

# Blanket Special Risks Coverage

University of California 4-H  
Accident/Sickness Insurance Program



## Who is covered?

4-H members, adult volunteers and one-time participants are protected when taking part in or attending an approved, regularly supervised activity. They are also covered while traveling to or from a unit activity, and while traveling directly between home and a group meeting place for scheduled activity.

## What type of coverage is the organization providing?

The UC 4-H Accident/Sickness Insurance Program is an “accident” and “sickness” policy. It is designed to provide benefits to group members for certain losses resulting from a covered accidental injury or illness, subject to the limitations of the policy. Payment for property damage is not covered by this policy.

## What are the benefits?

### Accident Medical Coverage

Subject to the maximum benefit of \$10,000 for policy 57-SR-560999 and \$1,000 for 57-CH-144856, The Hartford will pay the reasonable and customary expenses\* for necessary medical or surgical treatment, services or supplies if the first expense is incurred within 52 weeks of the date of accident. For any one accident, all covered expenses will be paid up to the Maximum Amount if they are incurred within two years from the date of accident. Injury to natural teeth is payable to a maximum of \$1,000.

### Sickness Coverage

In addition to Accidental Benefits, there is sickness coverage for UC 4-H sponsored camps or other trips. When a member becomes ill on such a trip or event, The Hartford will pay the reasonable and customary expenses\* for necessary medical or surgical treatment, services or supplies if the first expense is incurred within 30 days after the sickness begins. For any one sickness, all covered expenses will be paid up to the Maximum Amount of \$3,000 if they are incurred within 52 weeks from the date of the sickness.

### Accident Death

If an injury results in loss of life within 180 days after the date of the accident, The Hartford will pay the Accidental Loss of Life benefit of \$10,000.

The following are the Supplemental Benefits that the organization has chosen as part of your Blanket Special Risks Insurance coverage:

### Loss of sight and dismemberment

If an injury results in loss of sight or dismemberment within 180 days after the date of an accident, The Hartford will pay as shown below:

Sight of both eyes	\$15,000
Both hands or both feet	\$15,000
One hand and one foot	\$15,000
Either hand or foot and sight of one eye	\$15,000
Either hand or foot	\$7,500
Sight of one eye	\$7,500
Thumb and index finger of either hand	\$3,750

Loss of hand or foot means severance through or above the wrist or ankle joint. Loss of eye means entire and irrecoverable loss of sight. Loss of thumb and index finger means actual severance through or above metacarpophalangeal joints.

The Hartford will not pay more than the largest amount shown for all losses due to the same accident.



## How do I file a claim?

Claim forms can be obtained from your UC 4-H Leader or Advisor. Complete the form and attach your medical claims from the accident or illness. If you have paid the claim, please indicate that reimbursement is to go to you. The supervising Leader or Advisor will review and sign the form and send it to the Cooperative Extension County Office. The Advisor in the Cooperative Extension will review and sign the form and forward it to The Hartford for processing. Please be sure that all questions are answered including type of activity and County.

## Exclusions and Limitations

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury;
- 2) war or act of war, whether declared or undeclared;
- 3) injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
- 4) injury sustained while on any aircraft except a civil or public aircraft, or military transport aircraft;
- 5) injury sustained while on any aircraft:
  - a. as a pilot, crewmember or student pilot;
  - b. as a flight instructor or examiner;
  - c. if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization covering any Eligible Class under the Policy; or
  - d. being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
- 7) injury sustained while under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
- 8) injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- 9) injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
- 10) injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred);
- 11) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- 12) sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 13) Mental and Nervous Disorders;
- 14) services for which no charge is normally made; or
- 15) injury sustained while playing or practicing in:
  - a. all intercollegiate sports;
  - b. any inter-school club sports;
  - c. any intramural sports; or
  - d. any form of tackle football.Any sports activity that is a Covered Activity is not included in this exclusion.
- 16) any loss incurred while outside the United States, its Territories or Canada.



## Appealing Denial of a Claim to The Hartford

On any denied claim, an Insured Person or his representative may appeal to The Hartford for a full and fair review. The claimant may:

- (a) request a review upon written request within 60 days of receipt of claim denial
- (b) review pertinent documents; and
- (c) submit issues and comments in writing

For more information, please contact your human resources benefits representative.

Policy Number **57-CH-144856 + 57-SR-560999**

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>

Blanket Accident Form Series includes BTA-1000, BTA-1300 or state equivalent.

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