



**UNITED STATES
ADULT SOCCER ASSOCIATION
(USASA)**

7000 S. Harlem Avenue
Bridgeview, IL 60455



This statement is intended as a general description of excess plan benefits available under the Participant Accident Policy.
Please contact your state verification officer for further details.

INSURED PERSON: Participants including players, coaches, referees, coaches/players for whom premium has been paid.

COVERED ACTIVITIES: This policy covers injury resulting from an accident which occurs during the sport coverage period for the insured person's team while he or she is participating as a member of a Team in a USASA affiliated sanctioned event (scheduled game, official tournament game, practice/tryout session); or traveling directly to or from a game or practice session as a member of a team.

ACCIDENT PLAN LIMITATIONS AND EXCLUSIONS – 2019-2020

Accident Medical Expense Benefit (sound, natural teeth only)	\$5,000 maximum benefit
Deductible Amount	\$1,000 maximum dental limit
Accidental Death Benefit	\$400 of all eligible expenses
Accidental Dismemberment Benefit	\$5,000 principal sum
Hospital Room & Board Expense (In-Patient)	\$5,000 principal sum
Hospital Miscellaneous Expense (In-Patient)	\$300 maximum per day
Hospital Miscellaneous Expense (Out-Patient)	\$1,000 maximum per admission
Hospital Emergency Care	\$250 per admission
Physician Expense (Non-surgical)	\$350 maximum per injury
Surgeon Expense (In-or-Out-Patient)	\$35 maximum per visit limit, 10 visits per injury
Assistant Surgeon Expense	Allowed at 50% of Usual, Reasonable & Customary (UCR) amount
Anesthesiologist	Allowed at 25% of surgeon's UCR
Physical Therapy or Chiropractic Expense	Allowed at 25% of surgeon's UCR
X-rays (In-or-Out-Patient) including diagnostic	\$25 maximum per visit, limit 15 visits per injury
Imaging, MRI, CAT Scans, or similar procedures	\$150 maximum per injury
Ambulance Expense	\$150 maximum per injury
Orthopedic appliances or braces as a result of covered	
Injury NOT for the prevention of injury	\$400 maximum per injury

EXCLUSIONS

General Exclusions The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced.

1. An Injury or Loss that is:
 - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while: a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing; b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is: a. employed or retained by the Policyholder, or its subsidiaries or affiliates; b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
6. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits.
8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
10. Expenses Incurred for supervision of an anesthetist.
11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices and orthopedic braces and appliances.
13. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.

SPECIAL NOTICE: This is only a very general reference to what coverage(s) the insurance policy or policies provide and is not intended to attempt to describe all of the various details pertaining to the insurance policy. Actual coverage's are detailed in the policy and are always subject to all terms, provisions, conditions, and exclusions as contained therein. You should not rely upon this general summary, but should consult the actual policy language for a complete description and details regarding coverage.



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