

USA RUGBY MEMBER ACCIDENT INSURANCE
Summary of Coverage

WHO IS COVERED?

All registered members of USA Rugby, including athletes, coaches, officials, referees and executive administrators.

WHAT IS COVERED?

Accidental injury that occurs at USA Rugby clubs, SBRO's, LAU's, TU's and Rookie Rugby sponsored sanctioned and supervised activities and direct travel.

WHAT ARE THE BENEFITS?

Excess Accident Medical Expense: \$ 25,000
Deductible, with Primary Insurance: \$ 1,000
Deductible, without Primary Insurance: \$ 2,500
Catastrophic Accident Medical Expense: \$ 250,000
Deductible (satisfied by Basic Accident): \$ 25,000

If an accidental injury results in the need for medical care within 90 days of the accident, coverage will pay the reasonable and customary medical charges of medically necessary medical services up to the maximum amount. Medical expenses must be incurred within 52 weeks of the date of accident for coverage to apply.

Accidental Death & Dismemberment:\$ 7,500
(See Schedule below)

WHAT IS NOT COVERED?

A loss shall not be a Covered Loss if it is caused by, contributed to, or resulted from:

ACTIVITIES THAT ARE NOT RELATED TO RUGBY PLAY

Illness, disease or infection
Repetitive motion injuries will be closely reviewed (prior injury aggravated by current play)
Pre-existing conditions
Travel or flight in an aircraft except to the extent stated in the travel hazards
Loss caused by or resulting from an insured being intoxicated or under the influence of any narcotic unless directed by a physician and used in accordance with the prescription
Loss caused by or resulting from the insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions
Losses as a result of a crime (including Assault and Battery) and including an insured's participation in the commission or attempted commission of any felony
Loss resulting from suicide, attempted suicide or loss that is intentionally self-inflicted
War or any act of war, declared or undeclared
Any Insured's involvement in any type of active military service
Cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of Covered Injury
Any medical expense related to pregnancy unless Medically Necessary for the treatment of the Covered Injury
Covered Injury for which the Insured is entitled to benefits under Workers' Compensation Benefits, Employers Liability Law, or any statutory mandated coverage
Personal comfort or convenience items such as but not limited to Hospital telephone charges, television rental or guest meals
Treatment by an immediate family member or member of the Insured's household
Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless medically necessary for the treatment of the Covered Injury.

ACCIDENTAL DEATH & DISMEMBERMENT SCHEDULED BENEFITS:

Coverage will pay \$7,500 for the accidental loss of life and scheduled benefits for dismemberment as indicated below. The loss must occur within one year of the date of the accident.

Both hands or both feet:\$ 7,500
One hand and one foot:\$ 7,500
One hand or foot, plus sight of one eye:\$ 7,500
Sight of both eyes:\$ 7,500
Speech and hearing:\$ 7,500
Quadriplegia:\$ 7,500
Paraplegia:\$ 5,625
Hemiplegia:\$ 3,750
Speech or hearing:\$ 3,750
One hand, one foot; or sight of one eye:\$ 3,750
Thumb and index finger of the same hand:\$ 1,875

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