

# Concordia University Nebraska Student -Athlete Insurance ID card



**Insurance Carrier: Mutual of Omaha Insurance Company**

**Policy Number: SR2014NE-P-121100-003**

**Policy Holder: Concordia University Nebraska**

**Effective Date: August 1, 2025**

**Expiration Date: August 1, 2026**

**Deductible: \$1,500**

**Medical Maximum: \$35,000**

Send Claims To:

A-G Specialty Insurance LLC  
Claims Department

PO Box 21013 Eagan, MN 55121

Fax: 610.933.4122

Email: [claims@agadm.com](mailto:claims@agadm.com)

