

# STUDENT ACCIDENT INSURANCE PLAN



## Designed for students and athletes of:

Napa Valley Community College  
District 08-01-2021 - 07-31-2022  
Policy Number: COSB-51403-1648

## Presented by:

Cypress Risk Management, LLC  
6225 S. Pinnacle Place, Suite 202  
Sioux Falls, SD 57108

## Accident Medical Expense Benefit

Includes 104 week Benefit Period, at 100% of Usual and Customary Charges. First covered expenses must be incurred within 90 days after the Covered Accident.

| Class | Eligible Persons   | Covered Activities   | Benefit Highlights  |
|-------|--|--|---|
| 1     | Intercollegiate Student Athletes, Student Coaches, Student Managers, and Student Trainers. | While participating in supervised and sponsored sports activities  | \$25,000 Total Maximum per Insured Person per Covered Loss<br>Deductible:<br>\$100 for soccer,<br>\$50 for all other sports |
| 2     | All full-time registered students of the Policyholder excluding study abroad programs.     | While on the premises of the Policyholder during normal hours of operation or during scheduled functions; or while on the premises of the Policyholder during other periods if attending or participating in a Covered Activity. While away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site; or Group Travel. Activities must be Supervised and Sponsored. Intercollegiate sports activities included in Class 1 are excluded from Class 2. | \$50,000 Total Maximum per Insured Person per Covered Loss<br>Deductible: \$50  |
| 3     | All dependent children of full-time registered students of the Policyholder.               | While in or about the day care facility provided by the Policyholder.  | \$50,000 Total Maximum per Insured Person per Covered Loss.<br>Deductible: \$50   |

**Examples of Covered Expenses:** Inpatient Hospital Services; Miscellaneous Expenses; Ambulatory Medical Center; Emergency Room Treatment; Physician Services; Surgery; Outpatient X-ray, CT Scan, MRI and Laboratory Tests; Outpatient Physiotherapy; Ambulance Services; Medical Equipment Rental; Medical Services and Supplies; Dental Services; Prescription Drugs

**Full Excess Medical Expense:** The Company will pay the Medically Necessary Covered Expenses: 1. after the Insured Person satisfies any Deductible; and 2. only when they are in excess of amounts payable by any Other Health Care Plan whether or not claim has been made for benefits it provides. The Company will pay benefits without regard to any Coordination of Benefits provision in such Other Health Care Plan.

THIS INSURANCE DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

### IMPORTANT NOTICE

This information is a brief description of the important benefits and features of the Student Accident Insurance Plan underwritten by AXIS INSURANCE COMPANY under policy form series number BACC-001-0909. 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 policy.

## Death By Accidental Means And Dismemberment Benefit

Principal Sum for Classes 1 and 2: \$10,000

Covered Loss must occur within 365 days of the Covered Accident. Exposure and Disappearance is included.

| Covered Loss                                    | Benefit Amount            |
|---|---------------------------|
| Death by Accidental Means                       | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet               | 100% of the Principal Sum |
| Loss of Sight of Both Eyes                      | 100% of the Principal Sum |
| Loss of Speech and Hearing (in Both Ears)       | 100% of the Principal Sum |
| Loss of One Hand or Foot and Sight in One Eye   | 100% of the Principal Sum |
| Loss of One Hand or Foot                        | 50% of the Principal Sum  |
| Loss of Sight in One Eye                        | 50% of the Principal Sum  |
| Loss of Speech                                  | 50% of the Principal Sum  |
| Loss of Hearing (in Both Ears)                  | 50% of the Principal Sum  |
| Loss of Thumb and Index Finger of the same Hand | 25% of the Principal Sum  |
| Loss of all Four Fingers of the Same Hand       | 25% of the Principal Sum  |
| Loss of all Toes of the Same Foot               | 25% of the Principal Sum  |

### Common Exclusions

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Covered Conditions:

- intentionally self-inflicted injury, suicide, or any willful attempt thereof;
- any loss to which a contributing cause was the Insured Person's commission or attempt to commit a felony or to which a contributing cause was the Insured Person's being engaged in an illegal occupation;
- commission of or active participation in a riot or insurrection;
- declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
- flight in, boarding or alighting from an aircraft, except as a passenger on a regularly scheduled commercial airline;
- 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;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure to viral, bacterial or chemical agents) except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
- any loss sustained or contracted in consequence of the Insured Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
- 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;
- medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
- benefits will not be paid for services or treatment rendered by any person who is: a. employed or retained by the Policyholder; b. living in the Insured Person's household; c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or d. the Insured Person.
- examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices; examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
- treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- rest cures or custodial care;
- repair or replacement of existing dentures, partial dentures, braces or bridgework;
- orthopedic appliances used mainly to protect an injury so that the Insured Person can take part in interscholastic, intercollegiate and club sports;
- expenses payable by any automobile insurance policy without regard to fault;
- treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired;
- repair or replacement of existing artificial limbs, eyes and larynx;
- treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician.

### Accident Medical Exclusions

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

- cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
- any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;

## Definitions

**Accident or Accidental:** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

**Covered Injury means Accidental bodily injury:** (1) which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which results directly and independently from all other causes from a Covered Accident; and (3) which occurs while such person is participating in a Covered Activity. The Covered Injury

must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Covered Expenses:** means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. Coverage under the Policyholders' Policy must remain continually in force from the date of the Covered Loss until the date of treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the

date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

**Medically Necessary:** means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.

**Usual and Customary Charge:** 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.

## Claim Procedures

Submit your claims to your primary medical insurance plan first. Once you receive an Explanation of Benefits (EOB) from your primary plan, send copies of the EOBs, and copies of all itemized bills to the Claims Administrator, NAHGA. Always keep a copy of all documents submitted for claims. Contact the Office of Facilities & Risk Management or Athletics for an accident claim form. Claims must be filed within (90) days of the date of accident and can be submitted via e-mail, fax or mail.

In the event of an accident, the Covered Person should:

1. If at College, report immediately to the Office of Facilities & Risk Management or Athletics so that the proper treatment can be rendered, prescribed or approved.
2. If away from College, consult a Doctor and follow the Doctor's advice. In the event of an emergency, seek medical treatment immediately. Notify the Office of Facilities & Risk Management or Athletics within (30) days after the date of the Covered Accident or as soon thereafter as is reasonably possible.
3. Staple all of your EOB's and itemized medical and hospital bills to the claim form and mail to the Claims Administrator, NAHGA.

### Claims Administrator:

#### NAHGA Claim Services

PO Box 189

Bridgton, Maine 04009

(800) 952-4320 Phone / (207) 647-4569 Fax

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

THIS IS A BLANKET ACCIDENT ONLY POLICY.

Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.