

SUMMARY OF COVERAGE

WHO IS COVERED?

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

WHAT IS COVERED?

Accidental injury that occurs at USA Rugby sanctioned activities.

WHAT ARE THE BENEFITS?

Excess Accident Medical Expense:	\$ 25,000
Deductible, with Primary Insurance:	\$ 1,500*
Deductible, without Primary Insurance:	\$ 3,500
Coinsurance:	30% of Allowed
Physical Therapy Max:	\$50 per visit/40 visit max
Dental Max:	\$2,500 per occurrence
Catastrophic Accident Medical Expense:	\$ 225,000

* The \$1,500 deductible provided for those members who have primary insurance coverage can be met by payments made by the member as deductibles or co-payments under the member's medical insurance.

If an accidental injury results in the need for medical care within 30 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:	\$ 8,000
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(See Schedule on Page 3)

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**
- **INJURIES SUSTAINED DURING ACTIVITIES NOT SANCTIONED BY USA RUGBY**
- 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 \$8,000 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:	\$8,000
Sight of Both Eyes:	\$8,000
One Hand and One Foot:	\$8,000
One Hand and the Sight of One Eye:	\$8,000
One Foot and the Sight of One Eye:	\$8,000
Speech and Hearing in Both Ears:	\$8,000
One Hand or One Foot:	\$4,000
The Sight of One Eye:	\$4,000
Speech or Hearing in Both Ears:	\$4,000
Hearing in One Ear:	\$2,000
Thumb and Index Finger of Same Hand:	\$2,000