DESCRIPTION OF BENEFITS

When, as the result of Covered Injury incurred while insured under the Master Policy, the Student/Athlete receives covered necessary medical treatment, service or supplies, Axis Insurance Company will pay the eligible Usual & Customary expenses actually incurred within 52 consecutive weeks following the date of Covered Accident.

The Maximum Accident Medical Expense benefit is $50,000. There is a $100 deductible per each Football, Soccer, or Wrestling-related Covered Injury, and a $50 deductible per each Covered Injury related to any other sport or non-sport (student) activity.

NOTE: ALL MEDICAL EXPENSES ARE PAYABLE IN EXCESS OF ANY OTHER VALID AND COLLECTIBLE HEALTHCARE PLANS.

HOW TO REPORT AN ACCIDENT

Immediately report an accident to the instructor, coach or trainer.

All accidents must be reported to a school authority within 72 hours. An Accident Report is necessary to substantiate insurance claim. Contact Student Services or Athletic Director for insurance reporting forms and information. Time is of the essence! DO NOT DELAY REPORTING.

HOW TO FILE A CLAIM

1. First medical treatment must be rendered within 90 days from the Covered Accident date in order for benefit to be considered.
2. If you have health insurance, it is your responsibility to contact your physicians and insurance at once. If you were covered under a plan requiring an authorization or use of certain facilities/providers, you must attempt to obtain authorization or to use those facilities or providers. Benefits under this plan may be reduced if the requirements of your insurance carrier are not followed.
3. Written notice of claim must be given within 30 days or as soon as reasonably possible after covered loss begins. Claim forms are available from the Student Services or Athletic Director. Fully complete and sign claim form. Send to:

   Administrative Concepts, Inc.
   994 Old Eagle School Road, Suite 1005
   Wayne, PA 19087-1802
   (888) 293-9229

4. All bills must first be submitted to any group hospital and/or medical plan for which you are eligible and that plan’s final Explanation of Benefits must accompany the itemized bill. Please mail all itemized bills and any insurer’s Explanation of Benefits to the above address.

NOTE: Statements for which benefits are to be paid must be submitted within 90 days from the date treatment was provided. For information after a claim is filed, contact the Claims Administrator at (888) 293-9229.

NON-DUPLICATION OF BENEFITS

Axis Insurance Company will not duplicate benefits that are covered by any other valid and collectible medical, health or accident insurance or prepaid plan. Axis Insurance Company’s liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by other valid and collectible insurance on an expense incurred or provision of service basis.

BENEFITS PAYABLE UNDER THIS POLICY WILL BE EXCESS AND SECONDARY TO SUCH OTHER COVERAGE.

This information is a brief description of the important benefits and features of the program provided by Axis Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the Master Policy. Any policy Axis Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued. The Master Policy is on file at Yosemite Community College District and will prevail at all times. Students may request a complete copy of the Master Policy from the School.

COVERAGE

This policy provides coverage for all registered Students/Athletes who incur a Covered Loss from bodily injuries:

- While taking part in a Covered Activity described below, sponsored and supervised by the policyholder; or
- Traveling straight to or from the Covered Activity as a member of a group under the policyholder’s supervision.

INSURED PERSONS

- All Intercollegiate Student Athletes, Student Trainers, Student Managers and Student Coaches participating in a Covered Activity.
- Columbia College Intercollegiate Men’s Sports: Basketball
- Columbia College Intercollegiate Women’s Sports: Volleyball
- Modesto Junior College Intercollegiate Men’s Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming & Diving, Tennis, Track & Field, Water Polo, Wrestling
- Modesto Junior College Intercollegiate Women’s Sports: Basketball, Cross Country, Golf, Soccer, Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo
- All full-time registered students of the Policyholder.

