Student Insurance

Powered by Venbrook Higher Education

STUDENT INSURANCE
A VENBROOK COMPANY

SWC

Student-Athlete Accident Program

2024-25

- Base / Catastrophic Plans
- SI / Anthem S.A.I.N Claim Filing
- S.A.I.N HIPAA and Claim forms
- Primary vs. Secondary Insurance
- Samples of Provider Billings and EOBs
- S.A.I.N Brochure
- SI / S.A.I.N Contacts
- Student Insurance Microsite

Southwestern CCD- College Mandatory –
Base and Catastrophic plan highlights

BASIC COVERAGE & LIMITS	
BASIC COVERAGE COMPANY:	**Anthem Blue Cross**
TYPE/ COVERAGE:	Accident Medical Insurance - Full Excess
POLICY TERM DATES:	8/1/2024 - 7/31/2025
Per Accident Deductibles:	ZERO DOLLARS
Co-Insurance Percentage:	100% PPO 50% NON-PPO
Per Accident Maximum:	
Students	$50,000.00
Athletes	$25,000.00
Emergency Illness	$500.00
Dental Benefit Max	$2,000.00
Durable Med Equip Max	$2,000.00
Expanded Medical Athletes Only	$25,000.00
AD&D Benefits	Loss of Life $10,000
Dismemberment	Single: $1,000.00/Double: $5,000.00
Physical Therapy	Approval needed after 24 Visits
CATASTROPHIC COVERAGE & LIMITS	
CATASTROPHIC COVERAGE COMPANY:	**Crum and Forster**
CATASTROPHIC COVERAGE:	Students and Intercollegiate Athletes
COVERAGE LIMITS:	$1,000,000 / 10 Year Benefit Period
Per Accident Deductibles:	Students $50,000 Athlete $25,000
High Risk Activities	
Class 1 ***Sports:*** *Football, Gymnastics, Skiing (snow), Soccer, Surfing and Wrestling, Police & Fire Academy*	

STUDENT INSURANCE
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Southwestern CCD **S.A.I.N** Claim Filing Instructions

Documents Needed to Start a Claim:

