Student Accident Insurance Coverage Summary for

Riverside Community College District

2026-2027 School Year

This coverage is designed to help families manage unexpected out-of-pocket expenses from injuries, with details outlined below. If a student is injured, please contact the school to obtain the necessary forms to start the claim filing process.

Eligible Persons

- All student athletes, team trainers, managers, and coaches participating in intercollegiate athletics.
- All enrolled students of the Policyholder; officially invited campus guests (e.g., speakers, researchers, facilitators, or guest prospective athletes); and children of enrolled students who participate in Policyholder-operated childcare programs (e.g., Child Development Center).
- All registered participants in the Policyholder's Community Service and Business Engagement programs.

Eligible Activities

- On-campus premises during scheduled academic hours, including one hour before and after class, while continuously on campus; or during any Policyholder-sponsored and supervised activities or events, including intercollegiate athletics.
- Away from campus, while participating in or attending Policyholder-sponsored and supervised activities or events, including intercollegiate athletics.
- Traveling directly and without interruption between home and campus for scheduled academic attendance or Policyholder-sponsored and supervised activities or events, including intercollegiate athletics.
- Traveling in vehicles owned, leased, or operated by the Policyholder, at any time or for any purpose related to activities specified above.

Benefit Schedule

Injury Medical Expense Benefit	100% of Usual, Reasonable and Customary charges up to $25,000 per Eligible Accident
Physiotherapy per Injury	$450 per visit up to 24 visits
Extent of Coverage	Excess
Shared Deductible per Occurrence	$0
Maximum Coverage Duration	2 years after the date of the Eligible Accident
Loss Eligibility and Treatment Start Requirement	90 days
Injury Reporting Period to the School	60 days from the date of Injury.
Accidental Death & Dismemberment	Principal Sum $20,000
Medical Expenses associated with Loss of Life in respect of Heart, Circulatory or Pulmonary malfunction within 72 hrs. of a covered, connected activity.	Up to $10,000 plus up to $10,000 Funeral Costs
Criminal Harm Assistance Benefit	Up to $5,000
Critical Acute Medical Event Protection	Up to $3,000
Post-Injury Counseling Support	Up to $1,000, limited to 4 visits
Seatbelt and Airbag	$5,000 for Seatbelt; $5,000 for Airbag; $1,000 Default Amount

Important

These plans are not comprehensive health insurance (often referred to as "major medical coverage") and do not meet the minimum essential coverage requirements of the Affordable Care Act (ACA). Please read the policy wording which provides full details of coverage together with limitations and exclusions of coverage.

Exclusionary Provisions

The following are excluded from coverage:

- Services, procedures, or treatments that are not Medically Necessary or that are Experimental or Investigational in nature.
- Checkups, screenings, or other routine exams and tests undertaken without connection to an Injury, including preventative care or treatment.
- Illness, physical or mental impairments, infections of bacterial or viral origin, or any medical or surgical care provided for such conditions, except when a bacterial infection results directly from a sudden external Injury.
- Care involving heart-related disorders, hernia, appendicitis, osteochondritis, osteomyelitis, abnormal bone breaks due to underlying disease, congenital structural issues, and retinal detachment caused by an Eligible Accident, Osgood-Schlatter's Disease, Cognitive and Behavioral Health Conditions, or any mental health services such as emotional, behavioral, or psychiatric therapy except as otherwise provided under specific benefits in this policy.
- Suicide, attempted suicide, or deliberate self-inflicted Injuries.
- Any Injury sustained while the Covered Person is legally intoxicated or legally impaired by alcohol or any controlled substance, as defined by the applicable law of the jurisdiction in which the Injury occurs. This exclusion does not apply to medications taken exactly as prescribed by a licensed Physician and used in accordance with the prescribed dosage.
- Any care, treatment, or supplies for which benefits are payable under any federal, state, or local government plan or program, except Medicare, Medicaid, or Tricare.
- Care, services, or expenses tied to an Injury already handled under auto insurance policies (regardless of fault), Workers' Compensation Employers' Liability, or other job-related benefit systems.
- Injuries sustained while participating in or practicing for any semi-professional or professional sport are excluded from coverage, regardless of location, sponsorship, or supervision.
- Injury resulting from being in, getting on, or exiting any aircraft, unless traveling as a fare paying ticketed passenger, aboard a school-arranged flight, during JROTC participation, or as part of a Military Airlift Command mission.
- Injuries resulting from war, whether officially declared or not.
- Injury sustained during participation in a physical fight unless acting in lawful self-defense; committing or attempting to commit a felony; knowingly breaking the law (federal, state, or local ordinance); or when the Covered Person actively participates in or encourages others to participate in a riot, civil disturbance, or public disorder.
- Claims involving trade sanctions, export restrictions, or other government regulations, including but not limited to economic sanctions, that bar the Insurer from paying benefits under this Policy.
- Medical costs the Covered Person would not owe if not for the existence of this Policy.
- Care, services, or supplies delivered by the School's on-campus medical station or its staff; by medical providers, Physicians, or non-Physician providers employed by, under contract with, or otherwise engaged by the School; or by individuals hired by the Policyholder.
- Dental work, including any damage to dentures, existing orthodontic devices, or bridges, except wherein cover is provided under this Policy.
- Care provided by the Covered Person, their spouse, parent, grandparent, child, sibling, legal guardian or household member.
- Medical equipment or materials, unless explicitly included elsewhere in the Policy.

Coordination with Primary Coverage

If the Covered Person fails to comply with the terms and conditions of their primary insurance plan, Eligible Costs under this Policy not related to treatment for Critical/Acute Medical Event Protection or Emergency Medical Condition, will be reduced to 50% of the amount this Policy would otherwise cover.

Coordination of Excess Benefits

For any Eligible Cost, the Insurer's liability is limited to the portion of the Eligible Cost that exceeds the total benefits payable for the same loss under any other valid and collectible insurance policy or service contract. The Insurer's liability is further subject to the applicable Benefit Schedules, limits, and conditions of this Policy.