USUAL & CUSTOMARY CHARGES

Means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

NOTE: This is just a brief description of your benefits. For a full summary of the plan benefits, exclusions and limitations including refund requests, how to file a claim, mandated benefits and other important information, please visit studentinsurance.wellsfargo.com or by calling us at (888) 853-5899. Wells Fargo Insurance Services receives compensation in connection with your purchase of this insurance policy.
Emergency Room Treatment
Dental Treatment, up to $250 per tooth, $1,500 per injury
Nursing Services
Intensive Care Room and Board
Hospital Miscellaneous Charges
Surgical Benefits
Ambulance Services

Covered Injuries, which directly and independently of any other cause first
suffered: insurance Percentage, if any, for the eligible medical services listed below if
up to the maximum Benefit subject to the Deductible Amount and Coin
The following will not be considered Medically Necessary Covered Ex
1. They result from the same Covered Accident; and
2. They are separated by no more than 14 consecutive days.

1. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
2. Any elective or routine treatment, surgery, health treatment, or ex-
   amination, including any service, treatment of supplies that: (a) is
   deemed by Axis Insurance Company to be experimental or investiga-
   tory; or (b) is not recognized and generally accepted medical practice
   in the United States;
3. Examination or prescriptions for, or purchase, repair or replacement of,
   eyeglasses, contact lenses, hearing aids, wheelchairs, braces, ap-
   endages, orthopedic braces, or orthotic devices;
4. Treatment in any Veterans Administration, Federal, or state facility;
   unless there is a legal obligation to pay;
5. Services or treatment provided by persons who do not normally charge
   for their services, unless there is a legal obligation to pay;
6. Rest cure or custodial care;
7. Replacement of existing dentures, partial dentures, braces or bridgework;
8. Expenses payable by any automobile insurance policy without regard to
   fault;
9. Treatment of HIV/AIDS, medical immunodeficiency virus or
   Acquired Immune Deficiency Syndrome or AIDS related complex (ARC)
   regardless of the means by which it was acquired;
10. Repair or replacement of existing artificial limbs, eyes and lenses.

In no event will Axis Insurance Company’s total payments for the Insured Per-
son exceed the Maximum Benefit Amount for the Accident Medical Expense
shown in the Schedule of Benefits.

Benefits will not be paid for:
In addition to any benefit or coverage specifically excluded, benefits will not
be paid for any loss which is caused by or results from any of the following
unless coverage is specifically provided in the Description of Benefits Section or
the Conditions of Coverage Section:
1. Intentionally self-inflicted injury, suicide, or any willful attempt thereof;
2. Any loss to which a contributing cause was the Insured Person’s com-
   mission or attempt to commit a felony or to which a contributing cause
   was the Insured Person’s being engaged in an illegal occupation;
3. Commission of or active participation in a riot or insurrection;
4. Declared or under declared war or act of war or act of declared or
   undeclared war unless specifically provided by this Policy;
5. Flight in, boarding or alighting from, an Aircraft:
   a. except as a fare-paying passenger on a regularly scheduled com-
      mercial airline.
6. Travel in any Aircraft owned, leased, operated or controlled by the
   Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be
   deemed to be “Controlled” by the Policyholder if the Aircraft may be
   used as the Policyholder wishes for more than 10 straight days, or
   more than 15 days in any year.
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection
   or medical or surgical treatment thereof, (including exposure to virus,
   bacterial or chemical agents) except for any bacterial infection resulting
   from an External accidental cut or wound or Accidental ingestion of
   contaminated food;
8. Medical or surgical treatment, diagnostic procedure, administration of
   anesthetics, or medical misadventure or negligence, including malpractice
   under the above stated defined conditions of injuries sustained in a Covered Injury;
9. An Accident if the Insured Person is the operator of a motor vehicle and
does not possess a valid motor vehicle operator’s license, unless: (a) the
Insured Person holds a valid learners permit and (b) the Insured
Person is receiving instruction from a driver’s education instructor;
10. Any loss sustained or contracted in consequence of the Insured Person’s
   being intoxicated or under the influence of any of his controlled substance unless
   administered on the advice of a physician.

