



# Soccer Accident Insurance (SAI) Brochure

## for the American Youth Soccer Organization



*\*This document is designed to give 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!*

**EXCESS POLICY:** Injuries occurring after JULY 1, 2012 for members registered with the AYSO National Office.

### KEEP THIS POLICY OVERVIEW:

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

- all claims **must** be filed within 90 days;
- each claim is subject to a \$200 deductible;
- first **medical** expense must be incurred within 90 days of covered accident;
- social security number, visa or green card **REQUIRED** on SAI claim form; and
- 52 week benefit period from date of the covered accident;
- Accident Medical Expense Benefits are only payable for usual and customary charges incurred after the deductible has been met.

#### FORMS:

[www.ayso.org](http://www.ayso.org) - Parents tab and click on Insurance.

#### QUESTIONS:

Email: [insuranceclaims@ayso.org](mailto:insuranceclaims@ayso.org)

### 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. Eligibility for benefits is **52 weeks** from the policy effective date or the date of a covered accident.

Accident Medical Expense Benefits are only payable:

- for usual and customary charges incurred after the deductible has been met;
- for those medically necessary covered expenses that the covered person receives;
- if the first incurred expenses are within the policy period;
- all claims **must** be filed within 90 days;
- each claim is subject to a \$200 Deductible; and
- social security numbers, visa or green card are **REQUIRED** on SAI claim.

### WHO AND WHAT IS COVERED?

#### COVERED PERSONS:

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.

- **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 and subject to a \$2,500 maximum benefit for each sickness.

**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 52 weeks 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.
- More than one ambulance expense and any ambulance expenses NOT from the emergency injury site.
- Any dental expenses for the repair or treatment of injured teeth that are not whole, sound and natural teeth at the time of the Covered Accident. (e.g. crowns, bridges)
- Any repair or replacement of eyeglasses, contacts, or other eyewear.
- **Adults playing soccer with AYSO youth players.** *A separate Accident Policy is in force for Adults registered with NAASA. Please refer to: [www.adultsoccer.org](http://www.adultsoccer.org) for more information.*

<p><b>MAXIMUM BENEFITS PAYABLE:</b></p> <ul style="list-style-type: none"> <li>• \$15,000 for Accidental Death &amp; Dismemberment</li> <li>• \$10,000 for Dental Benefit</li> <li>• \$10,000 Orthopedic Benefit</li> <li>• <b>\$1,000 Physical Therapy</b></li> </ul>	<p><b>REMEMBER:</b></p> <ul style="list-style-type: none"> <li>• Each claim is subject to a \$200 deductible.</li> <li>• Claims <b>MUST</b> be filed within 90 days.</li> <li>• Each claim must contain a <b>social security number</b>, visa or green card for the claimant.</li> <li>• If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first.</li> <li>• Medical providers should submit itemized bills (UB04 or CMS1500) directly to AYSO's insurance.</li> <li>• Copies of Explanation of Benefits (EOB) must be sent along with the SAI claim form.</li> </ul>	<p><b>THE CLAIMANT MUST:</b></p> <ul style="list-style-type: none"> <li>• Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from: <ul style="list-style-type: none"> <li>o <b>www.ayso.org</b> (<i>Parent’s tab</i>) or</li> <li>o Safety Director or</li> <li>o Regional Commissioner</li> </ul> </li> <li>• Secure the signatures from the AYSO Regional Commissioner and Safety Director.</li> <li>• It is the responsibility of the <b>registered member to make a copy for his own records</b> and then mail the claim form to the address included in the claim instructions. Please consider sending the packet Certified though the US Postal Service.</li> <li>• All claims are subject to policy terms and conditions</li> </ul>
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