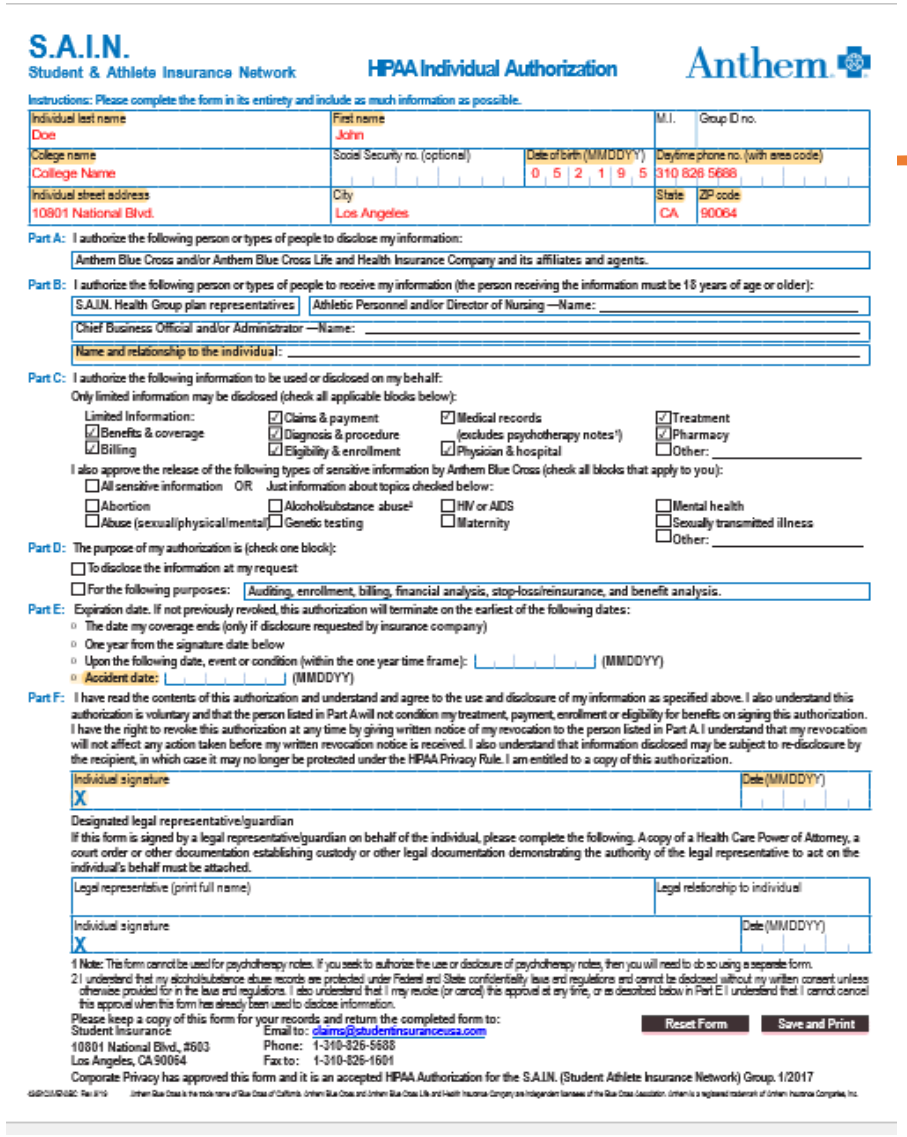
- **Claim Form:** Must be submitted by the college with complete details surrounding the injury. The claim form should be submitted as soon as possible.
- **HIPAA Form:** Must be submitted with every completed claim form so that anyone at the college or Student Insurance can assist with treatment arrangements, bills, appointments and any other medical information needs.
- Once completed, send to Claims@studentinsuranceusa.com for processing. Student Insurance work with Anthem to assign a claim control number (N#) that providers will use to bill Anthem on behalf of the claimant. Once Student Insurance has obtained the Claim Control number it will be provided to whom submitted the claim.

Documents Needed to Pay Claims

- **Fully Itemized Bill:** Typically submitted by health care providers. In some cases, bills will be sent to primary policy holder (student-athlete or parent), in this case send a copy to claims@studentinsuranceusa.com and a Student Insurance Representative will handle it.
- The bill must contain the actual diagnosis codes, and the amount charged for each treatment. These types of bills are referred to as HCFA-1500 for a doctor's report **or UB-04 for a hospital report.**
- **Balance Due Bill:** A statement or receipt that only shows the amount billed will **NOT** be paid
- **Explanation of Benefits (EOB):** A summary generated by an insurance company explaining how a claim was processed. It will include the insured's name, date of treatment, amount charged by the provider, the amounts covered and not covered under the insurance plan, and possibly an amount that the student/patient is responsible for.

Anthem S.A.I.N (Student Accident Insurance Network HIPAA Form and Claim Form

STUDENT INSURANCE
A VENBROOK COMPANY



S.A.I.N.
Student & Athlete Insurance Network

HIPAA Individual Authorization

Anthem

Instructions: Please complete the form in its entirety and include as much information as possible.

Individual last name	First name	M.I.	Group ID no.
Doe	John		

College name	Social Security no. (optional)	Date of birth (MMDDYY)	Daytime phone no. (with area code)
College Name		052195	310 826 5688

Individual street address	City	State	ZIP code
10801 National Blvd.	Los Angeles	CA	90064

Part A: I authorize the following person or types of people to disclose my information:
Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company and its affiliates and agents.

