

INSURANCE CLARAFICATION

As a member of the Gulf Coast Adult Soccer League (GCASL), when you paid your registration fee and signed the league waiver form, you automatically have available to you \$5,000 in accidental insurance. Once the league starts and we know how many players we have, the GCASL will buy each player an additional \$20,000 in accidental insurance.

Let me clarify a couple of things. First this is not medical insurance, it is an accident plan with limitations and exclusions (see the next page). Second, you will not get a check for \$25,000 if you are seriously hurt; it doesn't work that way. The plan was designed to fill a "gap" for those of you that have primary medical insurance policies i.e. it may help to cover some of your deductible and out of pocket expenses. **If you don't have medical insurance**, it will help to pay some of your medical expenses after you exceed the plans \$400 deductible amount.

If you get injured while playing in the GCASL, if possible (but not always necessary), please make sure the referee notes your injury on the game report as this will help to speed up the claims process. Ask the office for an accident claim form and fill it out completely and as clearly as you can; make sure to sign the last page and return the form to the office. We will review and sign the form and send it to the Florida State Soccer Association (FSSA) administrator who will also approve the form and they will send it on to the United States Adult Soccer Association (USASA) for final approval before sending to the insurance company for processing. Once the insurance company processes your claim form you will be assigned a claim number; use that claim number when corresponding with the insurance company. This may seem like it will take a long time but it usually only takes about a week or so.

The GCASL, FSSA and the USASA make no claims or representations as to how much you will receive from the insurance company as each accident/claim is different.

However, it pays to shop around to get the cheapest price; for example, MRI's, which is a common expense, can cost anywhere from \$250 to \$1,500 or more. The plan only pays \$150 per injury, so shop around.

What the plan is good for and where it covers the most expense is if you have to stay in the hospital overnight (\$300 maximum per day) or if you have surgical expenses (50% of the usual, reasonable and customary amount of the surgeon's expense for example).

This why the GCASL opted for the additional coverage (from \$5,000 to \$25,000) as the \$25,000 will go a longer way to help cover those expenses.

As always if you have questions please feel free to contact me.

Guy Harris
GCASL President
(239) 565-1598



**UNITED STATES
ADULT SOCCER ASSOCIATION
(USASA)**

7000 S. Harlem Avenue
Bridgeview, IL 60455



This statement is intended as a general description of excess plan benefits available under the Participant Accident Policy.
Please contact your state verification officer for further details.

INSURED PERSON means each person who qualifies as a "Member of a Team" during the Team's Sport Coverage Period.

COVERED ACTIVITIES: This policy covers injury resulting from accident which occurs during the Sport Coverage Period for the Insured Person's Team while he or she is (a) participating as a Member of a Team in a scheduled game, an official tournament game, or in a practice session of the Team; or (b) traveling directly to or from a game or practice sessions as a Member of a Team.

ACCIDENT PLAN LIMITATIONS AND EXCLUSIONS – 2012- 2013

Accident Medical Expense Benefit	\$25,000 maximum benefit
Dental Benefit (sound, natural teeth only)	\$1,000 maximum dental limit
Deductible Amount	\$400 of all eligible expenses
Accidental Death Benefit	\$10,000 principal sum
Accidental Dismemberment Benefit	\$10,000 principal sum
Hospital Room & Board Expense (In-Patient)	\$300 maximum per day
Hospital Miscellaneous (In-Patient)	\$1,000 maximum per admission
Hospital Miscellaneous Expense (Out-Patient)	\$250 per admission
Hospital Emergency Care	\$350 maximum per injury
Physician Expense (Non-surgical)	\$35 maximum per visit limit, 10 visits per injury
Surgeon Expense (In-or-Out-Patient)	Allowed at 50% of Usual, Reasonable & Customary (UCR) amount
Assistant Surgeon Expense	Allowed at 25% of surgeon's UCR
Anesthesiologist	Allowed at 25% of surgeon's UCR
Physical Therapy or Chiropractic Expense	\$25 maximum per visit, limit 15 visits per injury
X-rays (In-or-Out-Patient) including diagnostic	
Imaging, MRI, CAT Scans, or similar procedures	\$150 maximum per injury
Ambulance Expense	\$150 maximum per injury
Orthopedic appliances or braces as a result of covered	
Injury NOT for the prevention of injury	\$400 maximum per injury

EXCLUSIONS

1. Intentionally self-inflicted injury, suicide, or attempted suicide, whether sane or insane;
2. War or act of war, whether declared or undeclared;
3. Injury sustained while in the armed forces (land, water or air) of any country or international authority;
4. Injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as a airline passenger on an aircraft: (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States;
5. Medical services performed by any person retained or employed by the Team or Policyholder;
6. Repair, replacement, examination for prescriptions, or fitting of: (a) eyeglasses; (b) contact lenses; or (c) hearing aids;
7. Dental work or treatment on natural teeth which is not necessary for the repair or relief of injury;
8. Cosmetic or plastic surgery which is not necessary for the repair or relief of injury;
9. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
10. Repair or replacement of artificial limbs or orthopedic braces;
11. Injury sustained while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician;
12. Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
13. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle;
14. Expenses incurred for services, treatment, supplies or facilities rendered by: (a) the Policyholder's health service or infirmary; or (b) any Physician or nurse employed or retained by the Policy holder;
15. Hernia;
16. Expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit.

SPECIAL NOTICE: This is only a very general reference to what coverage(s) the insurance policy or policies provide and is not intended to attempt to describe all of the various details pertaining to the insurance policy. Actual coverage's are detailed in the policy and are always subject to all terms, provisions, conditions, and exclusions as contained therein. You should not rely upon this general summary, but should consult the actual policy language for a complete description and details regarding coverage.