In addition, benefits will not be paid for services or treatment rendered by
any person who is:
1. employed or retained by the Policyholder;
2. living in the Insured Person’s household;
3. an Immediate Family Member, including domestic partner, of either the
   Insured Person or the Insured Person’s Spouse; or
4. the Insured Person.

Axis Insurance Company, which is a member of the Axis Insurance Group,
will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs while the Insured Person is participating in or attending a Covered Activity. The Covered Loss must take place:
1. on the premises of the Policyholder during normal hours of operation or
during scheduled functions;
2. on the premises of the Policyholder during other periods if attending or
   participating in a Covered Activity; or
3. away from the premises of the Policyholder while attending or participat-
ing in a Covered Activity at its scheduled site.

This coverage includes, travel without delay, deviation or interruption, be-
tween home and the site of the Covered Activity.

Benefits are payable while the Insured Person is in a vehicle:
1. designed or constructed by the Policyholder, operated by legally
   licensed adult driver who is under the supervision or the under the service
   of the Policyholder.

SCHEDULE OF BENEFITS

Axis Insurance Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs while the Insured Person is participating in or attending a Covered Activity. The Covered Loss must take place:
1. on the premises of the Policyholder during normal hours of operation or
during scheduled functions;
2. on the premises of the Policyholder during other periods if attending or
   participating in a Covered Activity; or
3. away from the premises of the Policyholder while attending or partici-
pating in a Covered Activity at its scheduled site.

This coverage includes, travel without delay, deviation or interruption, be-
tween home and the site of the Covered Activity.

Benefits are payable while the Insured Person is in a vehicle:
1. designed or constructed by the Policyholder, operated by legally
   licensed adult driver who is under the supervision or the under the service
   of the Policyholder.

EXCLUDED EXPENSES

Axis Insurance Company will pay the Benefit Amount shown in the Schedule of Benefits for that type of Paralysis, subject to all conditions and exclusions, if the Insured Person suffers Paralysis, Coma or Brain Death, as described below. If the Insured Person suffers more than one of these as a result of the same Covered Accident, the largest available benefit will be payable.

Paralysis Benefit
Axis Insurance Company will pay the Benefit Amount shown in the Schedule of Benefits for that type of Paralysis, subject to all conditions and exclusions, if the Insured Person suffers Paralysis as a result of a Covered Injury. If the Insured Person suffers more than one type of Paralysis as a result of the same Covered Accident, only one amount, the largest, will be paid.

Paralysis Benefit
Axis Insurance Company will pay the Benefit Amount shown in the Schedule of Benefits for that type of Paralysis, subject to all conditions and exclusions, if the Insured Person suffers Paralysis, Coma or Brain Death, as described below. If the Insured Person suffers more than one of these as a result of the same Covered Accident, the largest available benefit will be payable.

Axis Insurance Company, which is a member of the Axis Insurance Group,
will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs while the Insured Person is participating in or attending a Covered Activity. The Covered Loss must take place:
1. on the premises of the Policyholder during normal hours of operation or
during scheduled functions;
2. on the premises of the Policyholder during other periods if attending or
   participating in a Covered Activity; or
3. away from the premises of the Policyholder while attending or partici-
pating in a Covered Activity at its scheduled site.

This coverage includes, travel without delay, deviation or interruption, be-
tween home and the site of the Covered Activity.

Benefits are payable while the Insured Person is in a vehicle:
1. designed or constructed by the Policyholder, operated by legally
   licensed adult driver who is under the supervision or the under the service
   of the Policyholder.

SCHEDULE OF BENEFITS

Axis Insurance Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs while the Insured Person is participating in or attending a Covered Activity. The Covered Loss must take place:
1. on the premises of the Policyholder during normal hours of operation or
during scheduled functions;
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   participating in a Covered Activity; or
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ing in a Covered Activity at its scheduled site.

This coverage includes, travel without delay, deviation or interruption, be-
tween home and the site of the Covered Activity.

Benefits are payable while the Insured Person is in a vehicle:
1. designed or constructed by the Policyholder, operated by legally
   licensed adult driver who is under the supervision or the under the service
   of the Policyholder.