PLAN INFORMATION

- *Policy Number*: SR2014CA-P-051924
- *Insurance Company*: Mutual of Omaha Insurance Company
- *Effective Dates*: 8/01/2026 to 7/31/2027

*"**College**" means Foothill DeAnza Community College District*
*"**Insured**" or "**Insureds**" means a registered student of the College*
*"**Company** or "**the Company**" means Mutual of Omaha Insurance Company.*

COVERED ACTIVITIES

All registered College students are eligible.

24-HOUR COVERAGE
Accident coverage is provided for Insureds 24-hours/day whether on or off campus.

SPORTS COVERAGE
Accident coverage is also provided to Intercollegiate Student Athletes, Student Coaches, Student Managers, and Student Trainers participating in College sponsored and supervised Intercollegiate Sports activities including: 1) regularly scheduled athletic games, competition, practice sessions, and conditioning; and 2) traveling as part of a group in transportation authorized or arranged by College. Student Cheerleaders (including Dance & Mascots) are also eligible.

DESCRIPTION OF BENEFITS

Benefits are provided for all Insureds who sustain a bodily Injury while participating in a Covered Activity. Benefits are not payable for loss due to sickness.

Accident Medical Expense Benefit (Full Excess)

Maximum Benefit: $25,000 per Injury

- **Deductible:** $100 per Injury per Accident
  - *Deductible may be satisfied or reduced by eligible Medical Expenses paid under Other Insurance plans.*
- **Benefit Period:** Charges must be incurred within 52 weeks of the date of the accident. Initial treatment must commence within 90 days of the date of the accident in order for benefits to be considered.

FULL EXCESS: Accident Medical Expense Benefits are secondary to all Other Insurance plans. This plan's benefits are designed to cover Medical Expenses which are not payable by other insurance. In the event of a covered Injury, the Insured should report it to all other insurance companies who may cover it. After Other Insurance has paid benefits, all remaining balances should be reported to the Company with copies of the explanation of the other insurer's payment. An Insured must follow the terms and conditions of his or her health insurance coverage. If the Insured has no other insurance, then this insurance will be primary.

Plan management services provided by Mercer Health & Benefits LLC

Accidental Death & Specific Loss Benefit

Principal Sum (maximum): $10,000
When, because of covered Injuries, the Insured sustains any of the following losses within 365 days after the date of the accident.
For loss of life, the maximum benefit is 100% of Principal Sum. Other benefit amounts are scheduled as a percentage of the Principal Sum maximum based on the severity/type of the loss - limbs, sight, speech, and hearing. Only one of the amounts shown above (the largest applicable) will be paid for covered Injuries resulting from one accident.

Heart or Circulatory Malfunction Death Benefit

If an Insured suffers loss of life due to a Heart or Circulatory Malfunction that occurred within 24-hours after participation in Covered Activities, a lump-sum benefit in the amount of $10,000 will be payable. The loss of life must occur within 90 days from the date of the Heart or Circulatory Malfunction. A Heart or Circulatory Malfunction is limited to a myocardial infarction, coronary thrombosis, or cerebral vascular accident. Heart or Circulatory does not include any condition previously diagnosed or treated by a Physician within 12 months before being covered by this insurance.

KEY DEFINITIONS

Allowable Expense means a Medical Expense otherwise payable under the policy that is not in excess of the 80th percentile identified on a statistically valid industry healthcare claim benchmarking tool identified by the Company.

Hospital means an institution which: 1) is operated pursuant to law; 2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons 3) on an inpatient basis; 4) is under the supervision of a staff of Physicians; 5) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); and 6) has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis.

Injury/Injuries means bodily harm caused by external means resulting in a loss described in the Covered Activities and included as in the Description of Benefits applicable to such Insured. For this purpose, bodily harm includes wear and tear (loss and damage caused by overuse) of an Insured's body part.

Medical Expense(s) means expenses incurred for Medically Necessary services and supplies. Medical Expenses are incurred on the date the service or supply is rendered or provided.

Medically Necessary, Medical Necessity means care that is ordered, prescribed, or rendered by a Physician or Hospital, and is determined by the Company, or a qualified party or entity selected by the Company, to be: 1) consistent with the diagnosis and treatment of the loss; 2) appropriate with the standards of good medical practice; 3) not solely for the convenience of the Insured; 4) the most appropriate supply or level of service which can be safely provided; and 5) not considered experimental or investigative.

Other Insurance plans include (but is not limited to): any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under any individual, group, blanket, or franchise policy of accident, disability, or health insurance. Other Insurance does not include Medicaid or Tricare.

EXCLUSIONS

No Coverage is provided for:
1) intentionally self-inflicted injury, suicide while sane or insane; 2) Injury caused by, attributable to, or resulting from the Insured's Intoxication; 3) Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; 4) which a contributing cause was the Insured's commission of or an attempt to commit a felony, or to which a contributing cause was the Insured's being engaged in an illegal occupation; 5) an act of declared or undeclared war; 6) active duty service in any Armed Forces; 7) operating, learning to operate, or serving as a pilot or crew member of any aircraft; 8) dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth; 9) any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law; 10) a charge which is in excess of the Allowable Expense; 11) eyeglasses, contact lenses, or related examinations or prescriptions except as indicated on the schedule.

CLAIMS PROCEDURES

Claim forms are available from Student Services or the Athletic Department.

1. Immediately report the Accident to a school official, instructor, coach or trainer. An Accident report is necessary to substantiate the insurance claim. All Injuries should be reported within 72 hours of the Accident.
2. All bills must first be submitted to any Other Insurance plan for which the Insured may be eligible. That Explanation of Benefits paid or denied must accompany the claim form.
3. Fully complete and sign the claim form. Attach all itemized bills and any other insurer's Explanation of Benefits and send to:

Mutual of Omaha
Special Risk Services
P.O. Box 31156, Omaha, Nebraska 68131
By email: specialrisk.claims@mutualofomaha.com

Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the written proof is not given within 90 days, the claim will not be invalidated or reduced if: 1) it was not reasonably possible to give proof within 90 days; and 2) proof is given as soon as reasonably possible, but not later than one year from the date it is otherwise required, except in the absence of legal capacity.

FOR BENEFITS OR CLAIMS QUESTIONS

Mutual of Omaha
Special Risk Services
P.O. Box 31156, Omaha, Nebraska 68131
Toll free: 1-800-524-2324

Policy Number SR2014CA-P-051924

DeAnza College

2026–2027
Student Accident Insurance Plan

Mutual of Omaha Insurance Company
Policy No. SR2014CA-P-051924

This brochure describes benefits under a blanket limited accident insurance plan sponsored by your College. It is not a contract of insurance. Coverage is governed by a Policy of insurance underwritten by Mutual of Omaha Insurance Company. Any discrepancy between this brochure and the Policy will be governed by the Policy. Benefits are subject to verification of eligibility.

ADDITIONAL TERMS, CONDITIONS, LIMITATIONS, AND PROVISIONS APPLY.

DETACH AND RETAIN ID CARD

DEANZA COLLEGE
STUDENT ACCIDENT INSURANCE PLAN

_____
Student Name (please print)

Underwritten by:
MUTUAL OF OMAHA INSURANCE COMPANY

Policy Number SR2014CA-P-051924