic Department generates billing and administrative reporting

SIMPLIED PROCESS USING EZRx PROGRAM

STEP #	OWNER	PROCESS
1	Doctor/School	Doctor/Athletic Trainer writes prescription for student athlete
2	Athlete	Student athlete fills prescription at extensive pharmacy network using PBM drug card
3	Pharmacy	Pharmacy applies MedTrak pricing discounts and applicable copay, submits claim online
4	PBM	PBM submits bi-monthly invoices to School or Third Party Administrator

REAL WORLD EXAMPLE OF SAVINGS

	Current Year	Previous Year	Current QTR
All Dispenses:			
Total Number of Rxs	624	157	180
Total Usual and Customary	$96,848.99	$20,466.47	$25,526.04
Total Client Pay	$65,189.07	$14,221.69	$17,690.14
Average Approved Price	**$104.47**	**$90.58**	**$98.28**
Brand Dispenses:			
Total Number of Rxs	236	43	71
Average Approved Price	$202.21	$201.03	$188.55
Generic Dispenses:			
Total Number of Rxs	38	114	109
Average Approved Price	$45.02	$48.93	$39.48
Savings:			
Savings from Usual and Customary	**$31,659.92**	**$6,244.78**	**$7,835.90**

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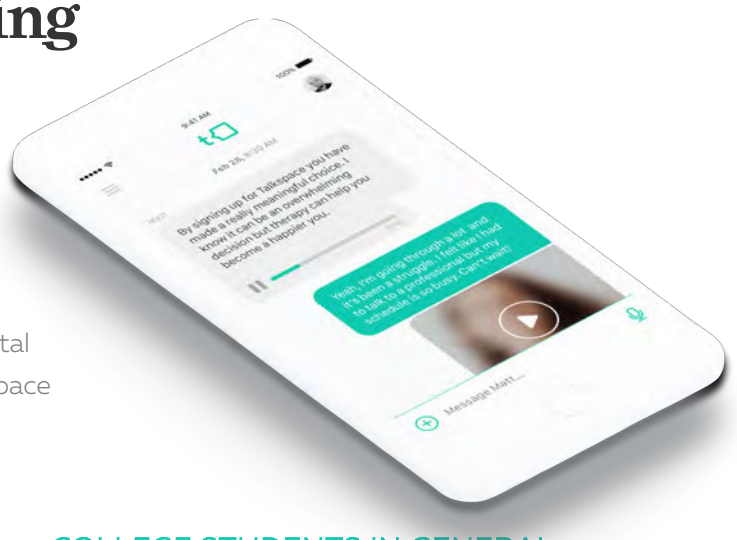
Broker Services

Mental Health Counseling



MENTAL HEALTH & STUDENT ATHLETES

Student athletes have unique challenges in accessing mental health resources. Dissinger Reed has partnered with Talkspace to provide convenient and confidential online counseling.

The Stats

STUDENT ATHLETES

- 30% reported feeling depressed [1]
- 50% said they experienced acute anxiety [1]
- Less likely than non-athlete peers to report issues with depression & anxiety [1]
- Nearly 1/4 report being exhausted from the mental demands of their sport [2]

COLLEGE STUDENTS IN GENERAL

- 1 In 5 are coping with a mental health issue at any given time [3]
- 1 : 1,737 = average counselor to student ratio on college campuses [4]
- Avg. 3-6 weeks for students to obtain on-campus counseling support [4]

A Service Students Will Actually Use

Students reach out to their dedicated, licensed counselor as often as they need with unlimited text, audio, and video messages — via mobile app or computer.

Stigma Free
Student athletes get the support they need without fear of judgment from their school, team or peers. Talkspace is confidential, private, secure and HIPAA compliant.

Personalized
Student athletes are matched with a licensed professional based on their unique needs and preferences. They have a 1 to 1 relationship with their Talkspace counselor.

Convenient
From the locker room, bus, library, or dining hall — student athletes can message their counselor anytime, anywhere. Counselors engage daily, no appointments necessary.

Quality Care
Talkspace's network of 4,000+ licensed therapists specializes in treating the most common collegiate mental health concerns, including stress, anxiety, depression, substance misuse, and more.

Give Students the Help They Need - When They Need It

Contact college@dissingerreed.com for more information

1 "Mind, Body and Sport: Depression and anxiety prevalence in student athletes, 2014." | 2 "NCAA GOALS Study of the Student-Athlete Experience, 2015." 3 "Mental Health By the Numbers - NAMI, 2018." | 4 "Association for University and College Counseling Center - AUCCCD, 2016."

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Broker Services

What else can we help you with?

PRIMARY INSURANCE

Healthcare laws are changing daily, and we have the industry expertise needed to scour the marketplace in search of suitable primary insurance plans that are affordable and cover intercollegiate athletic related injuries.

CATASTROPHIC INSURANCE FOR CHEERLEADERS/MASCOTS

Coverage for the non- sanctioned competitions and appearances that your teams may participate in. Coverage from $90,000 to $5 million.

CAMP AND CLINIC INSURANCE

By consolidating your programs into one insurance policy, we can save your coaches or athletic department money on the coverage they already buy.

CONTRACTUAL BONUS INSURANCE

Success comes at a price! We can insure against the risk that your department will not be required to pay out large bonus payments to coaches when they meet or exceed their specific goals/criteria.

EVENT CANCELLATION

Protect the revenue you generate by insuring your sporting events against extreme weather, power failure, natural disasters, non-appearance of key individuals (teams, referees, etc.) and much more.

CLUB TEAM AND INTRAMURAL SPORT

Blanket coverage for these activities is very affordable and should be in place to protect your institution and take care of the participating athletes.

INDIVIDUAL DISABILITY INSURANCE

Also known as Draft Protection or Loss of Value insurance; this coverage is growing in popularity as professional contracts continue to increase by ensuring that injury will not cause future fiscal losses.

HIGH LIMIT AD&D AND CATSTROPHIC CASH

Coverage for those worst-case scenarios. Institutions purchase additional coverage that will pay if the insured is disabled or loses their life while participating in or travelling to and from sponsored events.

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Primary Insurance
For Students and Student Athletes

Do all your student athletes have primary insurance that covers athletic related injuries?

Are you seeing the impact of high-deductible exchange plans on your secondary insurance?

As your current student athletes, transfers and walk-ons come back to campus, you want to have confidence that their insurance will pay claims. Dissinger Reed has designed exclusive primary insurance plans that specifically cover intercollegiate injuries. Many of them even cover general sickness/illness.

STUDENT HEALTH INSURANCE PLANS

As the student health marketplace changes, so do we. Dissinger Reed offers a wide selection of student health insurance plans that comply with healthcare reform and do not exclude intercollegiate sports. We are happy to discuss those with you should your institution mandate that level of coverage for your student-athletes or campus wide population. Key benefits: Unlimited medical maximum, no exclusions for pre-existing conditions and covers preventative care services.

SHORT-TERM MEDICAL PLANS

These plans are defined by their limited duration. Most of these plans can be purchased in 30-90 day increments up to a maximum of 12 months (or else it is considered major medical and is subject to healthcare reform mandates). We utilize these plans because most have coverage for athletics and they are the most affordable coverage available.

MANDATORY STUDENT ACCIDENT PLANS

An "MSAP" is a great way to manage risk at your institution. This is an inexpensive way to ensure that all your students and athletes have coverage in place for accidental injuries ranging from falling in the dorm to incurring an injury while playing intercollegiate athletics. The premiums are very low because the risk is spread over the entire student body.

SUPPLEMENTAL/INDEMNITY/ACCIDENT ONLY

These plans typically pay the insured directly when they are injured/receive treatment from an accidental injury. They can be suitable primary insurance coverage when nothing else is available, however, they require much more effort to manage than a regular insurance plan does.

INTERNATIONAL STUDENT INSURANCE

Each institution is unique in what they require of incoming international students. Most will at least require some form of insurance coverage that meets the F1 and J1 Visa requirements. We have several plans that meet the highest level or requirement and also include athletic related injuries for your student-athletes.

No matter what the situation has been with primary insurance or secondary insurance they found a solution for everything. They are not just an insurance group that we work with, they are part of the Young Harris College family."

-Halee Brown, Young Harris College

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Primary Insurance - Key Information

Domestic & International Plan Notes

Domestic Short Term Insurance Notes:
▪ Dissinger Reed has selected short term medical plan designs as recommendations ▪ There are many other plan designs to choose from that can be offered for you to choose from if you want to see other options with different benefit amounts. ▪ Short Term Medical Plans are by definition individual insurance policies therefore rates are approximate based on the exact date we quote them. This applies to any short term medical plans you quote through any carrier or broker. ▪ At this time short term plans can be purchased in 180 day increments and 364 day increments. ▪ Should there be any changes to the policy duration it would done through legislation resulting in these going back down to 90 day increments. We do not see this happening prior to 8/1/2021, but this would be out of any carrier's control. ▪ All Short Term Medical carriers evaluate claims trend every quarter so rates provided by Dissinger Reed have factor this in to our quotes provided so your rates are as accurate as possible for an 8/1/2021 effective date. ▪ Rates are less expensive if you enroll in 180 days or less and pay lump sum payment. Pre-existing clause re-sets after each 180 term ▪ If you want 364 days of coverage, rates are higher because they are exposed to more risk over a longer period than the 180 days of coverage.
International Short Term Insurance Notes:
All international GeoBlue plans quoted can still be customized or have benefit changes. The GeoBlue "Plus" plan is the closest to what Radford currently is offering international students.

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Primary Insurance - Plan 1

Domestic Student: Short Term Medical Plan

Link Enrollments: You are charged on the date of purchase. List Bill Roster enrollments: College or University is Invoiced. Students can be effective approximately 2-3 days after receiving all enrollment information.

ELIGIBILITY

- The Pivot Health Plan is designed for college athletes, ages 18 to 64 years of age.
- Be a U.S. Citizen (or foreign resident living in the United States with at last 12 month of U.S. Residency).
- Must be under 300 pounds if they are male and 250 pounds if female. Not have other medical Insurance coverage in force.
- Answer "No" to all medical questions on the application; Some examples of questions below:
  - Do they have other health insurance in force on the policy effective date?
  - Been denied insurance due to any health reasons or conditions still present?
  - Been advised by a medical professional to have diagnostic testing, treatment, or Surgery that is not yet completed.

AVAILABILITY

AL, AR, AZ, DE, FL, GA, IA, ID, IL, IN, KY, LA, MI, MO, MS, NC, NE, NV, OH, OK, OR, TN, TX, VA, WI, WV, WY

SUMMARY OF BENEFITS

Product Name	Pivot Health Plan - Economy
Intercollegiate Sports Benefit	Paid as any other Sickness or Injury
Carrier/Underwriter	Pivot Health / Companion Life
Network	All Provider Access - Referenced based pricing (Not Tied to HMO/PPO)
Claims Administrator	Allied National, Inc.
Maximum Benefit	$500,000 Per Coverage Period
Deductible / OOPM	$3,000 Deductible / $10,000 out of pocket maximum
Coinsurance	30%
Doctor's Office Copay	Subject to deductible and coinsurance
Pre-Existing Conditions	Excludes - does not cover. 3 day waiting period for sickness.
Medical Emergency	$450 plus deductible & coinsurance
Physical Therapy/Chiropractor	$50 Per Visit; 20 Visit Max
Mental Health - Psychotherapy	Outpatient; $50 Per Visit; 10 Visits Max; Inpatient; $100 Per Day, 31 Day Max
Prescription Drugs	Discount only

NOTES

The Pivot Health short-term medical insurance plan provides health insurance coverage for college students and student athletes. Short-term medical products do not meet the Affordable Care Act's definition of minimal essential coverage.

QUOTE AND ENROLL

· For 365 Day Plans Select "More than 180 Days" and "Easy to Manage" Options when Quoting.
· ID Cards - Sent Electronically to Student Email

www.dissingerreed.com/athlete/P1

Contact us for questions:
clientservices@dissingerreed.com

*One-Time $60 admin fee per student for list bill/roster enrollment options or $30 per semester. This is included in pricing below
*One-Time $19.95 Enrollment Fee per student, not included below

***180 Day Policy Duration Rates:**
Link: $60 per monthly draft (ages 17-25)
lump sum payment =
$302 average (ages 17-19)
$340 average (ages 20-25)
List Bill: $90 monthly

***364 Day Policy Duration Rates:**
Link: $73 per monthly draft (ages 17-25)
lump sum payment = There are no *lump sum payment* options when over 180 days

List Bill: $105 monthly / $1,260 annual

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Short-Term Medical Insurance Plans (1/2)

PIVOT HEALTH | Companion Life

Services are subject to deductible and coinsurance before benefits are applied.

	ECONOMY	CHOICE	STANDARD	DELUXE
Deductible	$3,000, $5,000, $7,500 or $10,000	$1,000, $2,000, $5,000, or $10,000	$2,000, $3,000 or $5,000	$1,000, $2,500 or $5,000
Coinsurance (Percentage you pay)	20% or 30%	20% or 30%	20%	20%
Coinsurance Maximum Out-of-Pocket †	$10,000	$10,000	$5,000	$3,000
Coverage Period Max Benefit	$100,000 or $500,000 or $1,000,000	$100,000, $250,000 or $1,000,000	$250,000 or $500,000	$500,000 or $1,000,000
Prescription Drugs	Discount only	Discount only	After $500 Rx deductible, generic copay $10, preferred $50, non-preferred brand $75. No specialty drugs.	Generics copay $10. After $500 Rx deductible (does not apply to generics), preferred $50, non-preferred brand $75. No specialty drugs
Primary Doctor Office Visit*	Subject to deductible and coinsurance	$30 primary doctor copay	Subject to deductible and coinsurance	$30 primary doctor copay
Specialty Doctor Office Visit*	Subject to deductible and coinsurance	$60 Urgent Care and specialty physician copay	Subject to deductible and coinsurance	$60 Urgent Care and specialty physician copay
Additional Emergency Room Deductible**	$450 plus deductible & coinsurance	$250 plus deductible & coinsurance	$350 plus deductible & coinsurance	$250 plus deductible & coinsurance
Inpatient Hospital Benefits	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Additional Outpatient Surgical Facility Deductible***	$500 plus medical deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Additional Inpatient Admission Deductible	$750 plus deductible & coinsurance	$0 plus deductible & coinsurance	$500 plus deductible & coinsurance	$0 plus deductible & coinsurance

† Family out-of-pocket limit is three times the individual maximum.

* Primary Physician, Specialist & Urgent Care Office Visit Copay: Limited to 3 visits per coverage period. Additional services and tests subject to deductible and coinsurance.

** Emergency Room Deductible: An additional deductible is payable if not admitted to the hospital, in addition to the standard deductible and coinsurance apply.

*** Outpatient Surgical Facility Deductible: an additional deductible applied to the facility bill.

Short-Term Medical Insurance Plans (2/2)

Services are subject to deductible and coinsurance before benefits are applied.

	All Plans
Ground Ambulance	Up to $1,000 per coverage period
Air Ambulance	Up to $2,500 per coverage period
Home Health Care	Maximum of 40 days
Athletic Injury ‡	Same as any other illness/accident
Physical Therapy	$50 per visit; 20 visit max
Mental Illness	Outpatient: $50 per visit; 10 visit max; inpatient: $100 per day, 31 day max
Network	No network -all access
Out-of-Network Coverage	No network-all access

‡ Semi-professional, professional, non-recreation and hazardous sports are excluded.

Emergency pre-certification: In the event of an emergency hospital admission, pre-certification must be made within 48 hours after the admission, or as soon is reasonably possibl

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Primary Insurance - Plan 2

Domestic Student: Short Term Medical Plan

Link Enrollments: You are charged on the date of purchase. List Bill Roster enrollments: College or University is Invoiced. Students can be effective approximately 2-3 days after receiving all enrollment information when doing a list bill. Self enrollments through link can be effective following day.

ELIGIBILITY

- The Pivot Health Plan is designed for college athletes, ages 18 to 64 years of age.
- Be a U.S. Citizen (or foreign resident living in the United States with at last 12 month of U.S. Residency).
- Must be under 300 pounds if they are male and 250 pounds if female. Not have other medical Insurance coverage in force.
- Answer "No" to all medical questions on the application; Some examples of questions below:
  - Do they have other health insurance in force on the policy effective date?
  - Been denied insurance due to any health reasons or conditions still present?
  - Been advised by a medical professional to have diagnostic testing, treatment, or Surgery that is not yet completed.

AVAILABILITY

AL, AR, AZ, DE, FL, GA, IA, ID, IL, IN, KY, LA, MI, MO, MS, NC, NE, NV, OH, OK, OR, TN, TX, VA, WI, WV, WY

SUMMARY OF BENEFITS

Product Name	Pivot Health Plan - Epic Base *includes free telemedicine
Intercollegiate Sports Benefit	Paid as any other Sickness or Injury
Carrier/Underwriter	Pivot Health / The North River Insurance Company
Network	All Provider Access - Referenced based pricing (Not Tied to HMO/PPO)
Claims Administrator	Allied National, Inc.
Maximum Benefit	$1,000,000 Per Coverage Period
Deductible / Out of Pocket Max	$5,000 Deductible / OOPM - satisfied after deductible is met
Accident Rider	$5,000 (covers deductible and out of pocket maximum for accidents)
Coinsurance	0%
Primary/Specialist/Urgent Care	Subject to deductible, no charge after deductible is met
Pre-Existing Conditions Medical	Excludes - does not cover, 3 day waiting period for sickness
Emergency Room	$250 copay, no charge after deductible is met
Physical Therapy/Chiropractor	$50 Per Visit; 20 Visit Max
Mental Health	not covered
Prescription Drugs	Generic copay $5 / Preferred copay $35 / Non-preferred copay $70

NOTES

The Pivot Health short-term medical insurance plan provides health insurance coverage for college students and student athletes. Short-term medical products are not Affordable Care Act compliant

QUOTE AND ENROLL

· For 365 Day Plans Select "More than 180 Days" and "Easy to Manage" Options when Quoting.
· ID Cards - Sent Electronically to Student Email

www.dissingerreed.com/athlete/P1

Contact us for questions:
clientservices@dissingerreed.com

*One-Time $60 admin fee per student for list bill/roster enrollment options or $30 per semester. This is included in pricing below
*One-Time $19.95 Enrollment Fee per student, not included below.

180 Day Policy Duration Rates:
***add admin fee $19.95 to below**
Link: $100 per monthly draft (ages 17-25) *lump sum payment* = $400 approx. (ages 17-19) $415 approx. (ages 20-25) **List Bill:** $100 per student/month ages 17-25

364 Day Policy Duration Rates:
***add admin fee $19.95 to below**
Link: $100 per monthly draft (ages 19-25) lump sum payment = There are no *lump sum payment* options when over 180 days
List Bill: $120 monthly / $1,440 annual

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Epic Plan Details

	Epic PPO	Epic PPO	Epic Base
Network	Cigna	Out-of-Network	All Provider Access
COVERED EXPENSE HIGHLIGHTS			
Deductibles	$5,000, $8,000, $10,000	$6,600, $10,600, $13,300	$5,000, $10,000 $15,000, $20,000
Family Deductible Maximum	2x individual deductible	2x out-of-network individual deductible	2x individual deductible
Coinsurance (Percentage you pay)	0%	25%	0%
Out-of-Pocket Maximum	Satisfied after the deductible is met	No out-of-pocket maximum	Satisfied after the deductible is met
Total Coverage Maximum*	$500,000 or $1,000,000	$375,000 or $750,000	$500,000 or $1,000,000
MEDICAL EXPENSE HIGHLIGHTS			
Primary Doctor Visit	No charge after deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Specialist Doctor and Urgent Care Visit	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Preventive Examination	3 month wait, 1 primary care visit and services covered at 100% up to $100 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 75% up to $75 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 100% up to $100 per covered person during coverage period

*Due to state regulations in Indiana, the Coverage Period Maximum Benefit option is $2,000,000.
Pre-authorization is required for the Epic PPO plan and a penalty is applied to ex
This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state.
Please see your Certificate for a complete list of all benefits, conditions, limitations, and exclusions.

Epic Plan Details (Continued)

	Epic PPO	Epic PPO	Epic Base
Emergency Room	$250 copay then deductible and coinsurance (copay waived if admitted)	$250 copay then deductible and coinsurance (copay waived if admitted)	$250 copay then no charge after the deductible is met
Hospital Inpatient	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Outpatient Surgical Facility	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Mental Illness and Substance Use Disorder	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	Not covered
Supplemental Accident (Optional benefit)	$5,000 or $10,000 per individual	$5,000 or $10,000 per individual	$5,000 or $10,000 per individual
Traveling in A Foreign Country (Emergency treatment)	Out-of-network deductible and coinsurance	Out-of-network deductible and coinsurance	Not covered
PRESCRIPTION DRUG EXPENSE HIGHLIGHTS			
Prescription Drugs (Optional benefit)	Generic copay $5 Preferred copay $35 Non-preferred copay $70	Out-of-network coinsurance applies	Generic copay $5 Preferred copay $35 Non-preferred copay $70
Maximum Prescription Drug Benefit	$1,000 (coverage periods of 6 months or less) or $2,000 (coverage periods greater than 6 months)	$1,000 (coverage periods of 6 months or less) or $2,000 (coverage periods greater than 6 months)	$1,000 (coverage periods of 6 months or less) or $2,000 (coverage periods greater than 6 months)

Plan Networks

	Epic PPO	Epic Base
Network	Cigna*	All Provider Access - No Network
Provider Link	https://sarhcpdir.cigna.com/web/public/sarProviders	Freedom to choose any provider
How it works	Cigna in-network discount	Reference Based Pricing*

Pre-authorization is required for the Epic PPO plan and a penalty is applied to expenses not pre-authorized. This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state. Please see your Certificate for a complete list of all benefits, conditions, limitations, and exclusions.
*Cigna's PPO network refers to the health care professionals (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. The Pivot Health reference based pricing option is not affiliated with the Cigna PPO network.

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Primary Insurance - International

GeoBlue Sports Plan

	Elite Sports - G Plan 1	Elite Sports - E Plan 2	Elite Sports -O Plan 3
Coverage limit per member	$100,000	$100,000	$250,000
Deductible per member	$0	$50	$150
Member out-of-pocket	$2,500	$7,500	$7,500
	Plan Highlighted Benefits		
Physician office visit	$25 copay 100% In-network	$20 copay 90% In-network	$20 copay 100% In-network
Urgent care facility	$50 copay 100% In-network	$50 copay 90% In-network	$50 copay 100% In-network
Outpatient and inpatient services	$100 copay 100% In-network	$100 copay 100% In-network	$100 copay 100% In-network
Emergency hospital services	$250 copay 100% In-network	$250 copay 90% In-network	$250 copay 100% In-network
Inpatient treatment for mental and nervous disorders	Up to $10,000 for up to 30 days	Up to $10,000 for up to 30 days	Up to $10,000 for up to 30 days
Outpatient treatment for mental and nervous disorders	Up to $1,000 for up to 30 days per coverage year	Up to $1,000 for up to 30 days per coverage year	Up to $1,000 for up to 30 days per coverage year
Therapies such as acupuncture and physical therapy	Up to 20 visits per coverage year	Up to 20 visits per coverage year	Up to 45 visits per coverage year
Medical treatment arising from participation in intercollegiate, interscholastic, or club sports	Up to **$10,000** per coverage year	Up to **$25,000** per coverage year	Up to **$5,000** per coverage year This does not meet your $10,000 requirement.
Outpatient prescription drugs	50% 31-day supply	50% 31-day supply	50% 31-day supply
Emergency medical evaluation	Up to $100,000 per coverage year	Up to $100,000 per coverage year	Up to $250,000 per coverage year
Repatriation of mortal remains	Up to $25,000	Up to $25,000	Up to $30,000
Pre-existing conditions	Six-month waiting period	No waiting period	No waiting period

*For illustrative purposes only. Please defer to policy documents and carrier proposal for more information.

