

BENEFIT OUTLINE

Accidental Death and Specific Loss

Accidental Death Principal Sum	\$25,000.00
Specific Loss Principal Sum	\$10,000.00

Full Excess Accident Medical Expense

Class 1 Expanded Medical Benefit Maximum	\$25,000.00
Class 2 Medical Benefit Maximum	\$25,000.00
Class 3 Medical Benefit Maximum	\$ 1,000.00
Class 4 Medical Benefit Maximum	\$ 1,000.00
Accident Medical Deductible	\$ 100.00
In Network Services/Treatment	100% of Network Allowance
Out-of-Network Services/Treatment	No Benefits Payable. This requirement is not applicable to any eligible services or treatment for which coverage is secondary.

Student Health Center / Facility Treatment/Services provided by such facilities are Not Covered

Benefit amounts for treatment or a service shown below are subject to the Medical Benefit Maximum for each class of Insureds.

Treatment or Service	In-Network	Outside Network
Treatment by a Legally Qualified Physician (unless specified below)	100% of Network Allowance	No Benefits Payable
Care or Service from a Hospital or Ambulatory Surgical Center (unless specified below)	100% of Network Allowance	No Benefits Payable
Services from a Registered Graduate Nurse (RN or LPN)	100% of Network Allowance	No Benefits Payable
Orthopedic Appliances	100% of Network Allowance	No Benefits Payable
Anesthesiology, Emergency Room Physician, Pathology and Radiology Benefit	100% of Network Allowance	60% of Usual & Customary Charge
Emergency Room Benefit	100% of Network Allowance	60% of Usual & Customary Charge
Assistant Surgeon	100% of Network Allowance	60% of Usual & Customary Charge

Benefit amounts for treatment or a service listed below are subject to the Medical Benefit Maximum Amount for each class of Insureds except as shown

Treatment or Service	In-Network	Outside Network
Dental Benefits Class 1 & 2 – up to a \$5,000 maximum per Injury Class 3 & 4 – up to a \$1,000 maximum per Injury	100% of Network Allowance	No Benefits Payable
Outpatient Physical Therapy – (including but not limited to diathermy, whirlpool, adjustment, manipulation, massage and the office visit associated with the therapy) up to 24 visits per Injury. If Medically Necessary and with Dr.'s written request an additional 12 visits per Injury can be provided (maximum visits possible up to 36 per Injury).	100% of Network Allowance	No Benefits Payable
Medical Emergency – Sickness	100% of Network Allowance, maximum \$500.00 Per Semester	100% Usual & Customary, maximum \$500.00 Per Semester
Professional Ambulance Service	100% of Usual & Customary	100% of Usual & Customary
Prescription Drugs	100% of Usual & Customary	100% of Usual & Customary
Durable Medical Equipment – charges for rental or purchase up to \$2,000 per Injury. If Medically Necessary and with Dr.'s written request an additional \$2,000 per Injury can be provided (maximum benefit amount up to \$4,000 per Injury).	100% of Usual & Customary	100% of Usual & Customary

MUTUAL OF OMAHA INSURANCE COMPANY

Los Angeles Community College District (LACCD)



BASE ACCIDENT INSURANCE PROGRAM BENEFIT SUMMARY



Master Policy Number: T5MP-P-51593-000

LACCD BASE ACCIDENT INSURANCE PROGRAM

Who is Covered and When

Eligibility

- Class 1:** All Student Athletes, Student Coaches, Student Managers and Student Trainers.
- Class 2:** All registered students, including Cheerleaders and their dependent children.
- Class 3:** All guests of the Policyholder Athletic Department.
- Class 4:** Official Visitors, student or academic, who have been formally invited to a Policyholder campus.

Eligibility is extended to the following member colleges: Los Angeles City College, East Los Angeles College, Los Angeles Harbor College, Los Angeles Mission College, Los Angeles Pierce College, Los Angeles Southwest College, Los Angeles Trade-Technical College, Los Angeles Valley College and West Los Angeles College.

When Covered

- Class 1:** Insureds are covered while participating as a member of a Policyholder sponsored and supervised intercollegiate sport during: (a) off-season physical conditioning; (b) practice sessions; or (c) scheduled games and official tournaments.

The intercollegiate sports sponsored by the Policyholder are: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Softball, Swimming and Diving, Tennis, Track and Field, Volleyball, Water Polo and Wrestling.

