

Student Accident Insurance Program

2026-2027 School Year

Program Designed & Administered by:
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Riverside Community College District: Student Accident Coverage

- Base Student Accident Insurance
- Catastrophic Accident Insurance



Base Student Accident Insurance: Eligible Classes



: All student athletes, student trainers, student managers, and coaches of the Participating Organization



Description of Hazards: The hazards against which insurance is provided while the Policy and this Coverage are in force are Injuries occurring to the Covered Person and the Covered Persons Emergency Sickness Commencing while:

1. on School premises:
 - a. during the hours and on the days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while the Covered Person is continuously on the School premises; or
 - b. during the hours or on the days when the School's regular classes are not in session and while the Covered Person is participating in or attending any School Activities including athletic activities.
2. away from School premises while the Covered Person is participating in or attending any School Activities.
3. traveling directly and without interruption to or from:
 - a. residence and School for regular attendance during the Policy Term; or
 - b. residence and School to participate in School Activities.
4. traveling in School Vehicles at any time.



Accident Medical Expense Benefits

Benefit Maximums:

- Class 1: \$25,000
- Class 2: \$25,000
- Class 3: \$25,000

Benefit Period:

- 104 weeks from the date of the Covered Accident

First Expense must be incurred within:

- 120 days from the date of the Covered Accident

Disappearing Deductible:

- \$0 for all eligible classes



Accident Medical Expense Benefits

Physiotherapy and Chiropractic Expenses:

- \$400 per visit
- Maximum number of visits: 24

Emergency Sickness Benefit:

- \$3,000 per occurrence
- Coinsurance: 100% of the Usual, Customary and Reasonable Charges

Felonious Assault Benefit:

- \$3,000
- Coinsurance: 100% of the Usual, Customary and Reasonable Charges

Seatbelt and Airbag Benefit:

- Seatbelt: \$5,000
- Airbag: \$5,000
- Default: \$1,000



Accidental Death & Dismemberment Benefits

Covered Loss	Benefit Amount
Life.....	100% of the Principal Sum
Loss of Entire Sight of Both Eyes.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
Two or More Members.....	100% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
One Member.....	50% of the Principal Sum
Hemiplegia.....	50% of the Principal Sum
Loss of Entire Sight of One Eye.....	50% of the Principal Sum
Heart and Circulatory or Pulmonary Malfunction Resulting in Death	100% of the Principal Sum



Catastrophic Accident Insurance

Plan Features:

- Expands the accident medical expense coverage to \$1,000,000
- Increases the benefit period from 104 weeks up to 10 years
- Provides Additional Benefits



Catastrophic Accident Medical Expense Benefit

Accident Medical Expense:

- Maximum: \$1,000,000
- Deductible: \$25,000
- Deductible will be waived if a Covered Person has a presumptive Disability or Loss of Life occurs within 30 days as a result of a Covered Accident

Benefit Period:

- 10 years after the date of the Covered Accident

Time Period for Loss:

- 90 days from the date of the Covered Accident

Deductible Incurral Period:

- 2 years from the date of the Covered Accident



Catastrophic Cash Benefit

Catastrophic Cash Benefit:

- Principal Sum: \$500,000
- Mode of Payment:
 - Lump Sum: \$100,000
 - Monthly Payment: \$3,333.33

Covered Loss for:

Coma:

Quadriplegia:

Hemiplegia:

Paraplegia:

Uniplegia:

Benefits Amount

100% of Principal Sum

100% of Principal Sum

100% of Principal Sum

100% of Principal Sum

50% of Principal Sum

Time Period for Loss:

- 180 days from the date of the Covered Accident



Additional Catastrophic Benefits

Crisis Management Benefit:

- Maximum Benefit Amount: \$5,000 Lump Sum payable to the Policyholder
- and, \$100/session for up to 10 sessions payable to the Covered Person

Cosmetic Disfigurement from Burns Benefit:

- up to \$150,000

Traumatic Brain Deficit Benefit:

- up to \$250,000

Special Adaptation Expense Benefit:

- Aggregate Benefit Maximum: \$150,000
- Maximum for Housing: \$ 75,000
- Maximum for Vehicles: \$ 75,000



Network Provider

Students remain free to seek the provider of their choice but utilizing network contracted providers can often result in deep discounts, further reducing out-of-pocket expenses.

Our PPO component can make this program even more valuable to families by allowing our claims division to find as many discounts that might be available.





First Health Network

- Geographically broad based and extensive
- Provides deep discounts; especially for primary care sports and physical medicine providers
- Maintains a high retention rate and minimal provider “push-backs”
- Maintains NCQA accreditation
- Provides access to a high percentage of the best hospitals listed in the US News and World Report ranking
- Has a high percentage of urgent care and specialists under contract
- Provides multi-lingual client support and easy access
- Does not impose benefit differentials



Claims Adjudication

Features and Capabilities

- Well designed and integrated systems
- 1099 issuance to providers
- EDI/HIPAA compliance
- ICD 10 capability
- OFAC (Office of Foreign Assets Control) compliance
- Regular fraud prevention training
- PPO repricing
- Section III Compliant
- Personal and knowledgeable assistance to parents and providers



How to File a Claim

1. Immediately report all accidents to COLLEGE AUTHORITY (instructor, coach, trainer or HealthCenter) as soon as possible. **Injuries must be reported to the school within 60 days of the date of injury.** Obtain both a Claim Form and Accident Report from either the Health Office or Athletic Trainer.
2. Complete and send both the Claim Form and Accident Report to the Plan Administrator within 120 days after the date of the accidental injury. Forms may be submitted via:
 - Email:* claims@myers-stevens.com
 - Fax:* (949) 348-2630
 - Mail:* Myers-Stevens & Toohey | 26101 Marguerite Pkwy. | Mission Viejo, CA 92692
3. Additionally, please file a claim with your other family health and/or accident carrier, if any. This can include employee plans, union plans, CHAMPUS (military plans), service contracts, self-insured benefit plan, or health maintenance organizations (HMOs).
4. Attach all itemized bills to the claim form and mail within 90 days of the first date of treatment.



Myers-Stevens & Toohey is your risk management partner, and is here to help.

Marketing Support

Sean Toohey

(800) 827-4695 ext. 602

Claims Administration

Jane Starr

(800) 827-4695 ext. 607

Bilingual Family Support

Julene Kiesling

(800) 827-4695 ext. 623

