

Yosemite Community College District

Columbia College • Modesto Junior College

2017-2018 Intercollegiate Athletic and Student Accident Insurance Plan

Coverage

The policy provides coverage for all enrolled and registered students including 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.

Eligible Persons

All full-time registered students of the Policyholder including all intercollegiate athletes participating the following sports: Men: baseball, cross country, football, golf, soccer, swimming, tennis, track, water polo, wrestling. Women: basketball, cheerleading, cross country, golf, soccer, softball, swimming, tennis, track, water polo, volleyball, including student managers and student trainers.

Covered Activity

Coverage is provided for an insured student while he/she is participating in or attending one of the following school covered activities:

- regularly-scheduled classroom instruction;
- a supervised and sponsored school activity; or
- covered school travel.

A supervised and sponsored school activity means a covered activity that takes place:

- on school premises during, before or after normal school hours; or
- at another school or site at which the Covered Activity is scheduled; and
 - a. is sponsored, organized or otherwise provided, or at which student attendance is required, by the school; and
 - b. is supervised by a member of the faculty or staff of the school, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the school

Covered school travel means transportation on a bus or private passenger automobile driven by an adult with a valid drivers' license whom the policyholder has specifically designated to transport insured persons to a supervised and sponsored school activity.

Coverage is provided for an intercollegiate athlete while he/she is participating in sponsored, supervised activities including intercollegiate play, practice, conditioning and authorized team travel to and from events for the sports listed above.

OFAC Notice

Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Non-Duplication of Benefits

Benefits that are covered by any other valid and collectible medical, health or accident insurance or prepayment plan will not be duplicated. The 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.

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

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 are 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 the plan may be reduced if the requirements of your insurance carrier are not followed.
3. Written notice of claim must be given within **20 days** or as soon as reasonably possible after covered loss begins. Claim forms are available from Student Services or Athletic Director. Fully complete and sign claim form. Send to:

AIG Personal Accident Claims Department
P. O. Box 25987 • Shawnee Mission, KS 66225
(800) 551-0824 • Fax (866) 893-8574
AHClaims@AIG.com

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 (800) 551-0824.

IMPORTANT NOTICE

This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

Accident Medical Expense Benefit

If an insured suffers an Injury that within **90 days** of the date of the accident requires him or her to be treated by a physician the company will pay the usual and customary charges incurred with **52 consecutive weeks** after the date of the accident causing the injury.

The Maximum Accident Medical Expense benefit is \$50,000 for all injuries. The deductible is \$100 per covered injury for soccer related injuries and \$50 per covered injury related to all other sports injury accidents and per covered injury related to non-sport (student) injury accident.

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

The Company will pay the eligible Usual and Customary expenses up to the \$50,000 maximum Benefit subject to the Deductible for the Covered Accident Medical Services listed below if covered injuries, which directly and independently of any other cause first occur while the Insured is covered by the Policy.

- services of a Physician
- private duty nursing by a registered nurse (R.N.) or Licensed Practical Nurse (LPN)
- laboratory tests
- radiological procedures
- anesthetics and the administration of anesthetics
- blood, blood products and artificial blood products, and the transfusion thereof
- physical therapy
- occupational therapy
- rental of durable medical equipment
- artificial limbs, artificial eyes or other prosthetic appliances
- medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription
- use of an ambulatory medical center
- hospital most common semi-private room and board (or room and board in an intensive care unit); Hospital miscellaneous services (including, but not limited to, use of operating room or emergency)
- ambulance service to or from a Hospital

Accidental Death and Dismemberment Benefits

If, within **365 days** of the date of a covered accident that causes death or Injury, the company will pay the appropriate benefit amount listed below.

Accidental Death: \$10,000

Accidental Dismemberment:

Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of Speech and Hearing (in Both Ears)	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of One Hand or Foot	\$5,000
Loss of Sight in One Eye	\$5,000
Hearing in One Ear	\$2,500

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrevocable loss of the entire sight in that eye. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance included.

Heart and/or Circulatory Benefit included.

The Maximum Amount payable for the Accidental Death and Dismemberment benefits reduces for insureds aged 70 and older- please refer to the Policy on file with the policyholder for complete details.

Definitions

INJURY Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

THE COMPANY means National Union Fire Insurance Company of Pittsburgh, Pa.

USUAL & CUSTOMARY CHARGES means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Accident Medical Expense Exclusions

Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an immediate family member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital or for items taken away or home from the hospital, except durable medical equipment .
10. Pre-existing Conditions;
11. elective treatment or surgery;
12. experimental or investigative treatment or procedures;
13. treatment for temporomandibular dysfunction;
14. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;

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Accident Medical Expense Exclusions (continued)

- 15. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
- 16. educational or vocational testing or training;
- 17. treatment of Osgood-Schlatter’s disease;
- 18. detached retina unless due to an Injury;
- 19. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;
- 20. plastic or cosmetic surgery, except for reconstructive surgery on an Injured part of the body;
- 21. charges that are payable under motor vehicle medical benefits;
- 22. hernia;
- 23. any condition for which the Insured is entitled to benefits under any Workers’ Compensation Act or similar law.

Policy Exclusions

- 1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self inflicted Injury or autoeroticism.
 - 2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
 - 3. the Insured’s commission of or attempt to commit a crime.
 - 4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
 - 5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy.
 - 6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
- 7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
 - 8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured’s employer.
 - 9. the Insured being under the influence of intoxicants.
 - 10. the Insured being under the influence of any narcotics unless administered on the advice of and as specified by a Physician.
 - 11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
 - 12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
 - 13. any condition for which the Insured is entitled to benefits under any Workers’ compensation Act or similar law.
 - 14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
 - 15. any loss incurred while outside the United States, its Territories or Canada.

Important Contacts

CLAIMS ADMINISTRATOR:	AIG Personal Accident Claims Department P. O. Box 25987 Shawnee Mission, KS 66225 (800) 551-0824 Fax 866-893-8574 <i>AHClaims@AIG.com</i>
PLAN BROKERED BY:	USI Student Insurance (888) 695-5553 Email: studentaccident@usi.com https://studentinsurance.usi.com

Please keep this brochure as a general summary of the insurance. This is only a brief description of the accident coverage available under policy number SRG9151724. The issued policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the Policy on file with the district ("the Policyholder"). If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

Insurance and services provided by member companies of American International Group, Inc. Coverage may not be available in all jurisdictions and is subject to actual Policy language. The Policy is on file with the Yosemite Community College District and will prevail at all times. Students may request a complete copy of the Policy from the policyholder.

The AIG companies value the trust our customers place in us. That is why protecting the privacy of your personal information is of paramount importance to us. For more information please go to our website at www.aig.com.

USI INSURANCE SERVICES PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at <http://www.usi.com/privacy>.