

PREMIUMS

The premiums for sports camps are based on the number of days of the camp at the rate of \$.50 per student, per day.



The information contained within this brochure is intended to provide a general description of this coverage and does not attempt to cover all the terms and conditions of the policy.

For additional details, contact the Statewide Office of Risk Management at (907) 450-8157.



Statewide Office of Risk Management
910 Yukon Drive, 106 Butrovich
P.O. Box 755240
Fairbanks, AK 99775-5240

UNIVERSITY
of ALASKA
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Sports Camp Insurance

University of Alaska
Statewide Office of Risk Management
910 Yukon Drive, 106 Butrovich
P.O. Box 755240
Fairbanks, AK 99775-5240
(907) 450-8157 -- Fax (907) 450-8151

SPORTS CAMP INSURANCE GENERAL COVERAGE INFORMATION

Sports camp insurance is an accident policy which covers the participants in the University of Alaska sports camps and recreational clinics held by the athletic departments.

Sports Camp insurance is insurance which camp participants purchase as part of their camp fee. It is important to note that the sports camp insurance is excess to other insurance policies available to the student. In other words, the insurance picks up expenses after other coverage an injured student may qualify for under the student's and parents' personal insurance policy has been exhausted.

This plan will pay for usual and customary medical expenses incurred within 52 weeks after the accident happens. First expenses must be incurred with 180 days after the accident.

Examples of medical expenses are:

- Medical or surgical treatment
- Services or supplies
- Hospital
- Nursing
- Ambulance service

LIMITS

Accident Medical Coverage

Coverage Type: Excess Other Existing Insurance
Medical: \$25,000 Maximum
Dental: \$25,000 Maximum (Included in Medical Max.)
Deductible: \$100
Sickness (overnight camps only): \$1,000
Benefit Period: 52 Weeks
Incurral period: 180 Days

Accidental Death & Dismemberment

Principal Sum \$50,000

Catastrophic Accident Medical

Lifetime \$1,000,000 Maximum
Plan Type Excess Other Existing Insurance
Deductible \$25,000

Catastrophic Disability

Maximum \$500,000
Cash Benefit \$100,000 After 6 months
Cash Benefit \$40,000/Year Thereafter
Duration 10 years Maximum

Notice of Claim

If an accident should occur, please contact the Statewide Office of Risk Management, in Fairbanks, immediately at (907) 450-8157.

Written notice must be provided to the insurance company within 30 days after covered loss occurs or as soon as reasonably possible. Contact the Statewide Office of Risk Management at (907) 450-8157 for a claim form.

COVERAGE EXCLUSIONS

This policy does not cover any loss resulting from:

1. a) intentionally self-inflicted injury, or suicide or
b) drugs or chemical substance not prescribed by, and taken according to the directions of a Doctor (accidental ingestion of a poisonous substance is not excluded.); or
c) commission or attempt to commit a felony; or
d) participation in a riot or insurrection.
2. Injuries from war or act of terrorism.
3. Charges which:
a) the Covered Person would not have to pay if he did not have insurance; or
b) are in excess of Usual and Customary charges.
4. An Injury that is caused by:
a) flight in an aircraft, except as a fare-paying passenger;
b) an ultra light, hang-gliding, parachuting or bungee-cord jumping.
5. Practice or play in any sports activity, including travel to and or from the activity and practice, other than what you are signed up for.
6. Services rendered by a Doctor, nurse or any other person who is the Covered Person or a member of his/her immediate family.
7. Treatment in a Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
8. Cosmetic Surgery, except for reconstructive surgery on an injured part of the body.
9. Any loss which is covered by state or federal worker's compensation, employers liability, or occupational disease law.
10. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the covered Person is covered under the Policy.
11. Eyeglasses, contact lenses, or hearing aids.
12. An Injury resulting from participation in or practice in any activity which is not Supervised and Sponsored by the Policyholder.
13. Crutches, braces and other orthopedic appliances for preventive purposes.
14. Injuries which result over a period of time (such as blisters, tennis elbow, etc.), and which are a normal, foreseeable result of the sport, are not covered.