Part B: I authorize the following person or types of people to receive my information (the person receiving the information must be 18 years of age or older):
S.A.I.N. Health Group plan representatives | Athletic Personnel and/or Director of Nursing —Name: _____
Chief Business Official and/or Administrator —Name: _____
Name and relationship to the individual: _____

Part C: I authorize the following information to be used or disclosed on my behalf:
Only limited information may be disclosed (check all applicable blocks below):

Limited Information: ☑ Benefits & coverage ☑ Billing | ☑ Claims & payment ☑ Diagnosis & procedure ☑ Eligibility & enrollment | ☑ Medical records (excludes psychotherapy notes[1]) ☑ Physician & hospital | ☑ Treatment ☑ Pharmacy ☐ Other: _____

I also approve the release of the following types of sensitive information by Anthem Blue Cross (check all blocks that apply to you):
☐ All sensitive information OR Just information about topics checked below:
☐ Abortion ☐ Abuse (sexual/physical/mental) | ☐ Alcohol/substance abuse[2] ☐ Genetic testing | ☐ HIV or AIDS ☐ Maternity | ☐ Mental health ☐ Sexually transmitted illness ☐ Other: _____

Part D: The purpose of my authorization is (check one block):
☐ To disclose the information at my request
☐ For the following purposes: Auditing, enrollment, billing, financial analysis, stop-loss/reinsurance, and benefit analysis.

Part E: Expiration date. If not previously revoked, this authorization will terminate on the earliest of the following dates:
- The date my coverage ends (only if disclosure requested by insurance company)
- One year from the signature date below
- Upon the following date, event or condition (within the one year time frame): _____ (MMDDYY)
- Accident date: _____ (MMDDYY)

Part F: I have read the contents of this authorization and understand and agree to the use and disclosure of my information as specified above. I also understand this authorization is voluntary and that the person listed in Part A will not condition my treatment, payment, enrollment or eligibility for benefits on signing this authorization. I have the right to revoke this authorization at any time by giving written notice of my revocation to the person listed in Part A. I understand that my revocation will not affect any action taken before my written revocation notice is received. I also understand that information disclosed may be subject to re-disclosure by the recipient, in which case it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this authorization.

Individual signature	Date (MMDDYY)
X	

Designated legal representative/guardian
If this form is signed by a legal representative/guardian on behalf of the individual, please complete the following. A copy of a Health Care Power of Attorney, a court order or other documentation establishing custody or other legal documentation demonstrating the authority of the legal representative to act on the individual's behalf must be attached.

