CSURMA Athletic Injury Medical Expense (AIME) Committee Meeting Agenda
"This is an Open Public Meeting"

In accordance with the requirements of the Bagley-Keene Open Meeting Act, notice of this meeting must be posted in publicly accessible places, including the Internet, at least ten (10) days in advance of the meeting.

Per Government Code section 54954.2, persons requesting disability-related modifications or accommodations, including auxiliary aids or services in order to participate in the meeting, are requested to contact Alliant at (415) 403-1400 twenty-four hours in advance of the meeting. Entrance to the meeting location requires routine provision of identification to building security. However, CSURMA does not require any member of the public to register his or her name or to provide other information, as a condition to attendance at any public meeting and will not inquire of building security concerning information so provided. See Government Code section 54953.3.

Date & Time:	May 18, 2026 – 9:00 AM to 10:30 AM
Virtual Location:	Virtual Meeting (Zoom) Video Chat: https://alliantinsurance.zoom.us/j/91906222072 Teleconference: 1-669-900-6833 Meeting Number: 919 0622 2072 Passcode: 512217

A. General Administration

1.	**Review of the Meeting Minutes – January 26, 2026** The Committee will receive a report on the minutes from their last meeting.	**A**	*Pg. 1*
2.	**AIME Committee Appointment** The Committee will be asked to elect a Chair and Vice Chair for the Committee.	**A**	*Pg. 4*
3.	**AIME Loss Reports and Claim Trends** The Committee will receive a summary report from Health Special Risk, of the program's claims experience and trends.	**I**	*Pg. 5*
4.	**CSURMA Executive Committee Report** The Committee will receive a verbal report from the Executive Committee Liaison.	I	*Pg. 19*
5.	**CSURMA Plan of Benefits** The Committee will receive a report on the comparison between the AIME Plan of Benefits and NCAA policy.	I	*Pg. 20*
6.	**CSURMA AIME Committee Member and Staff Contact Lists** The Committee will be asked to review the contact list and provide updates as applicable.	I	*Pg. 54*

B. Adjournment

The next CSURMA Athletic Committee meeting is scheduled to meet on October 26, 2026. If you have questions regarding the agenda package, please contact *Stacey Weeks – sweeks@alliant.com (415) 403-1448.*

Agenda Item A1
CSURMA AIME Committee
Meeting Date: May 18, 2026

REVIEW OF THE MEETING MINUTES – JANUARY 26, 2026

ISSUE: The Committee will be asked to review the meeting minutes from the January 26, 2026 meeting.

RECOMMENDATION: It is recommended that the Committee review the minutes from its January 26, 2026 meeting, making corrections as necessary.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S):

a. CSURMA AIME Committee Meeting Minutes – January 26, 2026

MINUTES OF THE CSURMA AIME COMMITTEE MEETING JANUARY 26, 2026 SAN FRANCISCO, CALIFORNIA

MEMBERS PRESENT

Kyle Burnett, CSU Fullerton (Joined at 9:30 a.m. Zoom)
Keyonda Kendall, CSU Sacramento (Zoom)
Jennifer Lupo-Northrup, CSU Los Angeles (Zoom)
Kristal Slover, CPSU, San Luis Obispo (Zoom)
Jarrod Spanjer, CSU Long Beach (Zoom)
Michael Thorpe, Risk Manager, CSU Chico (Zoom)
Michael Beatty, San Francisco State, EC Liaison (Zoom)

MEMBERS ABSENT

None

STAFF, GUESTS & CONSULTANTS

Nikki Hammond, Health Special Risk (Zoom)
Amy Lightner, Alliant Insurance Services (Zoom)
Ryan Lopez, Alliant Insurance Services (Zoom)
Cathy Ray, Health Special Risk (Zoom)
Brandon Schall, Health Special Risk (Zoom)
Stacey Weeks, Alliant Insurance Services

A. CALL TO ORDER

The meeting was called to order at 9:03 a.m. by Staff.

A1. Review Meeting of Minutes

A motion was made to approve the meeting minutes of October 27, 2025 as presented at today's meeting.

MOTION: Michael Thorpe **SECOND:** Jarrod Spanjer **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Kyle Burnett	X			
Keyonda Kendall	X			
Jennifer Lupo-Northrup	X			
Kristal Slover	X			
Jarrod Spanjer	X			
Michael Thorpe	X			

A2. AIME Loss Reports and Claim Trends

Brandon introduced the HSR team members, Cathy Ray, Nikki Hammond, and Chris Lyons. The Committee reviewed the policy year-to-date claims payments report, which reflects a 30-month claim payment development period. Claim payments are beginning to flatten overall; however, payments for the 2024/25 policy year remain higher than those of prior years. For the 2025/26 policy year, claims paid are currently trending upward, although the program is expected to stabilize over the next 36 months.

The AIME paid amount for the 2025/26 policy year is higher than typical levels and is expected to decrease over time as primary insurance payments cycle downward. The average turnaround time from receipt of a claim invoice to payment is currently six days, compared to the typical range of 10–15 days.

The Committee discussed the relationship between increasing losses and higher paid claim amounts. Campus discounts are applied prior to any additional discounts. The Committee also reviewed the availability and utilization of the PPO discount network. In addition, HSR maintains a provider and vendor list with established agreements that encourage continued member utilization and support overall cost efficiency. The Committee further discussed future insurance expectations, including the continued rise in medical service costs and the anticipated pressure on the AIME program to absorb higher payment obligations. With Affordable Care Act dropping the AIME program will see an increase in payments from primary insurance coverage.

A3. Renewal of Prospective Student Athletes Insurance Program

AIME purchases Prospective Student Athletes Insurance to cover prospective student athletes (PSA) at an NCAA member school, while participating in an on-campus evaluation as a PSA. Staff reported that this policy will renew with the same terms and conditions as expiring and there is no change in the premium.

A4. CSURMA Committee Member and Staff Contact Lists

Staff was asked to provide updates to contact information to Staff.

B. ADJOURNMENT

The meeting was adjourned at 9:39 a.m.

Agenda Item A2
CSURMA AIME Committee
Meeting Date: May 18, 2026

AIME COMMITTEE APPOINTMENT

ISSUE: The Committee will be asked to appoint a Vice Chair following Kelli Eberlein's retirement from the CSU. The Committee will receive a report on the process for appointing a new Vice Chair to fill the vacancy.

RECOMMENDATION: The Committee will be asked to discuss and approve the appointment of a Vice Chair to fill the vacant Vice Chair seat on the Committee.

FISCAL IMPACT: None

BACKGROUND: AIME Committee members serve two-year terms. The goal of staggering the seat elections is to maintain continuity, so that AIME benefits from the expertise Committee members develop during their terms. The AIME Committee Chair serves a two-year term.

PUBLICATION: None

ATTACHMENT(S): None.

Agenda Item A3
CSURMA AIME Committee
Meeting Date: May 18, 2026

AIME LOSS REPORTS AND CLAIM TRENDS

ISSUE: The Committee will hear a report from Health Special Risk (HSR), the Claims Administrator on loss experience and claim trends for the period beginning July 1, 2015.

RECOMMENDATION: No action is requested.

FISCAL IMPACT: Information Item only.

BACKGROUND: HSR provides third party claims administration. Effective July 1, 2015

PUBLICATION: None

ATTACHMENT(S):

a. Monthly Claims Payment Summaries by Campus/Paid at April 30, 2026

HSR
ACCIDENT INSURANCE SOLUTIONS

csurma California State University Risk Management Authority

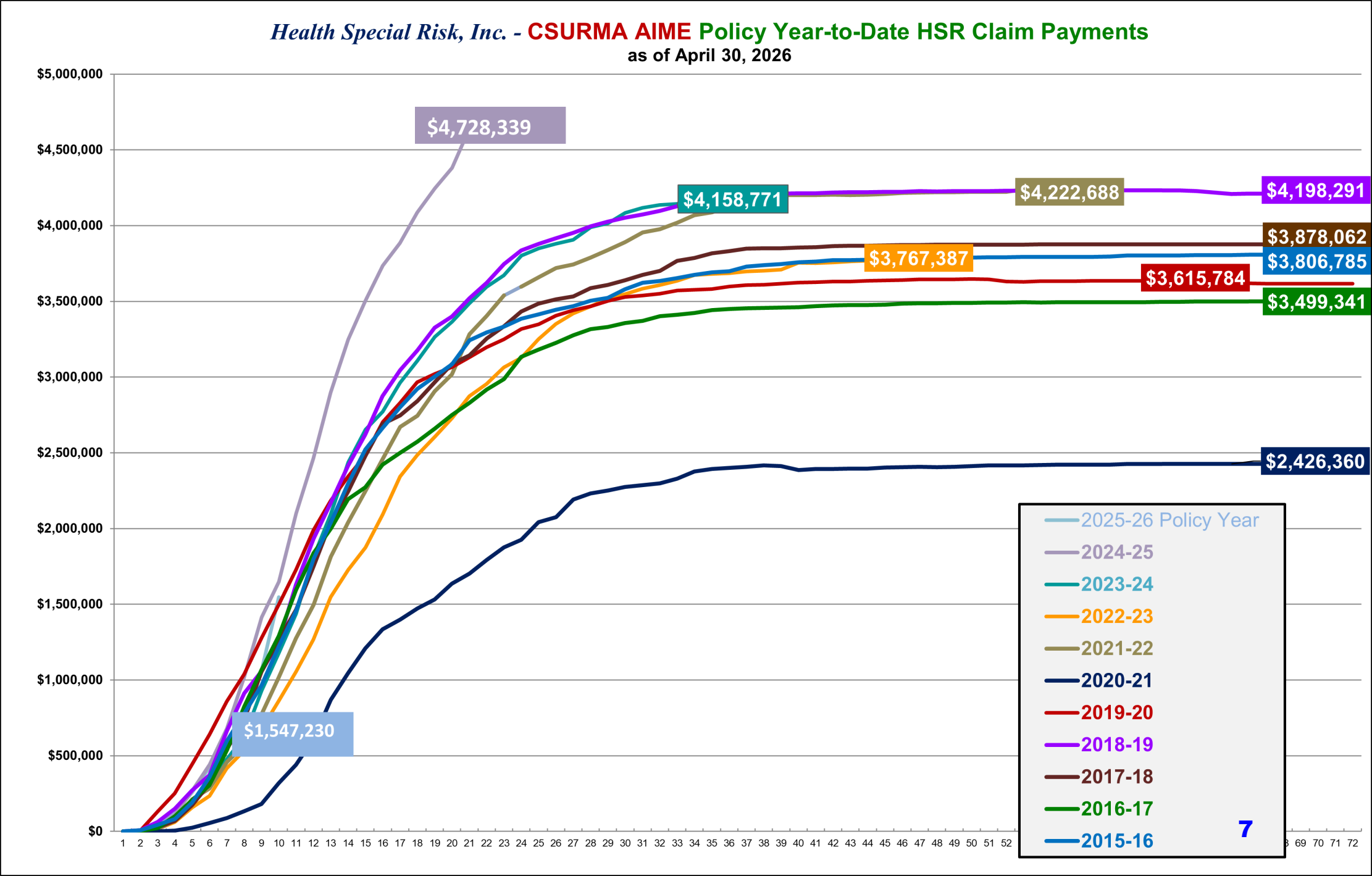
ATHLETIC INJURY MEDICAL EXPENSE PROGRAM (AIME)

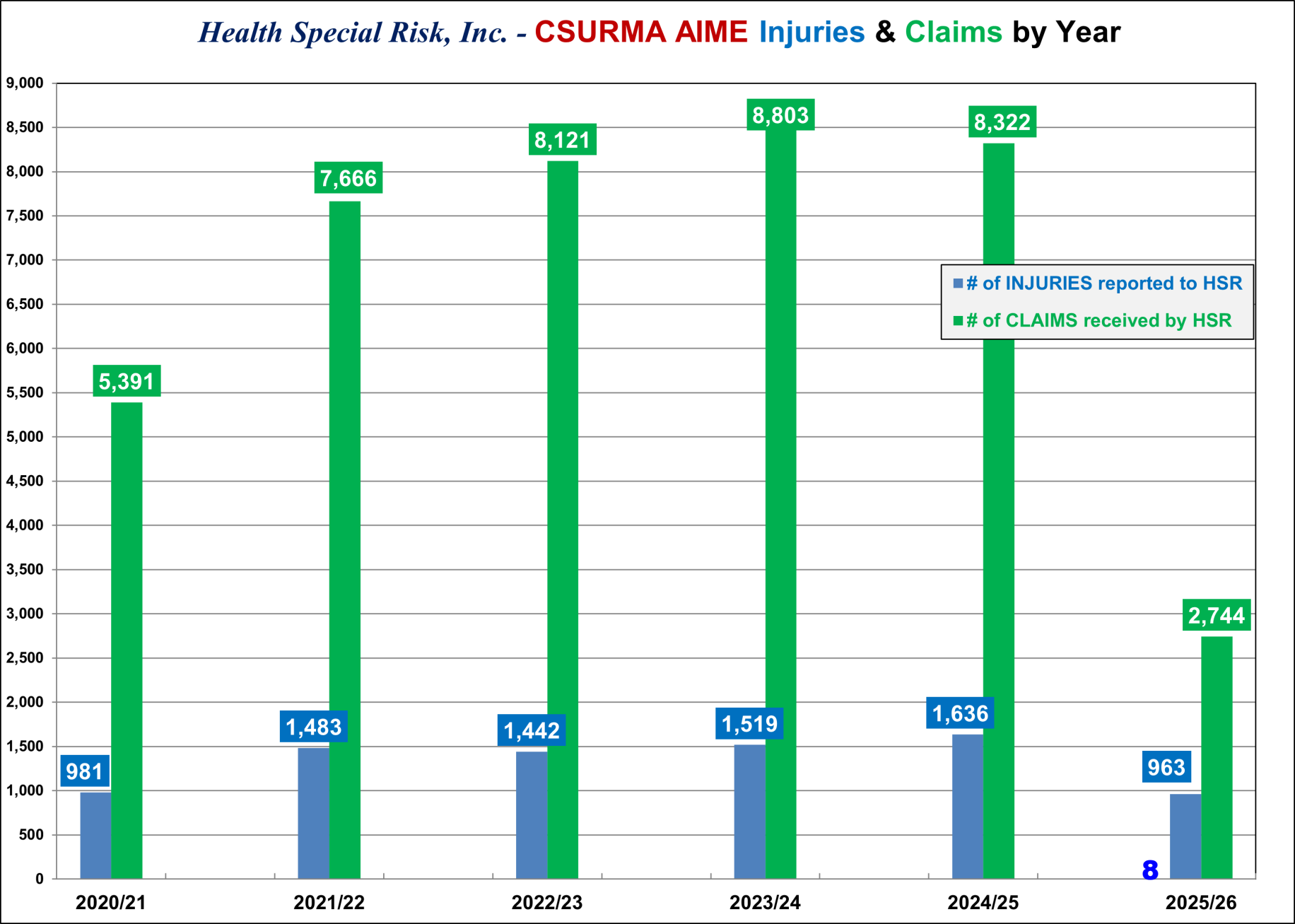
Health Special Risk, Inc.

