



UNITED STATES ADULT SOCCER ASSOCIATION (USASA)

7000 S. Harlem Avenue
Bridgeview, IL 60455

This benefit summary is intended as a general description of the excess accident medical expense and accidental death and dismemberment benefits available under the insurance policy issued to USASA.
Please contact your Designated Organization Verification Officer

COVERED PERSONS: Players, coaches, referees, and coaches/players for whom premium has been paid.

COVERED ACTIVITIES: Coverage, subject to the terms, conditions, limitations and exclusions of the Policy, for injuries resulting from Covered Accidents which occur while the Covered Person is participating as a member of a Team in a USASA affiliated sanctioned event (scheduled game, official tournament game, practice/tryout session of the team); or while traveling directly to or from a game or practice session as a member of a team.

ACCIDENT PLAN BENEFITS, LIMITATIONS AND EXCLUSIONS - 2020

Benefit limits apply on a per Covered Person per Covered Accident basis.

Accident Medical Expense Benefit	\$5,000 maximum benefit
Benefit Period	52 Weeks
Incurral of First Expense	Within 90 days of Covered Accident
Deductible Amount	\$400
Hospital Room & Board Expense (In-Patient)	\$300 maximum per day
Hospital Miscellaneous Services (In-Patient)	\$1,000 maximum
Hospital Miscellaneous Services (Out-Patient)	\$250 maximum
Ambulatory Medical Center (Out-Patient)	50% of Usual & Customary (U&C) amount
Emergency Room Treatment	\$350 maximum
Physician Services (Non-surgical; In-or-Out-Patient)	\$35 maximum per visit, for up to 10 visits
Surgery Benefit (In-or-Out-Patient)	50% of Usual & Customary (U&C) amount
Assistant Surgeon Expense	25% of Surgeon Benefit
Anesthesiologist	25% of Surgeon Benefit
Physiotherapy (Out-Patient)	\$25 per visit, for up to 15 visits
X-rays, Imaging, MRI or Cat Scans (Out-Patient)	\$150 maximum benefit
Laboratory Tests	\$100 maximum benefit
Ambulance Services	\$150 maximum benefit
Prescription Drug Benefit	\$100 maximum benefit
Dental Benefit (sound, natural teeth only)	\$1,000 maximum benefit
Medical Equipment Rental	\$400 maximum
Accidental Death Benefit	\$10,000 (including Death from Heart Failure)
Accidental Dismemberment Benefit	\$10,000 maximum benefit
Accidental Paralysis Benefit	\$10,000 maximum benefit
Aggregate Limit of Liability	\$500,000 maximum benefit

Accident Medical Expense benefits are only payable in excess of any benefits provided by a Covered Person's primary health insurance.

USASA Contact Information
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Benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an illegal occupation;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental injury or accidental ingestion of contaminated food;
11. travel or activity outside the United States or Canada, unless approved by the Company;
12. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. injuries compensable under Workers' Compensation law or any similar law;

Benefits are not payable for:

15. services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Covered Person's household;
 - c. who is a parent, sibling, spouse or child of the Covered Person;
16. any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.
17. A Covered Person's Covered Loss if:
 - a. he was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
 - b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

None of the following will be considered Covered Expenses.

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine treatment, surgery, health treatment or examinations.
4. Examination or prescriptions for, or purchase of, eyeglasses, contact lenses or hearing aids.
5. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone, or transportation.
10. Expenses payable by any automobile insurance policy without regard to fault.
11. Services or treatment provided by an infirmary operated by the Policyholder.
12. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the Covered Activity.
13. Treatment or service provided by a private duty nurse.
14. Treatment of hernia of any kind.
15. Treatment of injury resulting from a condition that a Covered Person knew existed on the date of a Covered Accident, unless we have received a written medical release from his Physician.

Policy No UBH000002 is underwritten by QBE Insurance Corporation. This summary is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions are set forth in the Policy. To the extent there is any discrepancy between the descriptions in this brochure and the terms, conditions, limitations and exclusions of the Policy, the Policy shall prevail. Any policy QBE issues will be subject to the laws of the jurisdiction in which it is issued.