Legal representative (print full name)	Legal relationship to individual

Individual signature	Date (MMDDYY)
X	

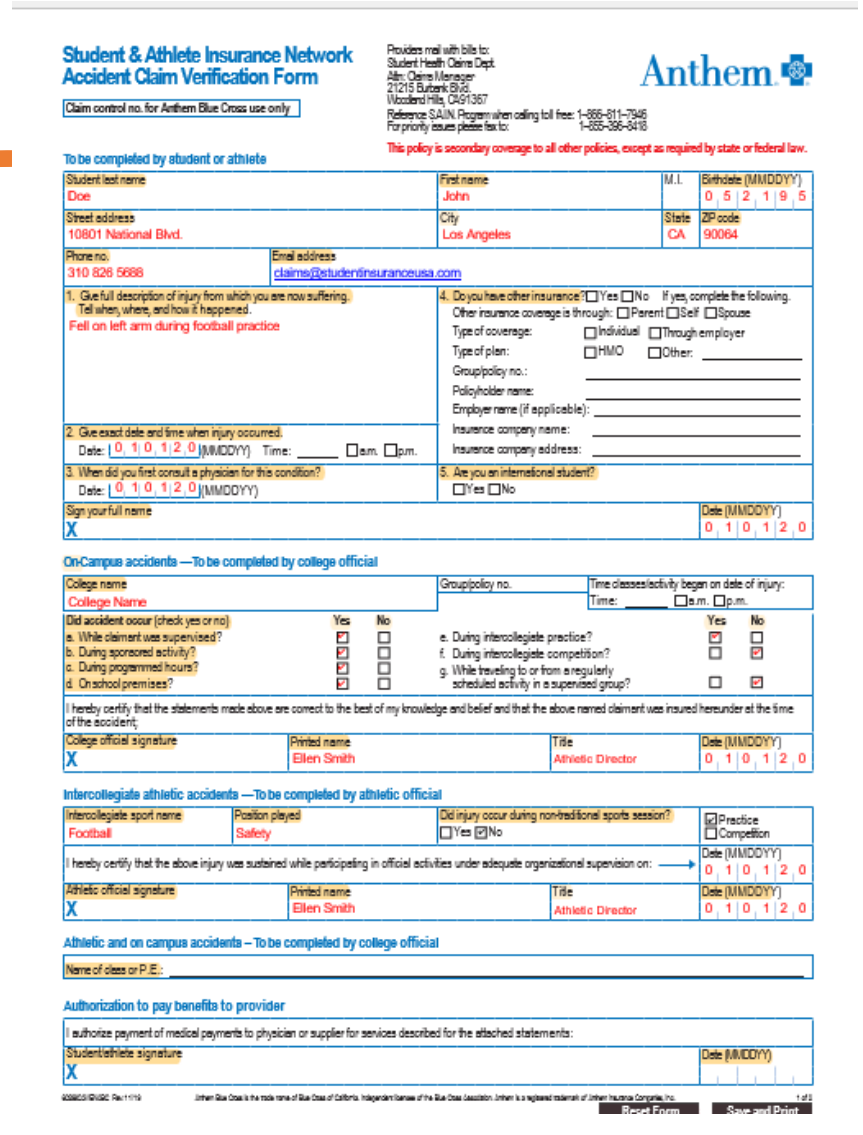
1 Note: This form cannot be used for psychotherapy notes. If you seek to authorize the use or disclosure of psychotherapy notes, then you will need to do so using a separate form.
2 I understand that my alcohol/substance abuse records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this approval at any time, or as described below in Part E. I understand that I cannot cancel this approval when this form has already been used to disclose information.

Please keep a copy of this form for your records and return the completed form to:
Student Insurance
10801 National Blvd., #603
Los Angeles, CA 90064
Email to: claims@studentinsuranceusa.com
Phone: 1-310-826-5688
Fax to: 1-310-826-1601

Reset Form | Save and Print

Corporate Privacy has approved this form and it is an accepted HIPAA Authorization for the S.A.I.N. (Student Athlete Insurance Network) Group. 1/2017

HC ID# (Claim ID)
N# (8-Digits) - 00000000



Student & Athlete Insurance Network
Accident Claim Verification Form

Providers mail with bills to:
Student Health Claims Dept.
Attn: Claims Manager
21215 Burbank Blvd.
Woodland Hills, CA 91367
Reference SAIN Program when calling toll free: 1-866-811-7946
For priority issues please fax to: 1-855-396-8418

Anthem

This policy is secondary coverage to all other policies, except as required by state or federal law.

Claim control no. for Anthem Blue Cross use only

To be completed by student or athlete

Student last name	First name	M.I.	Birthdate (MMDDYY)
Doe	John		052195

Street address	City	State	ZIP code
10801 National Blvd.	Los Angeles	CA	90064

Phone no.	Email address
310 826 5688	claims@studentinsuranceusa.com

1. Give full description of injury from which you are now suffering. Tell when, where, and how it happened.
Fell on left arm during football practice

2. Give exact date and time when injury occurred.
Date: 010120 (MMDDYY) Time: _____ ☐a.m. ☐p.m.

3. When did you first consult a physician for this condition?
Date: 010120 (MMDDYY)

4. Do you have other insurance? ☐Yes ☐No If yes, complete the following.
Other insurance coverage is through: ☐Parent ☐Self ☐Spouse
Type of coverage: ☐Individual ☐Through employer
Type of plan: ☐HMO ☐Other: _____
Group/policy no.: _____
Policyholder name: _____
Employer name (if applicable): _____
Insurance company name: _____
Insurance company address: _____

5. Are you an international student?
☐Yes ☐No

Sign your full name	Date (MMDDYY)
X	010120

On-Campus accidents —To be completed by college official

College name	Group/policy no.	Time classes/activity began on date of injury:
College Name		Time: _____ ☐a.m. ☐p.m.

