WHO IS COVERED?

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

WHAT IS COVERED?

Accidental injury that occurs at USA Rugby sanctioned activities while a registered member.

WHAT ARE THE BENEFITS?

- Excess Accident Medical Expense: $10,000
- Deductible, with Primary Insurance: $1,000*
- Deductible, without Primary Insurance: $5,000
- Catastrophic Accident Medical Expense: Not Covered

* The $1,000 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: $10,000 (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
- Injuries that occur during events not sanctioned by USA Rugby
- Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane, or autoeroticism.
- Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
- The Insured's commission of or attempt to commit a crime.
- Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
- Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.
- Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
• Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
  a. Riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  b. Performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  c. Riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured’s employer.
• The Insured being under the influence of intoxicants.
• The Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
• The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
• Any condition for which the Insured is entitled to benefits under any Workers’ compensation Act or similar law.
• The Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
• Any loss incurred while outside the United States, its Territories or Canada.
• Repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
• New, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement or loss as a result of Injury up to the Dental Maximum shown in the Benefit Schedule
• New eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
• New hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
• Rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company’s sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
• Any charge for medical care for which the Insured is not legally obligated to pay;
• Care, treatment or services provided by an Insured or by an Immediate Family Member;
• Routine physical exam and related medical services;
• Personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment;
• Elective treatment or surgery;
• Treatment for temporomandibular dysfunction;
• Care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
• Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
• Educational or vocational testing or training;
• Treatment of Osgood-Schlatter's disease;
• Detached retina unless due to an Injury;
- Plastic or cosmetic surgery, except due to a covered Injury;
- Charges that are payable under motor vehicle medical benefits;
- Hernia, except as a result of participation in a Covered Activity.

ACCIDENTAL DEATH & DISMEMBERMENT SCHEDULE BENEFITS:

- Coverage will pay $10,000 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: $10,000
  - One hand and one foot: $10,000
  - One foot and the sight of one eye: $10,000
  - Sight of both eyes: $10,000
  - Speech and hearing: $10,000
  - Speech or hearing: $5,000
  - One hand, one foot; or sight of one eye: $5,000
  - Thumb and index finger of the same hand: $2,500

About AIG

The insurance carrier is AIG, an A+XV Best rated insurance company.