AIME Loss Reports
as of April 30, 2026

January 26, 2026 AIME Committee Meeting

Chris Lyons, Managing Director
Becky Sivak, Director of Client Services
Cathy Ray, Sr. Vice President & Chief Claims Officer
Nikki Hammond, Account Executive

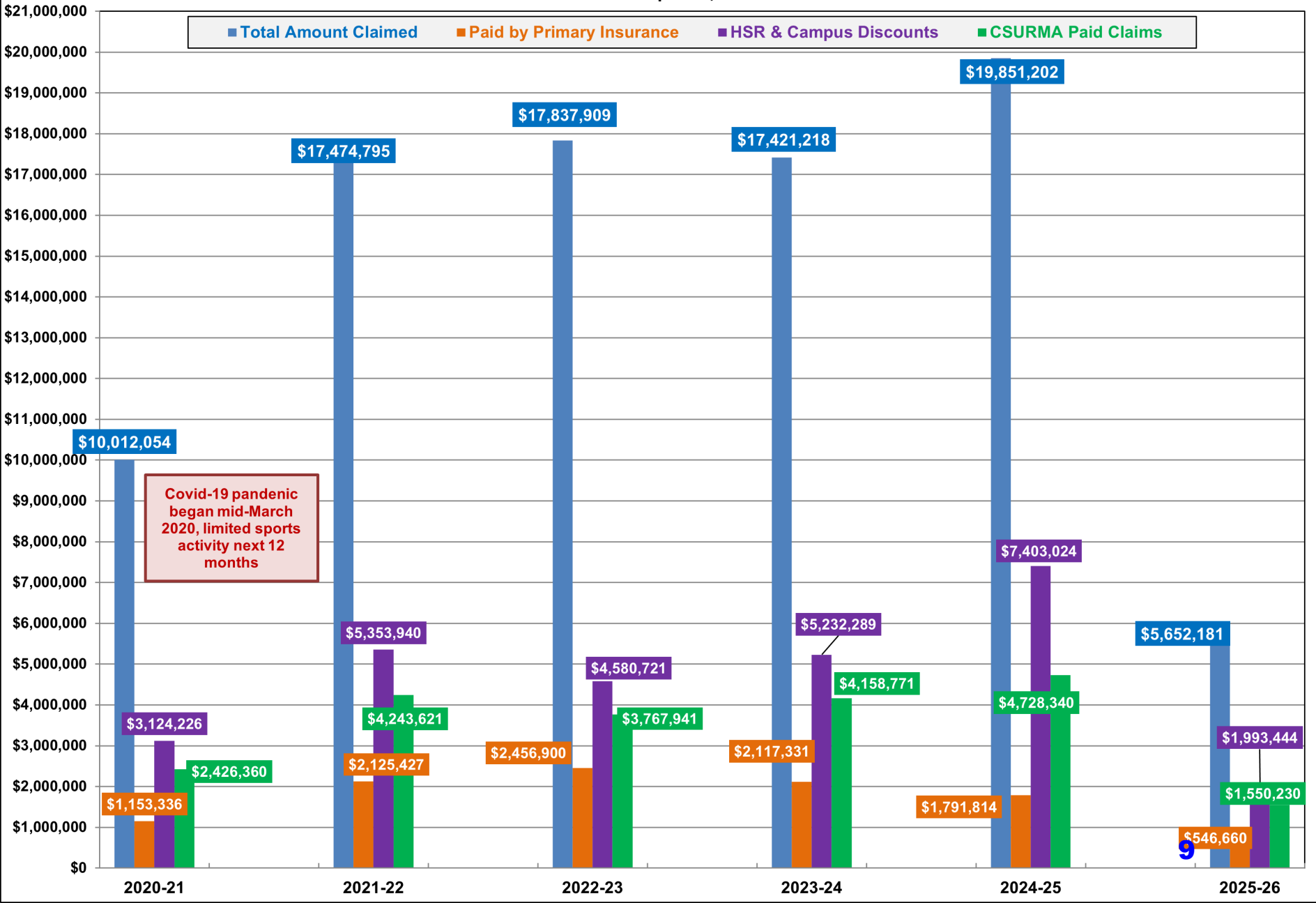

Health Special Risk, Inc. - CSURMA AIME Policy Year-to-Date HSR Claim Payments
as of April 30, 2026
$5,000,000
$4,500,000
$4,000,000
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
$4,728,339
$4,158,771
$4,222,688
$4,198,291
$3,878,062
$3,767,387
$3,806,785
$3,615,784
$3,499,341
$2,426,360
$1,547,230
2025-26 Policy Year
2024-25
2023-24
2022-23
2021-22
2020-21
2019-20
2018-19
2017-18
2016-17
2015-16
7


Health Special Risk, Inc. - CSURMA AIME Injuries & Claims by Year
9,000
8,500
8,000
7,500
7,000
6,500
6,000
5,500
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
# of INJURIES reported to HSR
# of CLAIMS received by HSR
981
5,391
1,483
7,666
1,442
8,121
1,519
8,803
1,636
8,322
8
963
2,744
2020/21
2021/22
2022/23
2023/24
2024/25
2025/26

Health Special Risk, Inc. - CSURMA AIME

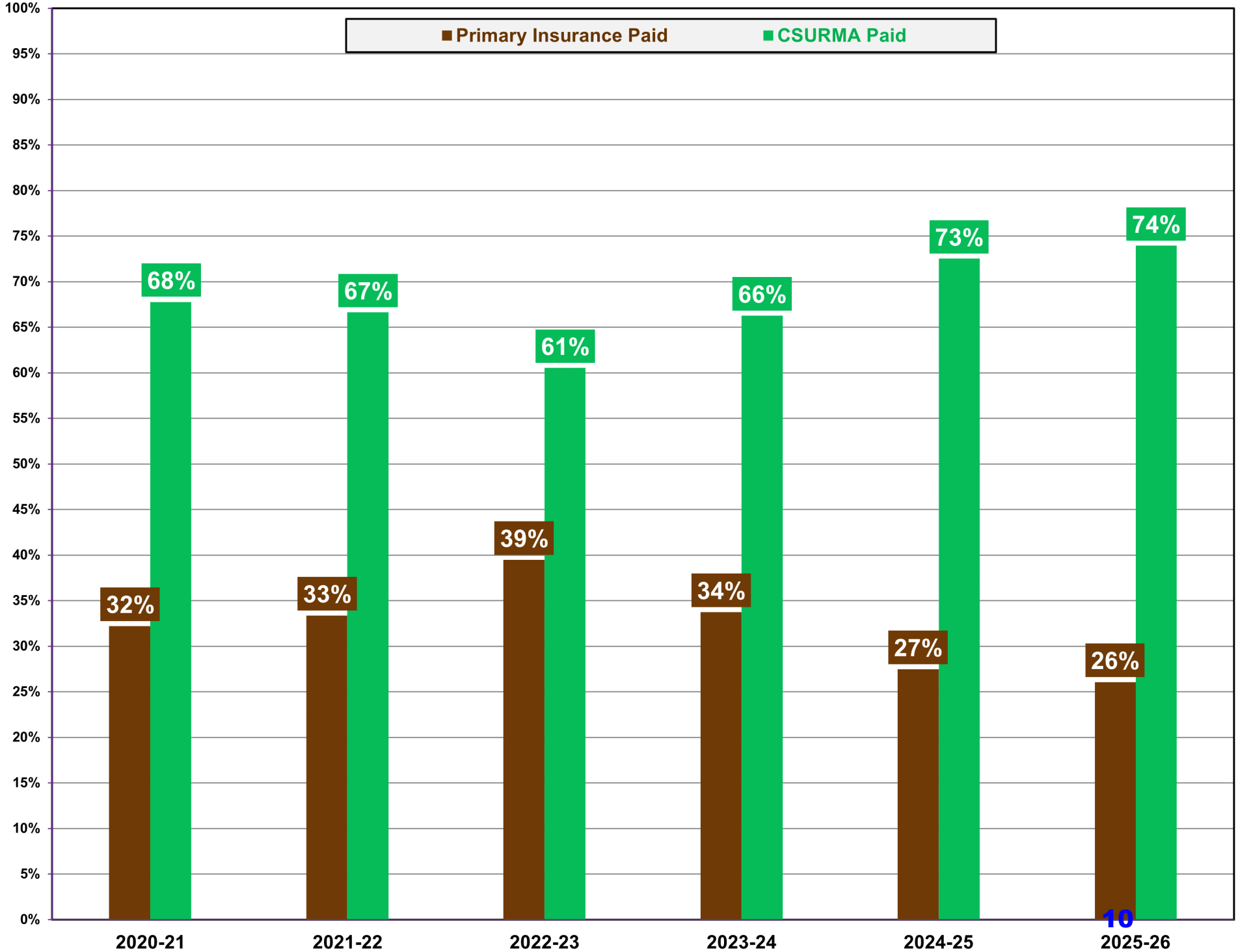
Policy Year Amount Claimed, Paid by Primary Insurance, HSR & Campus Discounts & Paid by CSURMA

as of April 30, 2026



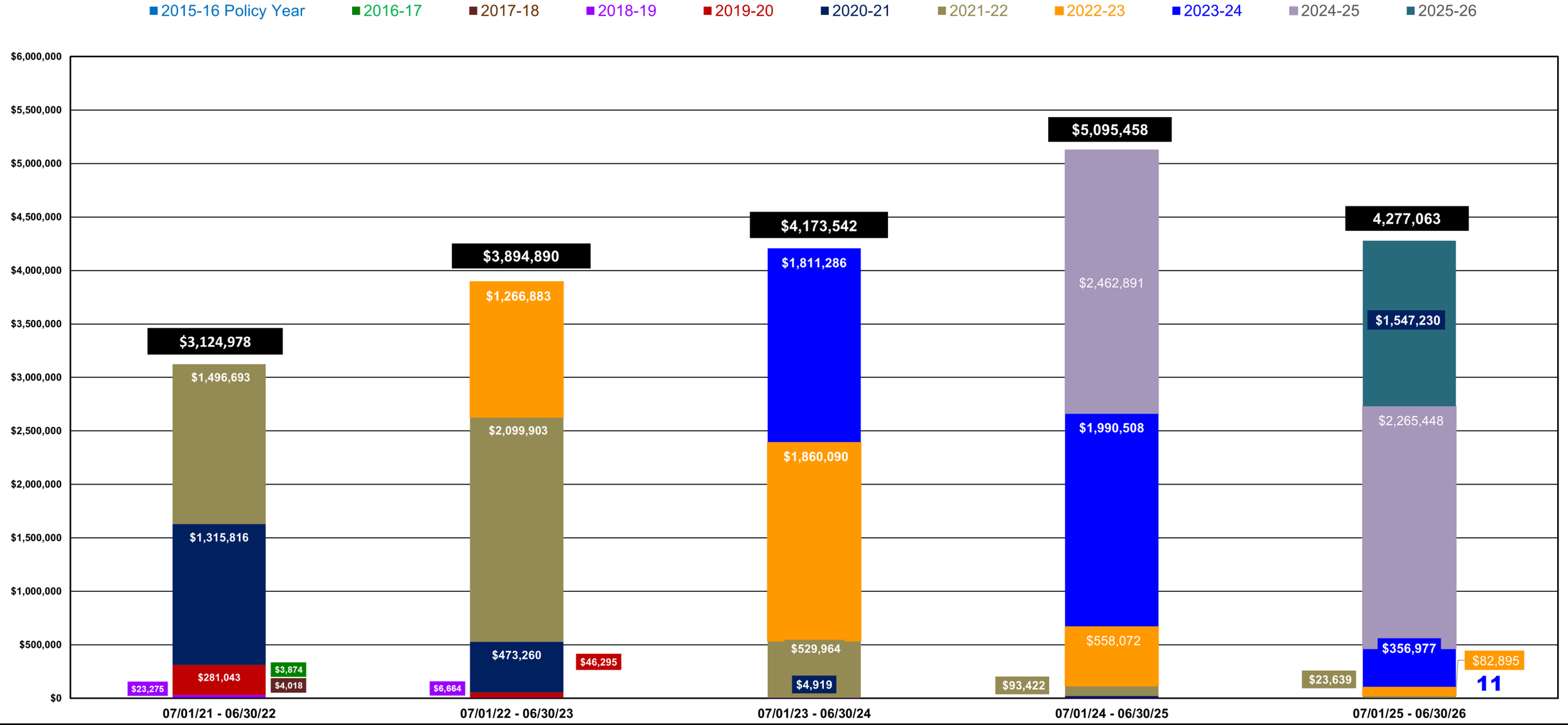
Health Special Risk, Inc. - Primary Insurance Paid % vs. CSURMA Paid %

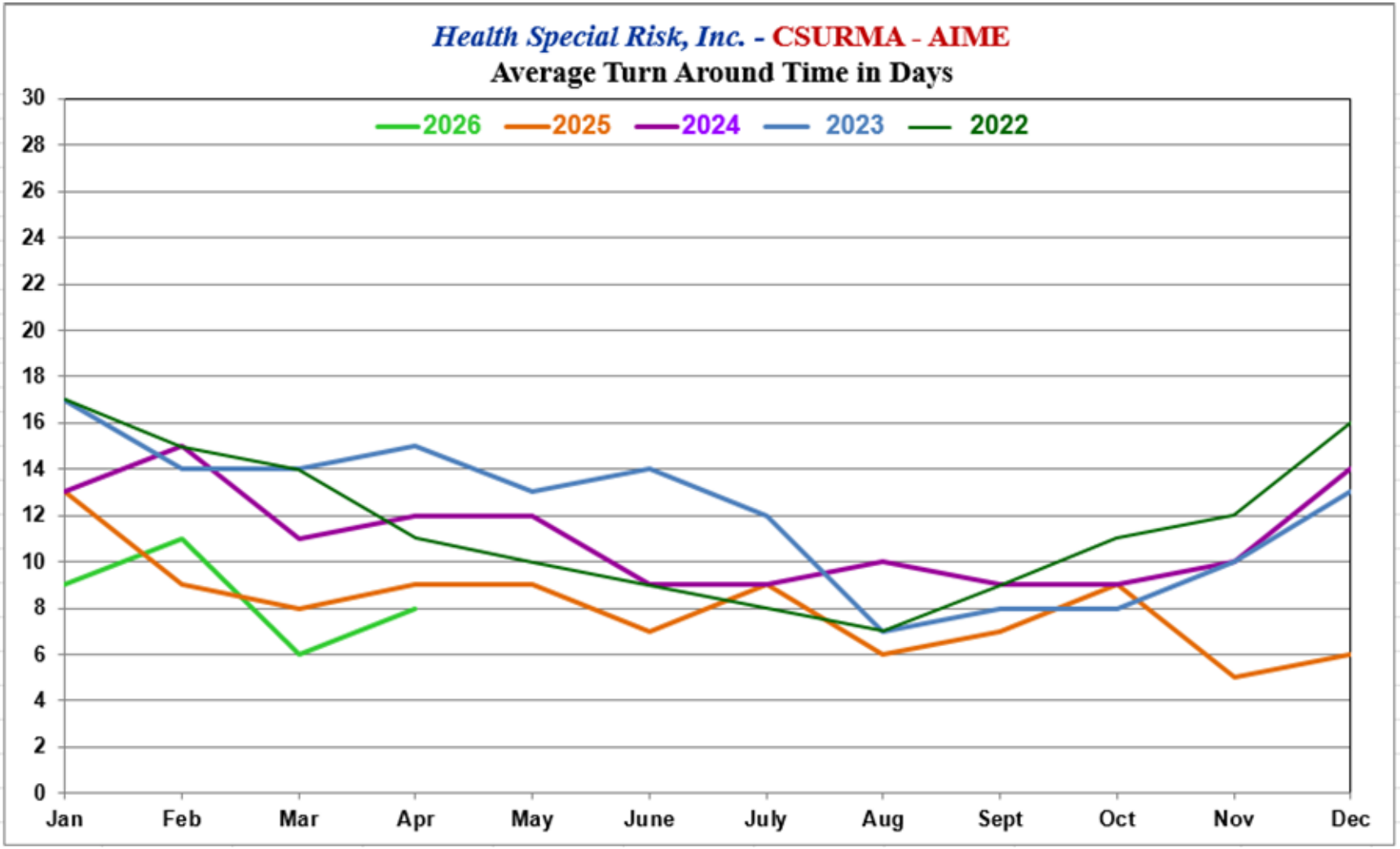
as of April 30, 2026



AIME: HSR Claims PAID in each FISCAL YEAR for each Policy Year

as of December 31, 2025




Health Special Risk, Inc. - CSURMA - AIME
Average Turn Around Time in Days
2026
2025
2024
2023
2022
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec

CSURMA CLAIMS PAID ANALYSIS
Year # 11: 2025/2026 Policy Year

HSR ACCIDENT INSURANCE SOLUTIONS

csurma California State University Risk Management Authority

CSU Campus	# of Injuries	# of Claims	# Injuries w Primary Insurance payments	% of Total Injuries	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CSPU, POMONA	47	194	29	62%	$312,990	$15,246	$51,423	$97,440	**$88,392**
CSPU, SAN LUIS OBISPO	80	315	58	73%	$666,345	$73,520	$530	$228,809	**$155,771**
CSU, BAKERSFIELD	40	136	32	80%	$289,677	$70,344	$0	$20,865	**$39,938**
CSU, CHICO	6	21	4	67%	$58,292	$3,983	$0	$23,846	**$11,357**
CSU, DOMINGUEZ HILLS	15	162	9	60%	$333,767	$25,281	$52,291	$7,742	**$180,532**
CSU, EAST BAY	11	38	9	82%	$32,186	$4,980	$0	$5,763	**$10,215**
CSU, FRESNO	152	456	71	47%	$559,437	$46,492	$227,712	$4,640	**$156,324**
CSU, FULLERTON	46	117	23	50%	$380,797	$44,440	$0	$114,424	**$93,830**
CSU, LONG BEACH	147	542	76	52%	$563,714	$57,191	$191,415	$18,060	**$147,738**
CSU, LOS ANGELES	7	43	5	71%	$120,115	$6,579	$25,264	$50,163	**$34,674**
CSU, MONTEREY BAY	37	208	27	73%	$287,654	$23,766	$82,651	$51,561	**$91,478**
CSU, NORTHRIDGE	51	253	16	31%	$371,588	$14,641	$98,995	$97,474	**$100,082**
CSU, SACRAMENTO	65	122	26	40%	$221,559	$17,107	$68,796	$35,080	**$38,449**
CSU, SAN BERNARDINO	5	12	2	40%	$66,979	$702	$2,144	$42,875	**$20,377**
CSU, SAN MARCOS	19	74	17	89%	$300,967	$38,992	$268	$15,738	**$24,293**
CSU, STANISLAUS	44	211	20	45%	$94,129	$10,070	$80	$21,273	**$29,718**
HUMBOLDT STATE UNIVERSITY	15	53	8	53%	$37,657	$9,554	$0	$0	**$10,245**
SAN DIEGO STATE UNIVERSITY	102	235	24	24%	$516,559	$37,788	$113,761	$63,611	**$198,098**
SAN FRANCISCO STATE UNIVERSITY	2	7	2	100%	$6,025	$2,499	$0	$0	**$1,262**
SAN JOSE STATE UNIVERSITY	70	262	45	64%	$431,048	$43,289	$130,742	$48,006	**$117,370**
SONOMA STATE UNIVERSITY	2	3	2	100%	$696	$194	$0	$0	**$86**
Totals:	**963**	**3,464**	**505**	**52%**	**$5,652,181**	**$546,660**	**$1,046,073**	**$947,371**	**$1,550,230**

HSR
ACCIDENT INSURANCE SOLUTIONS

CSURMA CLAIMS PAID ANALYSIS
Year # 10: 2024/2025 Policy Year

csurm

CSU Campus	# of Injuries	# of Claims	# Injuries w Primary Insurance payments	% of Total Injuries	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CALIFORNIA MARITIME ACADEMY	11	36	10	91%	$120,626	$30,589	$0	$0	**$10,964**
CSPU, POMONA	74	533	40	54%	$1,792,213	$65,836	$87,449	$964,883	**$386,585**
CSPU, SAN LUIS OBISPO	95	616	71	75%	$808,019	$163,473	$863	$41,921	**$130,891**
CSU, BAKERSFIELD	69	365	46	67%	$727,969	$87,591	$0	$251,364	**$169,414**
CSU, CHICO	6	31	3	50%	$217,818	$6,202	$0	$148,005	**$54,389**
CSU, DOMINGUEZ HILLS	16	173	12	75%	$139,321	$11,841	$27,280	$10,652	**$83,880**
CSU, EAST BAY	23	95	20	87%	$229,968	$75,710	$110	$17,330	**$22,196**
CSU, FRESNO	260	1,013	141	54%	$2,593,465	$179,142	$1,289,937	$55,740	**$528,413**
CSU, FULLERTON	99	382	54	55%	$909,085	$52,476	$5,705	$320,875	**$263,650**
CSU, LONG BEACH	204	1,419	97	48%	$2,164,118	$114,182	$793,492	$172,049	**$645,282**
CSU, LOS ANGELES	14	103	4	29%	$248,110	$6,652	$55,318	$40,606	**$115,837**
CSU, MONTEREY BAY	73	476	48	66%	$737,096	$95,685	$26,182	$271,162	**$201,605**
CSU, NORTHRIDGE	83	479	44	53%	$1,667,546	$50,288	$156,856	$930,538	**$466,922**
CSU, SACRAMENTO	135	605	65	48%	$1,596,606	$231,617	$165,348	$171,330	**$411,531**
CSU, SAN BERNARDINO	11	125	5	45%	$190,370	$3,998	$0	$113,953	**$60,765**
CSU, SAN MARCOS	20	125	16	80%	$286,609	$48,089	$360	$12,108	**$36,981**
CSU, STANISLAUS	47	328	32	68%	$655,366	$86,832	$2,441	$55,134	**$70,765**
HUMBOLDT STATE UNIVERSITY	29	162	16	55%	$228,424	$43,343	$70	$17,340	**$41,599**
SAN DIEGO STATE UNIVERSITY	210	772	94	45%	$2,851,974	$197,702	$435,907	$410,309	**$632,758**
SAN FRANCISCO STATE UNIVERSITY	6	16	5	83%	$54,763	$17,855	$15,507	$106	**$13,494**
SAN JOSE STATE UNIVERSITY	135	649	86	64%	$1,275,842	$143,473	$82,122	$245,634	**$338,185**
SONOMA STATE UNIVERSITY	16	95	13	81%	$355,893	$79,239	$0	$7,039	**$42,234**
Totals:	**1,636**	**8,598**	**922**	**56%**	**$19,851,202**	**$1,791,814**	**$3,144,946**	**$4,258,078**	**$4,728,340**

HSR
ACCIDENT INSURANCE SOLUTIONS

CSURMA CLAIMS PAID ANALYSIS
Year # 9: 2023/2024 Policy Year

csurm

CSU Campus	# of Injuries	# of Claims	# Injuries w Primary Insurance payments	% of Total Injuries	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CALIFORNIA MARITIME ACADEMY	4	50	3	75%	$45,148	$16,030	$0	$1,065	**$5,762**
CSPU, POMONA	68	474	18	26%	$1,320,019	$12,047	$53,728	$806,370	**$407,022**
CSPU, SAN LUIS OBISPO	127	1,155	91	72%	$1,733,413	$243,034	$657	$391,616	**$413,839**
CSU, BAKERSFIELD	91	522	58	64%	$937,765	$155,418	$375	$219,204	**$180,056**
CSU, CHICO	9	70	8	89%	$246,068	$48,029	$0	$57,162	**$36,487**
CSU, DOMINGUEZ HILLS	14	123	10	71%	$369,700	$24,729	$27,047	$13,457	**$223,232**
CSU, EAST BAY	42	176	32	76%	$452,723	$98,120	$63	$23,944	**$57,192**
CSU, FRESNO	257	892	111	43%	$2,032,832	$144,403	$621,860	$167,103	**$429,498**
CSU, FULLERTON	119	550	62	52%	$1,338,376	$138,142	$0	$331,335	**$277,907**
CSU, LONG BEACH	178	1,577	109	61%	$2,671,732	$339,141	$711,022	$116,529	**$618,528**
CSU, LOS ANGELES	9	99	4	44%	$118,957	$1,859	$8,519	$46,881	**$57,072**
CSU, MONTEREY BAY	44	283	26	59%	$343,843	$43,208	$8	$123,803	**$101,106**
CSU, NORTHRIDGE	53	448	32	60%	$761,824	$72,929	$132,919	$161,037	**$174,451**
CSU, SACRAMENTO	111	412	59	53%	$1,213,383	$281,147	$122,850	$76,634	**$205,869**
CSU, SAN BERNARDINO	8	37	3	38%	$176,499	$5,088	$0	$130,388	**$29,959**
CSU, SAN MARCOS	17	49	14	82%	$222,982	$84,637	$676	$2,373	**$22,491**
CSU, STANISLAUS	38	170	24	63%	$509,064	$88,381	$17,204	$9,486	**$120,155**
HUMBOLDT STATE UNIVERSITY	19	113	13	68%	$204,618	$49,120	$1,011	$7,616	**$32,262**
SAN DIEGO STATE UNIVERSITY	155	507	70	45%	$1,182,319	$97,564	$265,188	$137,168	**$314,925**
SAN FRANCISCO STATE UNIVERSITY	7	35	4	57%	$114,044	$27,988	$454	$920	**$20,354**
SAN JOSE STATE UNIVERSITY	138	1,014	93	67%	$1,371,163	$133,930	$87,763	$348,791	**$404,619**
SONOMA STATE UNIVERSITY	11	47	9	82%	$54,746	$12,390	$0	$8,068	**$25,985**
Totals:	**1,519**	**8,803**	**853**	**56%**	**$17,421,218**	**$2,117,331**	**$2,051,342**	**$3,180,947**	**$4,158,771**

HSR
ACCIDENT INSURANCE SOLUTIONS

CSURMA CLAIMS PAID ANALYSIS
Year # 8: 2022/2023 Policy Year

csurm

CSU Campus	# of Injuries	# of Claims	# Injuries w Primary Insurance payments	% of Total Injuries	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CALIFORNIA MARITIME ACADEMY	10	56	10	100%	$164,889	$48,532	$0	$2,265	**$17,777**
CSPU, POMONA	51	286	28	55%	$512,589	$35,682	$35,672	$183,313	**$135,802**
CSPU, SAN LUIS OBISPO	163	1,275	111	68%	$2,000,983	$307,290	$24,857	$330,760	**$383,529**
CSU, BAKERSFIELD	55	298	42	76%	$684,452	$59,418	$1,307	$249,167	**$148,375**
CSU, CHICO	8	39	7	88%	$50,222	$11,861	$0	$2,241	**$11,312**
CSU, DOMINGUEZ HILLS	22	88	14	64%	$520,936	$90,048	$0	$105,765	**$139,450**
CSU, EAST BAY	34	172	30	88%	$386,811	$90,092	$22	$50,348	**$71,171**
CSU, FRESNO	251	916	120	48%	$2,152,019	$137,650	$730,915	$200,205	**$505,386**
CSU, FULLERTON	88	411	59	67%	$883,490	$106,210	$1,461	$258,038	**$258,875**
CSU, LONG BEACH	183	1,565	121	66%	$2,801,023	$305,882	$502,967	$113,699	**$497,782**
CSU, LOS ANGELES	12	76	8	67%	$104,375	$14,144	$13,906	$20,109	**$34,061**
CSU, MONTEREY BAY	28	140	21	75%	$166,486	$28,145	$0	$26,394	**$42,735**
CSU, NORTHRIDGE	64	280	34	53%	$660,958	$43,314	$60,790	$179,209	**$157,767**
CSU, SACRAMENTO	89	329	52	58%	$1,121,157	$237,936	$84,494	$128,387	**$159,917**
CSU, SAN BERNARDINO	13	50	7	54%	$174,823	$8,514	$0	$64,771	**$47,409**
CSU, SAN MARCOS	17	36	13	76%	$201,109	$47,354	$1,648	$684	**$29,189**
CSU, STANISLAUS	22	111	15	68%	$271,510	$103,203	$1,653	$11,826	**$25,857**
HUMBOLDT STATE UNIVERSITY	11	102	8	73%	$319,787	$76,643	$0	$20,230	**$38,142**
SAN DIEGO STATE UNIVERSITY	161	580	78	48%	$1,583,677	$180,841	$260,700	$213,274	**$358,511**
SAN FRANCISCO STATE UNIVERSITY	12	127	8	67%	$576,880	$179,535	$2,113	$102,205	**$68,614**
SAN JOSE STATE UNIVERSITY	128	1,067	80	63%	$2,054,137	$258,263	$193,908	$394,676	**$584,316**
SONOMA STATE UNIVERSITY	20	119	15	75%	$445,597	$86,342	$3,915	$2,830	**$51,965**
Totals:	**1,442**	**8,123**	**881**	**61%**	**$17,837,909**	**$2,456,900**	**$1,920,327**	**$2,660,394**	**$3,767,941**

HSR
ACCIDENT INSURANCE SOLUTIONS

CSURMA CLAIMS PAID ANALYSIS
Year # 7: 2021/2022 Policy Year

csurm

CSU Campus	# of Injuries	# of Claims	# Injuries w Primary Insurance payments	% of Total Injuries	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CALIFORNIA MARITIME ACADEMY	5	6	3	60%	$11,478	$6,821	$0	$1,174	**$1,904**
CSPU, POMONA	25	108	18	72%	$375,759	$38,130	$23,965	$48,891	**$49,234**
CSPU, SAN LUIS OBISPO	186	1,210	125	67%	$2,516,391	$286,009	$2,294	$511,536	**$591,318**
CSU, BAKERSFIELD	63	412	41	65%	$938,749	$115,455	$4,963	$194,433	**$197,734**
CSU, CHICO	14	104	12	86%	$168,794	$25,486	$200	$38,478	**$44,325**
CSU, DOMINGUEZ HILLS	9	52	7	78%	$237,171	$9,163	$18,572	$68,559	**$85,194**
CSU, EAST BAY	17	87	17	100%	$153,225	$29,530	$135	$485	**$24,135**
CSU, FRESNO	259	896	132	51%	$2,110,897	$190,954	$766,662	$161,219	**$410,482**
CSU, FULLERTON	86	385	48	56%	$805,128	$72,938	$46,277	$177,284	**$318,456**
CSU, LONG BEACH	216	1,345	111	51%	$2,361,130	$144,745	$852,509	$85,715	**$618,591**
CSU, LOS ANGELES	9	79	6	67%	$223,361	$12,334	$1,000	$11,748	**$44,556**
CSU, MONTEREY BAY	27	157	15	56%	$482,778	$27,412	$188	$216,179	**$117,191**
CSU, NORTHRIDGE	56	323	18	32%	$747,373	$16,890	$56,214	$315,818	**$244,190**
CSU, SACRAMENTO	118	645	66	56%	$1,105,373	$233,725	$96,474	$167,689	**$243,843**
CSU, SAN BERNARDINO	13	53	7	54%	$152,727	$3,143	$334	$73,285	**$50,638**
CSU, SAN MARCOS	22	50	20	91%	$248,810	$140,043	$0	$0	**$31,056**
CSU, STANISLAUS	32	197	17	53%	$268,387	$40,193	$473	$48,919	**$51,414**
HUMBOLDT STATE UNIVERSITY	11	96	7	64%	$173,043	$46,112	$56	$4,512	**$30,476**
SAN DIEGO STATE UNIVERSITY	120	453	62	52%	$1,421,875	$151,651	$197,851	$243,072	**$361,268**
SAN FRANCISCO STATE UNIVERSITY	11	42	7	64%	$399,716	$228,687	$639	$829	**$18,137**
SAN JOSE STATE UNIVERSITY	164	841	97	59%	$2,325,837	$279,023	$220,618	$652,342	**$640,785**
SONOMA STATE UNIVERSITY	20	126	19	95%	$246,794	$26,980	$0	$42,349	**$68,694**
Totals:	**1,483**	**7,667**	**855**	**58%**	**$17,474,795**	**$2,125,427**	**$2,289,425**	**$3,064,515**	**$4,243,621**