Did accident occur (check yes or no)	Yes	No		Yes	No
a. While claimant was supervised?	☑	☐	e. During intercollegiate practice?	☑	☐
b. During sponsored activity?	☑	☐	f. During intercollegiate competition?	☐	☑
c. During programmed hours?	☑	☐	g. While traveling to or from a regularly scheduled activity in a supervised group?	☐	☑
d. On school premises?	☑	☐			

I hereby certify that the statements made above are correct to the best of my knowledge and belief and that the above named claimant was insured hereunder at the time of the accident;

College official signature	Printed name	Title	Date (MMDDYY)
X	Ellen Smith	Athletic Director	010120

Intercollegiate athletic accidents —To be completed by athletic official

Intercollegiate sport name	Position played	Did injury occur during non-traditional sports session?	
Football	Safety	☐Yes ☑No	☑Practice ☐Competition

I hereby certify that the above injury was sustained while participating in official activities under adequate organizational supervision on: → Date (MMDDYY) 010120

Athletic official signature	Printed name	Title	Date (MMDDYY)
X	Ellen Smith	Athletic Director	010120

Athletic and on campus accidents – To be completed by college official

Name of class or P.E.: _____

Authorization to pay benefits to provider

I authorize payment of medical payments to physician or supplier for services described for the attached statements:

Student/athlete signature	Date (MMDDYY)
X	

Reset Form | Save and Print

Primary vs. Secondary Insurance

Primary Insurance

A primary policy is coverage that a parent may have through their place of employment, a policy purchased on the Affordable Care Act exchange, or, in some cases, a medical health insurance plan provided by the school. These are all considered "primary." This means injuries at the college, at a supervised college event, or during a sports activity will first be handled through that primary insurance.

However, certain types of insurance have limitations, especially regarding intercollegiate sports injuries. This is why you must provide all insurance information regardless of what it may or may not cover.

NOT Primary Insurance

- **Government-Sponsored Insurance (TriCare, Medicaid, etc.):** These plans do not pay as primary insurance when the school has accident Insurance.
- **Student Health Insurance Plan (SHIP):** SHIPs may specifically state that injuries related to intercollegiate athletics are not covered. All other injuries may be paid as primary.
- **"Religious Ministry" Plans:** Ministry plans often exclude intercollegiate athletics or rely on a discretionary claim process; coverage may not meet the institution's primary insurance requirements.

School-Sponsored Accident Coverage

In the cases of no primary insurance, the student/athlete accident insurance policy will pay as primary for accident-related injuries within the limits of coverage under the school's policy. The institution's accident policy is for all students, including intercollegiate sports.