*Includes oral contraceptives and devices.

Quotes based on 35 enrolled lives. ** Must have number of athletes to quote.*	Elite Sports - G Plan 1	Elite Sports - E Plan 2	Elite Sports -O Plan 3
Individual Monthly Rates	$130.60	$130.60	$130.60

*Dependent pricing avaliable upon request.

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Primary Insurance - International

GeoBlue Custom Plans

	GeoBlue Premier	GeoBlue Plus
Coverage limit per member	$350,000	$500,000
Deductible per member	$150	$0
Member out-of-pocket	$7,500	$2,500
	Plan Benefits	
Physician office visit	$25 copay 80% In-network	$20 copay 100% In-network
Urgent care facility	$50 copay 80% In-network	$35 copay 100% In-network
Outpatient and inpatient services	$100 copay 80% In-network	$50 copay 100% In-network
Emergency hospital services	$250 copay 80% In-network	$1000 copay 100% In-network
Inpatient treatment for mental and nervous disorders		Up to $10,000 for up to 30 days
Outpatient treatment for mental and nervous disorders	Up to $1,000 for up to 30 days per coverage year	Up to $1,000 for up to 30 days per coverage year
Therapies such as acupuncture and physical therapy	Up to 20 visits per coverage year	Up to 20 visits per coverage year
Intercollegiate Sports Injuries	$25,000	$10,000
Accidental Death (AD&D)	N/A	$15,000
Home Country	N/A	100% up to $5,000
Emergency Family Travel	N/A	$5,000
Outpatient prescription drugs	50% 31-day supply	50% 31-day supply
Emergency medical evaluation	Up to $100,000 per coverage year	Up to $250,000 per coverage year
Repatriation of mortal remains	Up to $25,000	Up to $100,000
Pre-existing conditions	No waiting period	Six-month waiting period

*For illustrative purposes only. Please defer to policy documents and carrier proposal for more information.

*Includes oral contraceptives and devices.

	GeoBlue Premier	GeoBlue Plus
Individual Monthly Rates	$112.05	$138.90

*Dependent pricing avaliable upon request.

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Telemedicine

Geoblue - TeleMD

HEALTHCARE AT YOUR FINGERTIPS

At GeoBlue, we know your life can be demanding. With so much to juggle, finding the healthcare you need, when you need it, should be easy. In addition to giving you convenient access to a global network of doctors and facilities, we've teamed up with Advance Medical, a Teladoc Health company, to bring you Global TeleMD, a new smartphone app—at no additional cost—that provides confidential access to international doctors by telephone or video call.

ALL AT THE TOUCH OF A BUTTON

- ✓ Global network of doctors
- ✓ Medical guidance and consultations (*for non-medical emergencies*)
- ✓ Same-day virtual appointments, available 24/7
- ✓ Multiple language options
- ✓ Consultation notes sent directly to your phone
- ✓ Prescriptions and referral letters (*subject to local regulation*)

JUST WHAT THE DOCTOR ORDERED

With Global TeleMD, you can speak to a doctor at a time that fits your schedule without worrying about school, work, holidays or personal commitments. And because your consultation notes are stored securely on the app, they're ready to share with your primary doctor.

Let's get started

1. Download the Global TeleMD app to your phone
2. Create a profile
3. Log in
4. You're good to go!

Download on the App Store | GET IT ON Google Play

*Confidential and/or identifiable information which you may discuss with Advance Medical will not be shared with GeoBlue or your employer if applicable (Advance Medical will only share aggregated or deidentified information to help GeoBlue monitor and improve the program and for reporting purposes). However, permission may be asked to review your personal data in the event that you have made a complaint or specific query that you would like to discuss with GeoBlue. GeoBlue will never review your data without your explicit consent. For further information on how Advance Medical processes your personal data please see Advance Medical's privacy policy https://www.advance-medical.net/privacy

All of the above services are provided by Advance Medical, part of Teladoc Health, directly to you. GeoBlue assumes no liability and accepts no responsibility for information provided by Advance Medical and the performance of the services by Advance Medical. Support and information provided through this service does not confirm that any related treatment or additional support is covered under your health plan. To discuss the coverage under your health plan, please contact us using the number on the back of your ID card. This service is not intended to be used for emergency or urgent treatment medical questions.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

GeoBlue

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Additional Services

Geoblue

Tailored plans for your group

GeoBlue plans provide a full range of the medical benefits necessary to meet the expectations and situations of your inbound population. In addition to the standard J1-compliant offerings, a variety of optional benefits including mental health, sports injury and maternity coverage are also available.

Access to the largest network in the U.S.

GeoBlue members have access to the Blue Cross Blue Shield network—the largest in the U.S. The 92% of doctors and 96% of hospitals participating allow for maximum convenience and flexibility for those in need of healthcare services.

This network will bill GeoBlue directly so members don't have to worry about out-of-pocket expenses during care—whether it's inpatient or outpatient.

Exceptional Member Services

GeoBlue has a clear knowledge of U.S. healthcare and a deep understanding of the confusion experienced by those who are unfamiliar with it. Our U.S.-based customer service and medical assistance teams are readily available to help international members understand and navigate the U.S. healthcare system. Our representatives cover many foreign languages, allowing us to discuss coverage and personal health topics with our international members in their native tongue.

Additional Services Included in All GeoBlue Plans

GeoBlue members enjoy a comprehensive assistance program that provides the support necessary to help students, parents/guardians, and administrators feel confident in any situation.

Evacuation Services

When a member is in a situation that requires an evacuation, GeoBlue will coordinate all the emergency services with the help of our global partners and Regional Physician Advisors. With the support of this medical team, we can overcome obstacles and limitations to ensure the member gets the highest level of care.

Mobile Tools

While in the U.S., students can use GeoBlue's mobile apps and digital tools to locate care, translate medical terms, phrases and medications, and be notified of any health and safety issues.

Single Point of Service for Administrators

We make administrators' lives easier through responsive account management, convenient online tools and one-call access to solutions for both the expected and unexpected.

GeoBlue
International Health Insurance for Higher Education

For more information on the GeoBlue International Inbound plans, contact us:
studentsales@geo-blue.com
610 254 8704
https://geobluestudents.com

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

This coverage is offered to the members of the Global Citizens Association, Washington, D.C.

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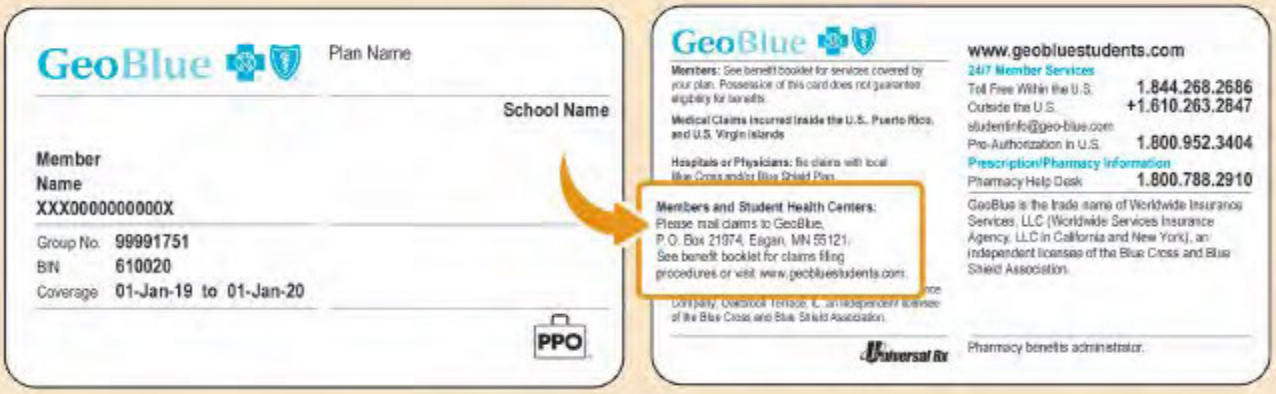
International

Geoblue Sports Plan - Quote based on 25 enrolled athletes

Attention Student Health Centers

When submitting claims for a GeoBlue member, follow these steps to ensure the claim is processed correctly.

1 Check the student's ID card for claim submission address.



2 If student doesn't have an ID card, claims can be sent here:

GeoBlue
P.O. Box 21974
Eagan, MN 55121

3 If your Student Health Center uses ledger/ bulk billing, please contact your Account Manager for process confirmation.

When submitting a claim, please include the following information:

- Student Health Center Tax ID number
- Date of service
- Patient name
- Patient date of birth
- GeoBlue member ID number
- ICD-10 code

QUESTIONS?

[name]
[email]
[phone number]

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International

Geoblue Sports Plan - Quote based on 25 enrolled athletes number of Athletes

Contracted Provider Network

GeoBlue members have access to the Blue Cross Blue Shield network, the largest hospital and physician network in the U.S.

The BCBS provider network is available in both metropolitan and rural markets and offers unparalleled breadth, depth, stability, accessibility, and quality. Through this network GeoBlue is able to deliver consistently high quality healthcare benefits wherever members live or travel.

The 95% of doctors and 96% of hospitals participating allow for maximum convenience and flexibility for those in need of healthcare services. This network will bill GeoBlue directly so members don't have to worry about out-of-pocket expenses during care—whether it's inpatient or outpatient.

Driving healthcare quality and affordability

- BCBS is leading the shift from fee-for-service to value-based care, which rewards providers for the quality outcomes of their patients versus volume of services provided.
- Blue Cross Blue Shield companies across the U.S. have developed 570 programs designed to reward providers for better coordinated care, managing the whole patient, and delivering improved health outcomes.
- Each of these value-based programs is tailored to the unique needs of the local community in which it was developed.
- Today these value-based programs impact nearly 230,000 providers caring for over 25 million BCBS members, and these numbers continue to grow.
- Blue Distinction is the BCBS designation given to providers that meet national quality and affordability criteria. The programs, Blue Distinction Specialty Care and Blue Distinction Total Care, provide a credible means to guide members to higher-value care while meeting their quality and cost objectives.

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International

Geoblue Sports Plan - Quote based on 25 enrolled athletes **number of Athletes**

geobluestudents.com

Online and Mobile Member Tools

While in the U.S., students can use GeoBlue's mobile apps and digital tools to locate care, translate medical terms, phrases and medications, and be notified of any health and safety issues.

GeoBlue Mobile App

The GeoBlue app provides members with the most convenient access to the best doctors, hospitals and resources anywhere in the world. The app is available for Apple, Android and Kindle Fire devices and puts the following functions in the hands of the member:

- Find a medication's availability, generic name, and local brand name.
- Translate medical terms and phrases for many symptoms and situations; use the audio feature to play the translation.
- Display an ID Card on a mobile device and email/fax a copy directly to provider's office.

Global Security Intelligence

GeoBlue's unsurpassed online and mobile resources promote personal safety by giving members convenient access to vitally important tools and news:

- Receive daily alerts detailing the latest security and health issues in a specific destination.
- View country or city profiles on crime, terrorism and natural disasters.

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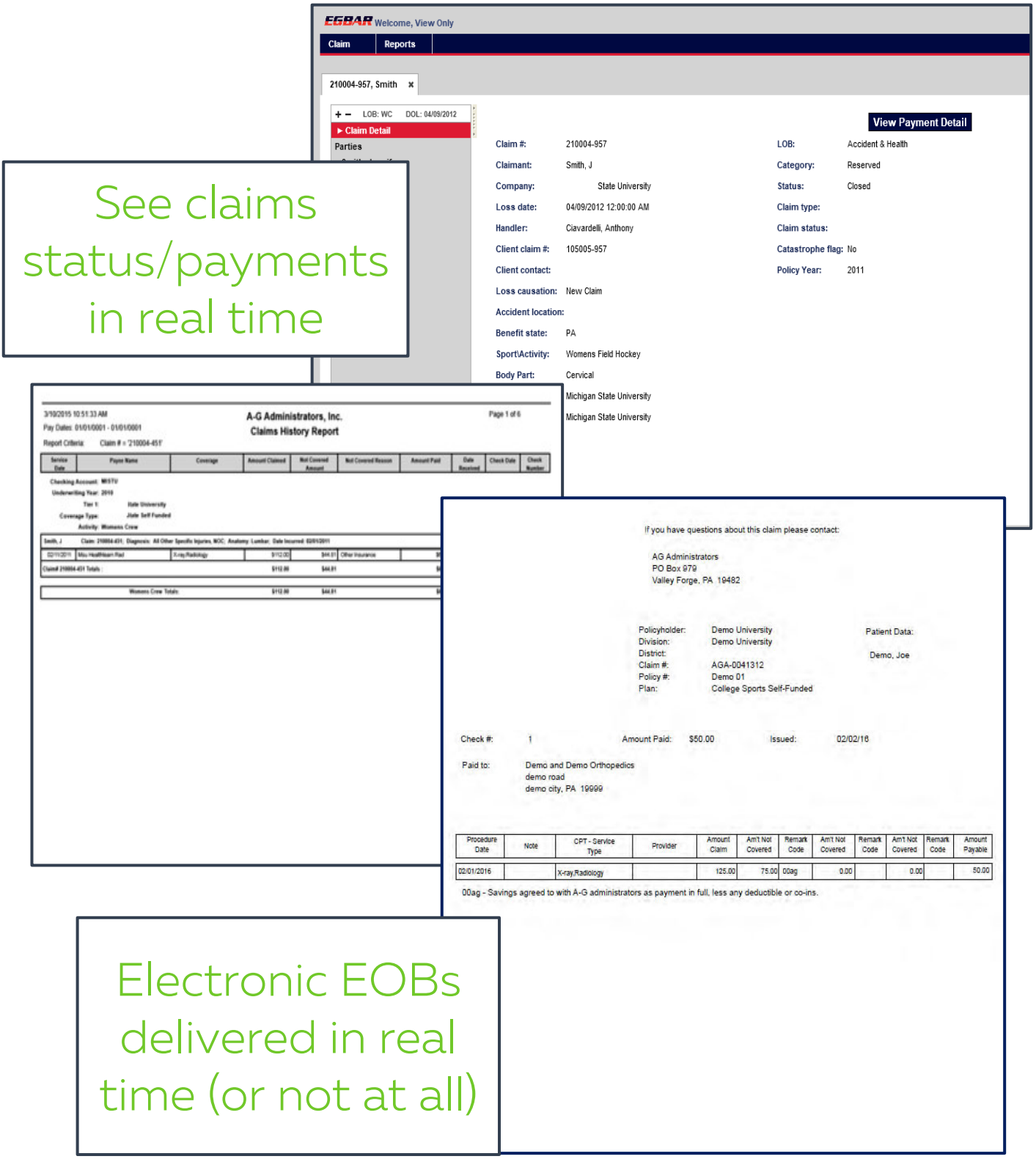
A-G Administrators

EGBAR 2.0- Automation and Efficiency



See claims status/payments in real time

Electronic EOBs delivered in real time (or not at all)

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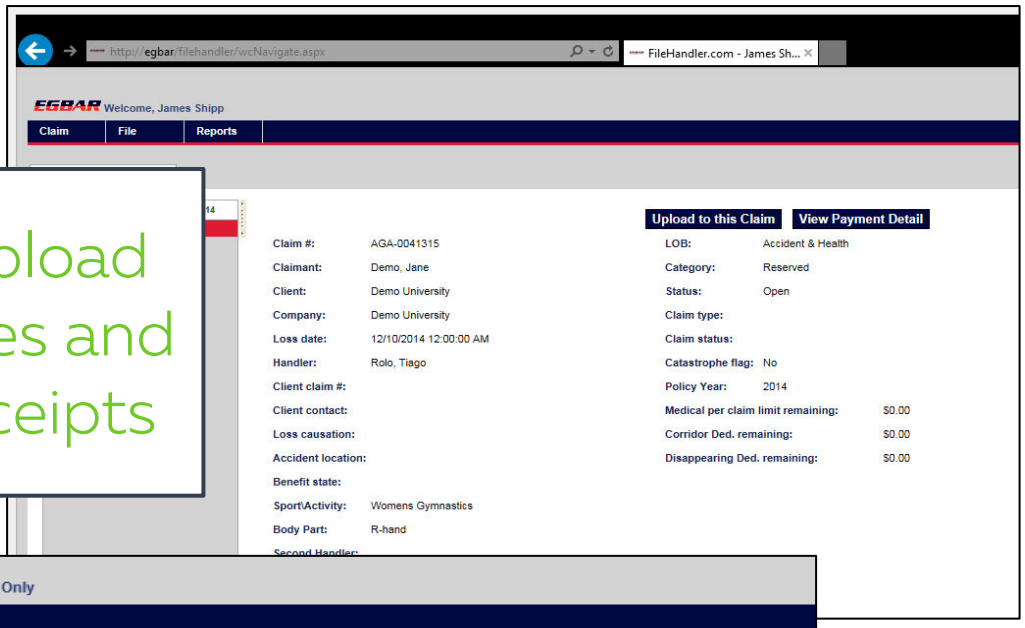
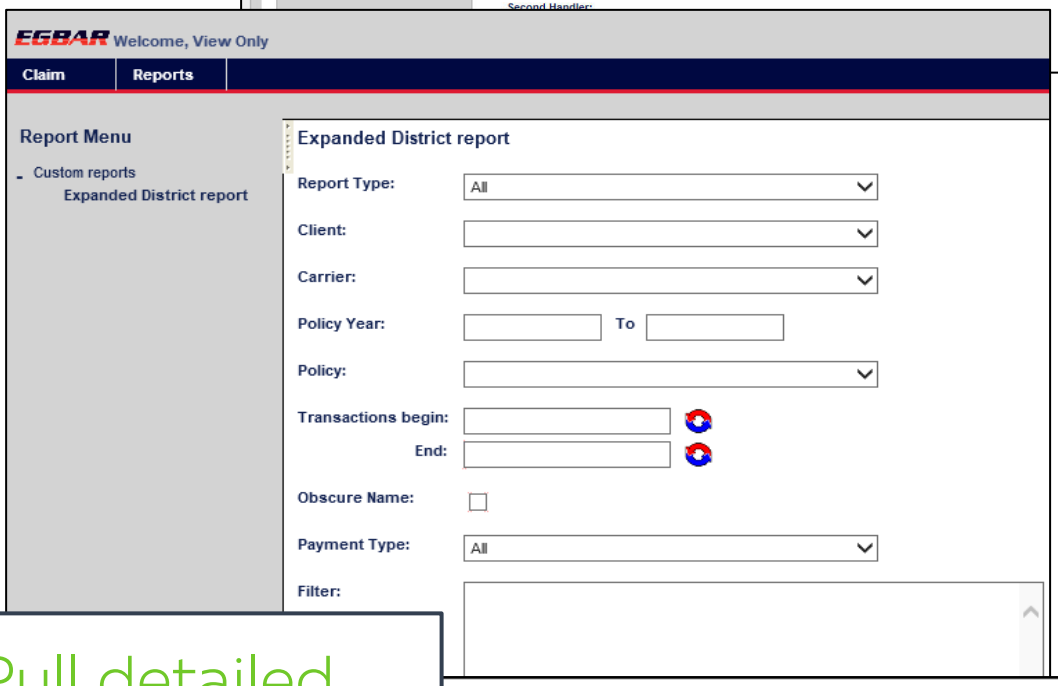
A-G Administrators

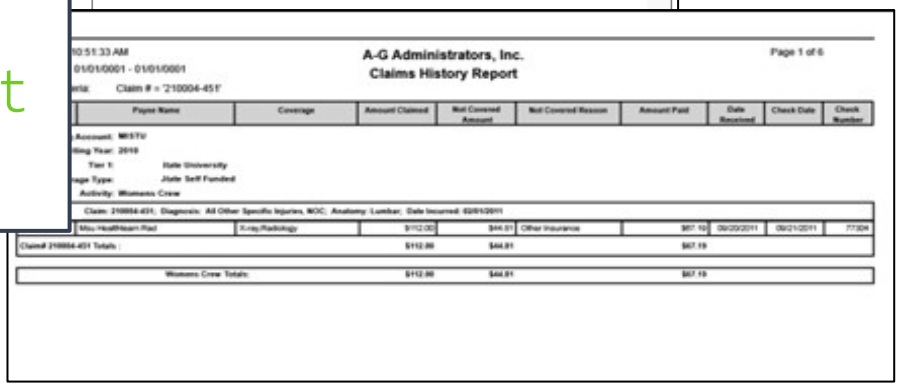
EGBAR 2.0- Automation and Efficiency

Directly upload multiple files and receive receipts





Pull detailed claims reports at any time



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A-G Administrators

Superior Understanding of Sports Medicine & Risk Management

- ✓ Core Muscle (Sports Hernia) Repair
- ✓ Medical Grade Edema Management Intermittent compression devices (Game Ready & Recovery Pump)
- ✓ Platelet-Rich Plasma (PRP) Injections
- ✓ Stem Cell Injections
- ✓ Autologous Chondrocyte (Carticel) Implantation
- ✓ Blood-flow restriction Training Devices
- ✓ Fracture Healing/ Bone Stimulation Devices (Bioventus, DJO, etc.)

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A-G Administrators

How a "Discount" Works

Scenario 1 - Discount Network

Uninsured Athlete is Injured

$20,000 Total Medical Bills

- $15,000 Network Discount (Savings)

$5,000 Remaining Bill

+ $3,750 Repricing Fee (25% of Savings)

$8,750 Remaining Bill for Secondary

Scenario 2 - Discount Network (Lower Fee)

Uninsured Athlete is Injured

$20,000 Total Medical Bills

- $15,000 Network Discount (Savings)

$5,000 Remaining Bill

+ $2,250 Repricing Fee (15% of Savings)

$7,250 Remaining Bill for Secondary

Scenario 3 - Direct Agreement

Uninsured Athlete is Injured

$20,000 Total Medical Bills

- $14,000 Direct Discount Agreement with Medical Provider

$6,000 Remaining Bill for Secondary

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A-G Administrators

Discount Methodology

Why is discounting so important? Importantto the point that the upfront premium should be less of a concern than the method by which your TPA is handling discounts.

Each claim is unique. In a perfect world, every athlete would have great primary that pays 80-90% of the medical bills leaving only a fraction for your secondary plan. In reality, some of your athletes are out-of-network or have no primary insurance at all. This is when discounting really makes an impact. Some TPA's will simply pay the billed amount or hand it over to a repricing network to discount (for which a fee is charged). A-G Administrators has a vastly different approach and is unique in their discounting strategy. Their methods can lead a program to pay out far few in claims each year, and therefore reducing future premiums-Instead of the vicious cycle that is the exact opposite.

DIRECTLY NEGOTIATED DISCOUNTS

- Existing agreements/contractsthat UH has in place can remain in place or be improved uponwith our help and valuable insight
- A-G Administrators will evaluate your program and the utilization of local medical providers. Then work to establish direct agreements on your behalf
- These are direct discounts for which AG does not charge a fee to your program This will make an immediate impact to your bottom line
- This type of discounting saved UTEP over $1 Million in the first 4 years
- Our average discount in the area is 70% of billed charges

NETWORK ACCESSED DISCOUNTS

If a claim lands outside of a direct discount agreement, A-G Administrators will re-price the claim through one of over 100 discount networks. Fees for accessing these networks can range from 0-20% of the amount saved depending on the network agreement. A-G pays less in fees to access these networks than other TPA's because A-G Administrators is not taking a percentage of that savings which will save you 5-15% of the repricing fee.

SPECIALIST AGREEMENTS

A-G Administrators has exclusive deals withthe country's leading sports medicine surgeons and medical facilities. A few of which are outlined on the following page.

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A-G Administrators

Direct Discount Agreements

Through our existing relationships in the Houston area and the many years of work, we established phenomenal discounts at the medical providers that you use the most, including the list below. These agreements have led to direct, fee free, savings in the MILLIONS for other local institutions.

