

## Student Accident Insurance Program

Solano Community College District is pleased to provide a student accident insurance plan for the 2020-2021 school year. All students are covered for Basic Accident Benefits and Accidental Death Benefits.

**It covers medical expenses resulting from bodily injury caused by a Covered Accident occurring while the insurance is in effect. See "Benefits," "Definitions" and "Exclusions" for further details.**

Annual coverage period starts on August 1, 2020. All coverage terminates August 1, 2021.

### Accident Medical Expense Benefits

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the Maximum Benefit, as indicated below. Eligible medical expenses must be incurred within the Benefit Period; with the first eligible expense incurred within 180 days of the date of the accident.

#### Maximum Benefit for ALL Students

**\$50,000 per injury** up to 100% of Usual, Reasonable, and Customary Charges

Benefit Period: 52 weeks from the date of the accident

**Deductible: \$0**

#### Maximum Benefit for Intercollegiate Sports Athletes:

**\$25,000 per injury** up to 100% of Usual, Reasonable, and Customary Charges

Benefit Period: 52 weeks from the date of the accident

**Deductible: \$0**

**Some Covered Expenses Include:** 1) Inpatient Hospital Services; 2) Intensive Care Room and Board, 3) Hospital Miscellaneous Treatment, 4) Outpatient Pre-admission Testing, 5) Outpatient Hospital Emergency Room, 6) Surgical Benefits, 7) Doctors' Visits, 8) X-Ray and Laboratory Tests, 9) Nursing Services, 10) Physiotherapy, 11) Ambulance, 12) Medical Equipment Rental Charges, and 13) Medical Services and Supplies, 14) Home Health Care, 15) Heart and Circulatory Benefit, 16) Expanded Medical, 17) Pre-existing Conditions, 18) HMO/PPO Provision, and 19) Outpatient Prescription Drug Benefit.

### Excess of Other Insurance

This insurance is provided to fill-in the gaps that may exist in other insurance programs and to provide coverage where no other insurance exists. When an accident occurs, therefore, the bills for any necessary medical care must first be submitted to any other applicable insurance company, medical service plan, or pre-payment program. Any unpaid balance should be submitted, along with a copy of the other company's explanation of benefits, for processing under this insurance.

## Accidental Death and Dismemberment (AD&D) Benefits

We will pay benefits for Eligible Expenses if the insured suffers an Eligible Expenses resulting directly and independently of all other causes from a Covered Accident within 365 days of the Covered Accident.

### AD&D

**Principal Sum: \$10,000**

### Schedule of Covered Losses

Loss of Life:	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 One Hand or Foot and Sight in One Eye:	100% of the Principal Sum
Loss of Speech and Hearing:	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

Aggregate Limit of Indemnity: \$500,000

### Important Definitions

**Covered Person** means a person eligible for coverage for whom proper premium payment has been made, and who is therefore insured under this Policy.

**Covered Accident** means a sudden, unforeseeable event which causes injury to one or more Covered Persons; and occurs while coverage is in effect for the Covered Person.

**Eligible Expenses** means the lesser of the Usual, Reasonable and Customary Charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Policy is in force.

**Usual, Reasonable and Customary Charge** means: 1) with respect to fees or charges, fees for medical services or supplies which are: a) Usually charged by the provider for the service or supply given; and b) the average charged for the service or supply in the locality in which the service or supply is received; or 2) with respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

**Medically Necessary** means those services or supplies provided or prescribed that are: 1) provided for the diagnosis, treatment, cure or relief of a health condition, illness, injury, or disease and not for experimental, investigational or cosmetic purposes. 2) Necessary for and appropriate to the diagnosis, treatment cure or relief of a health condition, illness, injury or disease or its symptoms. 3) Within generally accepted standards of medical care in the community. 4) Not solely for a Covered Person's convenience, their families convenience or the Doctor's convenience.

## EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of 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. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection.
6. Disease or disorder of the mind including mental or nervous disorders.
7. Loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of the Covered Person's Physician.
8. Commission or attempt to commit a felony.
9. 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.
10. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
11. 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 12 months of the Accident.
12. Aviation, except as a far paying passenger on a scheduled or chartered flight operated by a scheduled airline. Ultralight hang gliding, parachuting, or bungee cord jumping.
13. Rest cures or custodial care.
14. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.

### IMPORTANT NOTICE:

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by US Fire Insurance Company. 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.

### 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, BMI Benefits. Always keep a copy of all documents submitted for claims. You may obtain a copy of the policy by contacting (845) 567-1000.

Contact the Risk Manager's Office or Athletic Trainer. Claims must be filed within ninety (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 Student Health Center or Athletic Trainer so that the proper treatment can be prescribed or approved.
2. If away from College, consult a Doctor and follow the Doctor's advice. Notify the Risk Manager's Office or Athletic Trainer within thirty (30) days after the date of the Covered Accident or as soon thereafter, as is reasonably possible.
3. Staple all your EOBs and itemized medical and hospital bills to the claim form and mail to the Claims Administrator:

#### BMI Benefits

P.O. Box 511 Matawan, NJ 07747  
Toll free: (800) 445-3126  
Fax: (732) 583-9610

### How to File an Appeal

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within sixty (60) days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator at the address above.

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

In California: Cypress of Nebraska Insurance  
Agency – License #0H94715

# Student Accident Insurance Program

*Designed especially for*

**SOLANO COMMUNITY  
COLLEGE DISTRICT**

4000 SUISUN Valley Rd. Fairfield, CA 94534

**8/1/20 to 8/1/21**

**Policy Number: US 1394616**

*Keep this brochure as a record of your  
insurance coverage.*

Underwritten by:  
United State Fire Insurance Company  
5 Christopher Way Eatontown, NJ 07724