

**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, non-duplication 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 AND 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.

**WHERE & HOW TO REPORT 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 **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 within 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.

**PROVIDERS:** any bills, explanations of benefits, etc., should be mailed directly to:  
Student Health Claims Dept.  
Attn: Claims Manager  
21555 Oxnard St.  
Woodland Hills, California 91367.

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

The Plan is administered by Student Insurance, 10801 National Blvd., #603, Los Angeles, CA 90064. For more information after a claim is filed, College and/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.

Anthem is a registered trademark of Anthem Insurance Companies, Inc.

**PLEASE 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.



## *West Valley-Mission Community College District*

***Student Athlete  
Insurance Network***

***A Prudent Buyer Plan***

***WEST VALLEY COLLEGE  
MISSION COLLEGE***

## ***Information Bulletin***

### ***Plan F***

Group ID Number: 1850VQ West Valley College  
Group ID Number: 1850VP Mission College

**ELIGIBLE CLASSES AND ACTIVITIES:**

Eligible Persons

- Students
  - Enrolled and registered,
  - while attending regularly scheduled classes at college; or
  - 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; or
  - 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; or
  - 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:**

Per Accident Deductible

<b>Student Activities Deductible</b> . . . . .	\$100
<b>Class I Athletes Activities Deductible*</b> . . . . .	\$100
<b>Class II Athletes Activities Deductible*</b> . . . . .	\$100
<b>Child of Student in Child Care Facility Activities Deductible</b> . . . . .	\$100

\*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:**

- In-Network PPO pays 100% excess medical expense.
- Out-of-Network PPO pays 50% of the maximum allowed amount.

Preferred Provider Organization (PPO) is a provider that has a contract with Anthem to provide services to insured persons.

Non-Preferred Provider Organization is a provider that has not agreed to provide services to insured persons.

**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:**

52 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 which 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. But, 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.