EXAMPLES OF THE TYPES OF DIRECT AGREEMENTS THAT WE HAVE ESTABILISHED FOR SIMILAR CLIENTS

PROVIDER	SERVICE	RATE	A-G ADMIN FEE
Orthopedic Associates	All Medical & Surgical Charges	40% discount	$0
Orthopedic Associates	MRI/Contrast MRI/CT/X-ray	$800/$875/$500/$100	$0
Surgical Center	Outpatient Surgery	50% discount, Cap of $5,000	$0
Surgical Center	Inpatient (Overnight) Stays	$2,000 max per day	$0
Surgical Center	Implants	40% discount	$0
Medical Center	Outpatient Surgery	50% discount, Cap of $5,000	$0
Medical Center	MRI/CT/PET Scans	60% discount	$0
Medical Center	All other Outpatient Procedures	50% discount	$0
Medical Center	Inpatient (Overnight) Stays	$2,000 max per day	$0
Imaging & Radiology	MRI/Contrast MRI/CT/X-ray & Prof Fees	$600/$750/$425/25% discount	$0
Anesthesia	Anesthesia	10% discount	$0

A-G Administrators has established great relationships and direct discounts with a handful of the country's leading sports medicine surgery centers and doctors.

A BRIEF LIST OF SOME OF THE TOP FACILITIES THAT A-G ADMINISTRATORS HAS AGREEMENTS WITH:

- Vincera Physicians
- VinceraSurgery Center
- Independence Imaging
- AndrewsInstitute
- BaptistHospital
- St. Vincent's Hospital
- Steadman Clinic
- Vail Valley Medical Center
- Hospital for Special Surgery
- Kerlan-Jobe

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Claims Trend Dashboard/Report

UNIVERSITY
ATHLETICS INSURANCE PROGRAMS
2012 TO 2016 POLICY YEARS
DATA AS OF APRIL 21, 2017
A-G ADMINISTRATORS, INC

TOP PROCEDURES BY UTILIZATION & CLAIMS PAID

PROVIDER	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
SURGERY	232	$ 498,486	16%	26%
PHYSICAL THERAPY	746	$ 430,423	51%	23%
MRI	363	$ 274,252	25%	14%
MEDICAL TREATMENT	867	$ 233,648	60%	12%
OVERALL PROGRAM TOTALS	1,449	$1,894,548		

TOP BODY PARTS BY UTILIZATION & CLAIMS PAID

BODY PART	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
KNEE	254	$ 494,530	18%	26%
HIP/CORE MUSCLE / GROIN	96	$ 274,346	7%	14%
FOOT & ANKLE	298	$ 264,994	21%	14%
OVERALL PROGRAM TOTALS	1,449	$1,894,548		

TOP PROVIDERS BY UTILIZATION & CLAIMS PAID

PROVIDER	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
UNIVHEALTH SYSTEM	1,047	$ 630,777	72%	33%
PARTN	800	$ 340,112	55%	18%
MEDICINE	440	$ 138,446	30%	7%
OVERALL PROGRAM TOTALS	1,449	$1,894,548		

TOP SPORTS - EXPENSES BY SPORT

	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
MENS FOOTBALL	473	$ 528,550	33%	31%
WOMENS LACROSSE	77	$ 183,440	5%	10%
WOMENS TRACK	151	$ 156,715	10%	8%
PROGRAM TOTALS	1,449	$ 1,894,548		

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A-G Administrators
Reporting Capabilities

The following pages are examples of the reporting capabilities of A-G Administrators. You will have online access to your data at any time and additionally, Dissinger Reed will provide customize reports to you on a monthly basis which will give you more control over your program.

Having in-depth claims data is the key to your efforts in negotiating with medical providers, tailoring your strength programs and monitoring your insurance program throughout the year. Having reports that cover your entire athletic insurance program (both athletic insurance paid and out of pocket expenditures) will give you great insight into your expenses throughout the year and assist you in your budgeting efforts and aids in predictability.

While other athletic insurance TPA's have reports and are able to pull data into excel, you won't find better reporting abilities that than to A-G Administrators.

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A-G Administrators

Claims Paid & Savings Report

UNIVERSITY ATHLETICS

ATHLETICS MEDICAL EXPENSE PROGRAM

CLAIMS PAID & SAVINGS REPORT ANALYSIS

2009 THRU 2014 PLAN YEARS AS OF DECEMBER 30, 2014

A-G ADMINISTRATORS, INC.

PLAN YEAR	NUMBER OF CLAIMS	BILLED MEDICAL EXPENSES	PRIMARY INS REDUCTION	Primary Ins Contribution	PROVIDER DISCOUNT	AG DISCOUNTS	Post Prim Ins Discount	PAYMENTS	Pay % of Billed
2009 PLAN YEAR	1,019	$ 7,567,533	$ 3,446,974	46%	$ 727,550	$ 1,147,737	46%	$ 2,245,272	30%
2010 PLAN YEAR	1,141	$ 10,982,469	$ 4,605,274	42%	$ 1,313,193	$ 2,102,643	54%	$ 2,961,359	27%
2011 PLAN YEAR	1,232	$ 10,126,727	$ 4,530,588	45%	$ 750,723	$ 2,181,540	52%	$ 2,663,876	26%
2012 PLAN YEAR	1,291	$ 10,416,478	$ 4,722,213	45%	$ 541,360	$ 2,283,418	50%	$ 2,869,488	28%
2013 PLAN YEAR	1,206	$ 9,130,420	$ 4,141,397	45%	$ 917,206	$ 1,800,581	54%	$ 2,271,237	25%
2014 PLAN YEAR	168	$ 651,902	$ 398,312	61%	$ 32,616	$ 55,168	35%	$ 165,805	25%
TOTALS	***6,057***	***$ 48,875,529***	***$ 21,844,758***	***45%***	***$ 4,282,647***	***$ 9,571,088***	***51%***	***$ 13,177,036***	***27%***

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A-G Administrators

Medical Expenses By Sport

University Athletics Department
Insurance Programs
Medical Expenses By Sport Allocation
2010 - 2014 Plan Years
Data as of September 30, 2014
A-G Administrators, Inc.

	2010		2011		2012		2013		2014		Program Totals		Percentages/Program	
	Number	Total	Number	Total	Number	Total	Number	Total	Number	Total	Number	Total	Number	Total
MEN'S SPORTS														
BASEBALL	1	$ 1,163	4	$ 6,181	2	$ 520	4	$ 6,221	0	$ -	11	$ 12,922	1.68%	1.78%
BASKETBALL	2	$ 4,938	9	$ 5,688	21	$ 20,987	11	$ 19,827	1	$ 383	44	$ 46,885	6.73%	6.47%
CHEERLEADING	1	$ 884	1	$ 1,914	0	$ -	4	$ 10,197	0	$ -	6	$ 12,111	0.92%	1.67%
CROSS COUNTRY	2	$ 209	5	$ 3,591	6	$ 3,637	13	$ 6,578	0	$ -	26	$ 13,806	3.98%	1.43%
FENCING	0	$ -	0	$ -	3	$ 5,053	3	$ 3,613	0	$ -	6	$ 8,666	0.92%	0.90%
FOOTBALL	7	$ 2,798	62	$ 93,112	72	$ 173,248	51	$ 89,004	4	$ 3,736	196	$ 359,100	29.97%	37.14%
GOLF	0	$ -	0	$ -	0	$ -	1	$ 225	0	$ -	1	$ 225	0.00%	0.00%
HOCKEY	0	$ -	5	$ 6,570	9	$ 17,539	3	$ 2,134	0	$ -	17	$ 26,243	2.60%	2.71%
ICE HOCKEY	0	$ -	0	$ -	0	$ -	2	$ 1,537	0	$ -	2	$ 1,537	0.31%	0.16%
LACROSSE	3	$ 919	13	$ 54,212	17	$ 9,134	7	$ 3,331	0	$ -	40	$ 66,677	6.12%	6.90%
SOCCER	3	$ 12,596	9	$ 7,946	8	$ 12,398	6	$ 12,952	1	$ 80	27	$ 33,376	4.13%	3.45%
SWIMMING/DIVING	0	$ -	0	$ -	2	$ 2,587	0	$ -	0	$ -	2	$ 2,587	0.31%	0.27%
TENNIS	0	$ -	1	$ 276	7	$ 19,968	8	$ 11,612	0	$ -	16	$ 31,856	2.45%	3.29%
TRACK	1	$ 851	6	$ 3,878	7	$ 8,239	3	$ 1,268	0	$ -	17	$ 13,386	2.60%	1.38%
MEN'S TOTAL	***20***	***$ 24,357***	***115***	***$ 183,366***	***154***	***$ 273,313***	***116***	***$ 168,499***	***6***	***$ 4,199***	***491***	***$ 653,735***	***62.84%***	***67.62%***
WOMEN'S SPORTS														
BASKETBALL	2	$ 1,685	11	$ 16,424	11	$ 12,158	11	$ 21,259	0	$ -	35	$ 49,841	5.35%	5.15%
CHEERLEADING	0	$ -	1	$ 215	4	$ 4,562	0	$ -	0	$ -	5	$ 4,778	0.76%	0.49%
CREW	1	$ 2,179	4	$ 4,049	7	$ 12,488	9	$ 6,396	0	$ -	21	$ 22,912	3.21%	2.37%
CROSS COUNTRY	0	$ -	9	$ 1,019	13	$ 5,393	5	$ 3,581	0	$ -	27	$ 9,993	4.13%	1.03%
FENCING	0	$ -	2	$ 1,682	1	$ 2,953	1	$ 40	0	$ -	4	$ 4,675	0.61%	0.48%
GOLF	0	$ -	0	$ -	2	$ 58	0	$ -	0	$ -	2	$ 58	0.31%	0.01%
LACROSSE	1	$ 300	7	$ 16,953	11	$ 48,748	2	$ 1,673	0	$ -	21	$ 67,373	3.21%	6.97%
SOCCER	1	$ (10,110)	4	$ 2,071	15	$ 16,563	16	$ 26,778	1	$ 261	37	$ 45,673	5.66%	4.72%
SOFTBALL	2	$ 4,278	6	$ 3,591	15	$ 26,307	7	$ 3,101	1	$ 37	31	$ 33,036	4.74%	3.42%
SWIMMING/DIVING	0	$ -	2	$ 11,546	7	$ 4,921	1	$ 1,262	0	$ -	10	$ 17,728	1.53%	1.83%
TENNIS	0	$ -	3	$ 814	4	$ 2,630	2	$ 334	0	$ -	9	$ 3,777	1.38%	0.39%
TRACK	1	$ 58	9	$ 3,254	12	$ 13,896	6	$ 6,742	0	$ -	28	$ 23,892	4.28%	2.47%
VOLLEYBALL	2	$ (6,150)	3	$ 10,873	6	$ 12,322	1	$ 2,151	1	$ 11,785	13	$ 37,131	1.99%	3.84%
WOMEN'S TOTAL	***10***	***$ (7,760)***	***61***	***$ 72,490***	***108***	***$ 162,979***	***61***	***$ 73,315***	***3***	***$ 12,083***	***243***	***$ 313,108***	***37.16%***	***32.38%***
TOTALS	***30***	***$ 16,598***	***176***	***$ 255,856***	***262***	***$ 436,292***	***177***	***$ 241,814***	***9***	***$ 16,282***	***654***	***$ 966,842***	***477***	***$ 725,028***

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A-G Administrators

Medical Expenses By Provider

UNIVERSITY
ATHLETICS INSURANCE PROGRAMS
MEDICAL EXPENSES BY PROVIDER
2013 & 2014 PLAN YEARS
DATA AS OF FEBRUARY 28, 2015
A-G ADMINISTRATORS, INC.

PROVIDER	2013 Number	2013 Total	2014 Number	2014 Total	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
ABEL CENTER FOR OCULOFACIAL	1	$ 19			1	$ 19		
ABERDEEN SURGICAL ASSOCIATES	1	$ -			1	$ -		
AHS HOSP CORP MMH	1	$ 12			1	$ 12		
ANESTHESIA SERVICES, PA	6	$ 1,891	2	$ 774	8	$ 2,666		
ANNAPOLIS HAND CENTER, LLC	1	$ 77			1	$ 77		
ANNE ARUNDEL MEDICAL CENTER	2	$ 163			2	$ 163		
ARIA HEALTH	8	$ 4,936			8	$ 4,936		
ASC-ANESTHESIA ASSOCIATES OF	1	$ 40			1	$ 40		
ASSOCIATED RADIOLOGISTS	1	$ 47			1	$ 47		
ATI PHYSICAL THERAPY OXFORD	6	$ 817			6	$ 817		
ATLANTIC COAST PT	1	$ 59			1	$ 59		
BE TRULY WELL, LLC	8	$ 251	13	$ 1,079	21	$ 1,330		
BENJAMIN ASANTE			1	$ 20	1	$ 20		
BRANDON WHALEY			1	$ 185	1	$ 185		
CENTER FOR ADVANCED ORTHOPAEDI	23	$ 1,737			23	$ 1,737		
CENTER FOR JOINT SURGERY AND S	5	$ 384			5	$ 384		
CENTER FOR ORTHOTICS	1	$ 80			1	$ 80		
CENTER FOR PT & SPORTS MEDICIN	4	$ 140			4	$ 140		
CENTER RADIOLOGY PC	1	$ 134			1	$ 134		
CHESAPEAKE MEDICAL IMAGING	1	$ 19			1	$ 19		
CHESKIN CENTER FOR CHIROPRACTI	109	$ 7,247	58	$ 2,128	167	$ 9,375	11%	3%
CHRISTIANA CARE	32	$ 10,831	4	$ 6,811	36	$ 17,642	2%	6%
CHRISTIANA SPINE AMBULATORY	7	$ 2,708			7	$ 2,708		
COMMONWEALTH ORTHO	5	$ 314			5	$ 314		
CONSHOHOCKEN PHYSICAL THERAPY			6	$ 146	6	$ 146		
COOLSYSTEMS INC GAME READY	1	$ 2,408			1	$ 2,408		
CTR JT SURG & SPORTS MEDICINE	9	$ 225			9	$ 225		
D & J SALES COMPANY	5	$ 501			5	$ 501		
DAVID ALTCHEK,MD	1	$ 3,173			1	$ 3,173		
DELAWARE OPEN MRI			1	$ 60	1	$ 60		

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A-G Administrators

Claims History Report

7/4/2014 7:39:14 AM

Pay Dates: 8/1/2013 - 7/4/2014

A-G Administrators, Inc.
Claims History Report

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
B., Tyler; Claim: 309; Sport: Mens Lacrosse; Diagnosis: Pain; Anatomy: R-foot; Injury Type: ; Date Incurred: 12-20-2013									
				$826.65	Write-off				
Claim# 309 Totals :			**$1,412.00**	**$929.62**		**$482.38**			
B., Derek; Claim: 312; Sport: Mens Football; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 10-12-2013									
01-31-2014	University PT	Phys.therapy	$136.00	$68.61	Write-off	$67.39	04-14-2014	04-24-2014	00156387
02-05-2014	University PT	Phys.therapy	$206.00	$120.76	Write-off	$85.24	04-14-2014	04-24-2014	00156387
02-10-2014	University PT	Phys.therapy	$34.00	$13.00	Write-off	$2.10	05-27-2014	06-19-2014	00162403
				$18.90	Other Insurance				
02-10-2014	University PT	Phys.therapy	$185.00	$87.03	Other Insurance	$9.67	05-27-2014	06-19-2014	00162403
				$88.30	Write-off				
Claim# 312 Totals :			**$561.00**	**$396.60**		**$164.40**			
B., Alecia; Claim: 334; Sport: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: L-ankle; Injury Type: ; Date Incurred: 11-22-2013									
11-26-2013	Papa Associates Medical	X-ray,Radiology	$121.00	$88.62	Write-off	$32.38	02-21-2014	03-04-2014	00150675
					Other Insurance				
Claim# 334 Totals :			**$121.00**	**$88.62**		**$32.38**			
B., Sarah; Claim: 292; Sport: Womens Softball; Diagnosis: Pain; Anatomy: L-hand; Injury Type: ; Date Incurred: 09-29-2013									
10-01-2013	Papa Associates Medical	X-ray,Radiology	$98.00	$63.21	A-g Discount	$34.79	01-09-2014	01-28-2014	00146776
Claim# 292 Totals :			**$98.00**	**$63.21**		**$34.79**			
B., Marie; Claim: 117; Sport: Womens Golf; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 09-20-2013									
10-07-2013	Glasgow Imaging	Mri	$1,301.00	$851.00	A-g Discount	$450.00	10-22-2013	10-28-2013	00137992
10-04-2013	PapaAssociates Medical	X-ray,Radiology	$188.00	$135.19	A-g Discount	$52.81	02-18-2014	02-28-2014	00150084
10-10-2013	Renu Chiropractic Llc	Phys.therapy	$290.00	$116.00	A-g Discount	$174.00	03-03-2014	03-31-2014	00153816
10-30-2013	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816
11-08-2013	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816
02-18-2014	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816
11-12-2013	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816

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A-G Administrators

Dedicated Claims Adjuster

A-G does many things very well but what really separates them from the rest of the pack is their approach to assisting you in your efforts to track down itemized bills, EOBs and additional information needed to process a claim. Our clients rave about the fact that A-G is able to take time to call their medical providers directly in search of missing items. We hear about this differentiator the most when a school is forced to work with another vendor as a result of a low bid and they see how the competition handles missing information by way of pending claims (indefinitely) or even denying the claim outright causing additional work for your department.

This approach is one step short of having a part-time employee sitting in your athletic training room processing the claims and working with your providers. Even if you already have an insurance coordinator on staff, this approach will serve to aid in their efforts and further streamline your athletic accident injury claims process.

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A-G Administrators

Case Study- Proof of Reduction in Costs

Stuent-Athlete Medical Expense Insurance Program

Fast Facts and Summary	Since 2013

• Institution transitioned admistrator in 2013
• Previous Administrator used 1 clearing house to adjudicate all claims
	• Athletics Stakeholders
	• Armed with data and are active participants in direction of care
	• Blended approach to claims adjudication
	  • Direct Contracting
	  • PPO Networks used with strong discounts
	  • Boutique negotiation service used when appropriate

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A-G Administrators

Executive Overview

- Discounting & Return on Investment
  - Achieve discounts on claims under the deductible
  - ROI greater than cost
  - Reporting from zero dollar
- Metrics & Analytics
  - Understand the financial impact of direction of care
  - Formulate effective discounting strategies
  - Measure efficacy of AT & S&C injury prevention initiatives
- Administration of Claims
  - Discounting strategies
    - Turn Around Time
    - Ease of Collection / Simplification of the process for Schools AND Providers

SPORTS INSURANCE SPECIALISTS

COLLEGIATE
ACCIDENT CLAIM FORM

Please complete and submit to A-G Administrators with itemized medical bills AND primary insurance explanation of benefits.

All forms and documents should be submitted to claims@agadm.com for prompt upload to the claim file.

For questions, however, please contact A-G Administrators: 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#:_____

A-G ADMINISTRATORS LLC
SPORTS INSURANCE SPECIALISTS
PO Box 21013, Eagan, MN 55121
Ph: **(610) 933-0800** *Fx:* **(610) 933-4122** *Email:* **claims@agadm.com**

AUTHORIZATION

RU21039

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 to release any information regarding medical, dental history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

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.

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
PO Box 21013, Eagan, MN 55121
Ph: **(610) 933-0800** *Fx:* **(610) 933-4122** *Email:* **claims@agadm.com**

RU21039

Dissinger Reed

Confidentiality Statement

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February 19, 2021

Mr. Chris Nixon
Director of Collegiate Sales
Email: cnixon@dissingerreed.com
Dissinger Reed
8700 Indian Creek Parkway, Ste 320
Overland Park, KS 66210

Subject: RFP # R21-002 – *Intercollegiate Athletic Insurance*
Clarification Questions

Dear Mr. Nixon:

Dissinger Reed has made it to the next phase of the solicitation process. As a direct result of reviewing your organizations proposal, the Evaluation Committee has submitted clarification questions. Questions have been provided in Attachment-A. Your response is requested by close of business **Friday, February 26, 2021**.

Email your response to rlondon1@radford.edu

Respectfully,

Ronda London

Ronda London, CPPB, CUPO
Senior Contract Officer - Procurement and Contracts
Email: rlondon1@radford.edu
Phone: (540) 831-5090

Enclosure: Attachment A – Clarification Questions

Attachment – A
RFP # R21-002
Intercollegiate Athletic Insurance
Clarification Questions

Dissinger Reed

1. Question: If the University continues to have issues with repeat requests for claims or bill payments, would using EGBAR provide a more efficient processing? Explain.

   Answer: Quick answer, yes. EGBAR is the best athletic insurance claims platform in the country and would certainly streamline the process. I am not sure how we've made it this far without using EGBAR as we include information about the EGBA system in our renewals on an annual basis and I would have assumed that the claims coordinator at A-G had you up and running on it. But, moving forward, we certainly look forward to implementing it now as we know that you will love the time savings and streamlined claims process that it affords. The main difference is that your claims will go directly into the A-G claims system instead of through your email, into your Luke Lyons' (A-G Claims Rep) email and then into the system. The EGBAR system also has the ability to produce a "pending" claims report for your review at whatever frequency you'd like.

   We are eager to set up a demo call with Chad and John to show them the EGBAR platform and talk through the process. At the very least, it will be less work and more efficient. As a broker, I know the systems that the top 5 TPA's have and can tell you that EGBAR is by far the best.

2. Question: Please resend sample reports on pages 12-14.

   Answer: Please see attached report packet.

3. Will Dissinger Reed work with providers, specifically Carilion, to insure that when discounts and write-off amounts are activated that the student-athlete is not balance billed for the amount?

   Answer: Luke Lyons and Jeff Stefaniewicz (A-G Administrators claims examiner and Program Manager) have spoken to Athletic Training Staff about this matter recently and can say we are working on this. Chad said he is working to establish a central contact at Carilion in order to prevent any balance billing going forward.

   We believe an issue as to why the balance billing has occurred previously, is because there has been a direct deal in place between Radford and Carilion New River Valley Medical Center. This deal was that any treatment for Radford student athletes had a 25% discount applied to the patient responsibility and the remainder was written off until the school total

reached $40,000 in write-offs. As you can see from the attached, this write-off maximum was reached in August 2020. From that point forward, all bills with this provider were paid at 75% of the patient responsibility (less the 25% discount in place). This resulted in the patients often getting balance billed for the 25% discounted amount.

We believe the best route to resolution would be to have a direct contact established at Carilion who can implement the deal to his or her team. We know that Carilion and Radford are nearing a new agreement that will help save the school money at all Carilion provider networks. Chad is going to send A-G the deal once it has officially been signed off on, but it is believed to move from a 25% discount to now a 35% discount for facility fees (Carilion NRV).

Additionally, this new deal is believed to include a 10% discount to all Carilion providers for Radford Students, which was not included in the previous deal. These steps should help to smooth out the communication with Carilion and if Radford and A-G can continue to work with the provider directly, we should be able to establish a better line of communication to avoid any duplicate requests and balance billing issues.

Please also know that this challenge is not unique to Radford or Carilion. We experience these same contractual and communication challenges across the country as healthcare providers tend to be much more transactional and have high rates of turnover. We do our best to establish this direct communication and lean on the athletic trainers to let us know how those people are so we can help from afar. I am confident that we'll be able to make vast improvements here with the few items listed above and look forward to continuing our work together.