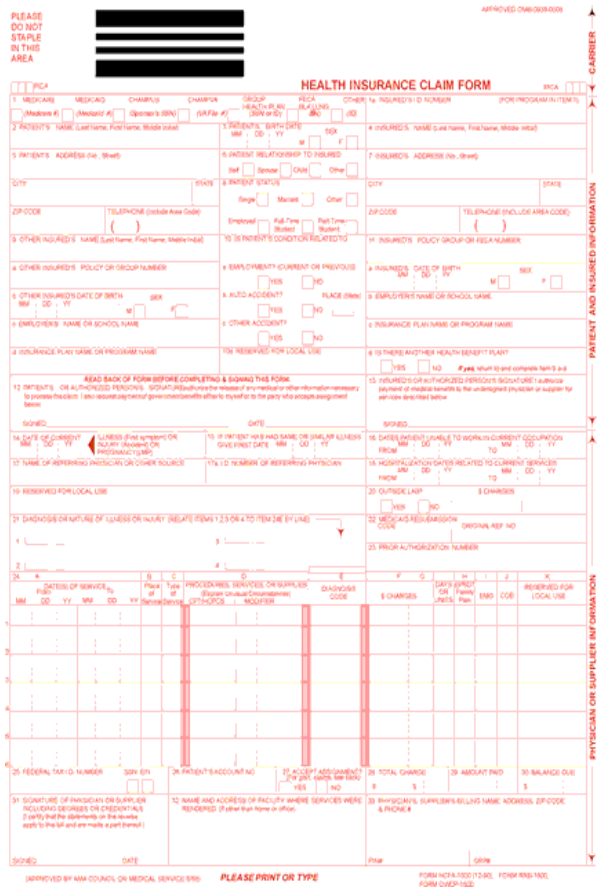
This is an "**accident-only**" plan, meaning ***illnesses are not covered.***

The Anthem policy provides payment of 100% of allowed charges incurred within **365 days** following the date of injury. Treatment by a licensed medical doctor must be sought within **90 days** of the accident.
Injuries must be reported to the appropriate staff or faculty for documentation of a claim before treatment.

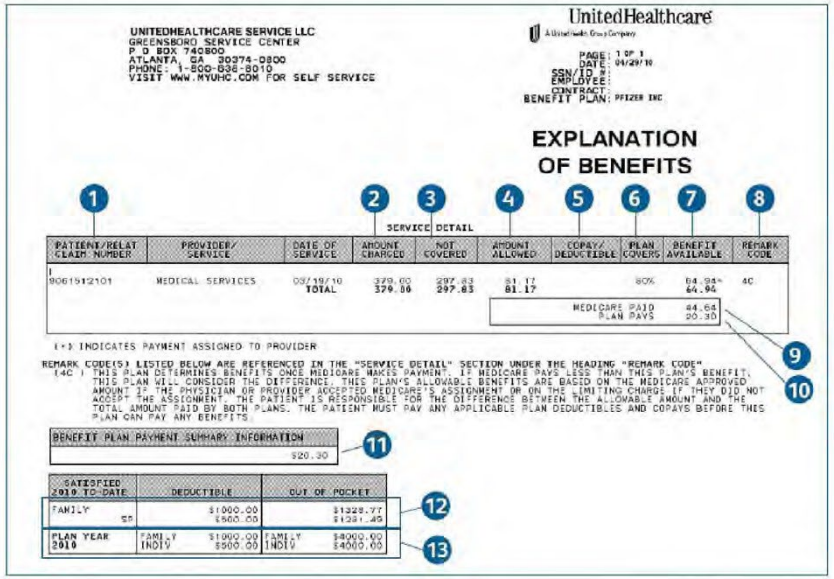
Sample Provider Billing

STUDENT INSURANCE
A VENBROOK COMPANY

SAMPLE HCFA 1500



SAMPLE EOB (EXPLANATION OF BENEFITS)



SAMPLE UB-04

Southwestern CCD
S.A.I.N Flyer

STUDENT INSURANCE
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Excess coverage:

We will reduce the amount payable under this plan to the extent expenses are covered under any other plan. We will determine the amount of benefits provided by other plans without reference to any coordination of benefits, nonduplication of benefits, or other similar provisions. The amount from other plans includes any amount to which the insured person is entitled, whether or not a claim is made for the benefits. This policy is secondary coverage to all other policies, except as required by state or federal law.

Accidental death or dismemberment:

Loss of life	$10,000
Single dismemberment	$1,000
Double dismemberment	$5,000

The exclusions that apply to this benefit are in the "Common Exclusions" section.

Reporting an accident:

Immediately report all accidents to the instructor, coach, athletic trainer, or the college health center if one is available. All accidents must be reported to **the college authority and health center** as soon as possible. An accident report is required to substantiate an insurance claim. Contact the health office or athletic trainer for insurance reporting forms and information. Time is of the essence!

