

Definitions

The terms listed below detail the insurance provisions.

Appropriate treatment means care, services or supplies, provided by or at the direction of a physician that are appropriate, according to accepted standards of medical practice, for the covered person's injury and are provided during the course of treatment of an injury sustained in a covered accident. Appropriate treatment must be provided no less frequently than monthly unless the covered person's physician specifies in writing to us that such treatment of injuries sustained in a covered accident can be provided at less frequent intervals.

A **benefit percentage** is the percentage of covered expenses we pay that are incurred by the covered person after he/she satisfies any applicable deductible. Benefit percentages are shown in the *Schedule of Benefits*.

Company or **we, us, our** means QBE Insurance Corporation domiciled in Pennsylvania.

A **covered accident** is a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: 1) occurs while the covered person is insured under this policy; 2) is not contributed to by disease, sickness, or mental or bodily infirmity; and 3) is not otherwise excluded under the terms of this policy.

Covered expense means the lesser of the usual and customary charge and the maximum benefit shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Accidental Medical Expense Benefits* section of the policy. Covered expenses must be incurred by a covered person for appropriate treatment for injuries sustained in a covered accident.

A **covered person** is an eligible person, as defined in the *Schedule of Benefits*, for whom for required premium has been paid when due and for whom coverage under this policy remains in force.

Deductible means the amount of covered expenses that each covered person must incur before benefits are paid under this policy. The covered person may use covered expenses paid under another health care plan to satisfy the deductible under this policy.

A **physician** is a licensed health care provider practicing within the scope of his/her license and rendering care and treatment to a covered person that is appropriate for the condition and locality and who is not: 1) employed or retained by the policyholder; or 2) living in the covered person's household; or 3) a parent, sibling, spouse or child of the covered person.

Usual and customary charge means the normal charge, in absence of insurance, made by the provider of any appropriate treatment, but not more than the prevailing charge in the area: 1) for a like service by a provider with similar training or experience; or 2) for a supply that is identical or substantially equivalent.



QBE ACCIDENT & HEALTH
qbe.com/us

The information contained herein does not form a part of the insurance policy and should not be construed as a representation that any claim or loss is covered under any such insurance policy. In the event of any inconsistency between the information contained herein and the insurance policy, the language of the insurance policy shall prevail. Coverage for a claim or loss depends on the specific facts and circumstances of the relevant claim or loss in addition to the applicable insurance policy provisions.

* For ratings guidelines and the latest information, access ambest.com and standardandpoors.com
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Student Accident Insurance

A comprehensive coverage plan for the 2023-2024 school year



With our Student Accident Program, QBE makes it possible for the Los Angeles Community College District to fulfill its commitment to the health and well-being of their students and athletes.



LOS ANGELES COMMUNITY COLLEGE DISTRICT
CITY / EAST / HARBOR / MISSION / PIERCE / SOUTHWEST / TRADE-TECHNICAL / VALLEY / WEST

Policy number: EHH000100 Policy term: 8-1-23 to 8-1-24



Features

We provide accident insurance coverage for:

- Registered and enrolled students
- Student athletes, student coaches, student trainers, and student managers
- Child development students/participants of the policyholder
- Invited guests and official visitors of the policyholder

Covered activities include:

- Attending class and participating in school-supervised activities
- Intercollegiate sports, games, practice sessions and tryouts, including travel to and from these activities
- Dependents while attending on-campus day care
- Guest and visitor activities

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 plan maximum. Eligible medical expenses must be incurred within 10 years of the date of the accident, with the first eligible expense incurred within 90 days of the accident.

Schedule of benefits:

Maximum benefit: \$5,000,000 per injury

Benefit period: 10 years from the date of the covered accident

Deductible: \$100

Benefit percentage: 100% of usual and customary charge

Covered expenses: subject to usual and customary charges

Some covered expenses include: 1) inpatient hospital services 2) ambulatory medical center 3) emergency room treatment 4) physician services 5) outpatient X-ray, CT scan, MRI and laboratory tests 6) outpatient physiotherapy is limited to one visit per day to a maximum of 36 visits 7) outpatient nursing services 8) ambulance services 9) medical equipment rental 10) medical services and supplies 11) dental services 12) prescription drugs

Accidental Death and Dismemberment Benefits

Covered loss

We will pay the benefit for covered losses if the covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident. The covered loss must occur within 365 days of the covered accident.