EGBAR

Quick Start Guide

A-G ADMINISTRATORS SPORTS INSURANCE SPECIALISTS is... POWERED BY EGBAR℠

EGBAR enhances A-G Administrators, Inc. client experience

- What is EGBAR?
  - EGBAR stands for **E**fficiency **G**enerating **B**usiness **A**utomation **R**esource
  - EGBAR is our innovative technology platform to enhance our client experience by:
    - Providing a completely paperless work environment
    - Delivering an unprecedented level of transparency in the claims process
    - Increasing the efficiency of your claims workflow
  - EGBAR takes the paper out of your insurance claims program while enhancing the visibility into the status of a claim

- How does EGBAR enhance our client experience?
  - EGBAR incorporates a fully computer-based insurance program experience
  - EGBAR provides greater transparency into the claims process
  - EGBAR produces more claims reporting capability
  - EGBAR strengthens our already efficient claims processing time

- Do I have to be fully paperless to continue to be a client of A-G Administrators, Inc.?
  - No, you do not. We are determined to serve all of the technology demands of our clients while at the same time facilitating all forms of claims submissions.
  - We will continue to accept all forms of claims submission including fax, email, secure uploads, and paper submissions via US Mail.
  - EGBAR allows us to transform all documents submitted to us into an electronic format

- Why did A-G Administrators Inc. invest in EGBAR?
  - EGBAR reinforces A-G Administrators, Inc.'s commitment to remain at the forefront of serving the needs of our clients
  - EGBAR positions A-G Administrators, Inc. for continued success in navigating the dynamic medical expense environment
  - EGBAR produces an efficient and accurate claims administration process providing an unparalleled level of convenience and transparency

Quick Start Guide

This Quick Start Guide is to provide instructions on the most common tasks when using EGBAR :

- Log In
- Securely Upload a File
- Search for a Claim
- View Claim Detail
- Payment Detail Report
- Submit Claim

A Few Recommendations

- EGBAR has been optimized for use on Internet Explorer, versions 9 or higher.
- When navigating in EGBAR, do not use your browser's "Back" or "Forward" buttons.
- If you are experiencing screen format issues, add EGBAR to Internet Explorer's "Compatibility".
- If you need assistance for any functionality with EGBAR, including help with resetting a password, please forward your questions to egbar@agadm.com.

EGBAR
Quick Start Guide

Access A-G Administrators secure online system via the POWERED BY EGBAR link at www.agadministrators.com.

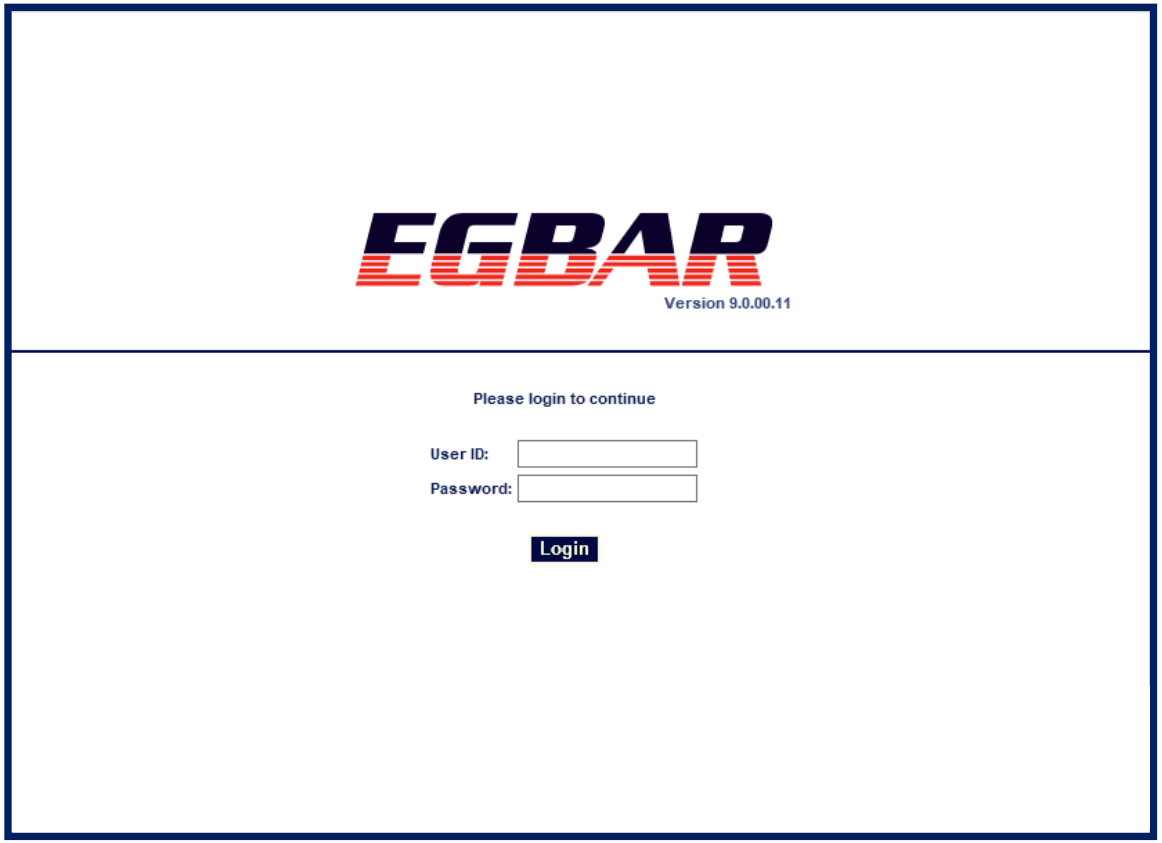
Log In

To log in, enter the User ID and Password that were forwarded to you by A-G Administrators and select “LOGIN”.

The first time you login, you will be asked to change your password.

New passwords must contain:

- At least 8 characters
- At least 1 capital letter
- At least 1 special character (such as !,@,#,$,%, etc.)



Securely Upload a File

EGBAR Quick Start Guide

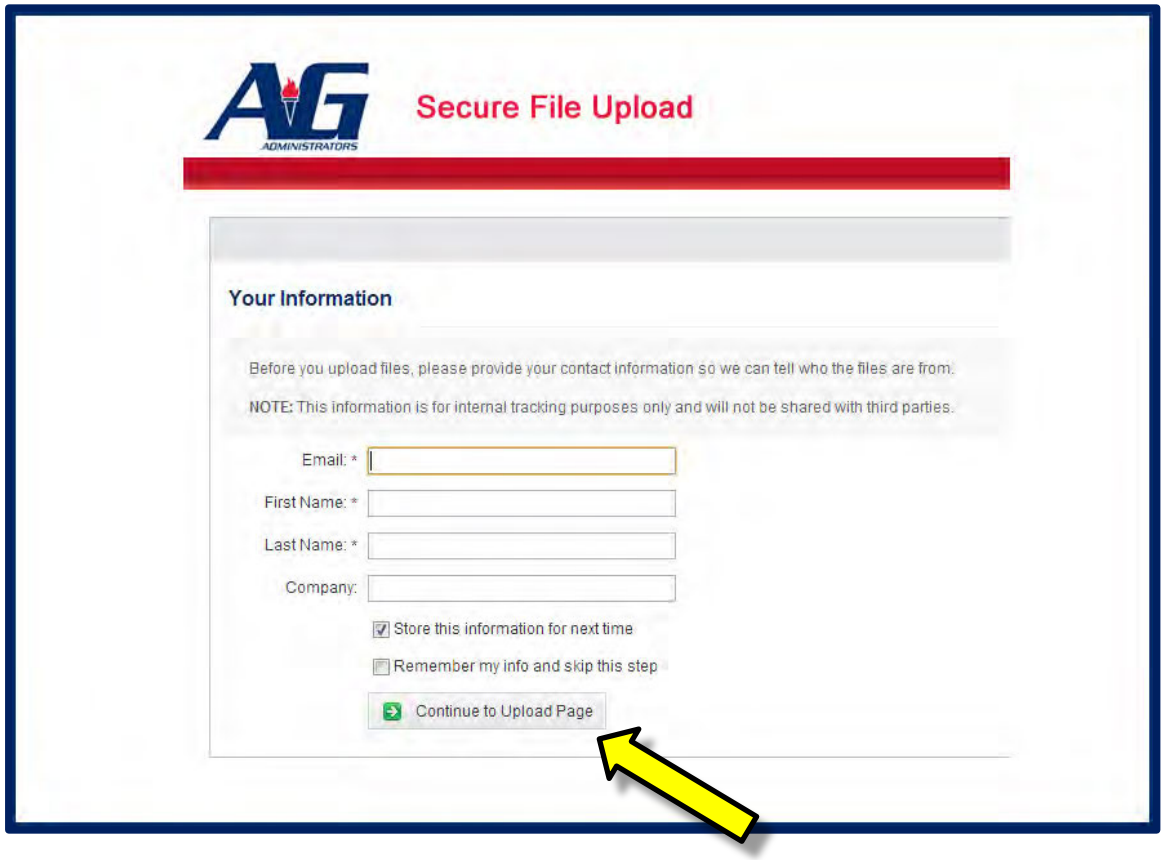
To securely upload a file to A-G Administrators, select “UPLOAD FILE” on the navigation bar.

Securely Upload a File

EGBAR Quick Start Guide

Fill in the required information (marked with a red asterisk) and click "CONTINUE TO UPLOAD PAGE"

Note that you can select the checkbox to store your information for the next time you upload a file.



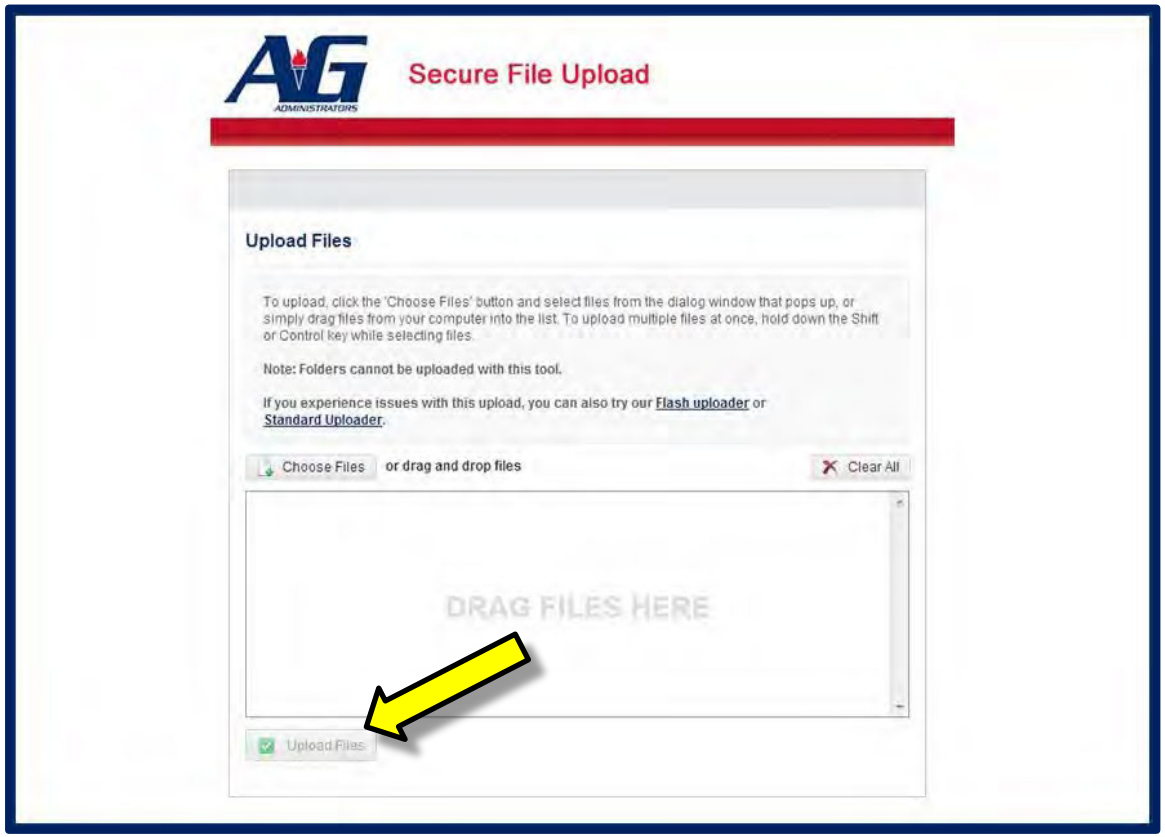
Securely Upload a File

EGBAR Quick Start Guide

Choose the files you wish to upload, and click "UPLOAD FILES“ to initiate the secure transfer.

You can also drag and drop files, or use one of the other versions of our file upload system.

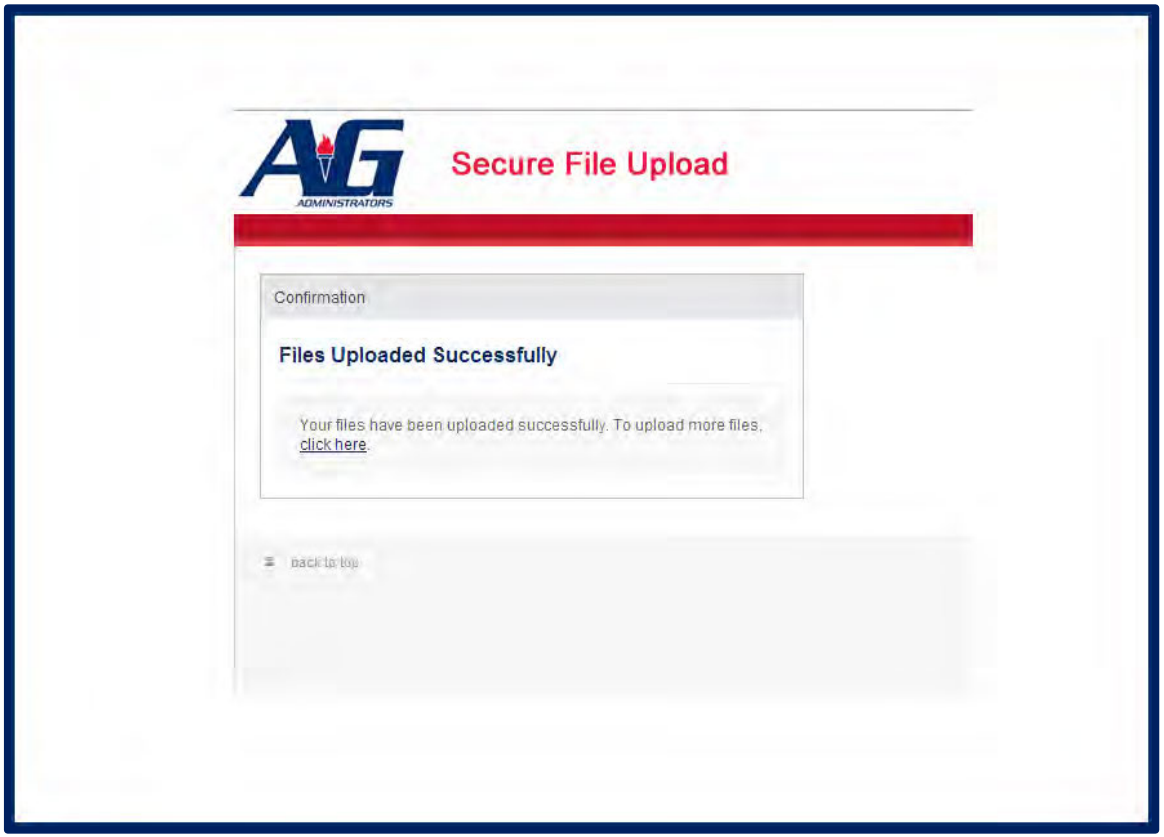
These advanced versions and additional features may not be compatible with all browsers. If you are experiencing issues, please use the default version.



Securely Upload a File

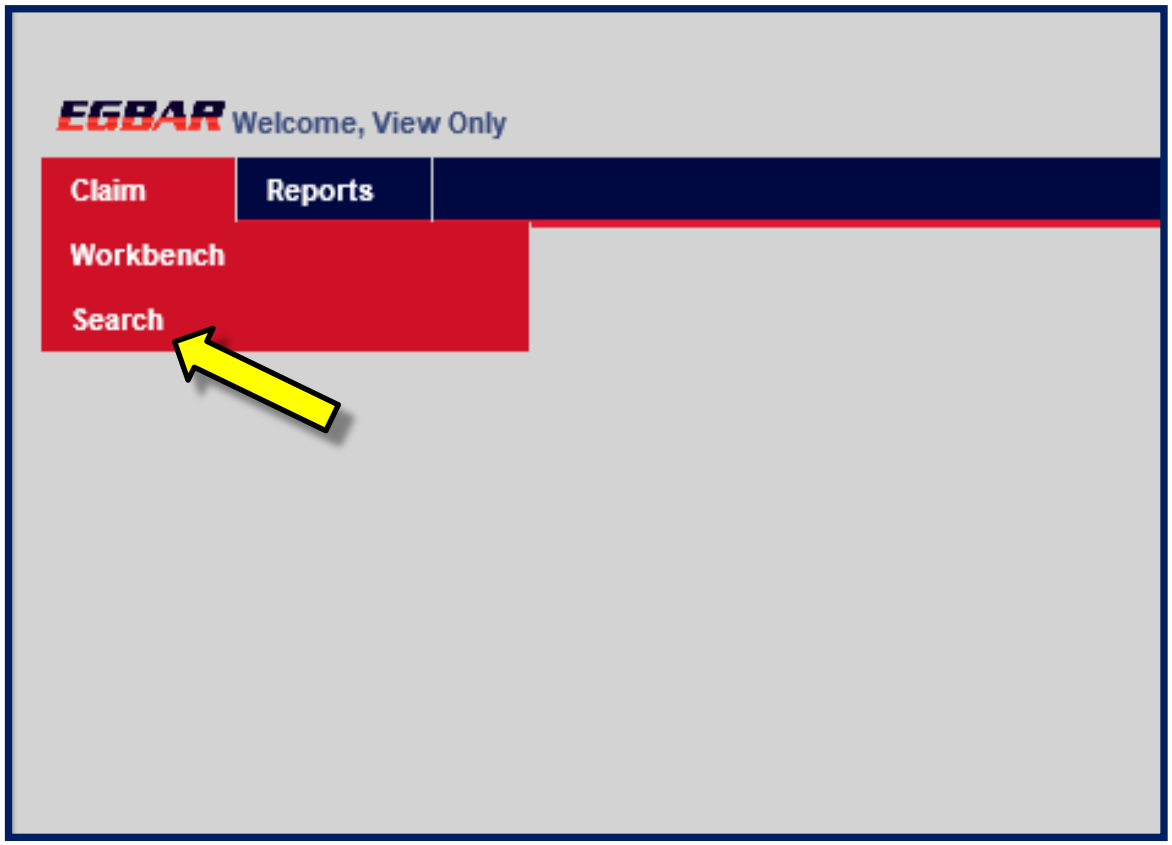
EGBAR Quick Start Guide

Once files have been uploaded, you will receive a notification that the files were uploaded successfully.



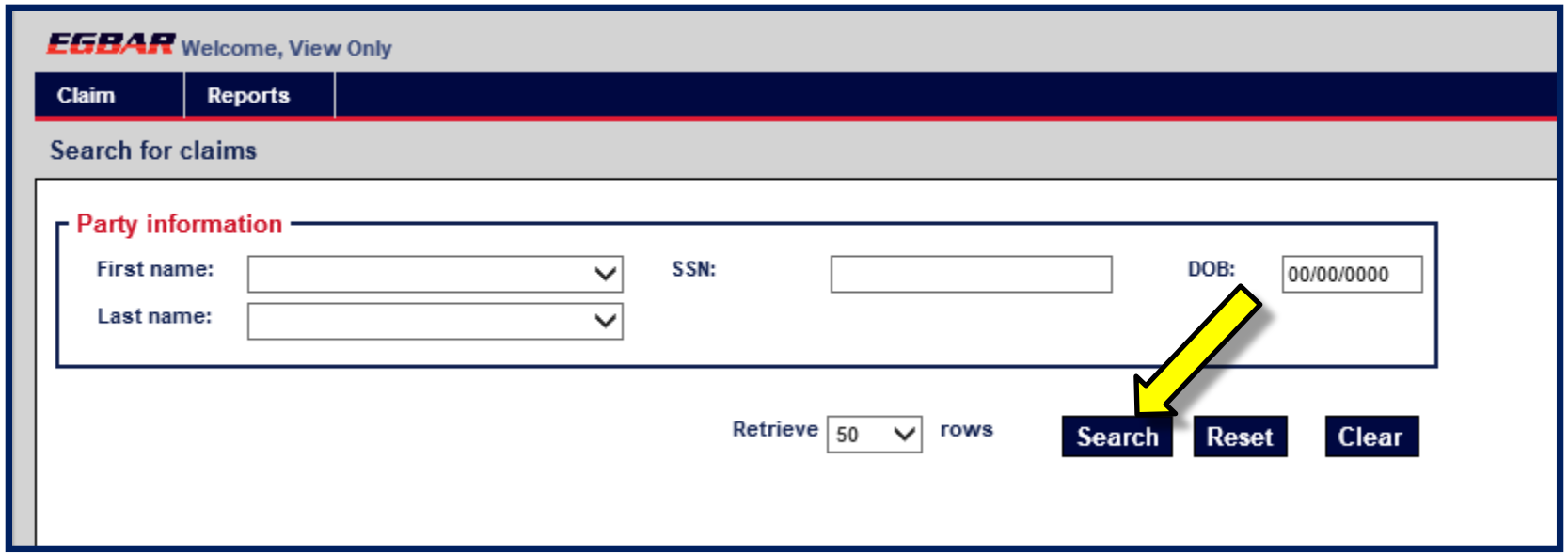
Search for a Claim

To search for a specific claim, select “CLAIM” and then “SEARCH” from the navigation bar.



Search for a Claim

EGBAR Quick Start Guide

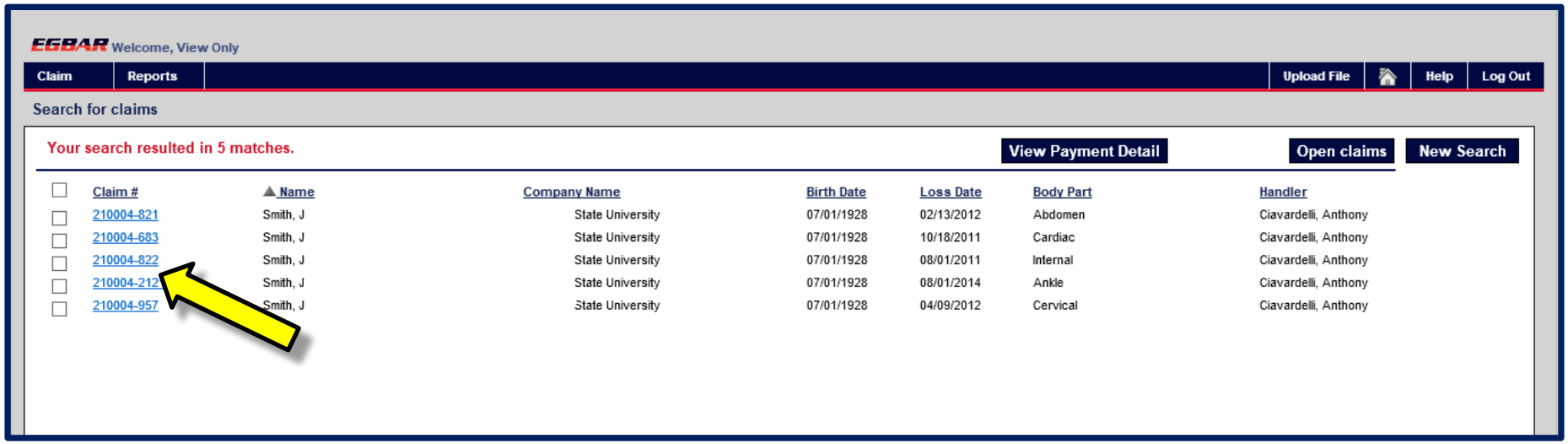


The "SEARCH FOR CLAIMS" page will open. You can search for a claim by the party's first and last name, SSN, and date of birth (DOB). The First and Last Name fields are drop-down lists with applicable names for your school.

Enter the data you wish to search by and click "SEARCH".

