

Yosemite Community College District

Columbia College - Modesto Junior College

2023-2024 Intercollegiate Athletic and Student Accident Insurance Plan

The items below are a brief summary of the benefits available under the policy. Limitations apply. Please review your policy on file with your school for complete information.

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

- Class 1: Intercollegiate: student athletes, student managers, student trainers, student coaches participating in Football, Wrestling and Soccer
Class 2: Intercollegiate: student athletes, student managers, student trainers, student coaches not participating in Football, Wrestling and Soccer
Class 3: All enrolled students not enrolled in Intercollegiate Sports

Covered Activity

SCHOOL COVERAGE

Insurance is provided for a Covered Person while he is covered under a Policy issued to the School, as the Policyholder and is:

1. Attending or participating in a Supervised or Sponsored Activity; or
2. Attending School.

The Covered Person must be:

1. On School premises:
 - a. During School hours on school days;
 - b. During lunch and recess periods; and
 - c. During periods when School is not in session if he is attending or participating in a Supervised or Sponsored Activity

SPORTS COVERAGE

Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is covered under a Policy issued to a School or sports team, as the Policyholder and is:

1. Taking part in:
 - a. A regularly scheduled athletic game or competition; or
 - b. A practice session for an athletic team or club

OFAC Notice

Payment of claims under any insurance policy issued shall 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").

Full Excess Medical Expense

If an Injury to the Covered Person results in his incurring Eligible Expenses, the Company will pay the Eligible Expenses incurred, subject to the Deductible Amount, that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

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 by the Company.
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 the claim form. Send to:

A-G ADMINISTRATORS
PO Box 21013
Eagan, MN 55121
Office: (610) 933-0800
Email: claims@agadm.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: Proof of loss must be furnished within 90 days after the date of such loss. For information after a claim is filed, contact the Claims Administrator at (610) 933-0800.

Accident Medical Expense Benefit

The Company will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

The maximum Accident Medical Expense benefit is \$50,000 for all injuries. The disappearing deductible for Class 1 is \$100 per injury and Class 2 & 3 is \$50 per injury. The Disappearing deductible must be satisfied before this plan will pay benefits. Amounts paid by other carriers will be used to satisfy the deductible under this plan.

The benefit period is 52 the Company weeks from the date of the covered Injury, provided the Injury occurs prior to the expiration date and care is medically necessary

NO BENEFITS WILL BE PAID FOR ANY EXPENSES INCURRED THAT ARE IN EXCESS OF USUAL, REASONABLE AND CUSTOMARY CHARGES.

Eligible Medical Expense, from a Covered Accident include:

- Hospital Room and Board Expenses
- Intensive Care/Cardiac Care Room and Board
- Miscellaneous Hospital-services, supplies and charges during a Hospital Stay
- Pre-Admission Testing Benefit
- In-Patient Surgical Benefits
- Out-Patient Surgery Benefits
- Emergency Room
- Anesthesia Benefit
- Physician Visits
- X-Ray Benefit
- Laboratory Benefit
- Nursing Benefit
- Physiotherapy
- Ambulance
- Dental Treatment for Injury Only
- Heart or Circulatory Malfunction Benefit
- Out-Patient Prescription Drug Benefit
- Durable Medical Equipment Benefit

Accidental Death Dismemberment

If, within 1 year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, The Company will pay the percentage of the Principal Sum set opposite the loss in the table below: If the Covered Person sustains more than one such Loss as the result of an Accident, The Company will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss or Benefit Amount</u>	<u>Percentage of Principal Sum</u>
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 One Hand	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 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 a thumb and index finder means complete Severance through or above the metacarpophalangeal joints (the joint betthe Companyen the fingers and the hand).

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

Definitions

This is a partial list of definitions, see policy on file with your school for a complete list.

INJURY Means bodily harm of which an Accident is the proximate cause. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

USUAL, REASONABLE & CUSTOMARY means the amount that is the normal payment range for specific medical procedure performed within a given geographic area. If the charges submitted are higher than what is covered normal for the covered services, then The Company may not allow the full amount charged.

Exclusions

The Policy does not cover any loss directly resulting in whole or part from, any of the following even if the immediate cause of the loss is an Accidental Bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

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 Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
5. 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.
6. Disease or disorder of the body or mind.
7. Mental or nervous disorders.
8. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person’s job.
9. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person’s Physician.
10. Intoxication or being under the influence of any drug or narcotic.
11. Injury caused by, contributed to or resulting from the Covered Person’s use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person’s Physician.
12. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
13. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
14. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
15. Conditions that are not caused by a Covered Accident.
16. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
17. Any treatment, service or supply not specifically covered by this Policy.
18. Loss resulting from participation in any activity not specifically covered by this Policy.
19. Charges which are in excess of Usual, Reasonable and Customary charges.
20. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits.
21. Regular health check-ups.

continued on next page

Exclusions (continued)

22. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
23. Services or treatment rendered by an Immediate Family member of the Covered Person.
24. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
25. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
26. Participation in any motorized race or speed contest.
27. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless The Company receive a written medical release from the Covered Person's Physician.
28. Treatment of a hernia whether or not caused by a Covered Accident.
29. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
30. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
31. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
32. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy and rendered within 6 months of the Accident.
33. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions, therefore.
34. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
35. Travel in or upon:
 - a. A snowmobile;
 - b. A water jet ski;
 - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle, when used for recreation competition.
36. 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 his household;
 - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f. an ultralight hang-gliding, parachuting, or bungee-cord jumping 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 or pleasure purposes.
37. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
38. Rest cures or custodial care. (Custodial care is care that does not require the regular services of trained medical or health professionals and that is designed primarily to assist in activities of daily living. Custodial care includes, but is not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets and supervision of medications which are ordinarily self-administered.)
39. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

Important Contacts

CLAIMS ADMINISTRATOR:

A-G ADMINISTRATORS
 Attn: Claims Dept.
 PO Box 21013
 Eagan, MN 55121
 Office: (610) 933-0800
 Email: claims@agadm.com
 Web: <https://agadministrators.com/>

PLAN ADMINISTRATOR:

JCB Insurance Solutions, Inc. Office:
 Email: aking@jcbins.com

Please keep this brochure as a general summary of the insurance. This is only a brief description of the accident coverage available under the policy number US1931387. 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 Policyholder. If there is any conflict between this brochure and the Policy, the Policy shall govern in all cases. Insurance is underwritten by United States Fire Insurance Company with its principal place of business at 5 Christopher Way, Eatontown, NJ 07724.

Insurance is provided by member companies of Crum & Forster. 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. Plans are underwritten by the United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United State Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2018.

Crum & Forster companies values 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 on their privacy practices please go to our the Company website at www.cfins.com.

The insurance described in this document provides limited benefits. Limited benefits are insurance products with reduced benefits intended to supplement Comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It 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. THE COVERAGE UNDER THE POLICY IS AN ACCIDENT ONLY POLICY. It does not provide benefits for sickness.

JCB INSURANCE SOLUTIONS, INC. PRIVACY INFORMATION

The Company knows that your privacy is important to you and the Company strives to protect the confidentiality of your personal information. The Company does 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, the Company uses 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 (916) 309-2704 or by visiting us at www.jcbins.com.
<https://jcbins.com/privacy-policy/>