HSR
ACCIDENT INSURANCE SOLUTIONS

CSURMA CLAIMS PAID ANALYSIS
Year # 6: 2020/2021 Policy Year

csurm

CSU Campus	# of Injuries	# of Claims	# Injuries w Primary Insurance payments	% of Total Injuries	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CSPU, SAN LUIS OBISPO	135	941	100	74%	$1,305,844	$198,339	$882	$230,718	**$354,052**
CSU, BAKERSFIELD	36	208	21	58%	$339,951	$38,857	$1,248	$141,831	**$115,410**
CSU, CHICO	2	12	2	100%	$6,879	$3,590	$0	$0	**$528**
CSU, DOMINGUEZ HILLS	1	4	1	100%	$10,896	$2,385	$0	$0	**$1,175**
CSU, EAST BAY	4	23	3	75%	$62,641	$22,376	$0	$428	**$9,294**
CSU, FRESNO	200	998	99	50%	$1,906,812	$134,085	$730,712	$16,764	**$372,036**
CSU, FULLERTON	78	280	33	42%	$516,357	$50,580	$50,382	$122,960	**$134,555**
CSU, LONG BEACH	103	865	55	53%	$1,697,038	$75,649	$757,167	$57,150	**$415,348**
CSU, MONTEREY BAY	1	48	1	100%	$100,558	$11,160	$0	$0	**$1,413**
CSU, NORTHRIDGE	37	293	20	54%	$580,089	$38,463	$58,432	$81,961	**$168,284**
CSU, SACRAMENTO	130	650	70	54%	$823,971	$214,383	$93,983	$88,946	**$208,272**
CSU, SAN BERNARDINO	3	7	3	100%	$20,041	$2,326	$0	$0	**$2,678**
HUMBOLDT STATE UNIVERSITY	6	87	6	100%	$166,681	$41,944	$45	$0	**$25,084**
SAN DIEGO STATE UNIVERSITY	102	316	58	57%	$804,267	$89,384	$163,698	$33,781	**$176,981**
SAN JOSE STATE UNIVERSITY	135	630	54	40%	$1,646,265	$228,463	$190,239	$302,901	**$430,505**
SONOMA STATE UNIVERSITY	8	29	7	88%	$23,764	$1,352	$0	$0	**$10,744**
Totals:	**981**	**5,391**	**533**	**54%**	**$10,012,054**	**$1,153,336**	**$2,046,787**	**$1,077,439**	**$2,426,360**

CSURMA EXECUTIVE COMMITTEE REPORT

ISSUE: The AIME Committee will receive a report from the CSURMA Executive Committee Liaison, Michael Beatty, regarding the Executive Committee's March 5, 2026 and May 8, 2026 meetings.

RECOMMENDATION: This is an information item only; no action is required.

FISCAL IMPACT: None.

BACKGROUND: Michael Beatty, San Francisco State, is the Executive Committee Liaison for AIME.

PUBLICATION: None.

ATTACHMENT(S): None.

Agenda Item A5
CSURMA AIME Committee
Meeting Date: May 18, 2026

CSURMA PLAN OF BENEFITS

ISSUE: The Committee will receive a report on the progress of the comparison between the Plan of Benefits and NCAA policy.

RECOMMENDATION: It is recommended that the Committee review and discuss the comparison of the current Plan of Benefits and NCAA policy.

FISCAL IMPACT: None

BACKGROUND: The CSURMA Plan of Benefits was last reviewed in the Fiscal Year 2016. The Committee discussed and agreed to review the CSURMA Plan of Benefits with the goal of applying values and language to coincide with the current medical industry and the NCAA catastrophic policy.

PUBLICATION: None

ATTACHMENT(S):

a. 2025-2026 CSURMA Plan of Benefits
b. NCAA Policy 08 01 23 – 07 31 24
c. Comparison Summary of Plan of Benefits vs. NCAA Policy (Handout)

ATHLETIC INJURY MEDICAL EXPENSE (AIME)
PLAN OF BENEFITS

DESIGNED FOR THE ATHLETES OF THE
CALIFORNIA STATE UNIVERSITY SYSTEM
2025-2026

Following is a plan of benefits that is self-funded by the participating campuses of the California State University System (hereinafter referred to as CSURMA/AIME) in excess of other valid and collectible insurance.

PART I - COVERED PERSONS

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.

PART II - 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.

PART III – DEFINITIONS

"Expense" means those charges that would be made even in the absence of these benefits for treatment and service performed and supplies furnished which are usual, reasonable and customary charges as compared to charges for like treatment, service and supplies in the geographic area where treatment is performed.

"Extended care facility" means an institution operating pursuant to law which is engaged in providing, for a fee, skilled nursing care and related services and physical therapy services under the supervision of a doctor and graduate registered nurses, to persons convalescing from illness. It must have facilities for ten (10) or more inpatients and maintain clerical records on all of its patients. To qualify as a medical expense under this policy, the covered person's confinement in an extended care facility must:

a. start within five (5) days after the covered person has been continuously confined for at least five (5) days in a hospital as a result of a covered accident; and
b. be for treatment of the injuries resulting from such covered accident; and
c. be one during which a doctor visits the covered person at least once every thirty (30) days; and
d. be certified to be medically necessary by the attending doctor; and
e. not be for routine custodial care.

"Home health care" means nursing care and treatment of a covered person in his/her home as part of an overall extended treatment plan. To qualify, the plan must:

a. be established by and approved in writing by the attending doctor; and
b. be provided by a hospital certified to provide home health care services or by a certified home health care agency; and
c. commence within seven (7) days of discharge from a hospital or extended care facility; and
d. be preceded by a hospital or extended care facility confinement of five (5) days or more.

No benefits will be paid for home health care services which are general housekeeping services or custodial care services, or which are provided by a member of the covered person's immediate family or by an individual who resides with the covered person.

"Hospital" means an institution that meets all of the following requirements:

a. it is licensed (if required) as a hospital; and
b. it is open at all times; and
c. it is operated mainly to diagnose and treat illnesses on an inpatient basis; and
d. it has a staff of one (1) or more doctors on call at all times; and
e. it has twenty-four (24) hour nursing services by registered nurses; and
f. it is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescent home or like place; and
g. it has organized facilities for surgery or provides for such facilities for its patients through formal written agreement with other hospitals.

"Injury" means bodily injury caused by an accident occurring while these benefits are in force as to the insured whose injury is the basis of claim and which results directly and independently of all other causes in loss covered by these benefits.

"Intoxication" or "intoxicated" means that the level of alcohol in the blood of the covered person exceeds the level above which a person is presumed, in the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle, regardless of whether the covered person is in fact operating a motor vehicle when the injury or loss occurs.

"Luxury Item" Treatments, devices or other healing-related items which represent new or unique methodologies of treatment that are not representative of prevailing procedures utilized for such injuries. Luxury items shall be limited to medical necessity only.

"Physician" means a person not related to the covered person licensed for the practice of medicine, osteopathy, dentistry, optometry, physical therapy, podiatry, or other legally licensed provider acting within the scope of his license. Specialists must be referred by the CSU campus team physician.

"Usual, reasonable and customary charge" means the normal charge, in absence of insurance, of the provider for the service or supply, but not more than the prevailing charge in the area for a like service or supply. A like service is of the same nature and duration, requires the same skill, and is performed by a provider of similar training and experience. A like supply is one that is identical or substantially equivalent. "Area" means the municipality (or in the case of a large city, the subdivision thereof) in which the service or supply is actually provided or such greater area as is necessary to obtain a representative cross-section of charges for a like service or supply.

PART IV – BENEFITS

A. Medical Expense

When a covered person requires medical services as the result of an injury covered under these benefits, the CSURMA/AIME will pay the expenses actually incurred for the necessary treatment of such injury. Expenses include:

1. Physician and surgeon fees
2. Dentist fees for injury to sound and natural teeth
3. Cost of confinement in a hospital or medically necessary extended care facility
4. Use of a hospital emergency room
5. Cost of home health care
6. Anesthetic (including administration thereof)
7. X-ray examinations or treatments
8. Laboratory tests
9. Prescription drugs, if prescribed by the covered person's physician
10. Physical therapy fees
11. Orthopedic appliances if prescribed by the covered person's physician (not chiropractor)
12. Chiropractic fees up to a maximum of 26 visits (from the date of first visit to the maximum of 26 visits per athlete/per injury)
13. *Payment as primary on the first $5,000 of diagnostic billings for covered accident or injury, when the student has an "Out-of-Network" coverage plan.*

The first expense must be incurred within 120 days of the date of accident and only expenses incurred within 104 consecutive weeks from the date of accident will be reimbursed hereunder, up to a maximum of *$90,000* (NCAA) or $25,000 (NAIA) as the result of one covered person's accident. *Claims must be submitted within 18 months of the date of service for follow up treatment.*

The amount of benefits available from the Plan shall be reduced by an amount equal to the greater of:

a) The amount payable under any other plan of insurance as determined under C. set forth below, or

b) The amount of $0.00 or such larger amount as is designated as a deductible applicable to the particular sport or sports by the participating institution as shown in the participation agreement.

B. Expanded Medical Benefits shall include the following:

1. A re-injury or aggravation of an injury sustained prior to participation in the participating CSU campus athletic program provided the covered person was provided medical clearance to

participate in the appropriate athletic activity by the CSU campus team physician, and such re-injury or aggravation occurs in a covered event;

2. The following list of conditions that are attributable to exertion from participating in a covered activity: tendonitis, bursitis, hernia, strains, sprains, shin splints, stress fractures and similar conditions.

3. Cardiovascular accident or similar traumatic event caused by exertion while participating in a covered activity. The CSURMA/AIME will provide benefits for the actual injury sustained and testing, but not the follow up care if the condition is found to be congenital in nature.

C. **Excess Provision**

The benefits described above shall be payable only on an excess basis over and above any benefits or services provided for by any of the plans listed below, regardless of any coordination of benefits, non-duplication of benefits or similar clause contained in such plans.

The word "plan" means any of the following that provides benefits for medical or dental care or treatment:

1. Group, blanket, or franchise health insurance coverage;

2. Any other arrangement of coverage for individuals in a group, whether insured or uninsured;

3. Any prepaid service arrangement such as Blue Cross or Blue Shield individual or group practice plans, or health maintenance organizations;

4. Any amount payable for hospital, medical or other health services for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever name called, including such benefits mandated by law) of any automobile insurance policy;

5. Any coverage under labor-management trustee plans, union welfare plans, employer organization plans, or employee benefits organization plans;

6. Any plan or program solely or largely provided by or through any government action or law to the extent that benefits are payable under such plan or program.

When a plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered shall be considered in determining the applicability of this provision. The benefits payable under a plan shall include the benefits that would have been payable had a claim been duly made.

The benefits payable shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits provided for by any other plan shall not exceed the total of the expenses incurred by the covered person.

D. **"Out-of-Network" Provision**

If a student athlete suffers a loss while this plan is in force and they have coverage with an HMO or PPO that would deny coverage for service outside its geographic area or its provider network, the CSURMA/AIME will cover for such expense if the CSU campus Athletic Director or designee has approved such expenses.

E. **Third Party Refund**

When a covered person is injured through the negligent act or omission of another person (the "third party") and benefits are paid under the Plan as a result of that Injury, the Risk Pool is entitled to a refund by the covered person of all Plan benefits paid as a result of the Injury. The refund must be made to the extent that the covered person receives payment for the Injury from the third party or that the third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro-rata charges, such as legal fees and court costs may be deducted from the refund made to the Risk Pool. The covered person must complete and return the required forms to the Risk Pool upon request.

PART V – EXCLUSIONS

No benefits are payable for:

1. Suicide or any attempt thereat by a covered person;
2. Intentionally self-inflicted injuries;
3. Infections, except pyogenic infections due to accidental cut;
4. Accident occurring while the covered person is operating, or learning to operate, or performing duties as a member of the crew of any aircraft;
5. Dental treatment, except as a result of injury to sound and natural teeth as provided for in these benefits;
6. Replacement of eyeglasses, or eye examinations of the correction of vision or fitting of glasses unless an injury has caused impairment of sight;
7. Injury for which the covered person is entitled to benefits under any Workers' Compensation Act or law or similar legislation;
8. The covered person being intoxicated, unless administered on the advice of a physician;
9. Any injury occurring other than as a participant in a CSU campus intercollegiate athletic event, or the practice thereof;
10. Expenses for the treatment of sickness or disease in any form.

PART VI - GENERAL PROVISIONS

A. No statement made by the covered person shall void the benefits thereunder unless continued in a written instrument signed by the covered person. All statements contained in any such written instrument shall be deemed representations and not warranties.

B. No staff has authority to change these benefits or waive any of its provisions. No change in these benefits shall be valid unless approved by the CSURMA Board of Directors and the AIME Committee and evidenced by amendment to these benefits.

C. Written notice of loss must be given to the CSURMA/AIME claims administrator within thirty (30) days after the date when such loss occurred. Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice, and that notice was given as soon as was reasonably possible.

D. Written proof of loss must be furnished to the CSURMA/AIME claims administrator within ninety (90) days after the date of such loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.

E. All benefits are payable immediately after receipt of due proof.

F. The CSURMA/AIME shall have the right and opportunity to examine the covered person when and so often as it may be reasonably required during the pendency of claim. Such examination shall be at the CSURMA/AIME expense.

G. Benefits are payable to the covered person, except that the CSURMA/AIME, at their option, may make payment for hospital, surgical or medical service directly to the hospital or person or persons furnishing such service.

H. No action at law or in equity shall be brought to recover prior to the expiration of sixty (60) days after proof of loss has been filed in accordance with the requirements of these provisions and no such action shall be brought at all unless brought within three (3) years from the expiration of the time within which proof of loss is required by these provisions.

I. If any time limitations of these provisions with respect to giving notice of claim or furnishing proof of loss, or the bringing of an action at law or in equity is less than that permitted by California law, such limitation is hereby extended to agree with minimum period permitted by such law.

ADMINISTRATIVE RESPONSIBILITIES OF THE CSURMA/AIME

1. Complete on-line claim form.

2. Send primary insurance information to the claims administrator (HSR) when a notice of claim is submitted.

3. Forward all itemized bills and primary insurer's Explanation of Benefits forms (EOBs) to the claims administrator (HSR).

4. Download/review claim/loss reports to confirm claims are paid accordingly.

Mutual of Omaha

3300 Mutual of Omaha Plaza
Omaha, NE 68175

CATASTROPHIC INJURY BLANKET INSURANCE POLICY

POLICY NUMBER: SB04CC-P-33898

POLICYHOLDER: **NATIONAL COLLEGIATE ATHLETIC ASSOCIATION ("NCAA")**
700 W. Washington Street
Indianapolis, IN 46206

(Hereinafter called the Policyholder)

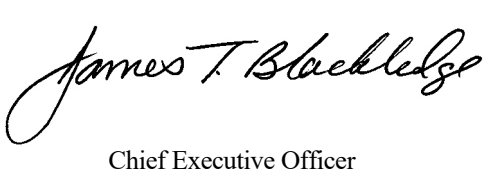
EFFECTIVE DATE OF THIS POLICY: August 1, 2023

SUBJECT TO THE TERMS AND CONDITIONS IN THIS Policy, and in return for the payment of premium and the signed application, Mutual of Omaha Insurance Company (hereinafter referred to as the "Company") issues this Policy to the Policyholder and agrees that on and after the Effective Date of this Policy, it will provide the insurance herein described for Insured Persons. The Company and the Policyholder have agreed to all terms of this Policy.

This Policy shall be effective at 12:01 a.m., Eastern Standard Time, on August 1, 2023, and shall end at 12:01 a.m., Eastern Standard Time, on August 1, 2024 (the "Policy Term"). Coverage during the Policy Term is subject to the Contingent Pricing Feature and payment of the premium as set forth in the Premium section (Section X) and all other terms and conditions of this Policy.