Search for a Claim

EGBAR Quick Start Guide

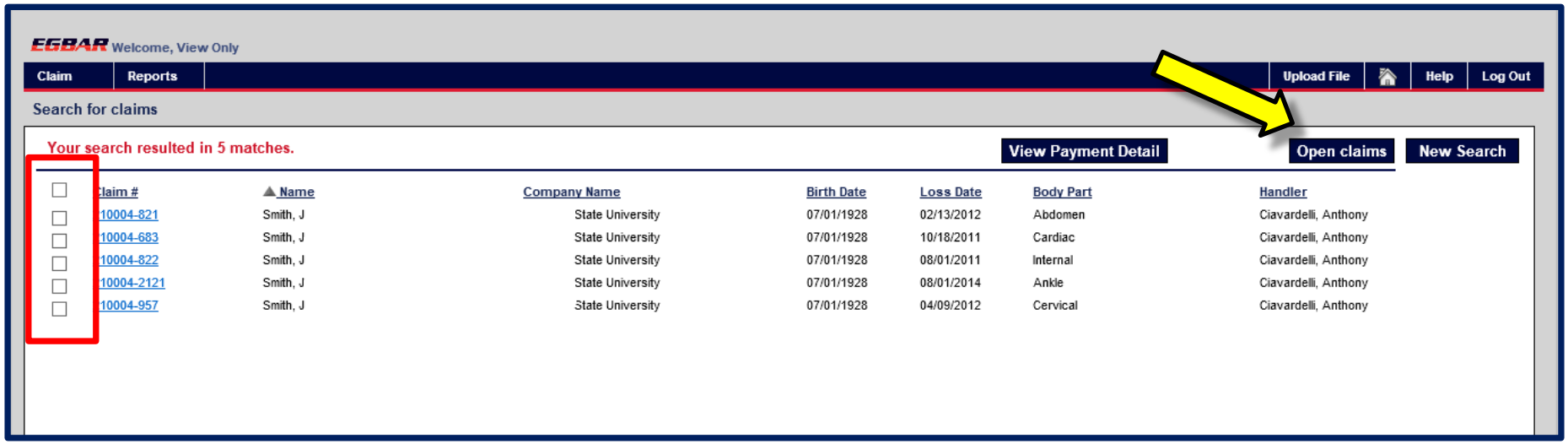


All claims from your school that match the search parameters will be shown.

To open one specific claim, simply click on the claim number

Search for a Claim

EGBAR Quick Start Guide



To open more than one claim at a time, check the box next to the claims you wish to open and then select “OPEN CLAIMS”.

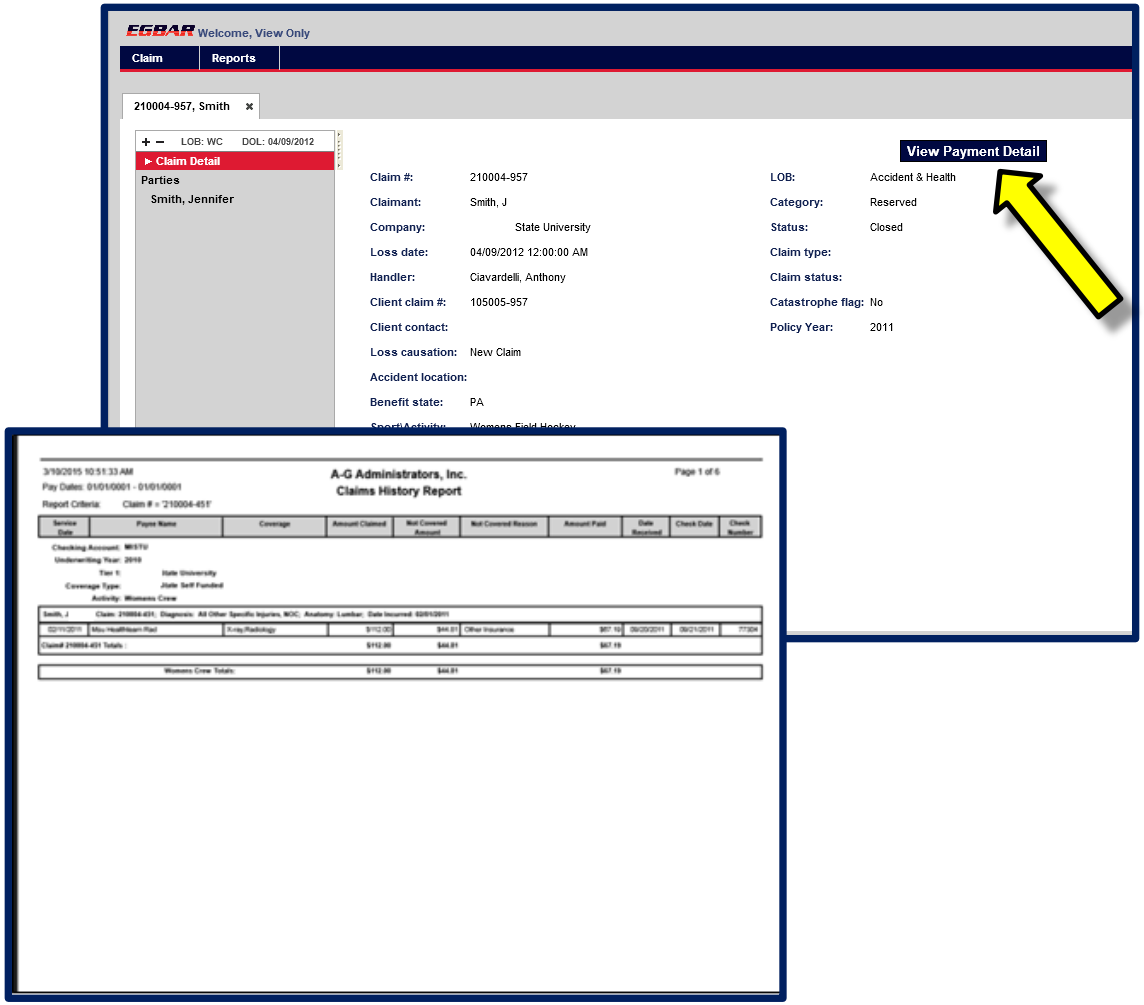
To try another search, select “NEW SEARCH” to return to the search page.

View Claim Detail

EGBAR Quick Start Guide

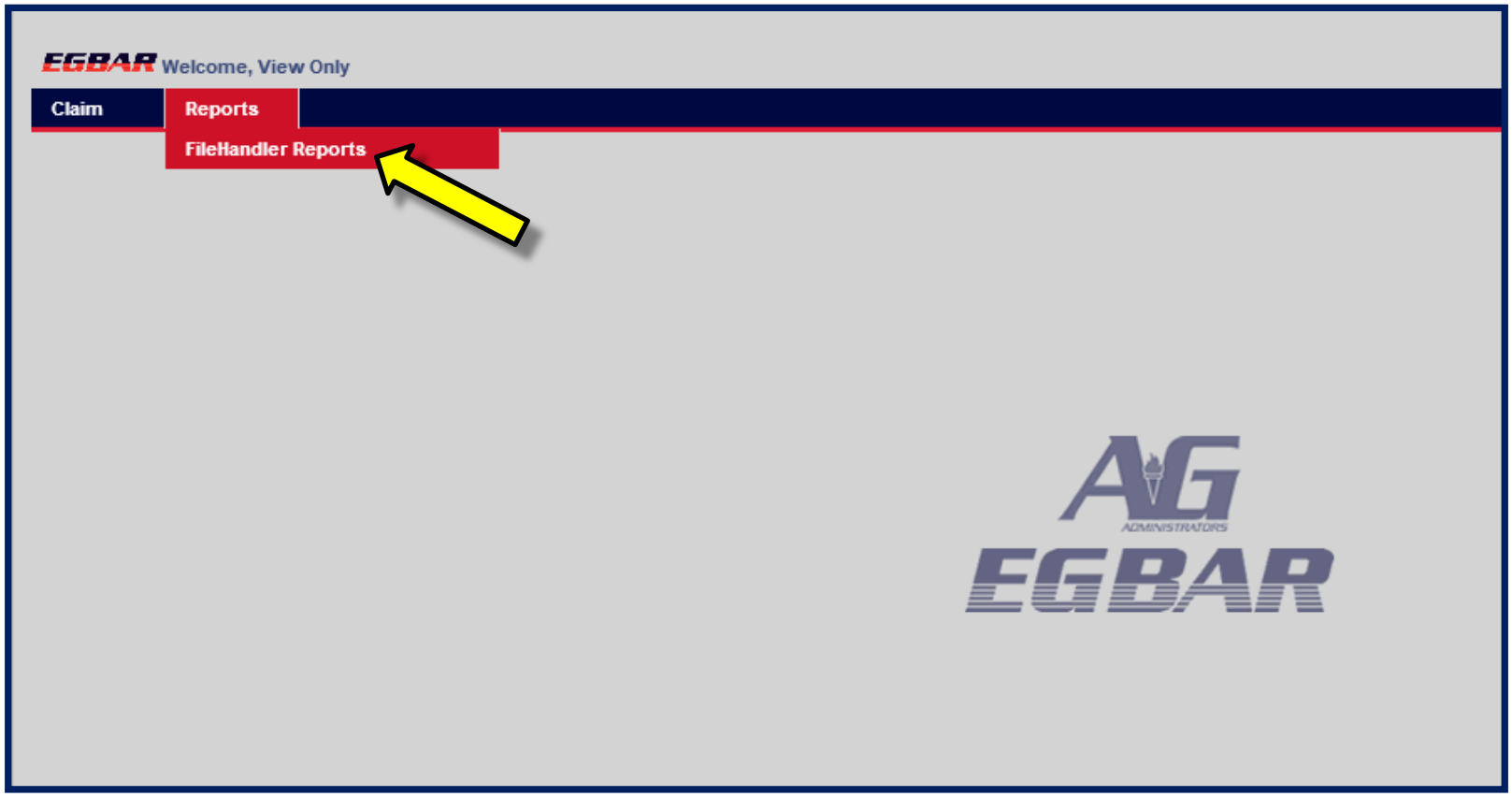
Once a claim is opened, select “CLAIM DETAIL” in the left hand navigation for details.

To receive a detailed payment transaction report on this claim, click “VIEW PAYMENT DETAIL”.



Payment Detail Report

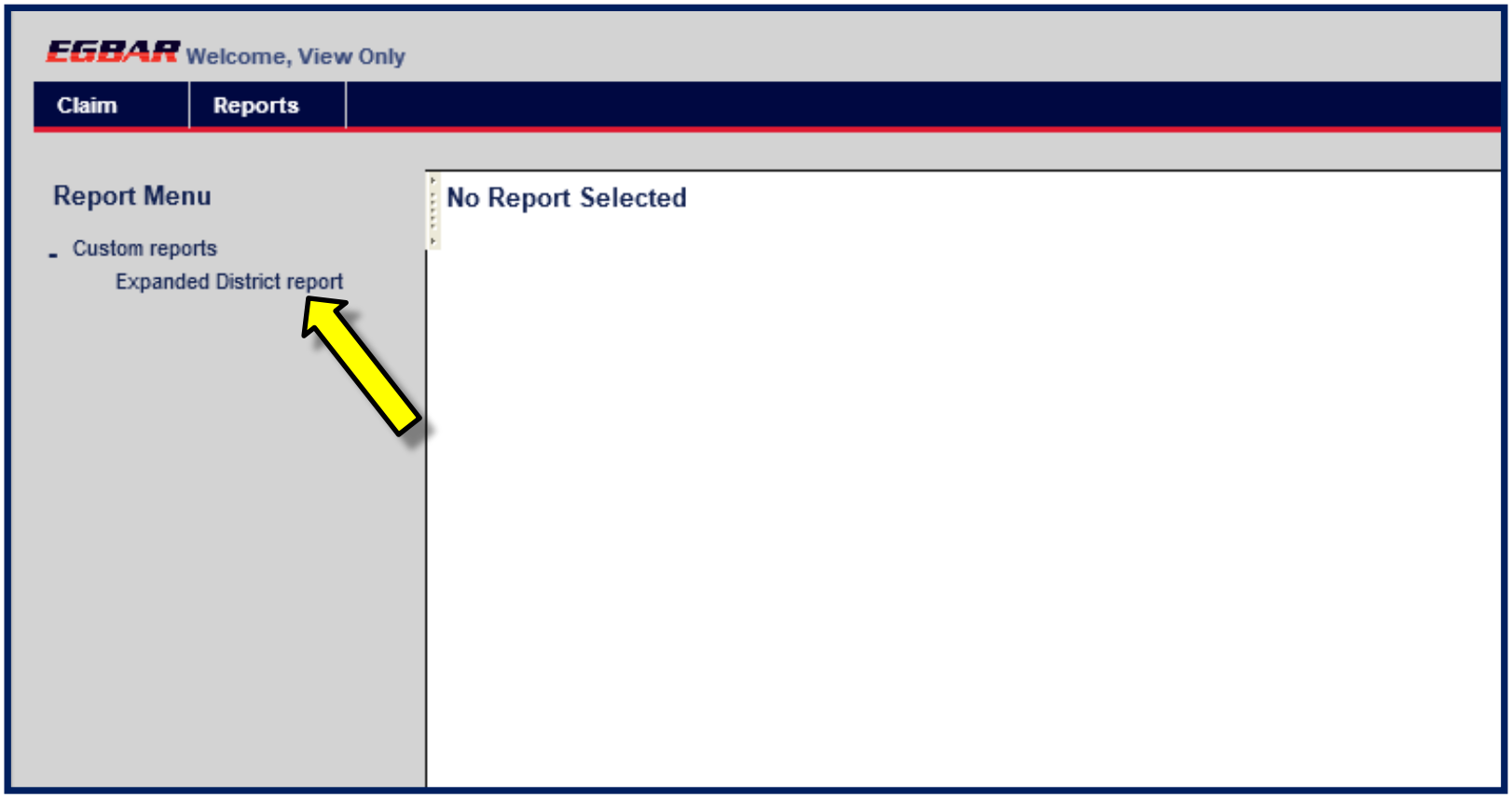
EGBAR Quick Start Guide



To view a detailed payment report on all of your claims, select "REPORTS" and then "FILEHANDLER REPORTS" from the top navigation bar.

Payment Detail Report

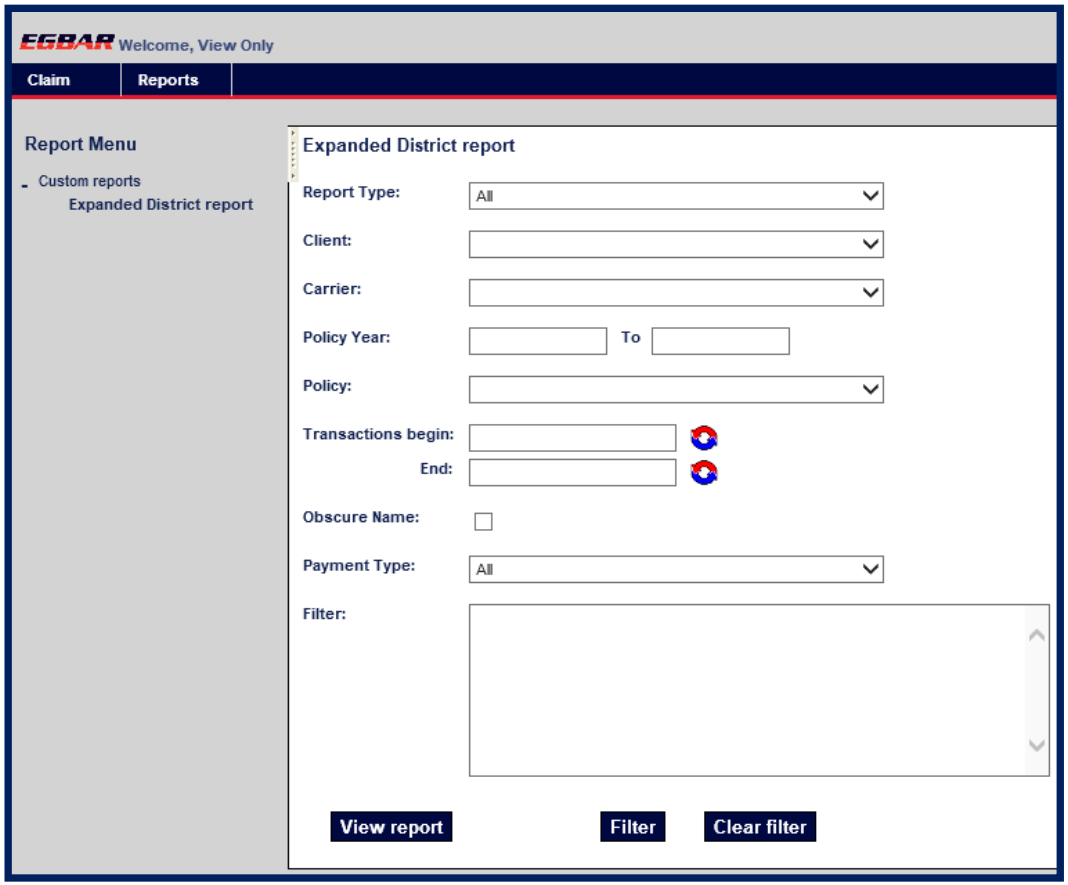
EGBAR Quick Start Guide



From the left hand navigation, select “CUSTOM REPORTS” and then “EXPANDED DISTRICT REPORT”.

Payment Detail Report

EGBAR Quick Start Guide



REPORT TYPE: Chose how data is grouped - by “Activity (Sport)” or “All”

CLIENT: Select your school

CARRIER: BLANK selects all

POLICY YEAR: Fill out the begin and end years of the data you want to view in YYYY format

POLICY: BLANK selects all

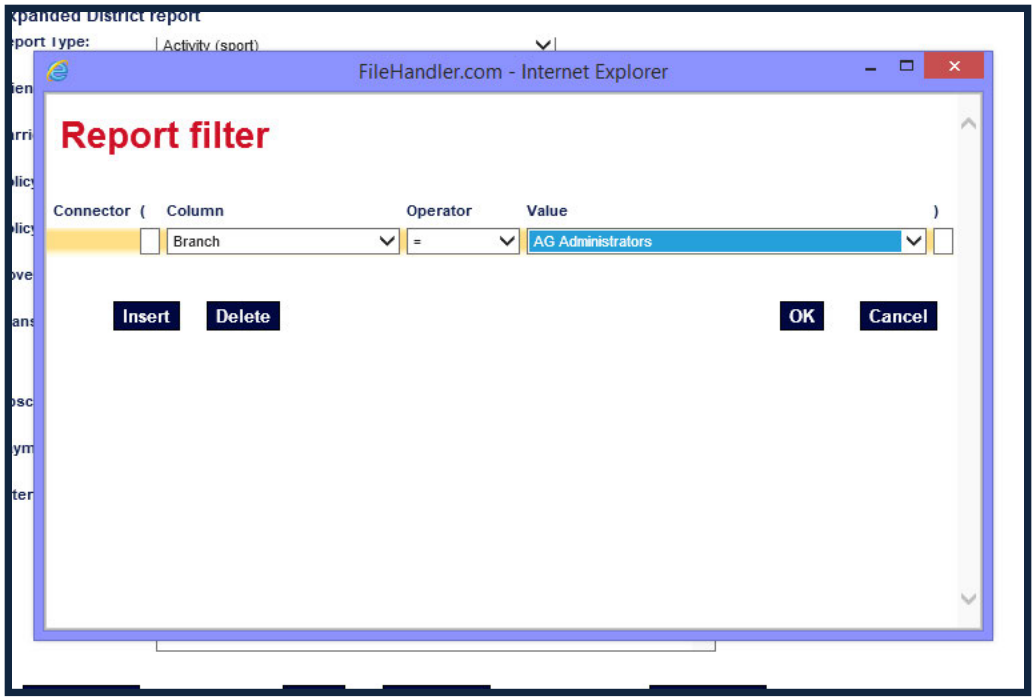
TRANSACTIONS BEGIN and END: Enter date range in MM/DD/YYYY format.

OBSCURE NAME: Select to obscure party names

PAYMENT TYPE: Leave as “ALL”

Payment Detail Report

EGBAR Quick Start Guide



To apply report filters, click “FILTER”. Multiple filters can be added by selecting:

COLUMN: The data field that you want to filter the report by

OPERATOR: Standard filtering operators such as <, =, >, LIKE, etc.

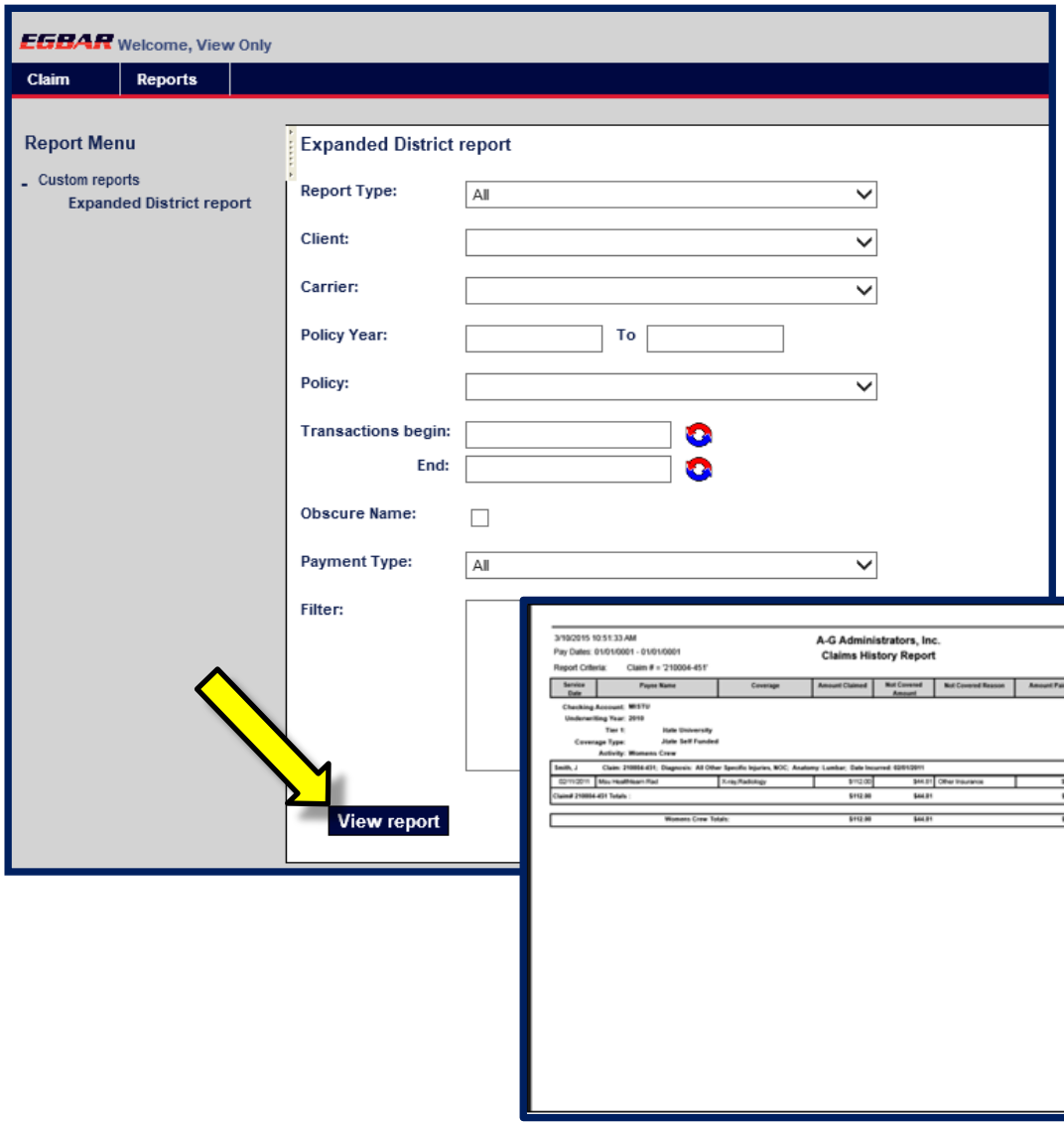
VALUE: Select the value you want to filter by

Once the filter is complete, click “INSERT” to add the filter logic to the report.