Do not delay reporting: Written notice of claim must be submitted within **120 days** after the date of the accidental injury. Proof of loss (itemized bills) must be submitted with 120 days after services and supplies are received. Any bills submitted more than 12 months after the date of the service will be denied per the policy terms.

Care providers: Any documents, such as bills or explanations of benefits, should be mailed directly to:

Student Health Claims Department
Attn: Claims Manager
21215 Burbank Blvd
Woodland Hills, CA 91367

Anthem Blue Cross Life and Health Insurance Company may be contacted at **866-811-7946**.

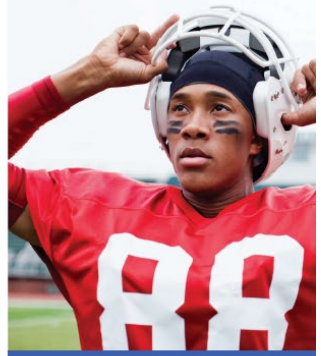
The plan is administered by Student Insurance, 6320 Canoga Avenue, 12th Floor, Woodland Hills, CA 91367. For more information after a claim is filed, college or students may contact student insurance at **310-826-5688**.

Medical and Accidental Death and Dismemberment benefits provided by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross Life and Health Insurance Company is an Independent Licensee of the Blue Cross Association.

In California Anthem Blue Cross is the trade name of Blue Cross of California, Inc. Also serving California: Anthem Blue Cross Life and Health Insurance Company.

Note: This is a brief outline of the current student accident insurance program. It is presented in general terms and does not include all the exact provisions and conditions of the policies involved. The master policies are on file at each college and the district office once approved by the California Department of Insurance. No individual certificates will be issued. If any statements in this information bulletin and any policy differ, the policy will govern.

Anthem



Southwestern Community College District

Student Athlete Insurance Network

A Prudent Buyer Plan

Eligible classes and activities:

Eligible persons

- **Students**
  - Enrolled and registered.
  - While attending regularly scheduled classes at college.
  - While attending college, supervised, and administratively approved activities, including club activities, or traveling under college supervision to and from college-sponsored events.
- **Student athletes**
  - Enrolled and registered.
  - While participating in or attending any regularly scheduled practice or competition supervised by an authorized representative of the college.
  - While traveling directly to and from practice or competition with other members as a group, provided such travel is supervised by an authorized representative of the college.
- **Child(ren) of students**
  - While in or about the child care facility provided by the college, provided that the facility is on the college campus.
  - While attending "Mommy and Me" classes provided by the college with their student parent, if applicable.
- **High-risk students**
  - Students who have paid the appropriate premiums, attending Fire or Police Academies associated with the college.

Benefit deductibles:

Each accident deductible

Student activities deductible	$0
Class I athletes activities deductible*	$0
Class II athletes activities deductible*	$0
Child of student in child care facility activities deductible	$0

*Class 1 athletic activities: football, soccer, wrestling, surfing, gymnastics, and snow skiing; Class 2 athletic activities: all other sports.

Note: No deductible applies to emergency illness.

Coverage for accident medical benefit:

- Coverage is 100% after deductible for care that's received in the health plan's network.
- Out-of-Network PPO pays 50% of the maximum allowed amount.

A preferred provider organization (PPO) is a care provider that has a contract with Anthem to provide services to insured persons. Members can spend less by visiting care providers in their health plan's network.

A nonpreferred provider organization is a care provider that has not agreed to provide services to insured persons. Care received from someone outside your plan's network can be more expensive.

Schedule of benefit limits:

Any benefit limits and benefit percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per-covered person per-covered accident basis. Any applicable deductibles must be satisfied within the time period specified before benefits are payable.