This Policy is delivered in the state of Indiana and is governed by its laws, without regard to Indiana's principles of conflicts of laws.

Mutual of Omaha Insurance Company has caused this Policy to be executed on August 1, 2023.



Chief Executive Officer

Corporate Secretary

Table of Contents

SECTION I - SCHEDULE OF BENEFITS

All benefits described in this Policy are subject to the applicable limits as described in this Schedule of Benefits.

A. For all benefits under Section III - Medical, Dental, Rehabilitation and Custodial Care Expense Benefits, Section IV - Disability Benefits and Section V - Ancillary Benefits, combined:

Maximum Benefit Amount per Insured Person per Covered Accident:	$20,000,000

B. Medical, Dental, Rehabilitation and Custodial Care Expense Benefits

1. For those Insured Persons who Incur a Covered Loss in excess of the Covered Accident Deductible, this Policy will provide the Medical, Dental, Rehabilitation and Custodial Care Expense Benefits described in Section III.

Custodial Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	$100,000*
Home Health Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	$100,000*
Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	$100,000*
Private Duty Nursing Maximum Benefit per Calendar Year subject to the Combined Private Duty Nursing and Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	$250,000
Combined Private Duty Nursing, Custodial Care and Home Health Care Maximum Benefit per Calendar Year	$250,000
Maximum Benefit Period	Lifetime
Benefit Percentage after satisfaction of the Covered Accident Deductible	100%
Covered Accident Deductible	$90,000

For injuries Incurred during the 2023-2024 policy term:
*Beginning January 1, 2024 and effective January 1 of each year thereafter this maximum benefit will increase annually. The amount of the increase will be equal to the lesser of:

(a) 2%; or
(b) the percentage of increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers, based on the year-over-year change reported as of the immediately preceding November.

2. Payment for covered Medical Expense resulting from a Covered Accident for care and treatment of mental or nervous disorders by a Doctor shall not exceed $90.00 for each visit, not more than one visit on any one day, nor more than fifty (50) visits in each calendar year. Covered Medical Expense for Hospital inpatient care or treatment of a mental or nervous disorder whether in a general Hospital or a psychiatric Hospital, will be limited to the first forty-five (45) days of such treatment during each calendar year. For Partial Hospitalization for care or treatment of a mental or nervous disorder, each two (2) days of Partial Hospitalization will be treated as one (1) day of inpatient hospitalization for purposes of accumulating the forty-five (45) days of inpatient treatment maximum per calendar year. These limitations for mental or nervous disorders will not apply when the primary condition requiring such care and treatment is due to a brain Injury Incurred as the result of a Covered Accident.

3. Outpatient Physical Therapy Benefit Maximum $75,000 per calendar year

Payment for outpatient physical therapy must qualify as a Rehabilitation Expense. Outpatient physical therapy includes, but is not limited to: (a) heat treatment; (b) diathermy; (c) microtherm; (d) ultrasonic; (e) adjustment; (f) manipulation; (g) massage therapy; and (h) acupuncture.

If surgical treatment is rendered while the patient is under general anesthesia, this limitation shall not apply to covered Medical Expense for treatment of subluxation or dislocation of the spine or treatment for the general purpose of

correction of nerve interference and its effects, by manual or mechanical means when interference results from or is related to distortion or misalignment of or in the vertebral column.

4. Payment for all prosthetic devices/limbs, including adjustments, replacements, refittings and supplies, in combination, shall not exceed $100,000 during the first two (2) years after the Covered Accident. Payment shall not exceed $100,000 ($200,000 if the Covered Accident results in an amputation of the leg above the knee) during each consecutive ten (10) year period immediately thereafter, not to exceed a $500,000 Lifetime maximum ($750,000 Lifetime maximum if the Covered Accident results in an amputation of the leg above the knee).

5. Payment for covered Medical Expenses Incurred within 24 months following the Date of Recovery of a Covered Accident shall not exceed $25,000.

C. Disability Benefits

For those Insured Persons who Incur a Covered Loss in excess of the Covered Accident Deductible, and who are Totally or Partially Disabled as defined herein, this Policy will provide:

1. Total Disability Benefit – $400 each month, not to exceed twelve (12) months, and $2,700 each month thereafter during which the Insured Person remains Totally Disabled. The $2,700 monthly Total Disability benefit amount will be increased by 3% after the $2,700 benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Totally Disabled.

   Total Disability Benefit Offset Provision
   The monthly benefit for Total Disability will be reduced by one-half (1/2) of the after-tax monthly compensation earned by the Insured Person in excess of $1,000 per month beginning on the first anniversary after the date of the Covered Accident. That $1,000 will be increased by 2.5% each subsequent twelve (12) consecutive month period thereafter.

2. Partial Disability Benefit (for an Insured Person that has not previously received Total Disability benefits under this policy) $270 each month, not to exceed twelve (12) months, and $1,800 each month thereafter during which the Insured Person remains Partially Disabled. The $1,800 monthly Partial Disability benefit amount will be increased by 3% after that benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Partially Disabled.

   Partial Disability Change in Status Benefit (for an Insured Person who previously received Total Disability benefits under this policy) - Maximum initial monthly benefit for continuous Partial Disability is 2/3 of the Total Disability Benefit that was paid for the month immediately preceding the change in status to Partial Disability. The monthly Partial Disability benefit amount will be increased by 3% after that benefit has been paid for twelve (12) consecutive months and after each subsequent twelve (12) consecutive month period while the Insured Person remains Partially Disabled.

   Partial Disability Benefit Offset Provision
   The monthly benefit for Partial Disability will be reduced by one-half (1/2) of the after-tax monthly compensation earned by the Insured Person in excess of $1,400 per month beginning on the first anniversary after the date of the Covered Accident. That $1,400 will be increased by 2.5% each subsequent twelve (12) consecutive month period thereafter.

3. Adjustment Expense Benefit Maximum: $50,000 Lifetime

   a. Payment for expense of training of Immediate Family members to perform rehabilitative or custodial functions for the Insured Person shall not exceed $5,000, and such training must be rendered during the twenty-four (24) consecutive month period immediately following the date of the Covered Accident which necessitates such training.
   b. Payment will be made for travel of Immediate Family members which occurs within the period of twenty-four (24) consecutive months immediately following the date of the Covered Accident to the Insured Person which necessitates such family travel and shall not exceed $6,000 for each Immediate Family member who actually travels to the Hospital or Rehabilitation Facility.
   c. Loss of earnings by the Insured Person's spouse, or parent/legal guardian if the Insured Person is not married, will be limited to 75% of gross lost earnings of the spouse or one parent/guardian only due to the Injury to the Insured Person, not to exceed $500 per week for a maximum of twenty-six (26) weeks during the twenty-four (24) consecutive months immediately following the date of the Covered Accident. Gross earnings will be determined based on the average monthly gross earnings for the twelve (12)-month period immediately preceding the date of the Covered Accident.

4. Special Expense Benefit:

Limit during first 10 years following the date of the Covered Accident	$175,000
Limit for years 10-20 following the date of the Covered Accident	$70,000
Limit for years 20-30 following the date of the Covered Accident	$85,000
Limit for years 30-40 following the date of the Covered Accident	$105,000
Limit for each ten-year period thereafter following the date of the Covered Accident	$125,000

5. Ancillary Injury Benefit: $2,000 per calendar year deductible
   Not to exceed a Lifetime Aggregate of $100,000
   Benefit Percentage 100%

6. College Education Benefit
   Maximum Lifetime Benefit $120,000

7. Vocational Rehabilitation Benefit $60,000 Lifetime

8. Assimilation Benefit Maximum Benefit $50,000 Lifetime

D. Death Benefit $25,000

E. Nonduplication of Benefits

If any item of expense is payable under more than one provision of this Policy, payment will be made only under the provision providing the greatest benefit.

SECTION II - DEFINITIONS

1. "Activities of Daily Living *(ADLs)*" means:

    a. transferring oneself (such as moving in or out of a bed or chair);
    b. dressing (putting on or removing from oneself items of clothing);
    c. bathing (washing oneself in a bathtub or shower or by sponge bath);
    d. feeding (giving oneself food or nourishment, including through a feeding tube);
    e. toileting (getting oneself on or off a toilet and related hygiene); and
    f. continence (maintaining one's control of bladder or bowel functions or maintaining care of a catheter or colostomy bag if one cannot control bladder or bowel functions).

2. "Conditioning" means exercise, performed outside of practice sessions, that directly contributes towards the Insured Person's ability to participate as a player on an athletic team in a Qualifying Intercollegiate Sport. The exercise must take place at the Participating School's athletic facilities or another facility specifically authorized by the Participating School.

3. "Covered Accident" means an accident that occurs while this Policy is in effect, which directly results in bodily injury or death (not excluded from coverage by the Policy Exclusions and Limitations) of an Insured Person, and which:

    a. occurs while he or she is participating in a Covered Event; or
    b. occurs during Covered Travel to or from the location of a Covered Event; or
    c. occurs during a temporary stay at the location of a Covered Event held away from the location of the Insured Person's Participating School while the Insured Person is engaged in an activity or travel that is authorized by, organized by or directly supervised by an official representative of the Insured Person's Participating School; or
    d. results from a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event; and;
    e. for which the Insured Person Incurs a Covered Loss, within twenty-four (24) consecutive months immediately following the date of the accident, in excess of the Covered Accident Deductible; or
    f. that results directly in the death (not excluded from coverage by the Policy Exclusions and Limitations) of the Insured Person within twenty-four (24) consecutive months immediately following the date of that accident.

4. "Covered Accident Deductible" means an amount of Medical Expenses and/or Dental Expenses and/or Rehabilitation Expenses and/or Custodial Care Expenses, as shown in the Schedule of Benefits, Incurred by the Insured Person as a result of a Covered Accident within the period of twenty-four (24) consecutive months immediately following the date of that Covered Accident, for which no benefits are payable under this Policy. Such expenses must qualify as Covered Loss under this Policy.

5. "Covered Event" means, for players on an athletic team:

    a. Qualifying Intercollegiate Sport competition scheduled by the Insured Person's Participating School;
    b. official team activities;
    c. conditioning; or
    d. 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 Insured Person's Participating School (not including any activities not directly a part of a Qualifying Intercollegiate Sport, such as camps, clinics and other events not conducted by the Insured Person's Participating School).

    Covered Event means, for Student coaches, Student managers and Student trainers, only those activities directly associated with the covered activities of a Qualifying Intercollegiate Sport team or covered activities of Student cheerleaders and under the direct supervision of an official representative of the Participating School.

    Covered Event means, for Student cheerleaders:

    a. activities performed as part of the cheer unit for a Qualifying Intercollegiate Sport team competition scheduled by the Insured Person's Participating School; or
    b. practice sessions and pep rallies both of which must be authorized by, organized by and directly supervised by a safety-certified official coach or advisor of the Insured Person's Participating School, other than a member of the cheer unit or other undergraduate Student, and in preparation for a Qualifying Intercollegiate Sport team competition. The coach or advisor

must have a current safety certification by a nationally recognized formal credentialing program for safety certification. However, the safety-certification requirement does not apply with respect to practice sessions that are held solely by dance team members or mascots. A graduate Student can meet the safety-certification requirement if:

i. officially designated by the school as the official coach or advisor; and
ii. the school has given the graduate Student the authority to authorize, organize and directly supervise.

For Student cheerleaders, Covered Event does not include any activities not directly associated with the activities of a Qualifying Intercollegiate Sport team, such as camps, clinics, national competitions, fund-raisers, alumni events and other events not conducted by the Insured Person's Participating School.

6. "Covered Loss" means Reasonable and Customary:

a. Medical Expense;
b. Dental Expense;
c. Rehabilitation Expense;
d. Custodial Care Expense;
e. Adjustment Expense;
f. Special Expense;
g. Medical Expense and Dental Expense that are covered under the Ancillary Injury Benefit; and
h. Expenses that are covered under the Vocational Rehabilitation Benefit as described in this Policy, which are Incurred by an Insured Person as a result of a Covered Accident.

Covered Loss shall also include the:

a. cost of school attendance that is covered under the College Education Benefit, and
b. program expenses covered under the Assimilation Benefit as described in this Policy, which are Incurred by an Insured Person as a result of a Covered Accident.

An expense will be a Covered Loss under this Policy after all adjustments (including, but not limited to, discounts, write- offs, and negotiated fees) have been applied only to the extent that the expense is for Medically Necessary services, and not excluded under Exclusions and Limitations (Section VIII) in this Policy. Further, for those Insured Persons who have satisfied the Covered Accident Deductible, Covered Loss shall not include any expenses sustained after the respective Date of Recovery (except as shown on the Schedule of Benefits, Section B-5).

7. "Covered Travel" means team or individual travel, for purposes of representing the Participating School, that is to or from the location of a Covered Event and is authorized by the Insured Person's Participating School, provided the travel is paid for or subject to reimbursement by the Participating School. Covered Travel to a Covered Event will commence upon embarkation from an authorized departure point and terminate upon arrival at the location of the Covered Event.

Covered Travel from a Covered Event will commence upon departing from the location of the Covered Event and terminate upon return to the authorized place from which such Covered Travel to the Covered Event began.

8. "Custodial Care" means Medically Necessary services or treatment which, regardless of where provided:

a. Could be rendered safely by a person without medical skills; and
b. Provide a routine level of maintenance care designed primarily to help the patient with daily living activities, including (but not limited to):
    i. Personal care such as help in walking; moving; getting in or out of bed; help with bathing; help with eating by spoon; tube or gastrostomy; dressing; enema and using the toilet;
    ii. Homemaking such as preparing meals or special diets;
    iii. Acting as a companion or sitter or providing a protective environment;
    iv. Supervising medication which can usually be self-administered;
    v. Oral hygiene; and
    vi. Ordinary skin and nail care; or
c. In the case of a Totally Disabled Insured Person, cannot be self-administered.

Custodial Care does not include exercise, physical therapy, occupational therapy or rehabilitation services or treatment, including those that may be payable under this Policy as a Rehabilitation Expense.

No benefits will be paid for Custodial Care services or treatment which is provided by a member of the Insured Person's Immediate Family or by an individual who resides with the Insured Person, unless specifically agreed to in writing by the Company. Custodial Care does not include Home Health Care services or treatment.

9. “Custodial Care Expense” means the Reasonable and Customary charges for Custodial Care services or treatment.

10. “Date of Recovery” means:

    a. for an Insured Person who suffered the complete and irreparable severance of an arm or leg at or above the wrist or ankle joint, but who was not Totally Disabled, the date immediately following a period of twenty-four (24) consecutive months during which the Insured Person received no Medically Necessary treatment or service as a result of the Covered Accident for which benefits had been received under this Policy;
    b. for an Insured Person not Totally Disabled and who has not suffered the complete and irreparable severance of an arm or leg at or above the wrist or ankle joint, the earlier of:
        i. the date the Insured Person receives medical clearance to participate in Qualifying Intercollegiate Sports; or
        ii. the date immediately following a period of **“**twenty-four” (24) consecutive months during which the Insured Person received no Medically Necessary treatment or service as a result of the Covered Accident for which benefits had been received under this Policy; or
    c. For an Insured Person who was Totally Disabled, the date such Insured Person no longer qualifies as Totally Disabled as defined herein, subject to 10.b. above.

11. “ Dental Expense” means the Reasonable and Customary charges for the Medically Necessary repair or replacement of sound, natural teeth.

12. “Doctor” means a duly licensed medical or dental practitioner who provides services or treatment within the scope of his or her license.

13. “Effective Date of Participation” means August 1, 2023, or August 1 of the year in which the college or university becomes a Participating School, if later.