When all desired filters are complete, click “OK”.

Payment Detail Report

EGBAR Quick Start Guide

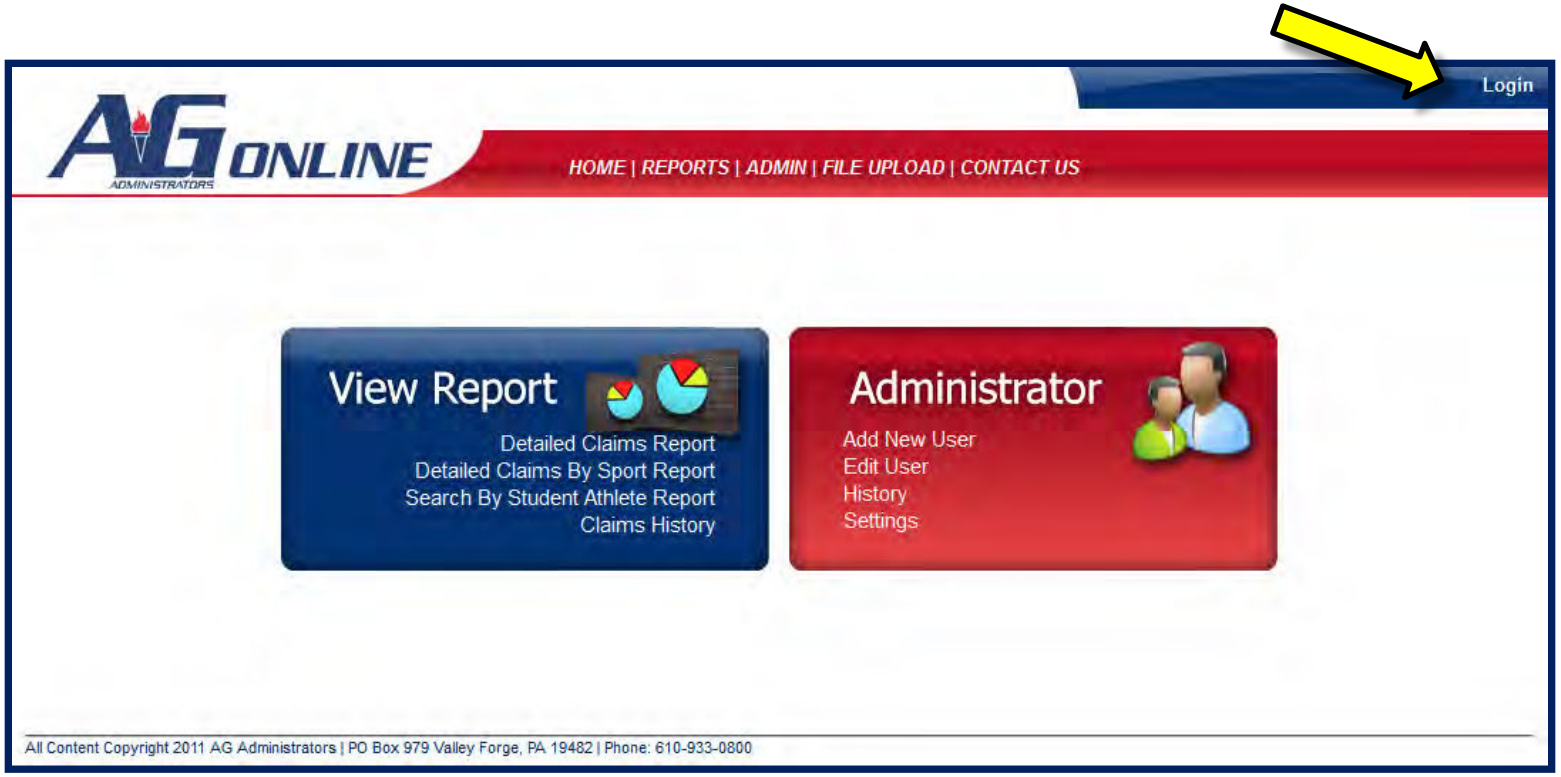


When all of the report parameters are complete, click “VIEW REPORT”.

A detailed payment report will open and can be saved or printed.

Submit Claim

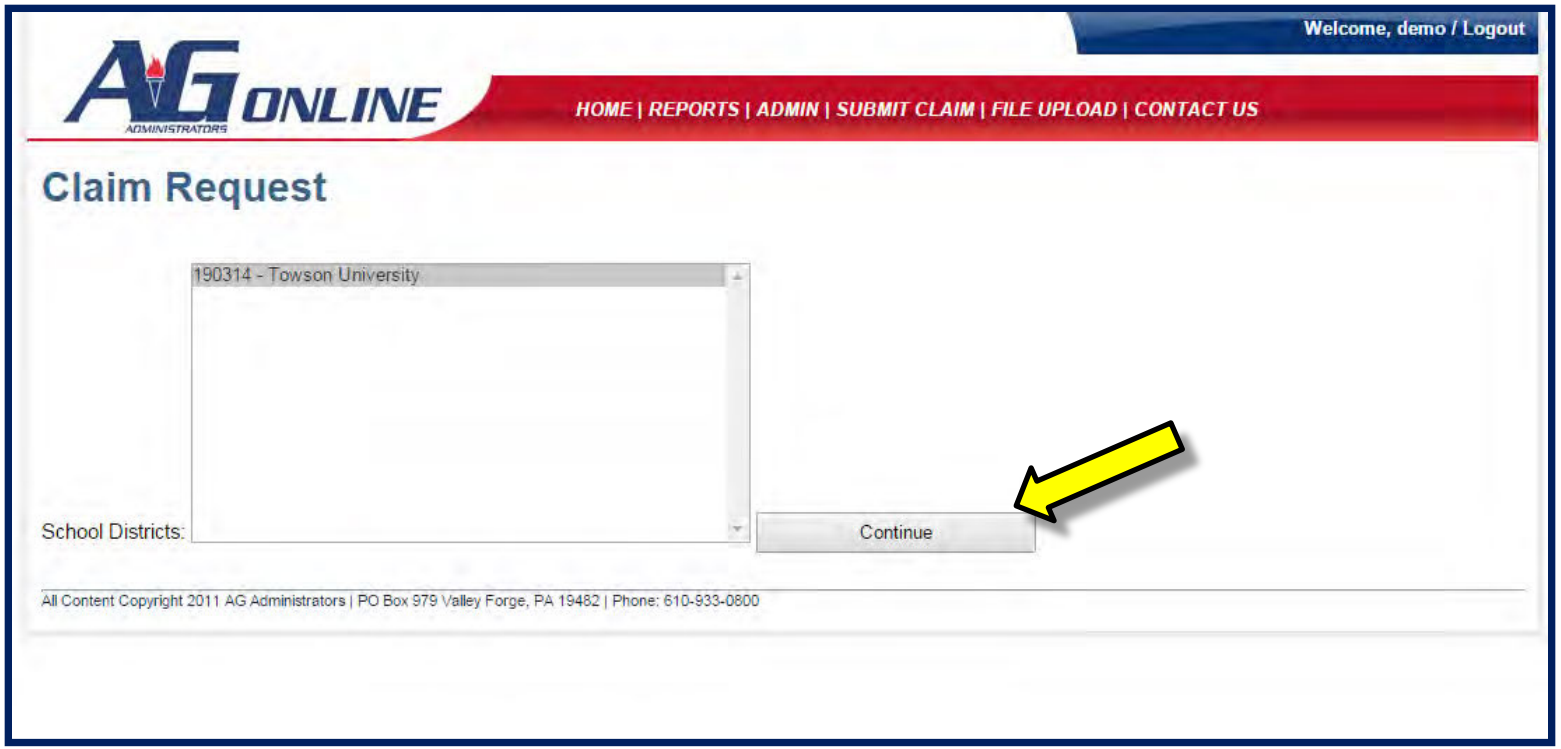
EGBAR Quick Start Guide



To submit a claim, follow the current process via A-G Online.

Log in using your current A-G Online login credentials.

Submit Claim

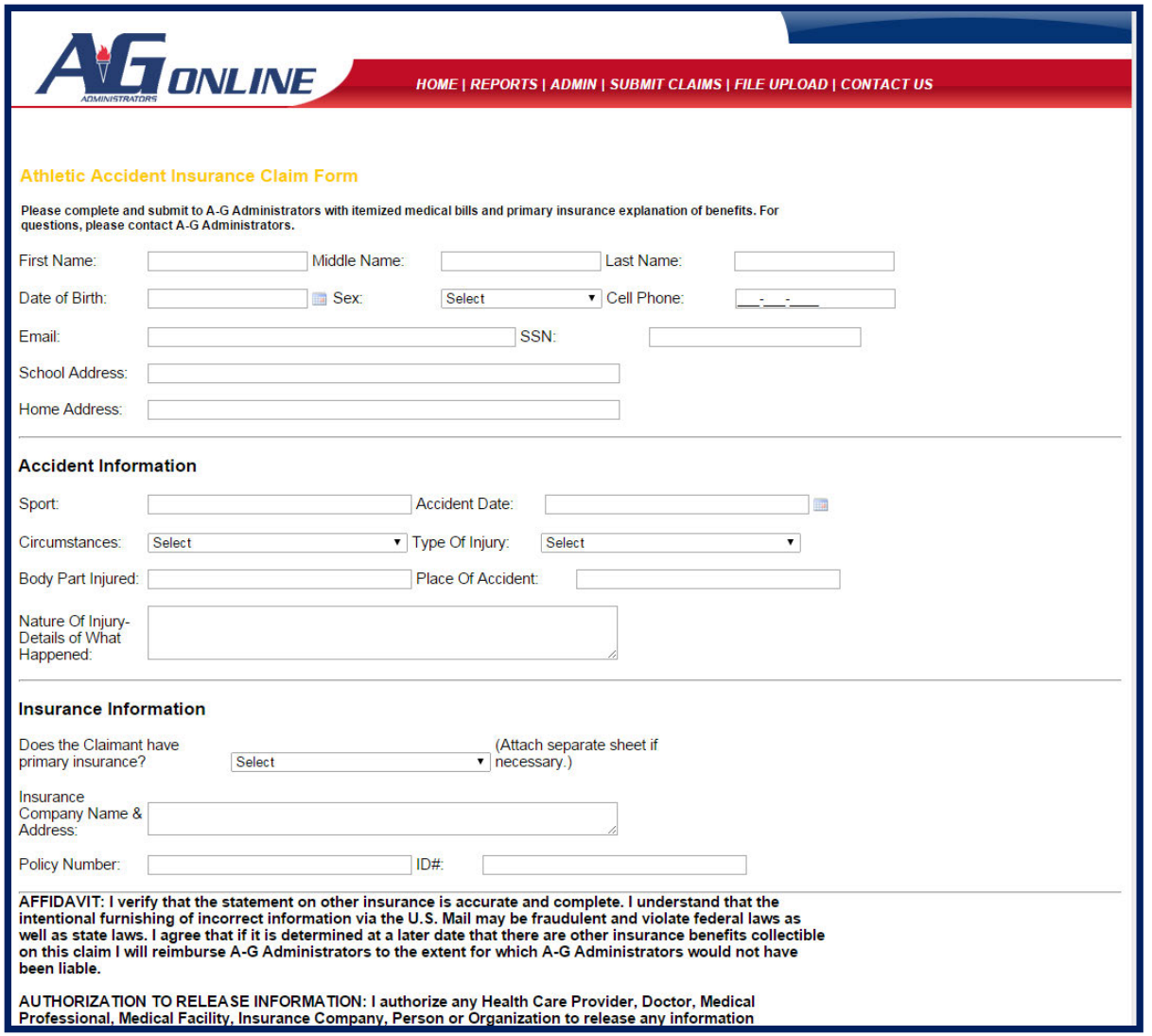


Confirm your school and click “CONTINUE”.

Submit Claim

EGBAR Quick Start Guide

The electronic Athletic Accident Insurance Claim Form will open. Fill in all applicable claim information for the fields provided.



AG ONLINE

HOME | REPORTS | ADMIN | SUBMIT CLAIMS | FILE UPLOAD | CONTACT US

Athletic Accident Insurance Claim Form

Please complete and submit to A-G Administrators with itemized medical bills and primary insurance explanation of benefits. For questions, please contact A-G Administrators.

First Name: Middle Name: Last Name:

Date of Birth: Sex: Select Cell Phone: ___-___-____

Email: SSN:

School Address:

Home Address:

Accident Information

Sport: Accident Date:

Circumstances: Select Type Of Injury: Select

Body Part Injured: Place Of Accident:

Nature Of Injury-Details of What Happened:

Insurance Information

Does the Claimant have primary insurance? Select (Attach separate sheet if necessary.)

Insurance Company Name & Address:

Policy Number: ID#:

AFFIDAVIT: I verify that the statement on 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 to release any information

Submit Claim

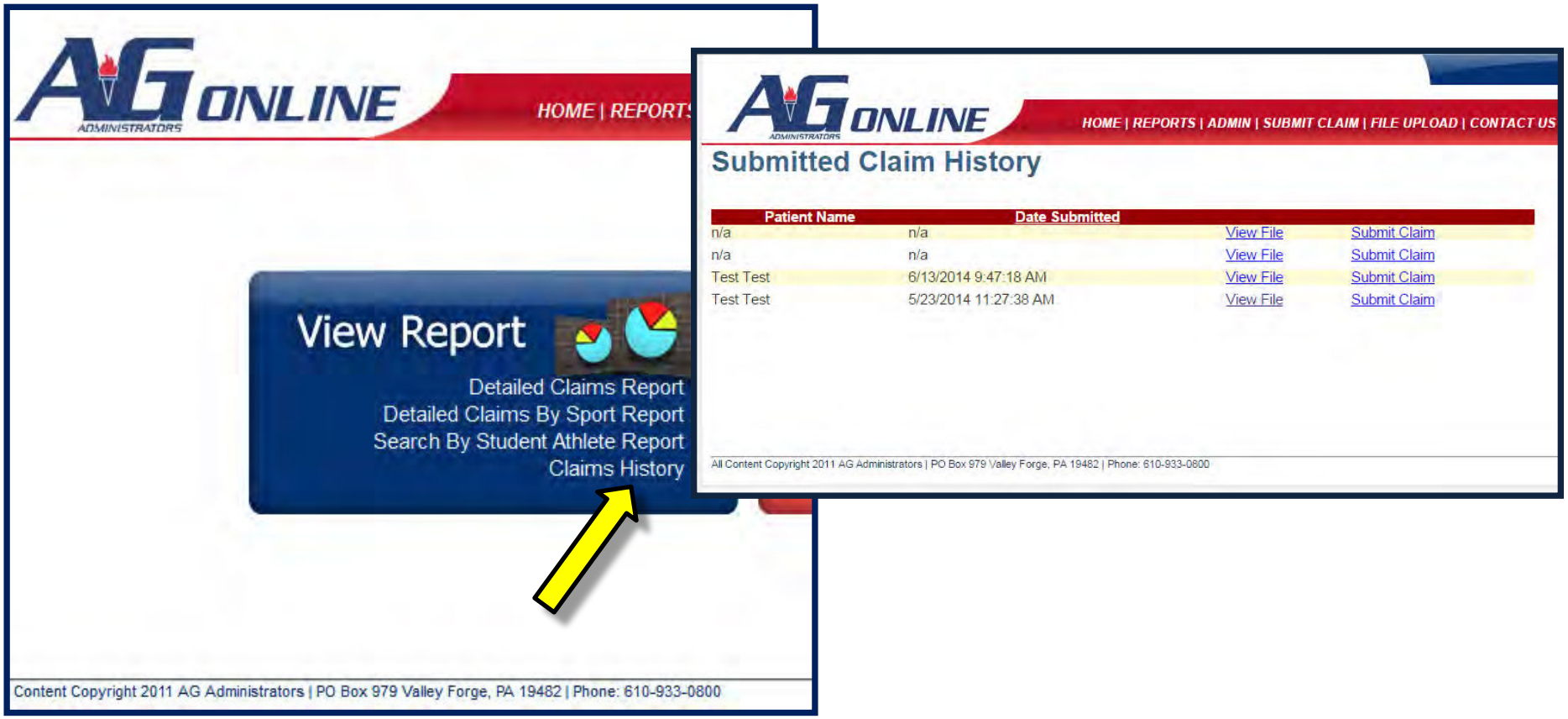
EGBAR Quick Start Guide

Be sure to complete the entire form and electronically sign at the bottom.

Once complete, hit “SUBMIT” to electronically and securely submit the claim.

Submit Claim

EGBAR Quick Start Guide



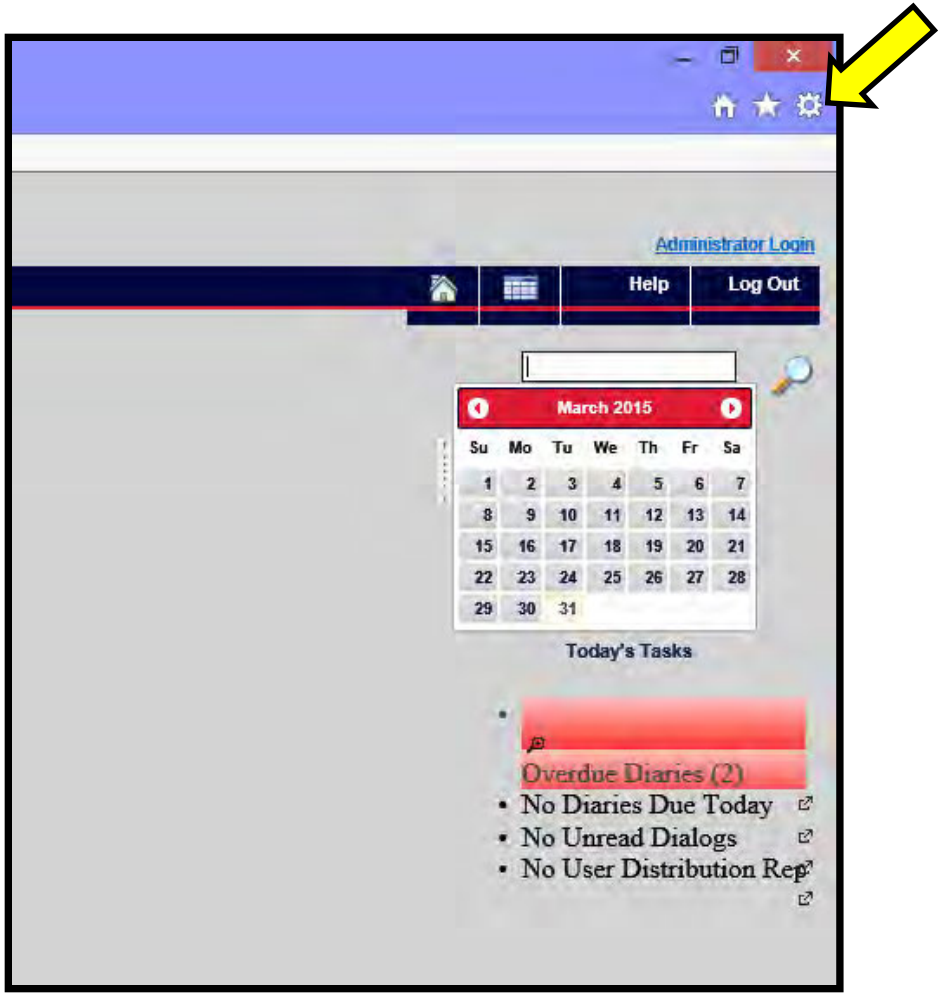
All electronically submitted claims can be reviewed by selecting "CLAIMS HISTORY" from the log in screen. Submitted claims are listed with time & date stamp.

Add Site to Compatibility

To properly display EGBAR on your screen, you may need to add the site to Internet Explorer “Compatibility” settings.

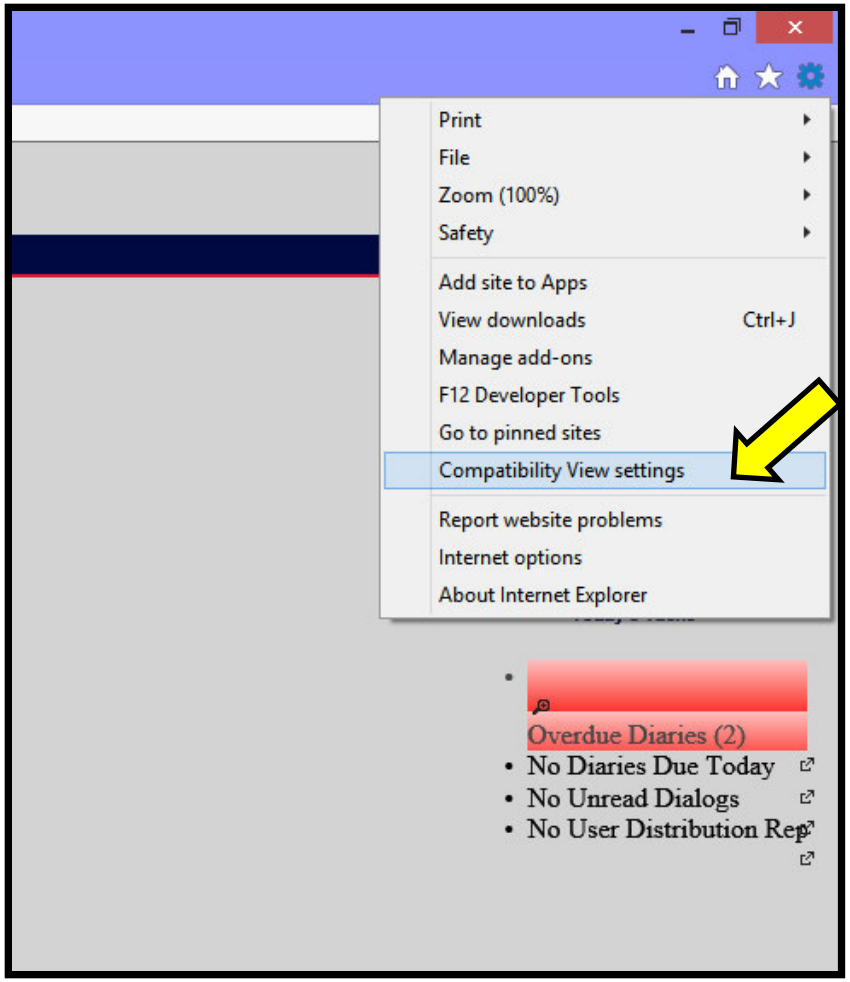
This can help with a number of formatting issues, including fonts, colors, and overall screen layout.

