

EXCLUSIONS

No coverage is provided for:

- 1. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
- 2. Injuries caused by an act of declared or undeclared war;
- 3. Injuries received while in the armed service;
- 4. Injuries received while acting as a pilot or crew member;
- 5. Injuries resulting from air travel, except while as a passenger for transportation only, as specified in the policy;
- 6. Injuries resulting from the Insured’s engagement in or attempt to commit a felony or being engaged in an illegal occupation;
- 7. Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician;
- 8. Injuries received while Intoxicated as specifically defined herein;
- 9. Injuries sustained while traveling other than as specifically stated herein;
- 10. The cost of eyeglasses, contact lenses or examinations for either;
- 11. The cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; or
- 12. Injuries covered by workers’ compensation or employer’s liability laws.

EXCESS COVERAGE

This insurance is secondary and is designed to cover medical expenses which are not payable by other insurance. Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers’ compensation. **In the event of a covered Injury, the Insured should report it to all other insurance companies who may cover it.** After the other insurance has paid their benefits, all remaining balances should be reported to the claims administrator with copies of the explanation of the other insurer’s payment.

If the Insured has no other insurance, then this insurance will be primary.

Coverage is limited to bodily Injury which occurs after the student registers and his or her insurance under the policy becomes effective. This means that if a student is incapacitated as a result of an accidental bodily Injury at the time he or she registers for school, this policy will not cover that Injury.

CLAIM PROCEDURE

In the event of an Injury:

- 1. Immediately report the Accident to an instructor, coach or trainer. All Injuries must be reported to a College authority within 72 hours of the Accident. An Accident report is necessary to substantiate the insurance claim. **Do not delay in reporting.**
- 2. First medical treatment must be rendered within 120 days from the Accident date in order for benefits to be considered.
- 3. Please note: **All bills must first be submitted to any other group hospital or medical plan for which the Insured may be eligible.** That insurer’s Explanation of Benefits paid or denied must accompany the claim form.
- 4. Claim forms are available from Student Services or the Athletic Director.
- 5. When required, please fully complete and sign the claim form. Attach all itemized bills and any other insurer’s Explanation of Benefits and send to:
Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
Phone: 800-524-2324

Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the Company is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

The Insured Person has the right to request an independent medical review if health care services have been denied, modified, or delayed based on the Company’s determination of medical necessity.

Underwritten by:
Mutual of Omaha Insurance Company
Home Office: Omaha, Nebraska
Policy No. SR2014AZ--P-52036

For questions regarding benefits or claims:
Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
Phone: 800-524-2324

AUTHORIZED REPRESENTATION

We will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority.

If you would like to authorize an additional party to act as your personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Risk Strategies at the address below or down-load a form at <http://mcccd-accident.myahpcare.com/> and mail it to the address below.

SUMMARY OF PRIVACY POLICY

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about you and we are committed to protecting your privacy. We do not disclose any nonpublic information about you to anyone, except as permitted or required by law. We do not sell or otherwise disclose your personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about you from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. You have the right to access, review and correct all personal information collected. You may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing this policy, by writing to the address or visiting the website shown below. You may also submit a request, in writing, to review your information at the address below.

Attention: Privacy Manager
Risk Strategies
2180 South 1300 East, Suite 450
Salt Lake City, UT 84106
801-412-2622

Website: <http://mcccd-accident.myahpcare.com/>

This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a Policy of insurance underwritten by Mutual of Omaha Insurance Company. Any discrepancy between this brochure and the Policy will be governed by the Policy. Please keep this brochure for future reference.

2025–2026

Student Accident Insurance Plan



MARICOPA
COMMUNITY
COLLEGES®

- Chandler-Gilbert Community College
- Estrella Mountain Community College
- GateWay Community College
- Glendale Community College
- Maricopa Skill Center
- Mesa Community College
- Paradise Valley Community College
- Phoenix College
- Rio Salado College
- Scottsdale Community College
- South Mountain Community College
- SouthWest Skill Center

Mutual of Omaha Insurance Company
Policy No. SR2014AZ-P-52036

PLAN INFORMATION

Insurance Company: Mutual of Omaha Insurance Company
Policy Number: SR2014AZ-P-52036

Effective Dates: 08/01/25 to 08/01/26

This brochure explains the steps that have been taken to protect against the financial burden of medical expenses resulting from accidents sustained by students. Education is expensive, and so are accidents. It is our concern that unexpected medical expenses not jeopardize funds set aside for education. To this end the following program has been adopted.