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Este comunicado es una descripción general de los beneficios adicionales del plan disponibles en virtud de la Póliza de Accidentes del Participante. Comuníquese con el funcionario de verificación de su estado para obtener más información.

PERSONA ASEGURADA significa cada persona que califica como "Miembro de un Equipo" durante el Período de cobertura deportiva del Equipo.

ACTIVIDADES CUBIERTAS: Esta póliza cubre lesiones derivadas de accidentes ocurridos durante el Período de cobertura deportiva para el Equipo de la Persona asegurada mientras (a) sea Miembro de un Equipo participante en un partido programado, en un partido de un torneo oficial o en una sesión de práctica del equipo o (b) esté viajando directamente hacia o desde un juego o sesión de práctica como Miembro de un Equipo.

LIMITACIONES Y EXCLUSIONES DEL PLAN DE SEGURO DE ACCIDENTES – 2011- 2012

Beneficio de gastos médicos por accidente (sólo dientes naturales sanos)	\$5,000 de beneficio máximo
Monto deducible	\$1,000 de límite máximo dental
Beneficio por muerte accidental	\$400 de todos los gastos elegibles
Beneficio por desmembramiento accidental	\$5,000 de suma asegurada
Gastos de alojamiento y alimentación hospitalaria (paciente interno)	\$5,000 de suma asegurada
Gastos hospitalarios varios (paciente interno)	\$300 máximo por día
Gastos hospitalarios varios (paciente externo)	\$1,000 máximo por hospitalización
Atención de urgencia hospitalaria	\$250 por hospitalización
Gasto en médicos (no quirúrgicos)	\$350 máximo por lesión
Gasto en cirujanos (paciente interno o externo)	\$35 máximo por cita, 10 citas por lesión
Gasto de cirujano auxiliar	Permitido al 50% del monto Corriente, Habitual y Razonable (CHR)
Anestesiólogo	Permitido al 25% del monto CHR del cirujano
Gastos de fisioterapia o quiropráctica	Permitido al 25% del monto CHR del cirujano
Radiografías (paciente interno o externo) incluido el diagnóstico	\$25 máximo por cita, límite de 15 citas por lesión
Diagnóstico por imágenes, resonancia magnética (MRI), tomografía computarizada (CAT Scans) o procedimientos similares	\$150 máximo por lesión
Gastos de ambulancia	\$150 máximo por lesión
Aparatos o dispositivos ortopédicos como resultado de una lesión	\$400 máximo por lesión
Cubierta NO para la prevención de una lesión	

EXCLUSIONES

- Lesiones autoinfligidas intencionalmente, suicidio o intento de suicidio, en estado de sano juicio o no;
- Guerra o actos bélicos, declarados o sin declarar;
- Lesiones sufridas al prestar servicio en las Fuerzas Armadas (en tierra, agua o aire) de cualquier país o autoridad internacional;
- Lesiones sufridas dentro de cualquier aeronave, al embarcar o desembarcar de ella, al ser impactado o derribado por ella, excepto como pasajero en una aeronave de aerolínea: (a) operada por una aerolínea de pasajeros en un viaje programado habitualmente a través de su ruta establecida o fletado por esa aerolínea, o (b) cualquier tipo de aeronave de transporte operada por el Comando de Aerotransporte Militar (Military Airlift Command, MAC) de los Estados Unidos o cualquier gobierno nacional reconocido por los Estados Unidos;
- Servicios médicos practicados por cualquier persona contratada por o empleada del Equipo o el Titular de la póliza;
- Reparación, reemplazo, examen para prescripción o adaptación de: (a) anteojos; (b) lentes de contacto o (c) audífonos;
- Arreglos o tratamientos odontológicos en dientes naturales que no sean necesarios para el arreglo o alivio de una lesión;
- Cirugía cosmética o plástica que no sea necesaria para el arreglo o alivio de una lesión;
- Arreglo o reemplazo de dentaduras existentes completas o parciales, aparatos de ortodoncia, puentes fijos o removibles o restauración de otras dentaduras artificiales;
- Arreglo o reemplazo de miembros artificiales o aparatos ortopédicos;
- Lesiones sufridas mientras la Persona asegurada consumía de manera voluntaria drogas prohibidas por la legislación federal sin receta médica, incluidos sedantes, narcóticos, barbitúricos, anfetaminas o alucinógenos, salvo que el medicamento se consuma conforme a una receta o sea administrado por un médico matriculado;
- Lesiones sufridas por una Persona asegurada mientras comete un delito o como resultado de cometerlo o mientras esté encarcelado por un delito, excepto que esta exclusión no procederá al ser absuelto o anularse los cargos del delito;
- Lesiones sufridas como resultado de que la Persona asegurada esté legalmente intoxicada por el consumo de alcohol mientras conduce un vehículo a motor;
- Gastos incurridos por servicios, tratamiento, suministro o instalaciones prestados por: (a) el servicio médico o de enfermería del Titular de la póliza o (b) cualquier médico o enfermero contratado o empleado por el Titular de la póliza;
- Hernia;
- Gastos cubiertos por cualquier seguro de reparaciones automotrices (sin culpabilidad) o beneficio de pagos médicos de seguro de automóvil.

AVISO ESPECIAL: Ésta es únicamente una descripción muy general de la(s) cobertura(s) que ofrece la póliza o pólizas de seguro y no pretende intentar describir todos los detalles diversos pertinentes a la póliza de seguro. Las coberturas reales están detalladas en la póliza y siempre están sujetas a todos los términos, disposiciones, condiciones y exclusiones contenidas allí. Usted no debe basarse en este resumen general, sino consultar el texto de la póliza, para obtener una descripción completa y detalles sobre la cobertura.