

## Student and Athletic Accident Insurance



### Mendocino Community College

Coverage Period: 08/01/24 – 08/01/25

Issued by Pan-American Life Insurance Company

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### General Summary

This student and athletic accident insurance covers the following classes:

**Class 1:** All student athletes, student trainers, student managers and student coaches who are participating in the policyholder's intercollegiate soccer program

**Class 2:** All student athletes, student trainers, student managers and student coaches who are participating in the policyholder's intercollegiate sports program except for soccer participants

**Class 3:** All students of the policyholder

The policy is designed to help absorb the medical costs associated with a claim that is the direct result of an injury incurred during the supervised FTE class, practice, play, conditioning, or travel related to an intercollegiate sport while supervised by an authorized school official.

Coverage is provided on an "excess" or "secondary" basis. Meaning, should an eligible student or athlete sustain an injury that requires medical attention outside the Student Health Center or Athletic Training facility, claims for reimbursement of medical expenses must first be submitted to the student's primary health insurance. If the student or athlete would like any consideration for coverage, they should submit a claim to their primary insurance and this excess coverage simultaneously. The injured students and athletes should not wait until the primary health insurance processes/denies the claim.

If a balance remains after the student and athlete's primary health insurance has processed their medical expenses, or if the student or athlete's claim is denied by their primary health insurance, the student or athlete should obtain copies of their itemized bills and their Explanation of Benefits (EOB) from their primary insurance and work with the Human Resource Officer or Athletic Trainer to submit a claim for consideration.

## Key Definitions

**Accident:** A sudden, unexpected and unintended event. The accident must occur while an Insured is covered under this Policy.

**Injury:** Accidental bodily harm sustained by an Insured where the proximate cause is a Covered Accident. The Injury must be caused through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Usual, Customary and Reasonable Charge:** The average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

## Description of Benefits

Eligible medical expenses must be incurred within fifty-two (52) weeks of the date of the accident; with the first eligible expense incurred within ninety (90) days of the accident. Accident Medical and Dental Expense Benefits are payable for eligible Covered Injuries which result directly and independently of all other causes, from a Covered Accident, while coverage is in effect, up to the plan maximum. Covered Expenses must be Medically Necessary and are subject to Usual and Customary Charges.

Schedule of Benefits	
Benefit Maximum for all Eligible Covered Accidents	
Accident Medical Benefit	\$50,000 per injury for intercollegiate athletes \$25,000 per injury for students
Deductible	\$0 per injury \$0 per injury students
Loss Period	90 days
Benefit Period	1 year
Benefit Percentages	100% Usual and Customary Charges
Terms of Payment	Full Excess – see Full Excess section

Accidental Death and Dismemberment Benefits	
Principle Sum	\$10,000
Time Period for Loss	365 days

Aggregate Limit of Liability	
Benefit Maximum*	\$1,000,000

\*Applies to Accidental Death & Dismemberment Benefits only

## Accident Medical Expense Benefits

The below list is a brief summary of the expense benefits. Review the policy for the complete description.

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| 1. Hospital room and board or intensive care confinement | 2. Confinement in a rehabilitation or skilled nursing facility | 4. Medical care by a Doctor |
|  | 3. Surgical procedures   |                             |

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| <ul style="list-style-type: none"> <li>5. Registered nurses or licensed practical nurses for private duty nursing</li> <li>6. Occupational Therapy</li> <li>7. Speech therapy</li> <li>8. Ambulance expense</li> <li>9. Prescription drugs</li> <li>10. Radiological services, microscopic tests, and laboratory tests</li> </ul> | <ul style="list-style-type: none"> <li>11. Processing of blood and blood components</li> <li>12. Physical therapy</li> <li>13. Oxygen expenses</li> <li>14. Diagnostic testing by a Doctor</li> <li>15. Anesthesia services</li> <li>16. Sutures, casts, and other necessary medical supplies</li> <li>17. Durable medical equipment</li> </ul> | <ul style="list-style-type: none"> <li>18. Non-dental prosthesis and appliances</li> <li>19. Ambulatory surgical center treatment</li> <li>20. Home health care</li> <li>21. Nursing Care</li> <li>22. Total Parenteral Nutrition (TPN)</li> <li>23. Physiotherapist services</li> </ul> |
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## Accident Medical Expense Exclusions

We will not pay Benefits under the Policy for any Injury that is caused by, or results from:

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| <ul style="list-style-type: none"> <li>1. Intentionally self-inflicted Injury.</li> <li>2. Suicide or attempted suicide.</li> <li>3. War or any act of war; whether declared or not.</li> <li>4. Service in the military, naval or air service of any country.</li> <li>5. Illness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.</li> <li>6. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.</li> </ul> | <ul style="list-style-type: none"> <li>7. Commission of, or attempt to commit, a felony, an assault or other illegal activity.</li> <li>8. Injury sustained as a result of the Insured being legally intoxicated from the use of alcohol.</li> <li>9. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Doctor.</li> </ul> |
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## General Exclusions