This Plan applies only to College-related Accidents. The student is automatically insured.

Coverage automatically terminates when a student is no longer enrolled at the College.

WHO IS COVERED AND WHEN

All enrolled students are eligible for and are automatically covered under the plan. This includes day- or evening-division students enrolled in an approved credit and/ or non-credit class.

Coverage is provided while: 1) attending class during the hours when College is in session; 2) traveling, other than by motorized vehicle, for regular class sessions directly to or from home and College (no more than one hour before or one hour after class); 3) traveling for regular class sessions directly to or from home and College in transportation furnished or arranged by the College; 4) participating in activities supervised and sponsored by the College; and 5) traveling to, during or from a supervised and sponsored activity as a member of a group in transportation furnished or arranged by the College.

DESCRIPTION OF BENEFITS

Maximum Benefit
\$25,000 per Injury

Benefit Period:
The accident must occur while this policy is in force. Treatment must commence within 120 days of the date of the accident. Charges must be incurred within 52 weeks of the date of the accident.

Covered Medical Expenses:
When covered Injuries result in treatment by a Legally Qualified Physician within 120 days of the accident, the Company will pay the Medical Expense incurred. Benefits for any one accident shall not exceed, in the aggregate, the Maximum Benefit. Benefits shall not exceed the Usual and Customary Charges.

- 1. Treatment by a Legally Qualified Physician;
- 2. Care or services from a Hospital or Ambulatory Surgical Center;
- 3. Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;
- 4. Orthopedic appliances;
- 5. Accidental needle stick; and
- 6. Outpatient physical therapy, up to a maximum of \$50 per visit, 20 visits per Injury, and a maximum of \$1,000 per Injury.

The following Eligible Medical Expenses are covered at 100% for a PPO provider and 100% of U&C for a non-PPO provider:

- 1. Professional ambulance service;
- 2. Durable medical equipment;
- 3. Dental expenses for Injury to sound natural teeth; and
- 4. Prescription drugs.

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum: \$10,000
When, because of covered Injuries, the Insured sustains any of the following losses within 365 days after the date of the accident, benefits will be paid as follows:

- Loss of Life Principal Sum
- Loss of Both Feet,
Both Hands or Both Eyes Principal Sum
- Loss of One Hand and One Foot Principal Sum
- Loss of One Hand and One Eye
or One Foot and One Eye Principal Sum
- Loss of One Hand, One
Foot or One Eye One-half Principal Sum
- Loss of Speech and Hearing Principal Sum
- Loss of Speech or Hearing One-half Principal Sum
- Loss of Thumb and Index
Finger of the Same Hand One-fourth Principal Sum

Only one of the amounts shown above (the largest applicable) will be paid for covered Injuries resulting from one accident. The benefit for loss of two limbs, both eyes, one limb and one eye, speech and hearing, or thumb and index finger of the same hand, is payable only when such double loss is the result of the same accident.

DEFINITIONS

Ambulatory Surgical Center means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

Hospital means: 1) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; 2) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; 3) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or 4) a place certified as a hospital by Medicare.

Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: 1) for the treatment or care of drug addicts or alcoholics; or 2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

Injury/Injuries means accidental bodily injuries received while the Insured is covered under the policy or certificate which result, independently of sickness and all other causes, in a loss described under Who Is Covered and When or Description of Benefits applicable to such Insured. Benefits are payable for an Insured's injuries under only one Maximum Benefit for any one accident.

Intoxicated means a blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state where the Injuries occurred.

Legally Qualified Physician means a physician: 1) other than the Insured; 2) practicing within the scope of his or her license; and 3) recognized as a physician in the state where services are rendered.

Medical Expense means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

A Medically Necessary service or supply means one which: 1) is recommended by the attending Legally Qualified Physician; 2) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and 3) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

Usual and Customary Charges (U&C) means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.