



# Soccer Accident Insurance-Overview



**EXCESS POLICY:** Injuries after June 30, 2009

For members registered with the AYSO National Support & Training Center

## KEEP THIS POLICY OVERVIEW:

Excess Coverage Requires the following and is subject to all policy terms, conditions and exclusions:

- All claims should be filed within 90 days.
- Each claim is subject to a \$200 deductible
- First expense must be incurred within 60 days of covered accident
- Social Security Number **REQUIRED** on SAI claim form

## CONTACT: AYSO NSTC

Email: [insuranceclaims@ayso.org](mailto:insuranceclaims@ayso.org) or Phone: (800) 872-2976 ext 7961 or FAX: (310) 525-1155

*\*This document is designed to give you an overview of the insurance coverage. It is meant only as a general understanding of the SAI benefit and should not be construed as a legal interpretation of the insurance policies coverage, conditions, and exclusions.*

## SAI Policy Limits

AYSO purchases Soccer Accident Insurance (SAI), which pays excess medical costs up to \$50,000 maximum per accident to an insured person for accidental bodily injuries incurred as a direct result of participation in a covered activity subject to the policy terms, conditions and exclusions. This is an Excess Accidental Medical Expense Benefit, and all eligible expenses will be reimbursed in excess of your primary policy and on a Usual and Customary basis.

- All claims should be filed within 90 days.
- Each claim is subject to a \$200 Deductible.
- Social Security Numbers **REQUIRED** on SAI claim.

## Who and What Is Covered?

### COVERED PERSON:

All AYSO **currently** registered\* members [players, coaches, referees and other volunteers] are Covered Persons for accidental bodily injury while participating in the following covered activities:

- Team practice sessions, scheduled games, tournaments, or other AYSO sanctioned activities [meetings, banquets, fundraisers] provided they are under the direct supervision of an AYSO registered volunteer.
- Group travel of 5 or more participants directly, without interruption to or from such practice sessions, games, tournaments, or AYSO sanctioned activities, provided that players are traveling as a team and a licensed adult driver operates the vehicle.

*\*Registration requirements will be verified before any benefits are paid.*

### COVERAGE INCLUDES:

- **Excess Accidental Medical Benefit:** The registered member must submit their medical bills to any other applicable health care plan in force for the registered member as well as to the SAI benefit. If the registered member's medical coverage is under an HMO or similar plan, you must follow their rules for obtaining benefits; otherwise no benefits will be paid under this policy. It is recommended that you let your providers know there is secondary insurance with the AYSO SAI Policy and they may be contacted by that secondary carrier.
- **No Primary Insurance:** If there is no other insurance available to the registered member, the medical benefit will be processed on a primary basis subject to Usual and Customary rates, and the policy terms, conditions and exclusions.

- **Expanded Medical Benefit:** The policy includes coverage for Eligible Expenses resulting from conditions (such as blisters, tennis elbow, heat exhaustion, hernia, shin splints, bursitis, stress fractures, chronic soreness or pain, tendonitis, etc.), which are a normal foreseeable result of a Covered Activity covered under the terms of the policy.
- **Eyeglasses, contact lenses or hearing aids:** Coverage for Eyeglasses, contact lenses, and hearing aids is not excluded when arising from any loss resulting from accidental bodily injury that is considered a "Covered Accident" where medical treatment is required.
- **Heart or Circulatory System Malfunction Benefit:** The policy will include coverage for Covered Expenses incurred by a Covered Person as a result of heart or circulatory conditions that: Occur and manifest themselves while participating in a Covered Activity (or within 24 hours after participation); and The Covered Person has neither received nor been advised to have any medical treatment for the condition. If the Covered Person suffers loss of life resulting from the heart or circulatory condition within 90 days from the date of participation in the Covered Activity, the benefit amount for Loss of Life, as shown under the Accidental Death & Dismemberment Benefit, will be payable.
- **Re-Injury Benefit:** The policy includes coverage for Eligible Expenses resulting from re-injury or re-aggravation of an injury that occurred prior to the effective date of this policy. In order to be eligible for this coverage, the Covered Person must: (1) *have received a written medical clearance from a Doctor to participate in the covered activity;* and (2) *be participating in a covered activity or sport when the re-injury or re-aggravation occurs.*
- **Sickness Benefit:** The policy will include coverage for Covered Expenses incurred by a Covered Person as a result of an Emergency Sickness while participating in a Policyholder's short-term Covered Activity.
  - **Emergency Sickness** means an illness or disease diagnosed by a Physician which causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in deterioration of a Covered Person's health or place his life in jeopardy; and which first manifests itself suddenly and unexpectedly while a Covered Person is participating in a Covered Activity.
  - **Covered Expenses** means charges incurred for treatment of an Emergency Sickness that would have met the definition of Covered Expenses applicable to treatment of injuries sustained in a Covered Accident, had they been incurred for a Covered Accident rather than an Emergency Sickness. Any expenses that are not Covered Expenses under the Accident Medical Benefits section of the policy will not be considered Covered Expenses under the Emergency Sickness Benefit. All related conditions and recurring symptoms of the Emergency Sickness will be considered one sickness. The coverage is subject to the Deductible (if any) and subject to a \$2,500 maximum benefit for each sickness.

#### **OTHER MAXIMUM BENEFITS PAYABLE:**

- \$10,000 for Accidental Death & Dismemberment
- \$10,000 for Dental Benefit
- \$10,000 Orthopedic Benefit
- \$1,000 Physical Therapy and Chiropractic Limit

#### **DEFINITIONS:**

**Usual and Customary Charges** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**Benefit Period** under this policy is 2 years from date of covered accident. The Benefit period means the period of time between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

## **What Is Not Covered?**

- Treatment rendered by a Physician, nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
- Sickness, disease or and bacterial infection not caused by an accidental cut, wound or food poisoning.
- War or any act of war, declared or undeclared.
- Use of drugs or narcotics or if the use of alcohol, illegal drugs or medicines contribute to the cause of the injury.

- Intentionally self-inflicted wounds, suicide (while sane or insane), self-destructions, attempted self-destruction or suicide.
- Injuries occurring while fighting, except in self-defense.
- **Adults playing soccer.**

## How to File an SAI Claim

### FIRST, REMEMBER:

- Each claim is subject to a \$200 deductible.
- Claims should be filed within 90 days.
- Each claim must contain a **Social Security Number** for the claimant.
- Subject to policy terms and conditions

### SECOND, THE CLAIMANT MUST:

- Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from:
  - [www.ayso.org](http://www.ayso.org) (*Parent's tab*)
  - Regional Commissioner
  - Safety Director
- Secure the signatures from the AYSO Regional Commissioner and Safety Director.
- It is the responsibility of the registered member to make a copy for his own records and then mail the claim form to the address included in the claim instructions. Please consider sending the packet Certified/Return Receipt though the US Postal Service.

### GENERAL FILING INFORMATION:

- If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first.
- First expense must be incurred within 60 days of covered accident.
- The claimant **SHOULD** file AYSO's SAI claim form within 90 days of the injury.
- Notify all medical providers that the registered member will be using an Excess Insurance Policy and provide the address located on the claim form. The providers should submit itemized bills (UB04 or CMS1500) directly to AYSO's insurance.
- Be sure to send copies of all primary Explanation of Benefits (EOB) outlining the benefits paid under your primary plan.