In addition to the Accident Exclusions, we will not pay the Benefits for any loss, treatment or services resulting from or contributed to by:

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| <ul style="list-style-type: none"> <li>1. Pre-existing Conditions.</li> <li>2. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family member or member of the Insured's household.</li> <li>3. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment, whether or not caused by a Covered Accident.</li> <li>4. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.</li> <li>5. Mental and nervous disorders.</li> </ul> | <ul style="list-style-type: none"> <li>6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment.</li> <li>7. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.</li> <li>8. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.</li> <li>9. Any elective treatment, surgery, health treatment, or examination.</li> <li>10. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.</li> </ul> |
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| <ol style="list-style-type: none"> <li>11. Covered Expenses for which the Insured would not be responsible in the absence of coverage under the Policy.</li> <li>12. Purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, eye glass frames or lenses, hearing aids, swimming pools or supplies for them, and general exercise equipment.</li> <li>13. Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Covered Person is engaged in an illegal occupation.</li> <li>14. Expenses payable by an automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited)</li> <li>15. Participation in any activity or hazard not specifically covered by the policy.</li> <li>16. Any treatment, service or supply not specifically covered by the policy.</li> <li>17. Routine nursery care.</li> <li>18. Routine physicals.</li> <li>19. Elective surgery.</li> <li>20. Birth defects and congenital anomalies; or complications which arise from such conditions.</li> <li>21. Routine dental care and treatment.</li> <li>22. Rest cures or custodial care.</li> <li>23. Organ or tissue transplants and related services</li> <li>24. Injury or sickness that occurs while the covered person has been determined to be legally intoxicated as</li> </ol> | <ol style="list-style-type: none"> <li>determined according to the laws of the jurisdiction in which the injury or sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a doctor and taken in accordance with the prescribed dosage.</li> <li>25. Injury sustained while participating in interscholastic, professional or semiprofessional sports.</li> <li>26. Confinement or institutional care.</li> <li>27. Maternity and routine nursery care.</li> <li>28. Services, supplies, or treatment including any period of hospital confinement which were not recommended,</li> <li>29. Approved and certified as necessary and reasonable by a doctor; or expenses which are non-medical in nature.</li> <li>30. Sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of acquired immune deficiency syndrome (aids), aids related complex (arc) or human immunodeficiency virus (hiv) infection, or any illness or disease arising from these medical conditions.</li> <li>31. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.</li> <li>32. Expenses incurred for Trips taken for the purpose of seeking medical care.</li> <li>33. Expenses incurred while traveling against the advice of a medical professional.</li> </ol> |
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**This is a summary of exclusions. Standard policy language, provisions, and limitations apply per the master policy.**

## Terms of Payment

**Full Excess:** This provision applies when an insured has Usual and Customary charges and healthcare coverage under one or more other benefit plans.

When there is coverage by this plan and another plan, the other plan is considered the primary coverage and this plan is considered excess.

## Claims Procedures

Always keep a copy of all documents submitted for claims.

If you are an eligible full-time student or an athlete with an on campus or intercollegiate sports related injury or a child of a full-time student in the CDC:

1. Notify your Human Resource Office Staff or Athletic Training Staff immediately so that proper treatment can be prescribed or approved.

2. Claim form must be filed with NAHGA.
3. Any medical bills incurred must first be submitted to the student or athlete's primary health insurance.
4. The carrier of the school's accident policy will consider the claim after it has been processed, and/or denied, by the student's or athlete's primary insurance carrier.
5. All itemized medical bills and primary insurance EOB's must be submitted in order to be considered for payment.
6. In the case of HMO/PPO policies, the student or athlete may be required to follow specific referral procedures. This may require the student or athlete to return home for an appointment with HMO participating physicians. The student or athlete may be responsible for any charges incurred if these procedures are not followed.

**Local Broker**

Justin Vaughn, Senior Client Manager

Student Insurance USA

[www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)

In California: Student Insurance USA- License #0386216

**NAHGA Claim Services**

PO Box 189, Bridgton, ME 04009-0189

Toll free: (800) 952-4320

Fax: (207) 647-4569

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This policy provides ACCIDENT insurance only. Accident insurance provides benefits if a covered injury is sustained in a covered accident. It is not a substitute for Workers' Compensation or major medical insurance. This is only an overview of benefits offered. Policies have certain exclusions, limitations and terms for keeping them in force. If there are any conflicts between this document and the Policy, the Policy shall govern. Accident insurance is issued by Pan-American Life Insurance Company on form BTP ACC-16-CA-P.