

# Concordia University Chicago Student -Athlete Insurance ID card



**Insurance Carrier:** Great American Insurance Group

**Policy Number:** ICSE223059-01

**Policy Holder:** Concordia University Chicago Effective  
**Date:** August 1, 2023

**Expiration Date:** August 1, 2024

**Deductible:** \$0

**Medical Maximum:** \$90,000 / **AD&D Maximum:** \$10,000

Send Claims To:

A-G Administrators LLC Claims  
Department  
PO Box 21013 Eagan, MN 55121  
Fax: 610.933.412  
Email: [claims@agadm.com](mailto:claims@agadm.com)