14. "Experimental or Investigational Drug or Treatment" means a drug, device, treatment or procedure:

    a. which cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and which has not been so approved for marketing at the time the drug, device, treatment or procedure is furnished;
    b. which was reviewed and approved (or which is required by federal law to be reviewed and approved) by the treating facility’s Institutional Review Board or other body serving a similar function, or a drug, device, treatment or procedure which is used with a patient informed consent document which was reviewed and approved (or which is required by federal law to be reviewed and approved) by the treating facility’s Institutional Review Board or other body serving a similar function;
    c. which Reliable Evidence shows is the subject of ongoing phase I, II or III clinical trials, or is under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with the standard means of treatment or diagnosis; or
    d. for which the prevailing opinion among experts, as shown by Reliable Evidence, is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with the standard means of treatment or diagnosis.

    “Reliable Evidence” means only published reports and articles in peer-reviewed medical and scientific literature; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device, treatment or procedure; or the patient informed consent document used by the treating facility or by another facility studying substantially the same drug, device, treatment or procedure.

15. “Extended Care Facility” means an institution operating pursuant to applicable state law which is engaged in providing, for a fee, skilled nursing care and related services and physical therapy services under the supervision of a Doctor and Registered Nurses, to persons convalescing from illness or injury. It must have facilities for ten (10) or more inpatients and maintain clerical records on all of its patients. To qualify as a “Medical Expense” under this Policy, the Insured Person’s confinement in an Extended Care Facility must:
    a. start within five (5) days after the Insured Person has been continuously confined for at least five (5) days in a Hospital as a result of a Covered Accident;
    b. be for treatment of the injuries resulting from such Covered Accident;
    c. be one during which a Doctor visits the Insured Person at least once every thirty (30) days;
    d. be certified to be Medically Necessary; and
    e. not be for Custodial Care.

16. "Home Health Care" means nursing care and treatment provided to an Insured Person in his/her home, which: (a) is required for progressive and positive improvement of the Insured Person's medical condition, or (b) is necessary to provide care and treatment that cannot be self-administered for a Totally Disabled Insured Person. To qualify for Home Health Care:

    a. A Home Health Care plan must be established and approved in writing by the attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care; and
    b. Nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and
    c. Home Health Care must commence within seven (7) days of discharge from a Hospital or Extended Care Facility or Rehabilitation Facility and be immediately preceded by a Hospital or Extended Care Facility or Rehabilitation Facility confinement of five (5) consecutive days or more; and
    d. Home physical, speech, and occupational therapies must be initiated in conjunction with discharge placement through a Rehabilitation Facility and approved by the attending Doctor.

    No benefits will be paid for Home Health Care which is provided by a member of the Insured Person's Immediate Family or by an individual who resides with the Insured Person, unless specifically agreed to in writing by the Company. Home Health Care does not include Custodial Care or Private Duty Nursing.

17. "Hospice Care" means care and support provided to an Insured Person who is terminally ill (a life expectancy of six (6) months or less, if the illness runs its normal course) and their families, which focuses on palliative care rather than treatment of the Insured Person's illness. To qualify for Hospice Care:

    a. A Hospice Care plan must be established and approved in writing by the attending Doctor, including certification in writing by the attending Doctor that the Insured Person is terminally ill (expected to live six (6) months or less); and
    b. Hospice Care must be provided by a certified Hospice provider; and
    c. the Insured Person must accept palliative care instead of care to cure their illness.

    Hospice Care can be given in the home or in an inpatient facility, depending on the Hospice Care plan.

18. "Hospital" means an institution, which meets all of the following requirements:

    a. it is licensed (if required by law) as a hospital by applicable licensing authorities; and
    b. it is open at all times; and
    c. it is operated mainly to diagnose and treat illnesses on an inpatient basis; and
    d. it has a staff of one (1) or more Doctors on call at all times; and
    e. it has twenty-four (24) hour nursing services by Registered Nurses; and
    f. it is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescence home, or like place; and
    g. it has organized facilities for major surgery or provides for such facilities for its patients through formal written agreement with other Hospitals.

19. "Immediate Family" means the mother, father, sister, brother, husband, wife, or children of the Insured Person, who are members of the same household as the Insured Person. In their absence, others that may be considered as "Immediate Family" are grandparents, aunts or uncles, who share the same household, or any other person legally responsible for the care of the Insured Person.

20. "Incur" or "Incurred" means that an expense is sustained by the Insured Person, after all adjustments (including, but not limited to, discounts, write-offs and negotiated fees). A Covered Loss shall be considered to be Incurred on the date the treatment or service is rendered or the purchase or rental occurs.

21. "Injury or Injuries" means, bodily harm which:

    a. requires treatment by a Physician;
    b. results in loss due to an accident, independent of sickness and all other causes; and
    c. occurs during a Covered Event.

    Bodily Harm does not include pre-existing condition or a repetitive motion injury.

22. "Instrumental Activities of Daily Living (IADLs)" means:

    a. using the telephone and other communication devices;
    b. shopping;
    c. preparing meals;
    d. housekeeping or basic home maintenance;
    e. doing laundry;
    f. driving or arranging transportation;
    g. self-administering medication(s);
    h. handling finances.

23. "Insured Person" means:

    a. a Student attending or registered to attend the Participating School and participating as:
        i. a player on an athletic team in a Qualifying Intercollegiate Sport sanctioned and recognized by the Participating School; or as
        ii. a Student cheerleader of a cheer team officially recognized as such by the Participating School (includes dance team members and mascots); or as
        iii. a Student coach, Student manager, or Student trainer of an athletic team in a Qualifying Intercollegiate Sport sanctioned and recognized by the Participating School or of a cheerleading unit officially recognized as such by the Participating School;
    b. a person as identified by the Participating School and as approved in writing by the Company and endorsed onto this Policy; or
    c. a prospective student that has graduated from high school and signed an irrevocable commitment to participate in a Qualifying Intercollegiate Sport (or its equivalent for cheerleading) at a Participating School.

24. "Licensed Practical Nurse" means a licensed nurse practicing within the scope of his or her license under the direction of a Doctor or Registered Nurse.

25. "Lifetime" means the duration of the Insured Person's life, subject to all terms and conditions of the Policy including without limitation, the Date of Recovery definition.

26. "Medical Expense" means the Reasonable and Customary charges:

    a. of a professional ambulance service for Medically Necessary transportation to and from a Hospital;
    b. of a Doctor for Medically Necessary care and treatment;
    c. of a Hospital for Medically Necessary inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement unless a private room is Medically Necessary);
    d. for Medically Necessary Hospital inpatient services and supplies, including intensive care services, and daily Hospital charges for personal Hospital services (including television, radio, telephone, barber, and beauty services to a maximum payment of $300 per month);
    e. for Medically Necessary out-patient and emergency room care and treatment;
    f. for confinement in an Extended Care Facility;
    g. for Home Health Care;
    h. for Private Duty Nursing; and
    i. for medical or surgical services, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services, which are Medically Necessary and prescribed by a Doctor operating within the scope of his or her license.

27. "Medically Necessary" means a service or supply that is ordered, prescribed or rendered by a Doctor or Hospital and determined by the Company to be:

    a. provided for the diagnosis or treatment of the patient's condition; and
    b. appropriate and consistent with the symptoms and findings or diagnosis and treatment of the Insured Person's condition; and
    c. provided in accordance with generally accepted professional standards and/or medical practice; and
    d. the most appropriate supply or level of service which can be provided on a cost effective basis (including but not limited to, inpatient vs. outpatient care, electric vs. manual wheelchair, surgical vs. medical or other types of care).

In the case of Hospital or Extended Care Facility confinement, Home Health Care or Private Duty Nursing or Custodial Care, the length of confinement or treatment and the services or supplies furnished by the Hospital or Extended Care Facility, Home Health Care or Private Duty Nursing or Custodial Care plan will be Medically Necessary only if it is reasonably determined by the Company that they are related to the care or treatment of the patient's condition. The services or supplies must not be an Experimental or

Investigational Drug or Treatment in nature. The fact that a Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.
In the case of Hospice Care, the length of care and the services or supplies furnished by the Hospice Care provider or Hospice Care plan will be considered Medically Necessary if it reasonably meets the definition of Hospice Care as defined in this policy.

28. "Partial Disability or Partially Disabled" means the Insured Person, within two years of the date of a Covered Accident and as a result of that Covered Accident:

    a. has suffered an irrecoverable loss of use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least one ADL(s); or
    b. has suffered an irrecoverable loss of speech, hearing of both ears or sight in both eyes and is unable to perform at least one ADL(s) or at least one IADL(s); or
    c. has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least one ADL(s) or at least two IADL(s).

29. "Partial Hospitalization" means at least three (3) hours of continuous care and treatment in a Hospital, but not more than twelve (12) hours of such care and treatment in any twenty-four (24) hour period.

30. "Participating School" means a college or university, which is an active member of the NCAA. For purposes of this policy, a provisional member of the NCAA that becomes an active member of the NCAA during the August 1, 2023 to August 1, 2024 School Year, will be considered an active member of the NCAA on August 1, 2023.

31. "Private Duty Nursing" means Medically Necessary services or treatment received immediately after discharge from a Hospital or Extended Care Facility that is:

    a. rendered by a Registered Nurse or Licensed Practical Nurse who is licensed in the state where he or she is practicing; and
    b. provided during a scheduled shift as opposed to intermittent skilled Home Health Care.

    No benefits will be paid for Private Duty Nursing provided by a member of the Insured Person's Immediate Family or by an individual who resides with the Insured Person, unless specifically agreed to in writing by the Company. Private Duty Nursing does not include Home Health Care or any services or treatment provided in a Hospital or in an Extended Care Facility.

32. "Qualifying Intercollegiate Sport" means a sport:

    a. which has been accorded varsity status by the Participating School as an NCAA sport; and
    b. which is administered by such school's department of intercollegiate athletics; and
    c. for which the eligibility of the participating Student athlete is reviewed and certified in accordance with NCAA legislation, rules, or regulations; and
    d. which entitles qualified participants to receive the Participating School's official awards.

33. "Reasonable and Customary" means an expense that is determined by the Company not to exceed the amount usually charged by most providers in the same geographic area for similar treatment, service, purchase or rental, taking into account the nature and severity of the illness or injury.

    The same geographic area means the same city or town in which the treatment, service, or purchase occurs, if the city or town is large enough to obtain a representative charge. In large cities, it may be a section or sections of the city. In smaller urban or rural areas, the geographic area will be expanded as necessary to obtain a representative charge.

34. "Registered Nurse" means a professional, licensed, graduate registered nurse, practicing within the scope of his or her license.

35. "Rehabilitation Expense" means the Reasonable and Customary charges for Medically Necessary physical and occupational rehabilitation provided:

    a. by a Doctor;
    b. under the supervision of a duly licensed Rehabilitation Facility; or
    c. by an individual with an accredited certification in fitness, strength training, conditioning, sports medicine or related therapy, including (but not limited to) Certified Strength and Conditioning Specialists and Certified Personal Trainers.

36. “Rehabilitation Facility” means a legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or physical rehabilitation inpatient care and is duly licensed by the appropriate government agency to provide such services. Such facility is required to be accredited by the Joint Commission on Accreditation of Hospitals, or the Commission on Accreditation of Rehabilitation Facilities. “Rehabilitation Facility” does not include an institution which provides only minimal care, Custodial Care, care for the terminally ill, or part-time care services; nor an institution which primarily provides treatment for mental disorders, chemical dependency, or tuberculosis, unless such facility is licensed, certified, or approved as a rehabilitation facility for the treatment of medical conditions, drug addictions, or alcoholism in the jurisdiction where it is located. A Rehabilitation Facility is required to be accredited by the Joint Commission on Accreditation of Hospitals, or the Commission on Accreditation of Rehabilitation Facilities.

37. “School Year” means the one-year period beginning at 12:01 a.m., Eastern Standard Time, on August 1 and ending at 12:01 a.m., Eastern Standard Time, on the following August 1.

38. “Student” means an individual who is actually enrolled and attending school as a full time Student at a Participating School, or recognized as a full time Student by a Participating School.

39. “Total Disability or Totally Disabled” means the Insured Person, within two years of the date of a Covered Accident and as a result of that Covered Accident:

    a. has suffered an irrecoverable loss of use of both arms, use of both legs, or use of one arm and one leg and is unable to perform at least three ADL(s); or
    b. has suffered an irrecoverable loss of speech, hearing of both ears, or sight in both eyes and is unable to perform at least three ADL(s) or at least three IADL(s); or
    c. has suffered severely diminished mental capacity due to brain stem or other neurological damage and is unable to perform at least three ADL(s) or at least four IADL(s).

40. “True Catastrophic Claim” means a covered claim for an Insured Person who is either Totally Disabled or Partially Disabled. True Catastrophic Claim also includes a covered claim for an Insured Person with one or more limbs amputated because of a Covered Accident.

SECTION III - MEDICAL, DENTAL, REHABILITATION AND CUSTODIAL CARE EXPENSE BENEFITS

Benefits will be paid under this Policy, subject to the Maximum Benefit Amount shown in Section A of the Schedule of Benefits, on an excess basis as provided in Section VI "Other Insurance" for Covered Loss which is Incurred by the Insured Person after the date the Covered Accident Deductible has been satisfied. The Covered Accident Deductible will be satisfied on the date the Insured Person Incurs Covered Loss in the form of Medical Expenses and/or Dental Expenses and/or Rehabilitation Expenses and/or Custodial Care Expenses which exceed the Covered Accident Deductible.

An expense will be a Covered Loss under this Policy only to the extent it is Reasonable and Customary and only to the extent that it is for Medically Necessary services and supplies described in this Policy and not excluded under Exclusions and Limitations (Section VIII) in this Policy.

SECTION IV - DISABILITY BENEFITS

All benefits payable under this Section IV will be subject to the Maximum Benefit Amount shown in Section A of the Schedule of Benefits.

We will pay benefits, commencing on the first day of the month following the date of the Covered Accident, to a Partially or Totally Disabled Insured Person who:

- has satisfied the Covered Accident Deductible;
- has Injuries that are expected to be of a continuous and indefinite duration, as certified in writing by a Doctor We approved; and
- is under the continuous care of a Doctor for his or her Injuries, unless the Insured Person has reached his or her maximum point of recovery as certified in writing by a Doctor We approved.

Total Disability Benefits
We will pay Total Disability benefits in the amount shown on the Schedule.

Total Disability benefits will end on the earliest of:

- the expiration of the Maximum Benefit Period shown on the Schedule;
- the date the Insured Person is no longer Totally Disabled; or
- the date, beginning on the first anniversary date following the date of the Covered Accident, that the Insured Person's average gross monthly earnings for six (6) consecutive months exceed $3,500 per month. That $3,500 will be increased by 2.5% after each subsequent twelve (12) consecutive month period thereafter.

Partial Disability Benefits
We will pay Partial Disability benefits in the amount shown on the Schedule.

Partial Disability benefits will end on the earliest of:

- the expiration of the Maximum Benefit Period shown on the Schedule;
- the date the Insured is no longer Partially Disabled; or
- the date, beginning on the first anniversary date following the date of the Covered Accident, that the Insured Person's average gross monthly earnings for six (6) consecutive months, exceeds $3,500 per month. That $3,500 will be increased by 2.5% after each subsequent twelve (12) consecutive month period thereafter**.**

SECTION V - ANCILLARY BENEFITS

All benefits payable under this Section V will be subject to the Maximum Benefit Amount shown in Section A of the Schedule of Benefits.

