



## Summary of Benefits: 2015-2016

**INSURED:** VENTURA COUNTY CCD  
255 W. Stanley Avenue, Ste. 150  
Ventura, CA 93001

**COVERAGE:** 1 Year Incurring Period  
**COMPANY:** Anthem Blue Cross – Plan B  
**ELIGIBLE PERSONS:** Enrolled and registered  
Students/Intercollegiate Athletes

**POLICY NO.:** 1157QA Moorpark College  
1157QB Oxnard College  
1157QC Ventura College

**EFFECTIVE DATE:**  
7/01/15-7/01/16

### **BENEFIT LIMITS:**

Per Accident Maximum	Athletes	\$25,000.00
	Students	\$50,000.00
	Emergency Illness Benefit	\$ 500.00
	Dental Maximum	\$ 2,000.00
	Prosthetic Devices	\$ 1,000.00
	Rental Durable Medical Equipment	\$ 2,000.00
AD&D Benefits	Expanded Medical/Intercollegiate Athletes	\$25,000.00
	Loss of Life	\$7,500.00
	Dismemberment	(Single: \$1,000.00/Double: \$5,000.00)
<u>Per Accident Deductibles</u>	Students	\$ 50.00
	Class I Athletes*	\$100.00
	Class II Athletes	\$ 50.00

\*CLASS I SPORTS: Football, Gymnastics, Skiing (snow), Soccer, Surfing and Wrestling

<u>Co-Insurance Percentage</u>	PPO	100%
	Non-PPO	50%

**Physical Therapy:** Limited to 24 visits per calendar year per injury; additional visits available if approved by Anthem Blue Cross.

**NON-PPO:** Benefit will not exceed \$25.00 per visit.

### **COMMON EXCLUSIONS:**

In addition to any benefit-specific exclusions, benefits will not be paid for any covered injury or covered loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by the name in the Accident Medical Expense Benefit 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 or a regularly scheduled commercial or charter airline.
- Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle.
- Participating 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 a 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 are 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.

**Non-Duplication of Benefits Exercised on ALL CLAIMS.**

THIS IS A BRIEF DESCRIPTION OF BENEFITS. THE MASTER POLICY CONTAINS COMPLETE DETAILS OF THE PROVISIONS, LIMITATIONS, EXCLUSIONS AND WILL PREVAIL AT ALL TIMES.

**WHERE & HOW TO REPORT AN ACCIDENT:**

Immediately report all accidents to the instructor, coach, 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 claim report is required to substantiate an insurance claim. Contact the Health Office or Athletic Trainer for insurance reporting forms and information.

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 **90 days** after services and supplies are received. Any bills submitted more than 12 months after the date of service will be denied per the policy terms.

**PROVIDERS:** Any bills, explanation of benefits, etc., should be mailed directly to Anthem Blue Cross, Student Health Claims Dept., Attn: Claims Manager, 21555 Oxnard Street, Woodland Hills, California 91367. Anthem Blue Cross Life and Health Insurance Company may be contacted at (866) 811-7946. Reference S.A.I.N. Program when calling.

The Plan is administered by Student Insurance, 10801 National Blvd., Suite 603, Los Angeles, CA 90064. For more information after a claim is filed, contact Student Insurance at: (310) 826-5688.