- Class 2:** Registered students are covered while participating in Policyholder sponsored and supervised activities while on campus premises (except intercollegiate sports activities). Coverage for dependent children of registered students is provided while attending a day care facility on campus.

Coverage is also provided for Cheerleaders while participating in Policyholder sponsored and supervised activities, including practice session, or while cheering at scheduled games and official tournaments.

- Class 3:** Athletic Department Guests are covered while traveling directly to or from the Policyholder campus and while visiting the Policyholder campus and facilities at the Policyholder's expense and invitation.

- Class 4:** For official student visitors coverage is provided while attending on-campus non-athletic related school events. For official academic non-student visitors coverage is provided while on campus: (a) to conduct research, (b) to address the faculty and/or students or (c) conduct official school business.

Benefits

Accident Medical Expense: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 30 days after the date of the accident; the plan will pay eligible medical expenses (see the benefit outline). Only eligible medical expenses received by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit. Eligible Medical Expenses are as follows: (a) treatment by a Legally Qualified Physician; (b) care or service from a Hospital or Ambulatory Surgical Center; (c) services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) professional ambulance service; (e) orthopedic appliances; or (f) prescription drugs.

Benefits are payable for covered expenses that are not recoverable from any other insurance policy, service contract or workers' compensation. Failure by an Insured to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of eligible expense to 50% of the amount otherwise payable.

Accidental Death and Specific Loss Benefits – Benefits are paid for losses incurred within 365 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Loss of:

Life.....	Principal Sum
Two or more members*	Principal Sum
Speech and Hearing	Principal Sum
One member*	½ Principal Sum
Speech or Hearing.....	½ Principal Sum
Loss of Thumb and Index Finger of the Same Hand.....	¼ Principal Sum

*Member means hand, foot or sight of eye.

“Loss” means, with regard to hands and feet, severance above the wrist or ankle joint. “Loss of eye or eyes” means total and irrecoverable loss of the entire sight thereof. “Loss of speech and hearing” means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss. “Loss of thumb and index finger of the same hand” means severance of two or more entire phalanges of both the thumb and index finger.

Exclusions

The insurance policy does not cover: (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (d) Injuries received while acting as a pilot or crew member; (e) Injuries received while traveling as a passenger by air, except as specifically defined in the policy; (f) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated as specifically defined in the policy; (i) the cost of eyeglasses, contact lenses or examinations for either; (j) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (k) Injuries covered by workers' compensation or employer's liability laws; or (l) treatment of a hernia (not applicable to Class 1 Insureds).

For Classes 2, 3 & 4 exclusion (e) above is replaced by the following: (e) Injuries resulting from air travel, except while as a passenger for transportation only.

For Classes 2 & 3 in addition to the exclusions above the following exclusion is applicable: (n) Injuries sustained while traveling other than as specifically stated in the policy.

Definitions

“Injury” means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes. For Class 1 Insureds the injury definition is expanded to include conditions which result from other than accidental bodily injury, provided such conditions are a result of the practice and play of a covered athletic activity and the student-athlete has been released to participate in practice or play by a legally qualified physician. The conditions referenced include wear and tear (loss and damage caused by overuse) of a body part due to the play and practice of a covered athletic injury.

“Hospital” means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

“Intoxicated” means a blood alcohol level that equals or exceeds the legal limits for operating a motor vehicle in the state where the injuries occurred.

“Legally Qualified Physician” means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license and (c) recognized as a physician in the state where services are rendered.

“Medically Necessary” service or supply means one which: (a) is recommended by the attending physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and (c) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

“Usual and Customary Charges” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

Finding a Provider:

1. To view providers on the First Health web site in order to determine if a provider is participating go to the following web address: www.myfirsthealth.com
2. Click on the words “First Health Network”
3. Follow the directives on searching for a provider.

How To Submit A Claim:

1. Student Athletes should immediately report an injury to their school's Athletic Trainer. All other Insureds should report injuries to the LACCD Risk Management Office.
2. Send copies of all bills and any primary Coverage Explanation of Benefits to:

**Mutual of Omaha
Special Risk Services
P.O. Box 31156
Omaha, NE 68131
Fax: 402-351-4732**

3. For claims questions please call **1-800-524-2324** and speak to a Special Risk Customer Service Representative.

IMPORTANT NOTICE – This benefit summary has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form T5MP, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this summary and the policy, the policy will prevail.