A. Adjustment Expense Benefits

Adjustment Expense Benefits, subject to the limits described in the Schedule of Benefits, are payable for certain Reasonable and Customary Adjustment Expenses Incurred, provided the Covered Accident Deductible is satisfied by an Insured Person who is Totally or Partially Disabled. Adjustment Expenses include:

1. Training of members of the Immediate Family of the Insured Person to perform rehabilitative or custodial functions necessary for rehabilitation or care of the Insured Person;
2. Family travel for an Insured Person's Immediate Family. Family travel will be limited to travel by members of the Insured Person's Immediate Family to and from the location at which the Insured Person is receiving treatment in a Hospital or Rehabilitation Facility. Family travel must be by regularly scheduled commercial airline, train, bus, or personal automobile. The expense of "family travel" includes the expense of general coach fares, and reasonable expense for lodging, meals, and car rental for members of the Insured Person's Immediate Family. Personal automobile expenses for family travel will be limited to the prevailing Internal Revenue Service rate (based upon cents per mile) to the location of the Hospital or Rehabilitation Facility. Family travel does not include the expense of clothing, tips, travel other than to the Hospital or Rehabilitation Facility, or any other item or service beyond that described herein; and
3. If the Insured Person's spouse, or if the Insured Person is not married, the Insured Person's parent or other person legally responsible sustains a loss of earnings as a result of missing regular employment to travel to the location at which the Insured Person is receiving treatment, such loss of earnings shall be recoverable hereunder, subject to the limits shown in Section I, Schedule of Benefits.

B. Special Expense Benefits

Special Expense Benefits are payable for Reasonable and Customary expenses Incurred, after the Covered Accident Deductible has been satisfied, by an Insured Person who is Totally or Partially Disabled as a result of a Covered Accident for special items approved by the Insured Person's Doctor and are Medically Necessary to accommodate his or her physical disability, such as specialized wheelchair or other types of equipment or computer programs designed for use by someone with the type of physical disability suffered by the Insured Person, purchase of a motor vehicle, the adaptation or modification in design and/or equipment of the Insured Person's owned motor vehicle or such motor vehicle as is customarily at the disposal of or in the usual possession of the Insured Person, or for adaptation or modification of the Insured Person's housing in design and/or equipment. Special Expense Benefits are subject to the limits described in the Schedule of Benefits. Such item or modification must be approved by the Doctor as being appropriate and as being Medically Necessary to accommodate the physical disability of the Insured Person as a result of a Covered Accident.

Payment for the purchase of a motor vehicle will be limited to those expenses reasonably necessary to provide a motor vehicle appropriate to accommodate the Insured Person and will be made only if the Insured Person's then existing motor vehicle cannot be modified to accommodate the Insured Person's physical disability; however, payment for purchase or modifications of a motor vehicle, specialized wheelchair or housing will be limited to only such purchase and modification(s) which are appropriate to accommodate the Insured Person's physical disability as recommended by the Insured Person's Doctor and approved by the Company.

C. Ancillary Injury Benefits

1. Ancillary Injury Benefits are payable for Medical Expenses and Dental Expenses, subject to the limits shown in the Schedule of Benefits, Section I.
2. Such expenses must be Incurred as a result of an accidental bodily injury to a Totally or Partially Disabled Insured Person which occurs during the period he or she is receiving Total or Partial Disability Benefits in connection with a Covered Accident, and which results from a separate accident unrelated to such Covered Accident.

D. College Education Benefit

The College Education Benefit provides payment, in accordance with the time limitations described below, for the full standard cost of attendance for a Totally or Partially Disabled Insured Person to complete his or her undergraduate and/or graduate degree at the school such person was attending at the time of the Covered Accident or at an alternate institution provided, however, that the amount of the College Education benefit payable for undergraduate study shall not exceed the comparable full standard cost of

attendance otherwise payable for undergraduate study at the school attended at the time of the Covered Accident or the Maximum Lifetime Benefit shown in Section I, Schedule of Benefits, whichever is less. The full standard cost of attendance shall be as determined by the financial aid office at the particular school net of any other financial aid received by the Insured Person.

The College Education Benefit for those eligible Insured Persons whose full standard cost of attendance continues to be funded through his or her athletic or other scholarship will not commence until the expiration of any athletic or other scholarship provided to the Insured Person by the Participating School. Benefits that are payable will be paid directly to the school as the payment is due.

To qualify for the College Education Benefit, the Totally or Partially Disabled Insured Person must recommence studies within five (5) years from the date the Covered Accident occurred. The College Education Benefit will terminate at the earliest of:

1. the date the Insured Person completes the requirements for a graduate degree;
2. the twentieth (20^{th}) anniversary of the date the Insured Person first recommenced studies; or
3. the date the Maximum Lifetime Benefit shown in the Schedule of Benefits has been paid.

E. Vocational Rehabilitation Benefit

The Vocational Rehabilitation Benefit provides payment for Reasonable and Customary expenses for services rendered through a vocational rehabilitation program or for vocational rehabilitation counseling services intended to enable the Totally or Partially Disabled Insured Person to develop skills necessary for gainful employment, and to participate in a job search and find gainful employment. Benefits during the Insured Person's Lifetime shall not exceed the limit shown on the Schedule of Benefits.

F. Assimilation Benefit

The Assimilation Benefit provides for payment up to the Maximum Assimilation Benefit amount shown in the Schedule of Benefits for the Totally or Partially Disabled Insured Person to participate in a specialized, intensive, rehabilitation program at an accredited medical facility specializing in research, surgery, and training for injuries to the spinal cord, the nervous system, or closed head injuries.

Participation by the Totally or Partially Disabled Insured Person in an assimilation program eligible for benefits under this Policy must commence within two (2) years of the date of the Covered Accident. Assimilation Benefits payable will terminate on the earlier of:

1. the date the Totally or Partially Disabled Insured Person completes the assimilation program for which benefits are payable; or
2. the date the Maximum Assimilation Benefit has been paid.

Benefits will be paid directly to the facility providing the assimilation program as the payment is due, and only after participation has commenced by the Totally or Partially Disabled Insured Person. Benefits include reasonable travel expenses for the Insured Person and two (2) Immediate Family members. Benefits paid for travel expenses will be applied to and are subject to the Maximum Assimilation Benefit.

SECTION VI - DEATH BENEFIT

The Death Benefit shown in the Schedule of Benefits, Section I, will be paid if an Insured Person dies as a result of a Covered Accident.

Each Insured Person may designate a beneficiary to whom the death benefit shall be payable and may change the beneficiary designation. Any beneficiary designation or change will not take effect until a written request of such on a form satisfactory to the Company has been signed by the Insured Person and recorded by the Company or its authorized representative.

Whether or not the Insured Person is living, the designation or change of beneficiary, when properly signed and recorded, shall take effect from the date it is signed by the Insured Person. Any payment made by the Company prior to the date the beneficiary designation or change is recorded by the Company or its authorized representative shall release the Company from any further liability under this Policy, to the extent of such payment.

If the designated beneficiary of record does not survive the Insured Person or if the Insured Person fails to designate a beneficiary, payment of death benefits will be made to the Insured Person's estate, or at the option of the Company, to the following:

a. the Insured Person's spouse, if living; otherwise
b. the Insured Person's then living children, if any, equally; otherwise
c. the Insured Person's surviving parent(s), equally; otherwise
d. the person that is the legal guardian for the Insured Person; otherwise
e. the Insured Person's surviving brothers and/or sisters, equally.

If two or more beneficiaries of record are named, and if the Insured Person does not state their responsive interests, such beneficiaries shall share equally. If any of such beneficiaries die before the Insured Person, his or her interest will pass to the surviving beneficiary(ies) equally.

If any Death Benefit shall be payable to the estate of the Insured Person, or to a beneficiary who is a minor or otherwise unable to give a valid release, the Company may pay such Death Benefit, up to an amount not exceeding $1,000, to any relative by blood or by marriage of the Insured Person or beneficiary who is deemed by the Company, after submission of evidence satisfactory to the Company of payment of medical or other expenses Incurred by or on behalf of the Insured Person, to be equitably entitled thereto. Payment in accordance with this paragraph will release the Company from all liability hereunder for any amount so paid.

The Death Benefit provided hereunder may not be assigned, transferred, or encumbered, without the written consent of the Company, and to the extent permitted by law will be exempt from attachment and otherwise free from the claims of creditors of the Insured Person or beneficiary.

SECTION VII - OTHER INSURANCE - EXCESS NATURE OF POLICY

Except as provided below, this Policy is excess over any Other Insurance or similar benefit program available to the Insured Person for a Covered Loss under this Policy. If an Insured Person receives or is eligible to receive benefits or services from any Other Insurance or similar benefit program for any benefit category of a Covered Loss for which he or she is eligible under this Policy, such benefit under this Policy will be reduced by the amount of such Other Insurance or similar benefit program.

If an Insured Person is entitled to Other Insurance or similar benefit program for a benefit category of a Covered Loss for which he or she has been paid benefits under this Policy, the Insured Person will reimburse the Company to the extent of such benefits paid under this Policy, not to exceed the amount of Other Insurance or similar benefit program received or for which the Insured Person is eligible.

For purposes of this Policy, an Insured Person's eligibility for Other Insurance or similar benefit program will be determined as if this Policy did not exist and shall not depend upon whether application for Other Insurance or similar benefit program is made by or on behalf of the Insured Person.

"Other Insurance" means any reimbursement for or recovery of any element of Covered Loss available from any other source whatsoever, except gifts and donations, including without limitation:

a. any individual, group, blanket, or franchise policy of accident, or health insurance;
b. any arrangement of benefits for members of a group, whether insured or uninsured;
c. any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans, or health maintenance organizations;
d. any amount payable for hospital, medical, or other health services for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy;
e. any amount payable for services for injuries or diseases related to the Insured Person's job to the extent that he or she actually receives benefits under a Worker's Compensation law. If the Insured Person enters into a settlement to give up his or her rights to recover future medical expenses under a Worker's Compensation Law, this Policy will not pay benefits for those medical expenses that would have been payable except for that settlement;
f. any benefits payable under any program provided or sponsored solely or primarily by any federal, state, or local governmental unit or agency or subdivision or through operation of law or regulation, except Medicaid; and
g. income received through a trust fund or similar arrangement, whether declared or not.

PROVIDED, however, that if an Insured Person is covered under a policy issued by another insurance carrier which provides catastrophic excess benefits similar to those provided under this Policy which are subject to a deductible of $50,000 or more, any benefits payable under such policy will not be regarded as Other Insurance or similar benefit program. Instead, this Policy, on an excess basis over all Other Insurance or similar benefit program, will share payment of Covered Loss with the other policy by contribution based on equal shares, after satisfaction of the Covered Accident Deductible. Under this approach, this Policy will contribute an amount equal to that contributed by the other catastrophic policy until the Covered Loss is paid.

SECTION VIII - SUBROGATION/RECOVERY RIGHTS

If the Insured Person has rights to recover from a third party all or part of any payment made under the terms of this Policy, those rights, are transferred to the Company, regardless of whether the Insured Person has been made whole or has received full compensation from or has been paid by the third party all losses sustained or alleged. The Insured Person must do nothing after the Covered Accident to impair such rights. The Insured Person will bring legal action or transfer those rights to the Company and help the Company enforce them.

Notwithstanding the foregoing, the Company shall be entitled to recover any benefits paid up to the amount of the "Net Recovery" by the Insured Person against any such third party. "Net Recovery" shall mean the gross recovery against the third party wrongdoer, less attorneys' fees and expenses and court costs.

Should any money be recovered by the Insured Person from an alleged third party wrongdoer for which benefits were paid under this Policy, the "Net Recovery" shall be considered Other Insurance for all purposes of this Policy.

The Insured Person shall notify the Company within 30 days of the date when any notice is given to any party, including an insurance company or attorney, of the Insured Person's intention to pursue or investigate a claim to recover damages or obtain compensation relating to a Covered Accident for which the Company provided benefits. The Insured Person must provide all information requested by Company or its representatives including, but not limited to, completing and submitting any applications or other forms or statements as reasonably requested.

The Company agrees it will not seek subrogation against the NCAA, Participating School, or any NCAA member as defined in the NCAA bylaws.

The provisions of this Section shall not apply to Insured Persons residing in or attending Participating Schools located in states where this subrogation/recovery provision is prohibited by law.

SECTION IX - EXCLUSIONS AND LIMITATIONS

This Policy does not cover, and the Covered Accident Deductible may not be satisfied by, any Covered Loss, Total Disability, Partial Disability or death caused or contributed by or resulting from:

a. self- destruction or attempted self-destruction, while sane or insane, or intentional self-inflicted injury;
b. the Insured Person's commission of, or attempted commission of, a criminal or felonious act, EXCEPT this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of the Insured Person's participation in that Covered Event; or
c. the Insured Person being intoxicated, or being under the influence of drugs or narcotics unless as prescribed by a Doctor for a medical condition other than drug addiction, EXCEPT this exclusion does not apply to bodily injury which occurs at the facility in which a Covered Event is being held and as a result of the Insured Person's participation in that Covered Event.
An Insured Person shall be presumed to be intoxicated if the level of alcohol in his or her blood is determined to exceed the level above which a person is held under the law of the location at which the Covered Accident occurs, to be intoxicated if operating a motor vehicle, regardless of whether the Insured Person is in fact operating a motor vehicle when the Covered Accident occurs.
d. any injury or illness suffered by an Insured Person where the Insured Person's Participating School required the Insured Person to sign a waiver relieving that Participating School of responsibility or liability based on notification by a Doctor that the Insured Person's participation exposed the Insured Person to increased risk for that type of injury, cardiovascular accident or stroke or other similar traumatic event incurred.

This Policy does not cover, and the Covered Accident Deductible may not be satisfied by, disease or illness, EXCEPT:

a. as provided in the Ancillary Injury provision of the Policy; or
b. when treatment for a disease or illness is Medically Necessary and the disease or illness is a direct result of a Covered Accident; or
c. for a cardiovascular accident or stroke or other similar traumatic event caused by exertion while participating in a Covered Event.

SECTION X - PREMIUM

1. Computation of Premium

   Subject to the provisions of Paragraph 3. below, a single annual premium of $10,800,000 is due and payable in four quarterly installments for the 2023-2024 Policy Term at the Home Office of the Company as described in Paragraph 2. below. Failure to pay any installment when due shall constitute failure to pay the full annual premium.

2. Payment of Premium

   Subject to the provisions of Paragraphs 3 and 4 below, premiums are payable as follows:

   2023-2024 Policy Term:
   Initial quarterly installment of $2,700,000 is due by August 1, 2023;
   Second quarterly installment of $2,700,000 is due by November 1, 2023;
   Third quarterly installment of $2,700,000 is due by February 1, 2024;
   Fourth quarterly installment of $2,700,000 is due by May 1, 2024.

3. Premium Change

   The Company reserves the right to adjust the premium amount, after consultation with the Policyholder, in the event the number of Participating Schools falls below 1,000 or exceeds 1,200.

4. Contingent Pricing Feature

   If the first payment is made for six or more True Catastrophic Claims between 12:01am Eastern Standard Time on May 1, 2022, and 12:01am Eastern Standard Time on May 1, 2023, the Company reserves the option to increase the previously stated $10,800,000 annual premium for the 2023-2024 policy year.

   The Insured will be advised of any adjustment in the 2023-2024 premium at least 31 days prior to August 1, 2023.

5. In the event a national health care plan becomes effective in the United States during the term of this Policy which provides substantially the same benefits under substantially the same terms and conditions as provided hereunder, the Company agrees to recalculate and prorate the premium as of the next following August 1 for the then remaining term of the Policy, after consultation with the Policyholder (but consent of the Policyholder is not required), considering both the claims experience under this Policy to such date and the coverage provided under any such national health care plan.

SECTION XI - GENERAL PROVISIONS

1. Insurance Benefits

   Benefits for Insured Persons will be determined by the provisions of this Policy.

2. Notice of Claim

   a. Written notice of claim must be given to the Company or its authorized representative within sixty (60) days of the date of the Covered Loss, accidental death or commencement of Total Disability or Partial Disability. If notice is not given within sixty (60) days, a claim will not be denied or reduced for that reason if notice was given as soon as reasonably possible thereafter.
   b. When the Company or its authorized representative receives notice of claim, forms for filing proof of loss will be furnished to the Insured Person or, if the Insured Person is deceased, to his or her beneficiary. If these forms are not furnished to the Insured Person within fifteen (15) days from the date notice is received by the Company or its authorized representative, the Insured Person will have met the proof of loss requirements if written proof of loss is submitted within the time required in 3. below.