AD&D principal sum: \$50,000

Schedule of covered losses

Covered loss benefit	
Loss of life	100% of the principal sum
Loss of life due to heart failure	100% of the principle 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
Loss of speech	50% of the principle sum
Loss of hearing in both ears	50% of the principle sum
Loss of thumb and index finger of the same hand	25% of the principle sum

Crisis death benefit

A benefit that pays up to \$10,000 for a crisis death with up to \$100,000 payable for any one incident. Students are covered while on school premises during normal school hours or during a school-supervised and sponsored activity at or away from school. This benefit is paid in addition to the Accidental Death benefit.

The maximum benefit payable is \$100,000. This benefit will be split evenly among all students if more than 10 lives are lost in a covered accident. For purposes of this benefit, normal school hours means a scheduled period of instruction that includes the half hour before the school day begins and the half hour after the school day ends. This coverage is not provided while a student is traveling to and from school or an offsite activity. Benefits also will not be paid if:

- 1) the act of violence is committed by the student's next of kin; or
- 2) the student produced or obtained a weapon during the incident, whether used in self-defense or not.

Limitations of coverage

In addition to any benefit-specific exclusions, the policy does not cover loss contributed to or resulting from:

1. Suicide, attempted suicide or intentionally self-inflicted injury
2. Participation in a felony
3. Participation in a riot or insurrection
4. Bungee jumping, parachuting, skydiving, parasailing, hang-gliding
5. War or act of war, whether declared or undeclared
6. 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
7. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle
8. Participation in any motorized race or contest of speed
9. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in a driver's education program
10. 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
11. Travel or activity outside the United States or Canada
12. The covered person's intoxication as determined according to the laws of the jurisdiction in which the covered accident occurred
13. 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
14. Injuries compensable under Workers' Compensation law or any similar law

We will not pay benefits for:

15. Services or treatment rendered by a physician, nurse or any other person who is:
 - a. employed or retained by the policyholder
 - b. living in the covered person's household
 - c. who is a parent, sibling, spouse or child of the covered person
16. Any hospital stay or days of a hospital stay that are not appropriate treatment for the condition and locality
17. A covered person's covered loss if:
 - a. he/she was driving a private passenger automobile at the time of the covered accident that resulted in the covered loss and
 - b. he/she was intoxicated, as defined by the law of the jurisdiction in which the covered accident occurred

Accident Medical Benefit limitations and excluded expenses

- Cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury
- Any elective or routine treatment, surgery, health treatment, or examination
- Blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood
- Examination or prescription for eyeglasses, contact lenses or hearing aids
- 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
- Personal services such as television and telephone or transportation
- Expenses payable by any automobile insurance policy without regard to fault
- Services or treatment provided by an infirmary operated by the policyholder
- Treatment or service provided by a private duty nurse
- Treatment of hernia of any kind
- Treatment of injury resulting from a condition that a covered person knew existed on the date of a covered accident, unless we have received a written medical release from his physician



How to file a claim

Important: You must receive treatment within 90 days of your accident and your first report of the injury should be to your Student Health Service or Athletic Trainer for advisement on treatment.

Claims and questions can be addressed to:

A-G Administrators LLC

Claims Department

PO Box 21013 • Eagan, MN 55121

Phone: 610.933.0800 • Fax: 610.933.4122 • Email: claims@agadm.com

Click here or visit <https://agadministrators.sharefile.com/share/getinfo/r3d37fb7974240ec9> to submit a claim online.

Helpful information for submitting claims and expediting payment:

- A claim form for your incident can be obtained at <https://agadministrators.com/laccd> and needs to be completed for each accident incurred.
- If you have insurance through your parents, spouse or employer, submit the itemized claim to the other insurance provider for payment before sending your claim to A-G Administrators LLC.
- In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called "UB-O4" for hospital charges and/or a "CMS-1500" for physician charges).
- Unless proof of payment is submitted with the medical bill (a copy of the check, paid receipt, credit card statement, etc.), the claim payment is sent directly to the medical providers.
- This plan pays covered medical expenses after any other medical coverage. If other insurance exists, submit the primary insurance company's explanation of benefits (EOBs) with each itemized bill.

Please note: It is the responsibility of the insured patient or parent to send in the correct information. Failure to send this information will result in claims not being paid.

Claim status:

To obtain claim status, <https://agadministrators.com/check-claim-status>.

Complete the online form and click "Send message" and one of our customer service representatives will be in contact with you.