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Palomar Community College District
Classes 1, 2
Policy Number: AHP1207761-261
Effective Date August 1, 2026 – August 1, 2027

Mandatory Student Accident Policy – Summary

Eligibility

- ✓ You are a **Covered Person** and eligible for coverage under the plan if you are in one of the two classes of eligible persons defined below. For benefits to be payable, the Policy must be in force and the required premium must be paid.
- ✓ This coverage will start on the later of the Policy effective date or the date you become eligible. The coverage will end on the earliest of the following:
  1. the date the Policy terminates;
  2. the date you are no longer eligible; or
  3. the end of the period for which premium was paid.

Description of Eligible Classes

1 All Registered Student Athletes, Student Coaches, Student Managers and Student Trainers of the following sports: Football, Soccer, Wrestling and Police & Fire Academy that are part of the Policyholder.

2 All Other Registered Students and Student Athletes that are part of the Policyholder.

Scope of Coverage

We will provide the benefits described in the Policy to a **Covered Person** who suffers a **Covered Loss** which is within the scope of the Description of Benefits and results, directly and independently of disease or bodily infirmity, from a **Covered Injury** or **Covered Sickness** or **Emergency Sickness** suffered in a **Covered Accident** or **Covered Sickness** or **Emergency Sickness.** The **Covered Loss** must be within the scope of the risks set forth in the Description of Hazards provisions.

Schedule of Benefits	Benefit Maximum
Accidental Death & Dismemberment Class 1: Class 2:	 $ 25,000 $ 50,000
Aggregate Limit per Accident Occurrence	$ 500,000
Incurral Period	365 days

Hazards

If a **Covered Person** is engaged in a Hazard as described in the Policy and experiences a **Covered Loss**, We will pay the **Covered Expenses** incurred, subject to the Policy's terms, conditions, limitations, and exclusions.

Hazards may be different for each class of eligible persons. Unless otherwise specified, We pay benefits only once for any **Covered Accident**, even if it is covered by more than one Hazard.

Hazards	Applicable Classes
Sports Coverage Hazard	1
School Hazard (In Country)	2

Description of Benefits

Accidental Death and Dismemberment Benefit

If, within one year from the date of a **Covered Accident**, **Covered Injury** from the **Covered Accident** results in a **Covered Loss** listed in the table below, We will pay the percentage of the **Principal Sum** (i.e., Benefit Maximum for the applicable class shown in the table at the bottom left side of this page). If the **Covered Person** sustains more than one such **Covered Loss** as the result of one **Covered Accident**, We will pay only one amount, the largest to which the **Covered Person** is entitled.

This amount will not exceed the **Principal Sum** which applies for the **Covered Person**.

Loss	Percentage of Principal Sum
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing (Both Ears)	100%
Loss of Hearing (both ears)	50%
Loss of One Hand	50%
Loss of Hearing in One Ear	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means.

Loss of speech means total, permanent and irrecoverable loss of audible communication.

Loss of hearing means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Severance means the complete separation and dismemberment of the part from the body.

Additional Accident Benefits

Benefits payable under the Additional Accident Benefits shown below are paid in addition to any Accidental Death and Dismemberment benefits payable, and the total of all benefits payable under the Policy, including all Additional Accident Benefits paid for all Injuries caused by the same **Covered Accident** shall not exceed the Principal Sum indicated in the Schedule of Benefits unless otherwise excluded or indicated under the terms, conditions, and exclusions of the Policy. See the Policy for more details.

