2020-21 Athletic Accident Insurance Plan Summary for the Student Athletes of: California Lutheran University

This is a brief summary of the benefits provided through your institution for eligible full-time student athletes participating in intercollegiate sports. This plan will cover a student athlete from the first to the last date a student athlete is required to be on campus for participation in a **Covered Event**. Please refer to the full plan document for a complete description of the plan Benefits, Limitations and Exclusions. Additional information regarding this plan can be found at **www.eiia.org**. Click on "For Students" and search for your institution.

FULL EXCESS MEDICAL: This plan will pay Eligible Expenses up to the limits of this plan that are in excess of any other **health care plan**, regardless of any coordination of benefits provision contained in such health care plan.

IMPORTANT: All injuries must be reported to the Athletic Trainer immediately. Unreported injuries are not covered.

CLAIM FILING INSTRUCTIONS: Please contact your Athletic Trainer.

QUESTIONS: For questions please contact NAHGA Claim Services at 877.497.4980 or e-mail them at **eiia@nahga.com**

POLICY #: US1244455	**COVERAGE PERIOD: 8/1/20 – 7/31/21**
ACCIDENT LIMIT: *$25,000*	**EXPANDED MEDICAL TREATMENT BENEFIT*: *$25,000***
DEDUCTIBLE: *$500*	**BENEFIT PERIOD: *24 Months from date of Accident***
COINSURANCE: *0%*	**Report your injury to the Athletic Trainer immediately!**

ELIGIBLE EXPENSES:
Hospital Room & Board (semi-private rate); **Hospital** Miscellaneous; Outpatient Pre-Admission Testing; Outpatient **Hospital** Emergency Room Benefit; Surgeon; Assistant Surgeon (30% of surgeon's allowable fee); Anesthesiologist; **Doctor**; Surgical Facility; X-ray and laboratory; ambulance; prescription drugs and **physiotherapy** ($300 maximum without a **Doctor's** prescription). This benefit includes coverage for treatment of **injury** to **Natural Teeth.**

***EXPANDED MEDICAL TREATMENT BENEFIT** means benefits will be payable for treatment of the following conditions resulting from the play or practice of Intercollegiate Sports. Repetitive Motion Injuries; Strains; Sprains; Hernia; Tennis Elbow; Tendonitis; Bursitis; and Muscle tears. Such condition must manifest itself while this plan is in force. This coverage is subject to the same limitations as any other injury. Please refer to the Schedule of Benefits for limit and deductible information.

- **Initial medical treatment must be received by a doctor within 90 days from the date of the accident.**
- **Proof of loss must be submitted within 6 months from the date of injury.**
- **Medical bills must be submitted within 12 months of the date of service.**

There is no guarantee of benefits. All injuries are validated and reported by the Athletics Department.

Terms that are defined in the Policy are capitalized in this Summary.

This summary is not intended to take the place of the benefits described in the Policy. Please refer to the Full Plan Document for a complete description of Benefits, Limitations and Exclusions.

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