



Athletic Injury Medical Expense (AIME) Program

COVERAGE SUMMARY

INSURER:
CSURMA (Self Insured
Plan of Benefits)

POLICY TERM:
July 1, 2017 to
July 1, 2018

POLICY NO:
CSURMA-AIME-1718



QUESTIONS:

Stacey L. Weeks
(415) 403-1448
sweeks@alliant.com

Robert Leong
(415) 403-1441
rleong@alliant.com

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

COVERED NAME ENTITY:

California State University Risk Management Authority (CSURMA)

COVERED MEMBERS:

1. California State University, Bakersfield
2. California State University, Chico
3. California State University, Dominguez Hills
4. California State University, East Bay
5. California State University, Fresno
6. California State University, Fullerton
7. Humboldt State University
8. California State University, Long Beach
9. California State University, Los Angeles
10. California Maritime Academy
11. California State University, Monterey Bay
12. California State University, Northridge
13. California State Polytechnic University, Pomona
14. California State University, Sacramento
15. California State University, San Bernardino
16. San Diego State University
17. San Francisco State University
18. San Jose State University
19. California Polytechnic State University, San Luis Obispo
20. California State University, San Marcos
21. Sonoma State University
22. California State University, Stanislaus

COVERAGE PARTIES:

Any regularly enrolled student who is a participant on the intercollegiate team roster of the participating CSU campus, or is engaged in scheduled activities to become a roster participant of an intercollegiate team of the participating CSU campus. Coverage for student-athletes, student coaches, student managers, athletic training students and student cheerleaders who are injured while participating in a Covered Activity.

COVERED ACTIVITIES:

Benefits are limited to injuries sustained during participation in regularly scheduled intercollegiate sports events of the participating CSU campus, including during the regular season for such sport and the supervised or customary activities within the scope of such sport. Coverage includes the sports listed on the sports census from each participating CSU campus.

Benefits for a Covered Event are for players on an athletic team who are qualifying intercollegiate sport competition scheduled by the CSU campus, official team activities; conditioning; and practice sessions.

For players on an athletic team, Covered Event must be authorized by, organized by or directly supervised by an official representative of the CSU campus (not including any activities not directly a part of a Qualifying Intercollegiate Sport, such as camps, clinics and other events not conducted by the CSU campus).

Covered Event, for Student Cheerleaders, does not include any activities, camps, clinics, national competitions, fund-raisers, alumni events; unless the activity is directly associated with the activities of a Qualifying Intercollegiate Sport team or conducted by the Insured Person's Participating School.

While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. This summary is not intended to replace or supersede any of your insurance contracts.



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COVERED BENEFITS (Plan of Benefits):

1. Medical Expense
2. Expanded Medical Benefits
3. Excess Accident provision
4. HMO/PPO provision
5. Re-injuries and Aggravations of prior injury
6. Third Party Refunds are defined

LIMITS / SUB-LIMIT / DEDUCTIBLE:

\$90,000	Each Condition
\$0	Deductible
104 weeks	Benefit Period

COMMON EXCLUSIONS (Partial):

1. Suicide or any attempt thereof by a covered person
Intentionally self-inflicted injuries
Any injury occurring other than as a participant in a member campus intercollegiate athletic event, or the practice thereof
Dental treatment, except as a result of injury to sound and natural teeth
The covered person being intoxicated
Expenses for the treatment of sickness or disease
Benefit will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by member campus
 - b. living in the Insured Person's household
 - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
 - d. the Insured Person

THIRD PARTY CLAIMS ADMINISTRATOR

Health Special Risk, Inc. (HSR)
HSR Plaza II, 4100 Medical Parkway
Carrollton, TX 75007

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