

# AYSO SOCCER ACCIDENT INSURANCE EXCESS POLICY

Injuries after June 30, 2009

Details on the American Youth Soccer Organization insurance plans, including claims procedures, downloadable forms and Spanish versions, go to National's website at:

<http://www.ayso.org/resources/insurance.aspx>

Forms include: SAI Brochure (English/Spanish) - SAI Claim Form (English/Spanish) - SAI Claim Form Instructions (English)

It is the responsibility of the parent/guardian of the injured player to acquire the necessary insurance claim forms and submit those forms and all necessary insurance documents explained in the SAI Claim Form Instructions to The Loomis Company.

**NOTE: For members registered with the AYSO National Support & Training Center – Please read all explanations.**

## 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. This is an Excess Accidental Medical Expense Benefit, and all eligible expenses will be reimbursed in excess of a primary policy or on a Usual and Customary basis.

- All claims must be submitted within 90 days of the injury.
- 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

sponsored 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 sponsored 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.

- **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.

- **Expanded Medical Benefit:** The policy includes coverage for Eligible Expenses incurred by a Covered Person resulting from sports conditions for treatment of bursitis, sprains, hernia, strains, muscle tears, tendonitis and repetitive motion injuries if these conditions are aggravated by participation in a covered activity.

- **Heart or Circulatory System Malfunction Benefit:** The policy includes coverage for Eligible Expenses incurred by a Covered Person as a result of Heart or Circulatory System Malfunction which: (1) Is first diagnosed and treated while participating in, or within 24 hours after participation in a covered activity; and (2) The Covered Person has not previously received medical advice, diagnosis and care or treatment, including the use of prescription drugs for such Heart or Circulatory System Malfunction. If the Covered Person suffers loss of life resulting from heart or circulatory system malfunction within 90 days from the date of participation in a covered activity, a benefit amount is payable as shown under the Principal Sum of the

Accidental Death & Dismemberment Benefit, which is sublimited to \$10,000 and subject to the deductible.

- **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 includes coverage for Eligible Expenses (Usual and Customary charges) related to sickness. Benefits will be provided to a Covered Person who suffers a covered loss which: (1) results, directly and independently of all other causes, from bodily injury which is suffered in an Accident; or results from a Sickness; and (2) occurs while the person is a Covered Person under the Policy; and (3) is within the scope of the risk set forth in the policy. This benefit is sub-limited to \$2,500. and subject to the deductible.

#### **OTHER BENEFITS:**

- \$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 of supply is provided.

**Benefit Period** under this policy is 104 weeks. The Benefit period means the period of time (104 weeks) 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.
- Eyeglasses, contact lenses or hearing aids.
- 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.**

**\*This SAI Brochure 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.**

## **How to File an SAI Claim**

FIRST, REMEMBER:

- Each claim is subject to a \$200 deductible.
- Claims must be submitted within 90 days of the injury.
- Each claim must contain a Social Security Number for the claimant.

SECOND, THE CLAIMANT MUST:

- Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from:
  - o [www.soccer.org](http://www.soccer.org)
  - o Regional Commissioner
  - o 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 through the US Postal Service.

**If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first. The claimant MUST 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. Be sure to send copies of all itemized bills (UB04 or CMS1500) and Explanation of Benefits (EOB) outlining the benefits paid under your primary plan.**

**NOTE: This SAI Brochure 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. Please refer to the AYSO Risk Management Department at 800-872-2976 or [insuranceclaims@ayso.org](mailto:insuranceclaims@ayso.org) for specific details on coverage's, conditions, and exclusions.**

**American Youth Soccer Organization**  
National Support & Training Center  
12501 S. Isis Avenue  
Hawthorne, CA 90250  
(800) USA-AYSO • [www.soccer.org](http://www.soccer.org)

**CONTACT: AYSO NSTC**  
Email: [insuranceclaims@ayso.org](mailto:insuranceclaims@ayso.org)  
Phone: 800-872-2976 ext 5461  
FAX: 310-643-5310  
Region Contact Information