Participant Accident (PAI) Program

COVERAGE SUMMARY

QUESTIONS:

Tevea Him
(415) 403-1416
thim@alliant.com

Van Rin
(415) 403-1408
vrin@alliant.com

Mimi Long
(415) 403-1423
mlong@alliant.com

INSURER:
Wellfleet Insurance Company

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

POLICY NO:
Various – On File With Company

HOW TO REPORT A CLAIM:

Written notice must be submitted to Claims Administrators within 90 days after a covered loss occurs or begins.

WellFleet Special Risk
P.O. Box 15369
Springfield, MA 01115-5369
Phone: (877) 657-5039 Fax: (413) 733-4612
specialriskCS@wellfleetinsurance.com

(Please complete claims form attached and mail to the above address)

COVERED ENTITIES:

Group or organization while engaged in CSU or CSU Auxiliary Organization sponsored activity such as:

1. Athletes – including amateur sports, school sports, sports campus
2. Volunteers – including community and non-profit organizations
3. Child Care Centers – including school and church affiliated centers
4. Recreation – including camping, skiing, white water rafting
5. Charities, fundraisers, religious retreats and meetings
6. One-time special events

COVERAGE FEATURES:

Individual Policy Coverage Limits on file with Company

1. High-limit Accident Medical Expense (AME) benefit maximums – up to $50,000
2. Accident Medical Expense Limits: Primary, Primary Excess or Full Excess
3. Optional Catastrophic Plans – up to $50,000
4. Accidental Death & Dismemberment benefits
5. Medical Evacuation and Repatriation benefits available
6. Choice of benefit levels, deductibles and benefit periods
7. Coverage can be extended to administrators, organizers, trainers or supervisors

DISCLAIMERS:

Coverage exclusions and limitations may apply. Availability and coverage levels of some plan features subject to state laws and underwriting requirements.

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Endorsement & Exclusions:

- Any service, treatment or supply that is not considered **medically necessary** as defined in this **certificate.**
- Benefits provided by a Government plan (except Medicaid and other public assistance plans).
- **Sojourns or Personal deviations** are not covered.
- Commission of or attempt to commit a felony or an assault by the person whose **covered injury** or **sickness** is the basis of claim, or to which a contributing cause was such person's being engaged in an illegal occupation.
- Commission of or active participation in a riot or insurrection.
- Flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline; or a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
- An **accident** that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon **Our** receipt of proof of service, **we** will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
- **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.
- Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
- Rest cures, long-term care or custodial care.
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
- Expenses **incurred** after the end of the **Benefit Period**, even if **incurred** for continuing services or treatment of a **covered injury**.
- Injuries compensable under Workers' Compensation law or any similar law.
- Declared or undeclared **war** or act of **war**.
- Aggravation, during a **covered activity**, of an injury the **covered person** suffered before participating in that **covered activity**, unless **we** receive a written medical release from the **covered person's physician.**
- A cardiovascular **accident** or stroke resulting from exertion, as verified by a **physician**
- **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.
- An **accident** if the **covered person** is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the **covered person** holds a valid learner's permit and the **covered person** is receiving instruction from a Driver's Education Instructor.
- Hearing aids, or purchase, repair or replacement of except due to a **covered accident** as described elsewhere in this **certificate**.
- Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses except due to a **covered accident** as described elsewhere in this **certificate**
- Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices except due to a covered accident as described elsewhere in this certificate.
- Charges for hot or cold packs.
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the **covered activity**.

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Endorsement & Exclusions *(continue)*:

- Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that are deemed to be experimental or investigational; and are not recognized and generally accepted medical practice in the United States.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the **covered person** has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the **covered accident** occurred.
- Repair or replacement of existing dentures, partial dentures, braces or bridgework.
- Personal services, or comfort/convenience items such as television and telephone or transportation.
- Expenses payable by any automobile insurance **policy** without regard to fault.
- Treatment or service provided by a private duty **nurse** except due to a **covered accident** as described elsewhere in this **certificate**.
- Custodial Care service and supplies.
- Expenses that are not recommended and approved by a **physician**.
- Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a **covered accident**.
- Treatment of hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.
- Modifications made to dwellings.
- Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.
- Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a **covered accident**, if the **covered person's** initial treatment had begun within 12 months of the date of the **covered accident**; reconstruction incidental to or following surgery resulting from a **covered accident**; and any unplanned and unintended adverse consequences that may result during the treatment of a **covered accident**.
- Treatment or services provided by the **covered person's immediate family**.
- Orthopedic appliances used mainly to protect an injury.
- Services or treatment provided by an infirmary operated by the **policyholder**.
- Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
- Non-physical, occupational, speech therapies (art, dance, etc.).
- Any expenses in excess of **usual and reasonable charges** except as provided in this **certificate**.
- Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures, or heatstroke or heat exhaustion.
- Participation in any sports activity not specifically authorized, sponsored and supervised by the **policyholder**, whether or not it takes place on **policyholder** premises.
- General fitness, exercise programs.

CSU
Participant Accident Coverage

How to file a Participant Accident Claim

ACKNOWLEDGEMENT OF CLAIM

Please note this is not a liability insurance policy. In order to file a claim for reimbursement, the following steps must be followed:

Notice of a claim must be provided within 90 days of injury or sickness covered by the policy. A completed Claim Form is required. Claim Forms not fully completed can cause Claim Representative to return Claim Form and cause processing delays.

Submitting the appropriate documentation is essential for timely adjudication of your claim expenses. If you are receiving treatment, please request an itemized bill (CMS 1500 form from a physician or a UB04 from hospital is preferred). All itemized bill(s) must include:

- Provider's name and address;
- Provider's Tax ID Number;
- Diagnosis Code (ICD-10);
- Date(s) of service;
- Types of service or procedure code;
- Provider charges for each procedure.

Please notify all healthcare providers that have or will be treating you and provide them with your insurance information and the following claims mailing address:

Wellfleet
Po Box 15369
Springfield MA 01115-5399

Also note that if you have other insurance, you must first submit the expenses to your Primary insurance. The primary insurance Explanation of Payment must be included with the itemized bill. If you do not have Primary insurance, then only the itemized bills are needed.

Please feel free to contact us at 877-657-5039 between the hours of 8:30am and 5:00pm ET with any questions.