3. Proof of Loss

   a. Proof of loss for Hospital confinement must be given to the Company or its authorized representative within ninety (90) days after release from the Hospital.
   b. Proof of any other Covered Loss, Total Disability, Partial Disability or accidental death must be given to the Company or its authorized representative not later than ninety (90) days after the Covered Loss, accidental death or commencement of Total Disability or Partial Disability.
   c. If proof of any loss is not given within ninety (90) days, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible thereafter.
   d. “Proof” as required in this section, means proof satisfactory to the Company.

4. Physical Examination and Autopsy

   a. The Company, at its own expense, has the right to have an Insured Person examined, as often as it may reasonably require, whenever his or her loss is the basis of a claim.
   b. The Company has the right to require an autopsy of the Insured Person if not prohibited by law.

5. Payment of Claim

   Death benefits payable under this Policy will be paid in accordance with the beneficiary designation and the provisions respecting such payment set out herein and effective at the time of payment. Any other payable benefits, which remain unpaid at the time of the Insured Person's death, may at the option of the Company, be paid to the beneficiary or to the Insured Person’s estate.

   All other benefits will be payable to the Insured Person or the medical services provider if the Company has received a valid assignment by the Insured Person, unless the Company determines that the Insured Person is unable to receive such payment because he or she is not legally able to give a binding receipt for the payment. In the absence of a written assignment of benefits, all or a portion of these other benefits may be reimbursed to the provider rendering the service. Such payment will be at our option.

   If the Company determines that the Insured Person is not able to receive such payment, the Company may, at its option, pay the benefits to the Insured Person’s estate, spouse, the legal guardian for the Insured Person or to a court of competent jurisdiction.

   The Company reserves the right to allocate the Covered Accident Deductible to any Covered Loss and to apportion the benefits to the Insured Person and/or his or her assignees. Such action will be binding on the Insured Person and his or her assignees.

   Any payment made under this Section XI-5 will completely discharge the Company from further obligation for such payment.

6. Time of Payment of Claim

   Benefits will be paid as soon as the Company receives proper proof of loss unless this Policy provides for periodic payment. When this Policy provides for periodic payment, the benefits will be paid monthly subject to proper proof of loss.

7. Choice of Doctor

The Insured Person is free to be treated by any Doctor he or she chooses.

8. Workers' Compensation

This Policy is not a Workers' Compensation policy and is not intended to satisfy any requirements for coverage by Workers' Compensation insurance.

9. Legal Actions

No lawsuit may be brought to recover on this Policy within sixty (60) days after proof of loss has been given as required by this Policy. No lawsuit may be brought after three (3) years from the time written proof of loss is required to be given.

10. Statements

In the absence of fraud, all statements made by the Policyholder or by any Insured Person will be deemed representations and not warranties. No such representations will void the insurance or be used to deny a claim unless a copy of the instrument containing such representation is or has been furnished to the Insured Person.

11. Termination of Insurance

Neither the Company nor the Insured shall have the ability to terminate this agreement with the exception of the following circumstances:

A. The Policyholder may terminate this agreement at any time by providing ten (10) days notice in writing to the Company, upon the occurrence of any one of the following circumstances:
    1. A premium increase by the Company exceeding $10,800,000 for Policy Term 2023-2024.
    2. The Company ceases active underwriting operations, or a State Department of Insurance or other legal authority orders the Company to cease writing business in all jurisdictions; or
    3. Company has:
        a. become insolvent;
        b. been placed under supervision (voluntarily or involuntarily);
        c. been placed into liquidation or receivership; or
        d. had instituted against it proceedings for the appointment of a supervisor, receiver, liquidator, rehabilitator, conservator or trustee in bankruptcy, or other party known by whatever name, to take possession of its assets or control of its operations; or
    4. The Company's AM Best's insurer financial strength rating becomes less than A-; or
    5. The Company breaches any term of this agreement, or any of the policies referenced herein.

12. Assignment

The benefits provided under this Policy shall not be assigned, transferred, or encumbered without the written consent of the Company and, to the extent permitted by law, shall be exempt from attachment and otherwise free from claims of creditors of the Insured Person.

13. Entire Contract

The entire contract consists of this Policy, issued to the Policyholder, and any papers made a part of it, including, if any, riders and the Policyholder's application.

An Insured Person is entitled to examine a copy of the Policy during regular office hours at the Company's place of business.

14. Amendment and Alteration of the Contract

This Policy may be amended or changed only by a written agreement between the Policyholder and an authorized officer of the Company.

The Company reserves the right to provide payment of other benefits not specifically enumerated herein which includes, but is not limited to, professional and other case management fees and costs as it deems appropriate in its sole discretion. Any such payments shall not reduce any benefit payable hereunder.

15. Non-waiver of Policy Provisions

Failure of the Company to insist on compliance with any provision of this Policy at any time under any set of circumstances will not operate with respect to any other time or as to any other occurrence whether or not the circumstances are the same to:

a. waive or modify such provision; or
b. in any way render it unenforceable.

16. Non-participating Policy

This Policy is non-participating and does not share in the profits of the Company.

17. Effects of Actions of the Policyholder

In all matters regarding this Policy, except with respect to any claim filed under the Policy, the Policyholder or its authorized representative acts for the Insured Persons. Each agreement made by the Company with the Policyholder or its authorized representative will be binding on all parties, including Insured Persons and Participating Schools. Each notice given to the Policyholder by the Company will be deemed to have been given to all parties, including Insured Persons and Participating Schools.

18. Information Required

The Policyholder shall furnish to the Company, or shall use its best efforts to cause a Participating School to furnish, all information which the Company may reasonably require with regard to matters pertaining to the insurance afforded by the Policy. All documents, books, and records which may have a bearing on the insurance or premiums under the Policy shall be open for inspection by the Company or its authorized representatives during the term of the Policy and during the pendency of any claim hereunder.

19. Headings

Any section or other heading contained in this Policy is for reference purposes and convenience only and shall not affect, in any way, the meaning and interpretation of this Policy.

Mutual of Omaha

3300 Mutual of Omaha Plaza
Omaha, NE 68175

COMPLAINT NOTICE

Questions regarding your policy or coverage should be directed to:

Mutual of Omaha Insurance Company
Special Risk Claims
800-524-2324

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at *www.in.gov/idoi*

CLAIM REVIEW AND APPEAL PROCEDURES

For the accident medical expense policy under which you are insured, this provision is effective the later of:

(a) the effective date of the Policy; or
(b) the date required by Federal law.

Definitions
Capitalized terms have the same meaning as shown in the Policy.

For the purposes of this provision the following term has the following meaning:

Adverse Benefit Determination means a denial, reduction or termination of, or a failure to provide or to make payment (in whole or in part) for a benefit, including any such denial, reduction, termination of, or failure to provide or make payment (in whole or in part) that is based upon the Insured Person's ineligibility for insurance under the Policy.

Claim Review Procedures
Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. Please refer to the Payment of Claims provision of the Policy.

In the event an extension is necessary due to matters beyond Our control, We will notify the person submitting the claim of the extension and the circumstances requiring the extension. Extensions are limited as set forth below.

If an extension is necessary due to failure to submit complete information, We will notify the person submitting the claim of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below.

We may contact the person submitting the claim at any time for additional details about the processing of the claim.

Claim Review Decisions

(a) Initial review: We will notify the person submitting the claim of Our claim decision within 45 days after Our receipt of the claim, unless additional information is requested as set forth below;
(b) Extension period: 30 days; and
(c) Maximum number of extensions: two.

If additional information is needed, We will notify the person submitting the claim within 30 days of Our receipt of the claim. Once Our request for additional information is received, the person submitting the claim will have 45 days to submit the additional information to Us. We will have a total of 105 days (which includes an additional 30-day extension, if necessary, due to circumstances beyond Our control) to process the claim. If We do not receive the additional information within the specified time period, We will make Our determination based on the available information.

Claim Denials
If a claim is denied or partially denied, the person submitting the claim will receive a written or electronic notice of the denial which will include:

(a) the specific reason(s) for the denial;
(b) reference to the specific Policy provisions on which the denial is based;
(c) if applicable, a description of any additional material or information necessary to complete the claim and the reason We need the material or information;
(d) a description of the appeal procedures, including the right to request an appeal within 180 days and the right to bring a civil action following the appeal process; and
(e) any other information which may be required under state or federal laws and regulations.

Opportunity To Request An Appeal

The person submitting the claim may appeal Our claim review decision in accordance with this Claim Review and Appeal Procedures provision. As part of the appeal, We will perform a full and fair review of the decision.

The request for an appeal can be written, electronically or orally submitted to Us and should include any additional information that the person submitting the claim believes may have been omitted from Our review that should be considered by Us.

The request for an appeal should include:

(a) the name of the person for whom the claim has been submitted;
(b) the name of the person filing the appeal;
(c) the policy number; and
(d) the nature of the appeal.

We will establish and maintain procedures for hearing, researching, recording and resolving any appeal. The notification of Our claim review decision will include instructions on how and where to submit an appeal.

The person submitting the claim will:

(a) have 180 days from receipt of notification to submit a request for an appeal;
(b) be provided the opportunity to submit written comments, documents, records and other information relating to the claim; and
(c) be provided, upon request and free of charge, reasonable access to and copies of documents, records and other information relevant to the claim.

In reviewing the appeal We will consider all comments, documents, records and other information submitted by the person submitting the claim relating to the claim, without regard to whether such information was submitted or considered in the claim decision.

Request for an appeal authorizes Us, or anyone designated by Us, to review records relevant to the claim.

Our Response To An Appeal

Once We receive a request for an appeal, We will respond within 45 days, unless additional information is requested. If additional information is requested, the following extensions apply:

(a) extension period: 45 days; and
(b) maximum number of extensions: one.

We will have a total of 90 days to process the appeal.

When We make Our decision, the person submitting the claim will be provided with:

(a) information regarding Our decision; and
(b) information regarding other internal or external appeal or dispute resolution alternatives, if available, including any required state mandated appeal rights.

CSURMA AIME COMMITTEE MEMBER AND STAFF CONTACT LISTS

ISSUE: Attached for the Committee's review is the AIME Committee contact list.

RECOMMENDATION: It is recommended that the Committee review the contact information for accuracy and report any changes or corrections to Staff.

FISCAL IMPACT: None.

BACKGROUND: An accurate and current list facilitates better communication among the Committee and with Staff.

PUBLICATION: None.

ATTACHMENT(S):

a. AIME Committee and Staff Contact Lists

CSURMA AIME COMMITTEE MEMBERS

As of May 2026

First Name	Last Name	Title	Organization	Street Address	Email	Phone/Cell	Term of Office Expires
Kyle	Burnett	Assistant AD, Sports Medicine (Men's BB)	CSU Fullerton	800 N. State College Blvd. Fullerton, CA 92831	kyburnett@fullerton.edu	Tel: 657-278-2858 Cell: 530-513-2944	07/01/26
Keyonda	Kendall	Student Health Athlete Care Analyst (SHACA)	CSU Sacramento	6000 J Street Sacramento, CA 95819-6045	keyonda.kendall@csus.edu	Tel: 916-278-4098 Cell: 916-459-7215	07/01/25
Jennifer	Lupo-Northrup	Associate AD for Sports Medicine	CSU Los Angeles	5151 State University Dr., PE 64 Los Angeles, CA 90032	jlupo-northrup@cslanet.calstatela.edu	Tel: 323-343-3097 Cell: 626-419-4261	07/01/26
Kristal	Slover	Associate AD for Sports Medicine	CPSU, San Luis Obispo	1 Grand Ave San Luis Obispo, CA 93407	kemig@calpoly.edu	Tel: 805-756-6065 Cell: 805-801-5177	07/01/26
Jarrod	Spanjer	Associate AD for Student-Athlete Health & Wellness	CSU Long Beach	1250 Bellflower Blvd Long Beach, CA 90840	jarrod.spanjer@csulb.edu	Tel: 562-985-7154 Cell: 562-480-8699	07/01/25
Michael	Thorpe	Executive Dirof Rsik Management & Health & Safety	CSU Chico	400 West First St Chico, CA 95929-0130	methorpe@csuchico.edu	Tel: 530-898-6588 Cell: 530-519-5661	N/A
Michael	Beatty	Execu. Director, Risk & Safety Services	San Francisco State	1600 Holloway Avenue San Francisco, CA 94132	mbeatty@sfsu.edu	Tel: 415-338-1124 Cell: 415-509-8559	N/A

AIME Advisory Committee Staff Members

As of May 2026

Organization	First Name	Last Name	Title	Street Address	Phone/Fax/Email
CSU Office of the Chancellor	Robert	Eaton	Assistant Vice Chancellor Financing, Treasury, & Risk Management	401 Golden Shore, 5th Floor Long Beach, CA 90802	Tel: 562-951-4570 Fax: 562-951-4859 Email: reaton@calstate.edu
CSU Office of the Chancellor	Zachary	Gifford	Senior Director, Systemwide Risk Management	401 Golden Shore, 5th Floor Long Beach, CA 90802	Tel: 562-951-4568 Fax: 562-951-4859 Email: zgifford@calstate.edu
CSU Office of the Chancellor	Leona	Ching	Administrative Analyst, Systemwide Risk Management	401 Golden Shore, 5th Floor Long Beach, CA 90802	Tel: 562-951-4575 Fax: 562-951-4859 Email: lching@calstate.edu
Alliant Insurance Services	Daniel	Howell	Program Director	560 Mission Street, 6th Floor San Francisco, CA 94105	Tel: 415-403-1426 Fax: 415-874-4810 Email: dhowell@alliant.com
Alliant Insurance Services	Amy	Lightner	Program Administrator	560 Mission Street, 6th Floor San Francisco, CA 94105	Tel: 415-403-1457 Fax: 415-874-4810 Cell: 415-660-0992 Email: amy.lighter@alliant.com
Alliant Insurance Services	Mimi	Long	Program Administrator	560 Mission Street, 6th Floor San Francisco, CA 94105	Tel: 415-403-1423 Fax: 415-874-4810 Cell: 415-609-5166 Email: mlong@alliant.com
Alliant Insurance Services	Stacey	Weeks	Program Administrator	560 Mission Street, 6th Floor San Francisco, CA 94105	Tel: 415-403-1448 Cell: 415-215-4055 Fax: 415-874-4810 Email: sweeks@alliant.com
Alliant Insurance Services	Van	Rin	Program Administrator	560 Mission Street, 6th Floor San Francisco, CA 94105	Tel: 415-403-1408 Fax: 415-874-4810 Email: vrin@alliant.com
Alliant Insurance Services	Ryan	Lopez	Program Administrator	560 Mission Street, 6th Floor San Francisco, CA 94105	Tel: 415-733-7019 Fax: 415-874-4810 Email: ryan.lopez@alliant.com
Health Special Risk (HSR)	Christopher	Lyons	Claims Administrator	8400 Belleview Dr., Ste 150 Plano, TX 75024	Tel: 972-512-5700 Email: christopherlyons@hsri.com
Health Special Risk (HSR)	Brandon	Schall	Claims Administrator	8400 Belleview Dr., Ste 150 Plano, TX 75024	Tel: 972-863-0390 Cell: 260-446-2711 Email: bschall@hsri.com
Health Special Risk (HSR)	Cathy	Ray	Claims Administrator	8400 Belleview Dr., Ste 150 Plano, TX 75024	Tel: 972-512-5700 Email: cathyray@hsri.com
Health Special Risk (HSR)	Nikki	Hammond	Claims Administrator	8400 Belleview Dr., Ste 150 Plano, TX 75024	Tel: 972-863-0390 Cell: Email: nhammond@americanspecialty.com