Add Site to Compatibility



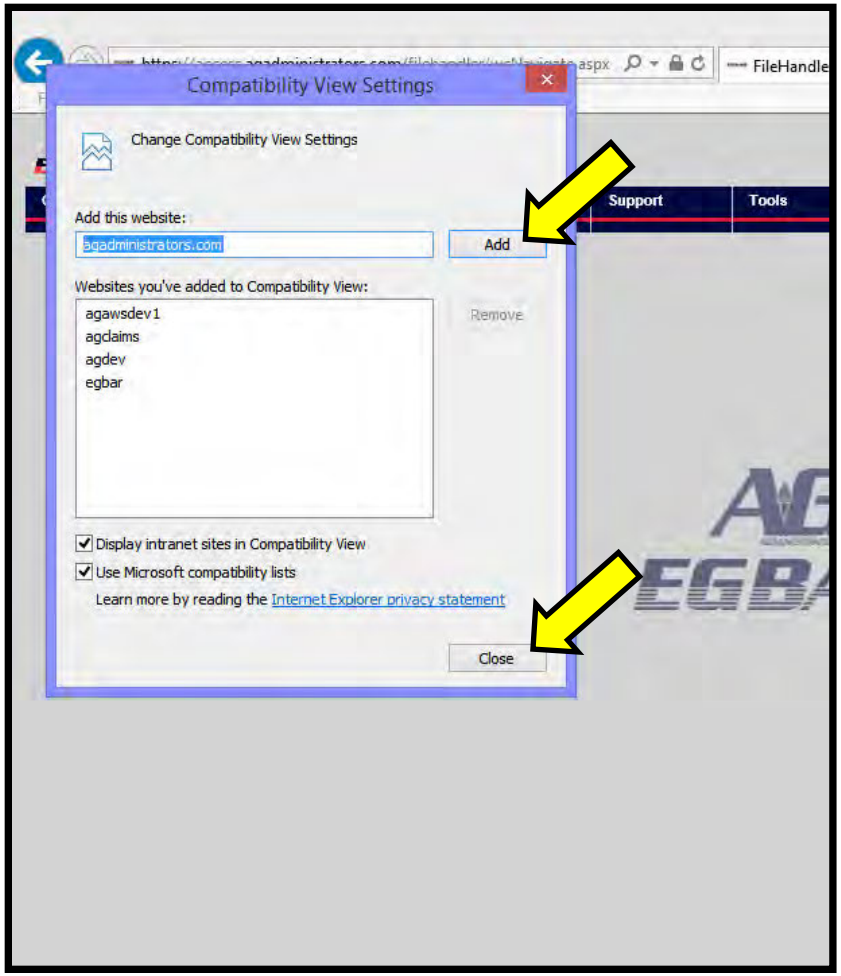
To add EGBAR to the Compatibility settings, select the gear in the upper right corner of your browser.

Add Site to Compatibility



Next, select “Compatibility View Settings”

Add Site to Compatibility



A pop up will open and the website address will appear in the “ADD THIS WEBSITE” field. Hit ADD and then CLOSE.

When the pop up closes, you may need to close your browser and re-open it for the settings to be applied.

UNIVERSITY

ATHLETICS INSURANCE PROGRAMS
2012 TO 2016 POLICY YEARS
DATA AS OF APRIL 21, 2017
A-G ADMINISTRATORS, INC

TOP PROCEDURES BY UTILIZATION & CLAIMS PAID

PROVIDER	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
SURGERY	232	$ 498,486	16%	26%
PHYSICAL THERAPY	746	$ 430,423	51%	23%
MRI	363	$ 274,252	25%	14%
MEDICAL TREATMENT	867	$ 233,648	60%	12%
OVERALL PROGRAM TOTALS	1,449	$1,894,548		

TOP BODY PARTS BY UTILIZATION & CLAIMS PAID

BODY PART	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
KNEE	254	$ 494,530	18%	26%
HIP/CORE MUSCLE / GROIN	96	$ 274,346	7%	14%
FOOT & ANKLE	298	$ 264,994	21%	14%
OVERALL PROGRAM TOTALS	1,449	$1,894,548		

TOP PROVIDERS BY UTILIZATION & CLAIMS PAID

PROVIDER	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
UNIVHEALTH SYSTEM	1,047	$ 630,777	72%	33%
PARTN	800	$ 340,112	55%	18%
MEDICINE	440	$ 138,446	30%	7%
OVERALL PROGRAM TOTALS	1,449	$1,894,548		

TOP SPORTS - EXPENSES BY SPORT

	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
MENS FOOTBALL	473	$ 528,550	33%	31%
WOMENS LACROSSE	77	$ 183,440	5%	10%
WOMENS TRACK	151	$ 156,715	10%	8%
PROGRAM TOTALS	1,449	$ 1,894,548		

DASHBOARD

SPORTS INSURANCE SPECIALISTS

UNIVERSITY
ATHLETICS MEDICAL EXPENSE PROGRAM
PLAN DESIGN AND LOSS LAG SUMMARY
2012 TO 2016 POLICY YEARS
DATA AS OF APRIL 21, 2017
A-G ADMINISTRATORS, INC

PLAN & PREMIUM HISTORY					
YEAR	2012	2013	2014	2015	2016
ICS PREMIUM	$ 349,000	$ 355,000	$ 373,500	$ 373,500	$ 413,500
DEDUCTIBLE	$ 2,500	$ 2,500	2500/7500FB	2500/7500FB	$ 5,000

DEDUCTIBLE CLAIMS PAID										
CLAIMS	#Clms	2012	#Clms	2013	#Clms	2014	#Clms	2015	#Clms	2016
04.21.2013	151	$ 53,266								
04.21.2014	253	$ 116,046	152	$ 55,882						
04.21.2015	259	$ 140,719	271	$ 158,254	87	$ 40,159				
04.21.2016	260	$ 140,976	280	$ 154,238	300	$ 190,223	184	$ 80,289		
04.21.2017	260	$ 141,313	282	$ 159,264	311	$ 199,950	291	$ 164,652	130	$ 65,928

INSURED CLAIMS PAID										
CLAIMS	#Clms	2012	#Clms	2013	#Clms	2014	#Clms	2015	#Clms	2016
04.21.2013	40	$ 57,025								
04.21.2014	83	$ 240,267	20	$ 39,698						
04.21.2015	87	$ 295,546	70	$ 223,179	39	$ 35,227				
04.21.2016	89	$ 302,868	87	$ 289,346	113	$ 252,139	31	$ 47,843		
04.21.2017	89	$ 303,073	88	$ 301,042	119	$ 320,913	83	$ 210,103	14	$ 22,190
Totals	349	$ 444,386	370	$ 460,306	430	$ 520,863	374	$ 374,755	144	$ 88,118
LOSS RATIO		87%		85%		86%		56%		5%
Total Cost to UP		$ 490,313		$ 514,264		$ 573,450		$ 538,152		$ 479,428

A-G Administrators, Inc. • P.O. Box 979 • Valley Forge, PA 19482
Phone: 610-933-0800 • Fax: 610-933-4122 • Email: info@agadm.com • www.agadministrators.com

UNIVERSITY ATHLETICS

ATHLETICS MEDICAL EXPENSE PROGRAM

CLAIMS PAID & SAVINGS REPORT ANALYSIS

2009 THRU 2014 PLAN YEARS AS OF DECEMBER 30, 2014

A-G ADMINISTRATORS, INC.

PLAN YEAR	NUMBER OF CLAIMS	BILLED MEDICAL EXPENSES	PRIMARY INS REDUCTION	Primary Ins Contribution	PROVIDER DISCOUNT	AG DISCOUNTS	Post Prim Ins Discount	PAYMENTS	Pay % of Billed
2009 PLAN YEAR	1,019	$ 7,567,533	$ 3,446,974	46%	$ 727,550	$ 1,147,737	46%	$ 2,245,272	30%
2010 PLAN YEAR	1,141	$ 10,982,469	$ 4,605,274	42%	$ 1,313,193	$ 2,102,643	54%	$ 2,961,359	27%
2011 PLAN YEAR	1,232	$ 10,126,727	$ 4,530,588	45%	$ 750,723	$ 2,181,540	52%	$ 2,663,876	26%
2012 PLAN YEAR	1,291	$ 10,416,478	$ 4,722,213	45%	$ 541,360	$ 2,283,418	50%	$ 2,869,488	28%
2013 PLAN YEAR	1,206	$ 9,130,420	$ 4,141,397	45%	$ 917,206	$ 1,800,581	54%	$ 2,271,237	25%
2014 PLAN YEAR	168	$ 651,902	$ 398,312	61%	$ 32,616	$ 55,168	35%	$ 165,805	25%
TOTALS	***6,057***	***$ 48,875,529***	***$ 21,844,758***	***45%***	***$ 4,282,647***	***$ 9,571,088***	***51%***	***$ 13,177,036***	***27%***

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CLAIMS PAID ANALYSIS

University Athletics Department
Insurance Programs
Medical Expenses By Sport Allocation
2010 - 2014 Plan Years
Data as of September 30, 2014
A-G Administrators, Inc.

	2010		2011		2012		2013		2014		Program Totals		Percentages/Program	
	Number	Total	Number	Total	Number	Total	Number	Total	Number	Total	Number	Total	Number	Total
MEN'S SPORTS														
BASEBALL	1	$ 1,163	4	$ 6,181	2	$ 520	4	$ 6,221	0	$ -	11	$ 12,922	1.68%	1.78%
BASKETBALL	2	$ 4,938	9	$ 5,688	21	$ 20,987	11	$ 19,827	1	$ 383	44	$ 46,885	6.73%	6.47%
CHEERLEADING	1	$ 884	1	$ 1,914	0	$ -	4	$ 10,197	0	$ -	6	$ 12,111	0.92%	1.67%
CROSS COUNTRY	2	$ 209	5	$ 3,591	6	$ 3,637	13	$ 6,578	0	$ -	26	$ 13,806	3.98%	1.43%
FENCING	0	$ -	0	$ -	3	$ 5,053	3	$ 3,613	0	$ -	6	$ 8,666	0.92%	0.90%
FOOTBALL	7	$ 2,798	62	$ 93,112	72	$ 173,248	51	$ 89,004	4	$ 3,736	196	$ 359,100	29.97%	37.14%
GOLF	0	$ -	0	$ -	0	$ -	1	$ 225	0	$ -	1	$ 225	0.00%	0.00%
HOCKEY	0	$ -	5	$ 6,570	9	$ 17,539	3	$ 2,134	0	$ -	17	$ 26,243	2.60%	2.71%
ICE HOCKEY	0	$ -	0	$ -	0	$ -	2	$ 1,537	0	$ -	2	$ 1,537	0.31%	0.16%
LACROSSE	3	$ 919	13	$ 54,212	17	$ 9,134	7	$ 3,331	0	$ -	40	$ 66,677	6.12%	6.90%
SOCCER	3	$ 12,596	9	$ 7,946	8	$ 12,398	6	$ 12,952	1	$ 80	27	$ 33,376	4.13%	3.45%
SWIMMING/DIVING	0	$ -	0	$ -	2	$ 2,587	0	$ -	0	$ -	2	$ 2,587	0.31%	0.27%
TENNIS	0	$ -	1	$ 276	7	$ 19,968	8	$ 11,612	0	$ -	16	$ 31,856	2.45%	3.29%
TRACK	1	$ 851	6	$ 3,878	7	$ 8,239	3	$ 1,268	0	$ -	17	$ 13,386	2.60%	1.38%
MEN'S TOTAL	**20**	**$ 24,357**	**115**	**$ 183,366**	**154**	**$ 273,313**	**116**	**$ 168,499**	**6**	**$ 4,199**	**411**	**$ 653,735**	**62.84%**	**67.62%**
WOMEN'S SPORTS														
BASKETBALL	2	$ 1,685	11	$ 16,424	11	$ 12,158	11	$ 21,259	0	$ -	35	$ 49,841	5.35%	5.15%
CHEERLEADING	0	$ -	1	$ 215	4	$ 4,562	0	$ -	0	$ -	5	$ 4,778	0.76%	0.49%
CREW	1	$ 2,179	4	$ 4,049	7	$ 12,468	9	$ 6,396	0	$ -	21	$ 22,912	3.21%	2.37%
CROSS COUNTRY	0	$ -	9	$ 1,019	13	$ 5,393	5	$ 3,581	0	$ -	27	$ 9,993	4.13%	1.03%
FENCING	0	$ -	2	$ 1,882	1	$ 2,953	1	$ 40	0	$ -	4	$ 4,675	0.61%	0.48%
GOLF	0	$ -	0	$ -	2	$ 58	0	$ -	0	$ -	2	$ 58	0.31%	0.01%
LACROSSE	1	$ 300	7	$ 16,953	11	$ 48,748	2	$ 1,673	0	$ -	21	$ 67,373	3.21%	6.97%
SOCCER	1	$(10,110)	4	$ 2,071	15	$ 16,563	16	$ 26,778	1	$ 261	37	$ 45,673	5.66%	4.72%
SOFTBALL	2	$ 4,278	6	$ 3,591	15	$ 26,307	7	$ 3,101	1	$ 37	31	$ 33,036	4.74%	3.42%
SWIMMING/DIVING	0	$ -	2	$ 11,546	7	$ 4,921	1	$ 1,262	0	$ -	10	$ 17,728	1.53%	1.83%
TENNIS	0	$ -	3	$ 814	4	$ 2,630	2	$ 334	0	$ -	9	$ 3,777	1.38%	0.39%
TRACK	1	$ 58	9	$ 3,254	12	$ 13,896	6	$ 6,742	0	$ -	28	$ 23,892	4.28%	2.47%
VOLLEYBALL	2	$ (6,150)	3	$ 10,873	6	$ 12,322	1	$ 2,151	1	$ 11,785	13	$ 37,131	1.99%	3.84%
WOMEN'S TOTAL	**10**	**$ (7,760)**	**61**	**$ 72,490**	**108**	**$ 162,979**	**61**	**$ 73,315**	**3**	**$ 12,083**	**243**	**$ 313,108**	**37.16%**	**32.38%**
TOTALS	30	$ 16,598	176	$ 255,856	262	$ 436,292	177	$ 241,814	9	$ 16,282	654	$ 966,842	477	$ 725,028

CLAIM BY SPORT

RU21039

UNIVERSITY
ATHLETICS INSURANCE PROGRAMS
MEDICAL EXPENSES BY PROVIDER
2013 & 2014 PLAN YEARS
DATA AS OF FEBRUARY 28, 2015
A-G ADMINISTRATORS, INC.

PROVIDER	2013 Number	2013 Total	2014 Number	2014 Total	Program Totals Number	Program Totals Total	Percentage Totals Number	Percentage Totals Total
ABEL CENTER FOR OCULOFACIAL	1	$ 19			1	$ 19		
ABERDEEN SURGICAL ASSOCIATES	1	$ -			1	$ -		
AHS HOSP CORP MMH	1	$ 12			1	$ 12		
ANESTHESIA SERVICES, PA	6	$ 1,891	2	$ 774	8	$ 2,666		
ANNAPOLIS HAND CENTER, LLC	1	$ 77			1	$ 77		
ANNE ARUNDEL MEDICAL CENTER	2	$ 163			2	$ 163		
ARIA HEALTH	8	$ 4,936			8	$ 4,936		
ASC-ANESTHESIA ASSOCIATES OF	1	$ 40			1	$ 40		
ASSOCIATED RADIOLOGISTS	1	$ 47			1	$ 47		
ATI PHYSICAL THERAPY OXFORD	6	$ 817			6	$ 817		
ATLANTIC COAST PT	1	$ 59			1	$ 59		
BE TRULY WELL, LLC	8	$ 251	13	$ 1,079	21	$ 1,330		
BENJAMIN ASANTE			1	$ 20	1	$ 20		
BRANDON WHALEY			1	$ 185	1	$ 185		
CENTER FOR ADVANCED ORTHOPAEDI	23	$ 1,737			23	$ 1,737		
CENTER FOR JOINT SURGERY AND S	5	$ 384			5	$ 384		
CENTER FOR ORTHOTICS	1	$ 80			1	$ 80		
CENTER FOR PT & SPORTS MEDICIN	4	$ 140			4	$ 140		
CENTER RADIOLOGY PC	1	$ 134			1	$ 134		
CHESAPEAKE MEDICAL IMAGING	1	$ 19			1	$ 19		
CHESKIN CENTER FOR CHIROPRACTI	109	$ 7,247	58	$ 2,128	167	$ 9,375	11%	3%
CHRISTIANA CARE	32	$ 10,831	4	$ 6,811	36	$ 17,642	2%	6%
CHRISTIANA SPINE AMBULATORY	7	$ 2,708			7	$ 2,708		
COMMONWEALTH ORTHO	5	$ 314			5	$ 314		
CONSHOHOCKEN PHYSICAL THERAPY			6	$ 146	6	$ 146		
COOLSYSTEMS INC GAME READY	1	$ 2,408			1	$ 2,408		
CTR JT SURG & SPORTS MEDICINE	9	$ 225			9	$ 225		
D & J SALES COMPANY	5	$ 501			5	$ 501		
DAVID ALTCHEK,MD	1	$ 3,173			1	$ 3,173		
DELAWARE OPEN MRI			1	$ 60	1	$ 60		

CLAIMS BY PROVIDER

SPORTS INSURANCE SPECIALISTS

A-G Administrators, Inc.
Claims History Report

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
B., Tyler; Claim: 309; Sport: Mens Lacrosse; Diagnosis: Pain; Anatomy: R-foot; Injury Type: ; Date Incurred: 12-20-2013									
				$826.65	Write-off				
Claim# 309 Totals :			**$1,412.00**	**$929.62**		**$482.38**			
B., Derek; Claim: 312; Sport: Mens Football; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 10-12-2013									
01-31-2014	University PT	Phys.therapy	$136.00	$68.61	Write-off	$67.39	04-14-2014	04-24-2014	00156387
02-05-2014	University PT	Phys.therapy	$206.00	$120.76	Write-off	$85.24	04-14-2014	04-24-2014	00156387
02-10-2014	University PT	Phys.therapy	$34.00	$13.00	Write-off	$2.10	05-27-2014	06-19-2014	00162403
				$18.90	Other Insurance				
02-10-2014	University PT	Phys.therapy	$185.00	$87.03	Other Insurance	$9.67	05-27-2014	06-19-2014	00162403
				$88.30	Write-off				
Claim# 312 Totals :			**$561.00**	**$396.60**		**$164.40**			
B., Alecia; Claim: 334; Sport: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: L-ankle; Injury Type: ; Date Incurred: 11-22-2013									
11-26-2013	Papa Associates Medical	X-ray,Radiology	$121.00	$88.62	Write-off	$32.38	02-21-2014	03-04-2014	00150675
					Other Insurance				
Claim# 334 Totals :			**$121.00**	**$88.62**		**$32.38**			
B., Sarah; Claim: 292; Sport: Womens Softball; Diagnosis: Pain; Anatomy: L-hand; Injury Type: ; Date Incurred: 09-29-2013									
10-01-2013	Papa Associates Medical	X-ray,Radiology	$98.00	$63.21	A-g Discount	$34.79	01-09-2014	01-28-2014	00146776
Claim# 292 Totals :			**$98.00**	**$63.21**		**$34.79**			
B., Marie; Claim: 117; Sport: Womens Golf; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 09-20-2013									
10-07-2013	Glasgow Imaging	Mri	$1,301.00	$851.00	A-g Discount	$450.00	10-22-2013	10-28-2013	00137992
10-04-2013	PapaAssociates Medical	X-ray,Radiology	$188.00	$135.19	A-g Discount	$52.81	02-18-2014	02-28-2014	00150084
10-10-2013	Renu Chiropractic Llc	Phys.therapy	$290.00	$116.00	A-g Discount	$174.00	03-03-2014	03-31-2014	00153816
10-30-2013	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816
11-08-2013	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816
02-18-2014	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816
11-12-2013	Renu Chiropractic Llc	Phys.therapy	$65.00	$26.00	A-g Discount	$39.00	03-03-2014	03-31-2014	00153816

CLAIMS HISTORY REPORT

AG ADMINISTRATORS
SPORTS INSURANCE SPECIALISTS

RU21039

Carilion **40000.00 limit**

Student	Date of Service	Billed Amount	25% Discount	Write-Off	Process Date
Abigail Hurst	03.28.2019	$ 2,561.00	$ 151.75	$ 455.26	07.09.2019
Savannah Felgemacher	01.09.2019	$ 233.50	$ 58.38	$ 175.12	07.12.2019
Spencer Horwitz	03.09.2019	$ 239.00	$ 45.91	$ 137.71	**07.12.2019**
Anthony Miano	03.09.2019	$ 3,543.50	$ 62.02	$ 186.06	**07.15.2019**
Destinee Walker	07.09.2018	$ 2,561.00	$ 125.66	$ 376.98	**07.16.2019**
Emily Dunn	10.01.2018	$ 429.00	$ 107.25	$ 321.75	**07.23.2019**
Karah Foster	03.24.2019	$ 504.50	$ 10.00	$ 30.00	**08.01.2019**
Percie Lyons	10.28.2018	$ 2,561.00	$ 10.80	$ 32.38	**08.08.2019**
Evan Masson	12.03.2018	$ 338.50	$ 7.50	$ 22.50	08.16.2019
Evan Masson	12.07.2018	$ 507.00	$ 7.50	$ 22.50	**08.16.2019**
Yevhen Sirous	04.14.2019	$ 167.50	$ 5.85	$ 17.53	**08.28.2019**
Kieran Rinaldi	11.14.2018	$ 2,910.00	$ 10.00	$ 30.00	**08.29.2019**
Kieran Rinaldi	11.27.2018	$ 2,561.00	$ 10.00	$ 30.00	**08.29.2019**
Josiah Jeffers	07.12.2019	$ 417.00	$ 104.25	$ 312.75	**08.30.2019**
David Bryant	5.14.2019	$ 577.00	$ 14.43	$ 43.27	09.03.2019
Ryan Sande	5.08.2019	$ 4,077.00	$ 218.11	$ 654.31	**09.03.2019**
Kiara Price	04.18.2019	$ 577.00	$ 78.85	$ 236.55	**09.06.2019**
Thure Ilgner	04.26.2019	$ 2,189.00	$ 547.25	$ 1,641.75	**09.09.2019**
Mallory Mcknight	12.13.2018	$ 349.00	$ 17.32	$ 51.97	**09.13.2019**
Talasjah Weathersby	01.16.2019	$ 349.00	$ 87.30	$ 261.70	**09.18.2019**
Talasjah Weathersby	03.06.2019	$ 2,561.00	$ 640.30	$ 1,920.70	**09.18.2019**
Katelyn Bendrick	05.07.2019	$ 174.50	$ 30.45	$ 91.35	**10.15.2019**
Alyssa Carruth	04.30.2019	$ 555.50	$ 87.45	$ 262.35	**10.17.2019**
Taylor Oneal	09.03.2019	$ 5,575.50	$ 50.00	$ 150.00	**11.21.2019**
Amadou Diop	08.20.2019	$ 555.00	$ 69.37	$ 208.11	**11.21.2019**
Anastasiia Beliaeva	08.29.2018	$ 1,855.50	$ 71.53	$ 214.59	**11.22.2019**
Malin Falk	09.05.2019	$ 642.50	$ 72.42	$ 217.27	**12.03.2019**
Lydia Rivers	04.03.2019	$ 2,561.00	$ 143.40	$ 430.02	**12.10.2019**
Mackenzie Meehan	09.23.2019	$ 504.50	$ 10.00	$ 30.00	**12.18.2019**
Bradley Crabtree	09.17.2019	$ 2,561.00	$ 463.22	$ 1,389.66	**12.18.2019**
Emily Cardoso	09.25.2019	$ 2,189.00	$ 371.31	$ 1,113.93	**01.02.2020**
Emily Cardoso	09.24.2019	$ 7,308.50	$ 50.00	$ 150.00	**01.02.2020**
Garrett Matheny	10.03.2019	$ 239.00	$ 7.02	$ 21.06	**01.21.2020**
Taylor Moore	07.17.2019	$ 5,060.50	$ 50.00	$ 150.00	**01.24.2020**
Baye Faye	09.04.2019	$ 167.50	$ 29.23	$ 87.69	**01.24.2020**
Alyssa Carruth	09.24.2019	$ 5,659.00	$ 178.17	$ 534.52	**01.28.2020**
Evan Threehouse	11.04.2019	$5,546.00	$ 118.88	$ 356.62	**02.28.2020**
Baye Faye	09.04.2019	$ 167.50	$ 29.23	$ 87.69	**02.28.2020**