- Outpatient physiotherapy and acupuncture: 100% covered for treatment at a PPO provider. $25 visit/treatment received from a non-PPO provider. Combined maximum number of visits: 24 per injury.
- Skilled nursing facility care: up to 100 days per accident.
- Home health services: up to 100 visits per accident.
- Prosthetic devices: up to $1,000 per accident.
- Durable medical equipment: up to $2,000 medical necessity.
- Dental injury: up to $2,000 per injury.

Maximum accident medical benefits:

Students and children of students	$50,000
Athletes	$25,000

Benefit period:

Fifty-two weeks from the date of the accidental injury. First covered treatment must be incurred within 120 days from the date of the injury.

Emergency illness benefit:

For services authorized by policyholder: $500 per accident.

Common exclusions:

In addition to any benefit-specific exclusion, benefits will not be paid for any covered injury or covered loss that results as the proximate cause of any of the following unless coverage is specifically provided for by name in the accident medical expense benefits section:

- Services or supplies that are not medically necessary.
- Commission of or attempt to commit a felony or an assault.
- Commission of or active participation in a riot or insurrection.
- Bungee jumping, parachuting, skydiving, parasailing, and hang gliding.
- Declared or undeclared war or act of war.
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline.
- Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle.
- Participation in any motorized race or contest of speed.
- An accident if the insured person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education program.
- Sickness, 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.
- Travel or activity outside the United States.
- The insured person's intoxication, as determined according to the laws of the jurisdiction in which the covered accident occurred.
- Voluntary ingestion of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
- Any hospital stay or days of a hospital stay that is not medically necessary for the condition and locality.
- Services or treatment rendered by a physician, nurse, or any other person who is employed or retained by the policyholder, living in the insured person's household, and who is a parent, sibling, spouse, or child of the insured person. Services of relatives, professional services received from a person who lives in the insured person's home, or who is related to them by blood or marriage.
- Experimental or investigative. Any experimental or investigative procedure or medication. If the insured person is denied benefits because it is determined that the requested treatment is experimental or investigative, the insured person may request an independent medical review.
- Crime or nuclear energy. Conditions that result from: (1) the insured person's commission of or attempt to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Any amounts in excess of the maximum allowed amount, the maximum per accident, or the maximum per emergency illness.
- Services or supplies for the treatment of a pre-existing condition during a period of six months following the insured person's effective date.
- Voluntary payment, services for which the insured person has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage.

A complete list of exclusions can be found in the policy.

STUDENT INSURANCE
A VENBROOK COMPANY

Student Insurance and S.A.I.N Program Contacts

STUDENT INSURANCE
A VENBROOK COMPANY

Southwestern Community College District

Anthem (SAIN) - Group # 1157QK

Sr. Client Executive Escalated Issues, On-site visits, Staff Training, Renewals, Reporting and Invoicing and Policy Management	**Brenda McBride** bmcbride@studentinsuranceusa.com **phone: 310-405-0671**
Sr. Client Manager Day-to-day contact for N# distribution, Claim/Billing Issues, and Student-Athlete Contact	**Dashaye Clarke** dclarke@studentinsuranceusa.com **phone: 310-405-0676**
SAIN Claim Forms Shared mailbox for claim form submissions and processing	Brenda McBride (bmcbride@studentinsuranceusa.co claims@studentinsuranceusa.com
SAIN Provider Verification (MEDICAL PROVIDERS ONLY)	Reference **SAIN Program** **phone: 866-811-7946**
Claim Submission Process (MEDICAL PROVIDERS ONLY)	**Fax or USPS Mail Claim form with all bills** (HCFA1500, UB-04, and Primary EOBs) Anthem Blue Cross **Student Health Claims Department** **Attn:** Claims Manager 21215 Burbank Blvd Woodland Hills, CA 91367 **Priority Fax:** 855-396-8418
******Electronic Billing is not available under Anthem's SAIN program******	

Student Insurance Microsite:

[College Mandatory Accident Plan - Student Insurance]