



# Athletic Injury Medical Expense (AIME) Program

## COVERAGE SUMMARY

### QUESTIONS:

**Stacey L. Weeks**  
(415) 403-1448  
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**Amy Lightner**  
(415) 403-1457  
[Amy.lightner@alliant.com](mailto:Amy.lightner@alliant.com)

**Van Rin**  
(415) 403-1408  
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**INSURER:**  
CSURMA (Self Insured  
Plan of Benefits)

**POLICY TERM:**  
July 1, 2021 to  
July 1, 2022

### HOW TO REPORT A CLAIM:

#### Notify your Claims Administrator:

Report claims within 30 days after the covered loss occurs or as soon as reasonably possible to;

**Health Special Risk, Inc. (HSR)**  
HSR Plaza II, 4100 Medical Parkway  
Carrollton, Texas 75007-1517  
(972) 512-5600  
[CSRM@hsri.com](mailto:CSRM@hsri.com)

### COVERED ENTITIES:

California State University Risk Management Authority (CSURMA), including;

1. California State University, Bakersfield
2. California State University, Chico
3. California State University, Dominguez Hills
4. California State University, East Bay
5. California State University, Fresno
6. California State University, Fullerton
7. Humboldt State University
8. California State University, Long Beach
9. California State University, Los Angeles
10. California Maritime Academy
11. California State University, Monterey Bay
12. California State University, Northridge
13. California State Polytechnic University, Pomona
14. California State University, Sacramento
15. California State University, San Bernardino
16. San Diego State University
17. San Francisco State University
18. San Jose State University
19. California Polytechnic State University, San Luis Obispo
20. California State University, San Marcos
21. Sonoma State University
22. California State University, Stanislaus

### COVERAGE PARTIES:

Any regularly enrolled student who is a participant on the intercollegiate team roster of the participating CSU campus, or is engaged in scheduled activities to become a roster participant of an intercollegiate team of the participating CSU campus. Coverage for student-athletes, student coaches, student managers, athletic training students and student cheerleaders who are injured while participating in a Covered Activity.

*While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. This summary is not intended to replace or supersede any of your insurance contracts.*



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### COVERED ACTIVITIES:

Benefits are limited to injuries sustained during participation in regularly scheduled intercollegiate sports events of the participating CSU campus, including during the regular season for such sport and the supervised or *customary activities within the scope of such sport*. Coverage includes the sports listed on the sports census from each participating CSU campus.

Benefits for a Covered Event are for players on an athletic team who are qualifying intercollegiate sport competition scheduled by the CSU campus, official team activities; conditioning; and practice sessions.

For players on an athletic team, Covered Event must be authorized by, organized by or directly supervised by an official representative of the CSU campus (not including any activities not directly a part of a Qualifying Intercollegiate Sport, such as camps, clinics and other events not conducted by the CSU campus).

Covered Event, for Student Cheerleaders, does not include any activities, camps, clinics, national competitions, fund-raisers, alumni events; unless the activity is directly associated with the activities of a Qualifying Intercollegiate Sport team or conducted by the Insured Person's Participating School.

### COVERED BENEFITS (Plan of Benefits):

The plan of benefits is a self-funded by the participating campuses of the California State University System in excess of other valid and collectible insurance.

When a covered person requires medical services as the result of an injury covered under these benefits, the CSURMA/AIME will pay the expenses actually incurred for the necessary treatment of such injury. Expenses include and not limited to:

1. Medical Expense
2. Expanded Medical Benefits
3. Excess Accident provision
4. HMO/PPO provision
5. Physician and surgeon fees
6. Use of hospital emergency room
7. Cost of confinement in a hospital or medically necessary extended care facility
8. Dentist Fees for injury to sound and natural teeth
9. Physical therapy fees
10. Prescription drugs, if prescribed by the covered person's physician
11. Laboratory tests
12. Expanded medical benefits
13. Out-of-Network provision
14. Third Party Refunds are defined

### LIMITS / SUB-LIMIT / DEDUCTIBLE:

\$90,000	Each Condition – NCAA athletes
\$25,000	Each Condition – NAIA athletes
\$0	Deductible
365 days	Benefit Period

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### MAJOR EXCLUSION(S): *Including but not limited to:*

1. Suicide or any attempt thereof by a covered person
2. Intentionally self-inflicted injuries
3. Infections, except pyogenic infections due to accident cut
4. Any injury occurring other than as a participant in a member campus intercollegiate athletic event, or the practice thereof
5. Dental treatment, except as a result of injury to sound and natural teeth
6. The Covered Person being intoxicated
7. Expenses for the treatment of sickness or disease in any form
8. Benefit will not be paid for services or treatment rendered by any person who is:
  - a. employed or retained by member campus
  - b. living in the Insured Person's household
  - c. an Immediate family member, including domestic partner, of either the Insured Person or the Insured Person's spouse; or
  - d. the Insured Person