Covered Additional Accident Benefits – Class 1
Hospital Room & Board Daily Maximum Benefit Amount: 100% of the Semi-Private Room Rate
Intensive Care/Cardiac Care Room & Board: 100% of URC up to $25,000
Hospital Miscellaneous Benefit: Inpatient Max Benefit Amount and Outpatient Max Benefit Amount: 100% of URC up to $25,000
Pre-Admission Testing Benefit: 100% of URC up to $25,000, Incurred within 7 days
Observation Room: 100% of URC up to $25,000
In-Patient Surgical Benefits: Primary Surgeons Max and Assistant Surgeon Benefit Max: 100% of URC up to $25,000
Outpatient Surgery Benefits: Outpatient Primary Surgeons Max and Outpatient Assistant Surgeon Max: 100% of URC up to $25,000
Emergency Room Benefit: 100% of URC up to $25,000
Emergency Room Physician: 100% of URC up to $25,000
Anesthesia Benefit: 100% of URC up to $25,000
Second Opinion Consultation: 100% of URC up to $25,000
Neurological Consultant: 100% of URC up to $25,000
Physician's Visits: In-Hospital Max and Office Physician's Visits (Out-of-Hospital) Max: 100% of URC up to $25,000
X-Ray Benefit: Inpatient Max and Outpatient Max: 100% of URC up to $25,000
MRI/CAT Scan: 100% of URC up to $25,000
Laboratory Benefit: Inpatient Max and Outpatient Max: 100% of URC up to $25,000
Diagnostic Imaging Services: Inpatient Max and Outpatient Max: 100% of URC up to $25,000
Private Duty Nursing Benefit Amount: 100% of URC up to $25,000
Durable Medical Equipment: 100% of URC up to $2,000
Orthopedic Braces and Appliances: 100% of URC up to $25,000
Prosthetic Devices: 100% of URC up to $1,000
Replacement of Eyeglasses Contact Lens and/or Hearing Aids: 100% of URC up to $25,000
Prescription Drugs: Max 100% of URC up to $25,000
Injections: 100% of URC up to $25,000
Outpatient Physiotherapy Benefit and All Physiotherapy: Max 100% of URC up to $25,000
Outpatient Chiropractic Benefit: Max 100% of URC up to $25,000
Physical Therapy Benefit: Inpatient Max and Outpatient Max: 100% of URC up to $25 per visit up Maximum to 25 visits
Air Ground Ambulance Benefit Amount: 100% of URC up to $25,000
Home Health Care: 100% of URC up to $25,000, Max Number of Visits 25
In-Patient Rehabilitative Services: 100% of URC up to $25,000
Dental Treatment for Injury Only: Max 100% of URC up to $2,000; Coinsurance Factor for all Covered Expenses: 100; First Covered Expenses must be incurred within: 90 days, after date of Covered Loss is incurred: Benefit Period: Basic Medical: 1 year; Class 2: $50,000 per Covered Person

Covered Additional Accident Benefits – Class 2
Hospital Room & Board Daily Maximum Benefit Amount: 100% of the Semi-Private Room Rate
Intensive Care/Cardiac Care Room & Board: 100% of URC up to $50,000
Hospital Miscellaneous Benefit: Inpatient Maximum Benefit Amount and Outpatient Maximum Benefit Amount: 100% of URC up to $50,000
Pre-Admission Testing Benefit: 100% of URC up to $50,000, Incurred within 7 days
Observation Room: 100% of URC up to $50,000
In-Patient Surgical Benefits: Primary Surgeons Max and Assistant Surgeon Benefit Max and Outpatient Surgical Facility Max: 100% of URC up to $50,000
Outpatient Surgery Benefits: Outpatient Primary Surgeons Max and Outpatient Assistant and Surgeon Max: 100% of URC up to $50,000
Emergency Room Benefit: 100% of URC up to $50,000
Emergency Room Physician: 100% of URC up to $50,000
Anesthesia Benefit: 100% of URC up to $50,000
Second Opinion Consultation: 100% of URC up to $50,000

Neurological Consultant: 100% of URC up to $50,000
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Laboratory Benefit: Inpatient Max and Outpatient Max: 100% of URC up to $50,000
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Durable Medical Equipment: 100% of URC up to $2,000
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Air Ground Ambulance Benefit Amount: 100% of URC up to $50,000
Home Health Care: 100% of URC up to $50,000, Max Number of Visits 25
In-Patient Rehabilitative Services: 100% of URC up to $50,000
Dental Treatment for Injury Only: Max 100% of URC up to $2,000

Limitations

If a **Covered Person** suffers more than one **Covered Loss** as a result of the same **Covered Accident**, We will pay only one benefit, the largest benefit.

If, as a result of the same **Covered Accident**, a **Covered Person** can recover benefits under more than one of the benefits stated in the Schedule of Benefits, We will pay only one benefit, the largest benefit.

General Exclusions

The general exclusions under this policy include, but are not limited to, the following:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the **Insured Person** is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Injury sustained while in the service of the armed forces of any country. When the Insured Person enters the armed forces of any country.
5. Participation in a riot or insurrection.
6. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
7. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
   a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
   b. While being used for any test or experimental purpose; or
   c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
   d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the **Covered Person** or any member of Their household.
   e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
   f. An ultralight hand-gliding, parachuting, or bungee-cord jumping
   g. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business purposes.

For a complete list of exclusions, please see the Policy.