Malin Falk	10.31.2019	$ 23.00	$ 0.52	$ 1.56	**03.02.2020**
Malin Falk	09.05.2019	$ 44.00	$ 1.28	$ 3.84	**03.02.2020**
Jordan Hemphill	07.19.2019	$ 3,208.50	$ 549.82	$ 1,649.45	**03.13.2020**
Autumn Slemaker	10.28.2019	$ 2,588.50	$ 62.50	$ 187.50	**03.13.2020**
Kieran Rinaldi	12.09.2019	$ 1,763.00	$ 12.50	$ 37.50	**03.19.2020**
Rachel Lalonde	09.27.2019	$ 219.50	$ 45.91	$ 137.71	**03.23.2020**
Morgan Goodman	10.03.2019	$ 1,386.50	$ 241.94	$ 725.83	**04.09.2020**
Jordan Hemphill	12.18.2019	$ 2,681.50	$ 86.85	$ 260.54	**04.15.2020**
Chyree Walker	12.04.2019	$ 5,132.50	$ 644.35	$ 1,933.05	**04.20.2020**
Malin Falk	11.19.2019	$ 4,678.00	$ 166.63	$ 499.87	**04.20.2020**
Haley Harris	10.16.2019	$ 843.50	$ 147.19	$ 441.57	**04.28.2020**
Haley Harris	10.22.2019	$ 2,853.00	$ 124.68	$ 374.05	**04.28.2020**
Mouhameth Thiam	08.30.2019	$ 2,189.00	$ 131.40	$ 394.18	**04.28.2020**
Lauren Seedlock	10.16.2019	$ 2,561.00	$ 79.69	$ 239.05	**04.28.2020**
Destiny Freeman	02.10.2020	$ 5,244.50	$ 355.25	$ 1,065.75	**05.04.2020**
Khiana Johnson	01.23.2020	$ 618.50	$ 154.63	$ 463.87	**05.05.2020**
Madeline Yancey	10.28.2019	$ 2,561.00	$ 119.83	$ 359.50	**05.05.2020**
Kierra Henderson	02.09.2020	$ 3,201.50	$ 800.38	$ 2,401.12	**05.05.2020**
Zachary Hoekstra	10.23.2019	$ 1,903.50	$ 66.43	$ 199.30	**05.13.2020**
Lewis Djonkum	12.15.2019	$ 2,681.50	$ 670.38	$ 2,011.12	**05.20.2020**
Ryan Bywaters	10.24.2019	$ 4,113.00	$ 549.09	$ 1,647.26	**06.01.2020**
Kennedi Johnson	11.12.2019	$ 2,947.50	$ 50.00	$ 149.99	**06.01.2020**
Kayland Bond	01.23.2020	$ 3,201.50	$ 347.40	$ 1,042.18	**06.03.2020**
Bethwel Cheruiyot	10.23.2018	$ 2,561.00	$ 98.73	$ 296.18	**06.11.2020**
Cle'von Greene	10.25.2019	$ 2,561.00	$ 347.40	$ 1,042.18	**06.12.2020**
Sydney Nunley	04.02.2019	$ 3,832.50	$ 137.42	$ 412.24	**06.15.2020**
Sydney Nunley	05.07.2019	$ 17,493.50	$ 176.62	$ 529.87	**06.15.2020**
Kaitlyn Coleman	10.23.2019	$ 2,561.00	$ 398.43	$ 1,195.28	**06.17.2020**
Kieran Rinaldi	10.25.2019	$ 349.00	$ 12.50	$ 37.50	**06.24.2020**
Kieran Rinaldi	10.28.2019	$ 2,561.00	$ 12.50	$ 37.50	**06.24.2020**
Mawdo Sallah	04.01.2019	$ 4,339.00	$ 151.43	$ 454.29	**06.24.2020**
Joseba Incera	02.20.2020	$ 2,577.00	$ 144.04	$ 432.10	**07.01.2020**
Brenna Ankrum	02.10.2020	$ 3,201.50	$ 37.50	$ 112.50	**07.01.2020**
Emma Rogers	03.05.2019	$ 4,342.00	$ 1,085.50	$ 3,256.50	**07.01.2020**
Login Williams	10.15.2019	$ 1,663.00	$ 273.26	$ 819.76	**07.01.2020**
Khiana Johnson	08.01.2019	$ 5,122.00	$ 46.81	$ 140.43	**07.09.2020**
Samantha Reitz	10.17.2019	$ 4,340.50	$ 393.36	$ 1,180.07	**07.13.2020**
Mackenzie Meehan	10.01.2019	$ 2,853.00	$ 37.50	$ 112.50	**07.23.2020**
Hunter Williams	03.17.2020	$ 40,282.50	$ 31.25	$ 93.75	**07.27.2020**
Rodrigo Magalhaes	12.08.2019	$ 2,681.50	$ 142.65	$ 427.93	**07.30.2020**
Lindsey Carroll	02.18.2020	$ 2,681.50	$ 69.89	$ 209.67	**08.07.2020**
Kennedi Johnson	03.30.2019	$ 2,561.00	$ 434.41	$ 1,303.23	**08.13.2020**
Elissa Look	02.06.2020	$ 246.00	$ 47.12	$ -	**08.24.2020**

Elissa Look	02.09.2020	$ 3,201.50	$ 315.26	$ -	**08.24.2020**
Esmadar Tavares	10.09.2019	$ 2,443.00	$ 112.23	$ -	**08.31.2020**
Aiden Rainford	07.27.2019	$ 233.50	$ 40.75	$ -	**08.31.2020**
Rodrigo Magalhaes	04.18.2019	$ 2,798.00	$ 112.64	$ -	**09.02.2020**
Ariel Williams	09.20.2019	$ 3,248.50	$ 373.03	$ -	**09.08.2020**
Drousile Dzeubo	02.20.2020	$ 532.00	$ 55.11		**10.05.2020**
Brenna Ankrum	11.01.2019	$ 593.00	$ 77.53	$ -	**10.13.2020**
Rodrigo Magalhaes	11.18.2019	$ 248.50	$ 8.59	$ -	**10.15.2020**
Amanda Paino	02.11.2020	$ 18,072.00	$ 114.07		**10.22.2020**
Madison Lentz	12.02.2019	$ 2,681.50	$ 347.40	$ -	**10.26.2020**
Grayson Lamb	03.05.2019	$ 32,889.50	$ 575.10	$ -	**10.28.2020**
Destinee Marshall	07.03.2020	$ 396.50	$ 47.12	$ -	**10.29.2020**
Joe Limo	02.21.2020	$ 294.50	$ 43.60	$ -	**11.11.2020**
Elissa Look	08.28.2020	$ 492.00	$ 94.24	$ -	**11.11.2020**
Mackenzie Gardner	11.05.2019	$ 372.50	$ 25.25	$ -	**11.19.2020**
Mackenzie Gardner	03.12.2020	$ 300.50	$ 75.13	$ -	**12.07.2020**
Joe Limo	02.25.2020	$ 3,201.50	$ 115.61	$ -	**12.09.2020**
Chyree Walker	02.11.2020	$ 372.50	$ 93.13	$ -	**12.11.2020**
Lindsey Carroll	03.03.2020	$ 56,763.50	$ 537.64	$ -	**12.16.2020**
Elissa Look	09.28.2020	$ 1,763.00	$ 196.41	$ -	**12.17.2020**
Jordan Petersen	10.28.2020	$ 5,269.50	$ 54.75	$ -	**12.22.2020**
Tyler Horton	10.05.2020	$ 6,446.00	$ 109.33	$ -	**12.23.2020**
Riley Oakes	10.27.2020	$ 675.50	$ 96.37	$ -	**12.23.2020**
Molly Conway	09.25.2020	$ 2,681.50	$ 408.84	$ -	**12.28.2020**
Bradndon Feathers	11.06.2020	$ 6,526.00	$ 218.24	$ -	**12.29.2020**
Miles Jones	10.14.2020	$ 7,187.00	$ 154.08	$ -	**12.29.2020**
Giovanni Vasquez	11.02.2020	$ 9,646.00	$ 116.87	$ -	**12.30.2020**
Alexis Ferguson	08.26.2020	$ 670.00	$ 167.51	$ -	**01.06.2021**
Garrett Matheny	11.05.2020	$ 4,005.00	$ 49.44	$ -	**01.08.2021**
Molly Conway	10.13.2020	$ 57,958.00	$ 430.12	$ -	**01.13.2021**
Joseba Incera	02.18.2020	$ 258.00	$ 13.92	$ -	**01.14.2021**
Madelynn Bowman	10.18.2020	$ 3,302.50	$ 65.92	$ -	**01.20.2021**
Colin Reid	10.02.2020	$ 6,446.00	$ 72.77	$ -	**01.28.2021**
Dante Moses	08.31.2020	$ 2,956.00	$ 739.00	$ -	**02.03.2021**
Kristen Chick	08.10.2020	$ 555.00	$ 138.75	$ -	**02.03.2021**
Georgia Goering	11.07.2020	$ 4,002.00	$ 61.84	$ -	**02.04.2021**
Mackenzie Meehan	10.01.2020	$ 6,526.00	$ 37.95	$ -	**02.08.2021**
Gene McGough	09.14.2020	$ 5,063.50	$ 581.75	$ -	**02.08.2021**
Devonnte Holland	02.18.2020	$ 3,447.50	$ 861.88	$ -	**02.08.2021**
Saleena Lynch	10.23.2020	$ 343.00	$ 6.68	$ -	**02.08.2021**
Anthony Galati	03.16.2020	$ 246.00	$ 47.12	$ -	**02.09.2021**
Dac Archer	08.10.2020	$ 396.50	$ 47.12	$ -	**02.10.2021**
Maevyn Jones	08.24.2020	$ 2,577.00	$ 139.94	$ -	**02.10.2021**

Logan Hullette	09.13.2020	$ 2,681.50	$ 349.45	$ -	**02.22.2021**

Radford University RFP #R21-002
Intercollegiate Athletic Insurance

As allowed in Section 11, B – Award, of the subject RFP, the University is conducting negotiations. We are requesting a response to the negotiation questions listed below.

CONTRACTUAL TERMS, CONDITIONS AND TEMPLATES:

1. **RADFORD UNIVERSITY:** Are you in agreement the terms and conditions as published in the RFP solicitation shall govern the contract if a contract is awarded to your company?

   VENDOR: Yes, of course. We are looking forward to continuing our partnership.

2. **RADFORD UNIVERSITY:** If awarded a contract do you agree the standard two-party contract made available in the RFP document will be the only document used to award the contract? If your response is no, provide any additional forms or documents that you will require to be incorporated into the contract document.

   VENDOR: We agree. I believe this is how we have been handling RU contracts for the past 10 years. We may need to have the blanket application signed for the insurance carrier, but Dissinger Reed requires no additional contract verbiage to work together.

3. **RADFORD UNIVERSITY**: Do you agree that the initial contract is for a period of a period of one year unless a longer term is negotiated.

   VENDOR: Agreed

4. **RADFORD UNIVERSITY:** Upon completion of the initial contract period, does Dissinger Reed agree that the contract may be renewed by Radford University upon written agreement by both parties for nine, one-year renewal periods, under the terms of the current contract?

   VENDOR: Agreed

5. **RADFORD UNIVERSITY:** Please state that you agree that, if awarded the contract, all sections identified in your proposal as **proprietary and confidential** can be made public since Radford University is a state agency and our records are available for public review.

   VENDOR: Agreed

6. **RADFORD UNIVERSITY**: Are you registered with and willing to continue to participate in the eVA internet procurement solution described in the terms and conditions of the RFP?

   VENDOR: Agreed. We work through the eVA with many other institutions.

7. **RADFORD UNIVERSITY**: Do you agree that you will be performing services as an Independent Contractor, Company, Corporation or other business entity and are not an employee of Radford University or any other Commonwealth Entity?

   VENDOR: Agreed

8. **RADFORD UNIVERSITY:** Do you agree that this solicitation and any resulting contract will allow for cooperative procurement, see Section 6, Contract Participation - Cooperative Purchasing/Use of Agreement by Third Parties.

   VENDOR: Agreed

FINANCIAL CONSIDERATIONS:

1. **RADFORD UNIVERSITY:** Are there any additional financial or value-added incentives that Dissinger Reed would like to offer at this time? (i.e. signing bonus, scholarships, program support, etc.)

   VENDOR: We do have many VALUE-ADDED services that are incorporated in our offerings, many of which Radford University Athletics already enjoys using. We also make it a point to donate to our clients in support of the athletic training staff and their pursuit to keep athletes healthy and safe. Our program managers and service team are dedicated to the success of your program and are happy to assist in any capacity you need.

2. **RADFORD UNIVERSITY:** Does Dissinger Reed agree that the full aggregate deductible amount does not need to be funded up front for the initial contract term and for any renewal periods?

   VENDOR: Agreed. We are open to funding the aggregate deductible on an as-needed basis throughout the year.

3. **RADFORD UNIVERSITY:** While other factors such as methodology, quality of service, and prior experience are considered during the selection process, the evaluation of price is one of the key elements of the evaluation. With this in mind, please review and provide Dissinger Reed's most competitive price structure in the premium and administrative fees proposed for the aggregate deductible option.

   VENDOR: Please see the attached (updated) quote in which US Fire has graciously offered to reduce the aggregate deductible. The plan quote is as follows:
   Aggregate Deductible: $117,500
   Premium: $14,000
   Admin: $23,000
   Maximum Annual Expense: $154,500

4. **RADFORD UNIVERSITY**: If awarded a contract, Dissinger Reed agrees that the premium and administrative fees, for the Aggregate Deductible option, will not increase from the original contract term for any additional renewal periods. These fees can be adjusted down but not increased.

   VENDOR: This is not as easy to answer as we'd all like. Technically, if your program grows over time, we COULD leave the premium the same, but that MAY cause your aggregate deductible to increase. The goal of the carrier/underwriter is to find the best blend of premium and aggregate deductible. Meaning, if your program doubles in size, it may be worth it to increase the premium component slightly in order to offset the (much larger) increase in aggregate deductible. This way you can keep your total exposure down instead of paying a small premium to insure a very high aggregate deductible- which wouldn't make sense.

   Now, that is worst case of course, chances are that we'll be able to keep the program flat, but we can't predict the future and nor will carriers agree to multi-year deals because of the volatility of these athletic insurance programs.

   And last, regarding the administrative fees, those are set by the TPA and are based on the work that they do in handling and paying claims. If the RU program increases in size/workload, they may need to increase the administrative compensation to keep pace. We have been fortunate to keep your programs premium and fees relatively flat for 10 years (which is amazing in itself) but we can't lock our TPA and carrier into their pricing beyond the first year.

5. **RADFORD UNIVERSITY**: Are the prices for all goods/services listed in your proposal inclusive of all applicable eVA system transaction fees?

   VENDOR: No, and we are challenged with this a lot with our eVA schools. The aggregate deductible funding should be kept out of the eVA system and it's fees. The premium and administrative fees are fair game but since the aggregate deductible funding is your money for the self-insured portion of the program, it should not be included.

SCOPE IMPLEMENTATION:

6. **RADFORD UNIVERSITY:** If awarded a contract, identify all employees that will be working with Radford University to achieve the requirements of the contract.

   VENDOR:
   Chris Nixon- Dissinger Reed- Broker & Director of Collegiate Sales
   Sarah Doherty- Dissinger Reed- Director of Student Health Solutions
   Luke Lyons- A-G Administrators- Claims Examiner
   Jeff Stefankiewicz- Claim Manager

7. **RADFORD UNIVERSITY:** If awarded the contract, please address specific implementation steps, inclusive of a timeline, and include what your expectations are of Radford University personnel.

   VENDOR:
   Our first steps may differ from others due to our existing relationship but following the "clarification questions" it sounds like we need to dig into the relationship with Carilion and find a direct contact that we can work with. Obviously there would be much more to it than that but streamlining the negotiated discount and the communication with Carilion would be one of our main objectives this spring/summer before the new year starts. We would also host a training session for the EGBAR online claims system, so your entire staff is familiar with the process in order to prevent any duplication of work and to eliminate any existing challenges. From the Dissinger Reed side, we are here to produce your ID cards, facilitate the primary insurance plan enrollments and everything else that is running so well with your program currently.

9. **RADFORD UNIVERSITY:** Please list any expectations you have of Radford University should you be awarded the contract.

   VENDOR: John and Chad, we expect you to keep up the great work guys. Thank you for all that you do. We are excited to hop on an EGBAR training session with James Shipp, certified athletic trainer at A-G Administrators in the coming months. We are also gearing up to assist you with your primary insurance needs as we know this will be a growing challenge as COVID-19 takes its toll on the healthcare that your athletes have (or don't have). We are looking forward to the future with you.

10. **RADFORD UNIVERSITY**: If awarded a contract would you be in a position to support all aspects of this contract by the initial contract term effective date of July 1, 2021?

    VENDOR: Of course, we are ready now.

END OF CONTRACT TRANSITION TERM(S):

1. **RADFORD UNIVERSITY:** 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. 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.

   VENDOR: We are more than happy to assist Radford University however we can in a transition of services. The historical claims data is your information, so we'll always be here to provide that upon request. And we would be responsible for finishing out the remaining claims that occurred during out policy as that "runout"

of the 2-year benefit period may extend beyond our contract dates. Anything else we can do to help; we are here as a staple in this marketplace.

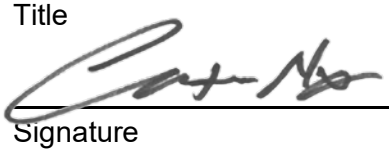
Dissinger Reed

Chris Nixon

Print Name

Director of Collegiate Sales

Title



Signature

3/2/2021

Date

RU21039

2021-22 Schedule of Benefits & Premium Quotation

Option #1- Aggregate Deductible Plan-UPDATED

Covered Intercollegiate Sports
Baseball, Basketball, Cheer, Dance, Golf, Lacrosse, Soccer, Softball, Student Managers, Student Trainers, Tennis, Track & Field, Volleyball,

Schedule of Benefits	
Maximum Benefit per Injury	$90,000
Aggregate Deductible	$117,500
Specific Deductible	$0
Insured Percentage	100%
Initial Treatment Period	180 days
Benefit Period	104 weeks
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum
Accidental Dental	Coverage up to plan maximum for injury to sound/natural tooth
Expanded Medical	Included
Re-aggravation/Reinjury of Pre-Existing Conditions	Included
Heart & Circulatory	Included
HMO/PPO Denials	Included
Guest Recruit Coverage (including PSA tryouts)	Included
Proposed Effective Date	August 1, 2021

Annual Premium	$14,000
Administration Fees	$23,000
Total Hard Costs	$37,000
Recommended upfront funding of claims account (negotiable)	$60,000
Total initial funding request	$97,000
Total potential maximum annual cost	$154,500

Program Information	
Insurance Carrier:	United States Fire Insurance Company
Claims Payer:	A-G Administrators Inc.
Broker/Program Coordinator:	Dissinger Reed

Notice of Acceptance

By completing this Notice of Acceptance section with an authorized signature, you are confirming your intention to accept the above proposed insurance policy terms and conditions. Binding of coverage not finalized until received by the carrier.

Name	Title
Signature	Date

This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.

d:r
DISSINGER REED

Radford University RFP #R21-002
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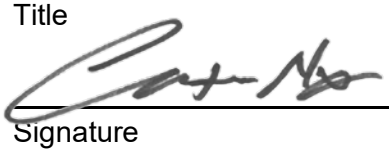
Dissinger Reed

Chris Nixon

Print Name

Director of Collegiate Sales

Title



Signature

3/2/2021

Date

RU21039

2021-22 Schedule of Benefits & Premium Quotation

Option #1- Aggregate Deductible Plan-UPDATED

Covered Intercollegiate Sports
Baseball, Basketball, Cheer, Dance, Golf, Lacrosse, Soccer, Softball, Student Managers, Student Trainers, Tennis, Track & Field, Volleyball,

Schedule of Benefits	
Maximum Benefit per Injury	$90,000
Aggregate Deductible	$117,500
Specific Deductible	$0
Insured Percentage	100%
Initial Treatment Period	180 days
Benefit Period	104 weeks
Accidental Death and Dismemberment (AD&D)	$10,000 per specific injury, $500,000 aggregate maximum
Accidental Dental	Coverage up to plan maximum for injury to sound/natural tooth
Expanded Medical	Included
Re-aggravation/Reinjury of Pre-Existing Conditions	Included
Heart & Circulatory	Included
HMO/PPO Denials	Included
Guest Recruit Coverage (including PSA tryouts)	Included
Proposed Effective Date	August 1, 2021

Annual Premium	$14,000
Administration Fees	$23,000
Total Hard Costs	$37,000
Recommended upfront funding of claims account (negotiable)	$60,000
Total initial funding request	$97,000
Total potential maximum annual cost	$154,500

Program Information	
Insurance Carrier:	United States Fire Insurance Company
Claims Payer:	A-G Administrators Inc.
Broker/Program Coordinator:	Dissinger Reed

Notice of Acceptance

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Name	Title
Signature	Date

This is a summary of coverage. It does not contain all provisions, limitations and exclusions.
Should any of the above assumptions and conditions change, we reserve the right to alter the quote.

d:r
DISSINGER REED

From: Chris Nixon
To: London, Ronda
Subject: RE: Negotiation Points
Date: Monday, March 8, 2021 11:02:02 AM
Attachments: image001.png
image002.png
image003.png

Good morning Ronda.

Yes, we are happy to provide access to our Coverage Backer™ primary insurance verification service free of charge. We were the first in the collegiate athletic insurance space to develop the service and have found that our results render a higher rate of certainty than our competitors. I am happy to speak to the process on our call but it can be as simple as downloading an excel spreadsheet from the athletic training software and emailing it over to us. Then, usually within one day, we have the results back to you. It is a great service that we are happy to provide for free to our clients and believe there is additional information regarding Coverage Backer™ in my proposal as well.

Thanks,

Chris Nixon
Director of Collegiate Sales

Dissinger Reed
www.DissingerReed.com
8700 Indian Creek Pkwy, STE 320
Overland Park, KS 66210
Cell: (913)638-3718
Office: (913) 491-6385

CONFIDENTIALITY NOTICE: The information contained in this communication, including attachments, is privileged and confidential. It is intended only for the exclusive use of the addressee. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

From: London, Ronda <rlondon1@RADFORD.EDU>
Sent: Monday, March 08, 2021 9:51 AM
To: Chris Nixon <cnixon@dissingerreed.com>
Subject: RE: Negotiation Points

Good morning Chris,

In reviewing the negotiation points, one more question for you:

1. Would Dissinger Reed be willing to include primary insurance verification services at no cost

to RU?

Thanks,
Ronda

From: Chris Nixon <cnixon@dissingerreed.com>
Sent: Thursday, March 4, 2021 3:55 PM
To: London, Ronda <rlondon1@RADFORD.EDU>
Subject: RE: Negotiation Points

Good afternoon Ronda, I hope you are having a great week. Please see the attached responses to your Negotiation Questions as well as an updated quote (last page of the PDF).

And for the meeting next Thursday, I would like to invite our claims payer, A-G Administrators to join me on the call as they are best equipped to detail the claims process and talk through the advantages of EGBAR (claims system) with Chad and John (assuming they will be on the call as well). Do you see any issue with that? If not, I can forward them the calendar invite and make sure they are ready to demo their claims system.

Thank you and I hope to hear from you.

Chris Nixon
Director of Collegiate Sales

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Cell: (913)638-3718
Office: (913) 491-6385

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From: London, Ronda <rlondon1@RADFORD.EDU>
Sent: Wednesday, February 24, 2021 7:48 AM
To: Chris Nixon <cnixon@dissingerreed.com>
Subject: Negotiation Points

Good morning Chris,

Attached is the Negotiation Points document. Please have this returned to me with the answers from Dissinger Reed no later than COB next Thursday, March 4th to allow the committee enough time to review your responses prior to our meeting scheduled on Thursday, March 11th.

Kind Regards,

Ronda London, CPPB, CUPO
Senior Contract Officer
Radford University
Armstrong Building
P.O. Box 6885
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540-831-5090
rlondon1@radford.edu

If you need immediate assistance after 4:30 PM please contact Teresa Anders at X6097