



**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** means each person who qualifies as a "Member of a Team" during the Team's Sport Coverage Period.

**COVERED ACTIVITIES:** This policy covers injury resulting from accident which occurs during the Sport Coverage Period for the Insured Person's Team while he or she is (a) participating as a Member of a Team in a scheduled game, an official tournament game, or in a practice session of the Team; or (b) traveling directly to or from a game or practice sessions as a Member of a Team.

**ACCIDENT PLAN LIMITATIONS AND EXCLUSIONS – 2011- 2012**

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 (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 Imaging, MRI, CAT Scans, or similar procedures	\$25 maximum per visit, limit 15 visits per injury
Ambulance Expense	\$150 maximum per injury
Orthopedic appliances or braces as a result of covered Injury NOT for the prevention of injury	\$150 maximum per injury
	\$400 maximum per injury

**EXCLUSIONS**

1. Intentionally self-inflicted injury, suicide, or attempted suicide, whether sane or insane;
2. War or act of war, whether declared or undeclared;
3. Injury sustained while in the armed forces (land, water or air) of any country or international authority;
4. Injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as a airline passenger on an aircraft: (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States;
5. Medical services performed by any person retained or employed by the Team or Policyholder;
6. Repair, replacement, examination for prescriptions, or fitting of: (a) eyeglasses; (b) contact lenses; or (c) hearing aids;
7. Dental work or treatment on natural teeth which is not necessary for the repair or relief of injury;
8. Cosmetic or plastic surgery which is not necessary for the repair or relief of injury;
9. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
10. Repair or replacement of artificial limbs or orthopedic braces;
11. Injury sustained while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician;
12. 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;
13. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle;
14. Expenses incurred for services, treatment, supplies or facilities rendered by: (a) the Policyholder's health service or infirmary; or (b) any Physician or nurse employed or retained by the Policy holder;
15. Hernia;
16. Expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit.

**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.