



Soccer Accident Insurance (SAI) Brochure

for the American Youth Soccer Organization



**This document is designed to give 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 policy coverage, conditions or exclusions!*

EXCESS POLICY: Injuries occurring after JULY 1, 2016 **for members registered with the AYSO National Office.**

KEEP THIS POLICY OVERVIEW:

Excess Coverage requires the following and is subject to all policy terms, conditions and exclusions:

- proof of loss **must** be filed within 90 days;
- each claim is subject to a **\$1,000** deductible and 20% member Coinsurance;
- first **medical or dental** expense must be incurred within 90 days of covered accident;
- **52 week benefit period** from date of the covered accident;
- Accident Medical Expense Benefits are only payable for allowable expenses incurred after the deductible has been met.

<p>FORMS: www.ayso.org – For Families tab and click on Insurance.</p>	<p>QUESTIONS: Email: insuranceclaims@ayso.org</p>
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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 subject to the policy terms, conditions and exclusions. Eligibility for benefits is **52 weeks** from the policy effective date or the date of a covered accident. Accident Medical Expense Benefits are only payable:

- for Allowable Expenses incurred after the deductible and member coinsurance has been met;
- for those medically necessary covered expenses that the covered person receives;
- if the first incurred expenses are within 90 days of the covered accident;
- proof of loss **must** be filed within 90 days;
- each claim is subject to a **\$1,000 Deductible followed by 20% member Coinsurance;** and

WHO AND WHAT IS COVERED?

COVERED PERSONS:

All AYSO **currently** registered* members [players, coaches, managers, team workers, scorekeepers, referees, officials and volunteer workers] are “Covered Persons” for accidental bodily injury while participating in the following covered activities:

- Team practice sessions, scheduled games, tournaments, or other AYSO sanctioned activities [meetings, banquets, fundraisers] provided they are under the direct supervision of an AYSO registered volunteer.
- Travel of covered members to and from a sponsored activity such as practice sessions, games, tournaments, or AYSO sanctioned 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 policy will pay Medical Expenses a registered member incurs for covered services that exceed amounts payable by any other insurance plan, subject to the deductible, benefit percentage, and benefit period. 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. It is recommended that you let your providers know there is secondary insurance with the AYSO SAI Policy and they may be contacted by that secondary carrier.
- **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 Allowable Expenses, and the policy terms, conditions and exclusions including the applicable \$1,000 deductible and 20% member Coinsurance.
- **Sickness Benefit:** The policy will include coverage for Covered Expenses incurred by a Covered Person as a result of an Emergency Sickness while participating in a Policyholder’s short-term Covered Activity. Emergency Sickness means an illness or disease diagnosed by a Physician and which first manifests itself suddenly and unexpectedly while a Covered Person is participating in a Covered Activity. The coverage is subject to the Deductible and subject to a \$2,500 maximum benefit for each sickness. No expense paid under this Benefit will be payable under any other Benefit or Rider in the policy.

DEFINITIONS:

Allowable Expense means a medical expense otherwise payable under the policy that is not in excess of 80% on a statistically valid industry healthcare claim benchmarking tool identified by the insurance company.

Benefit Period under this policy is 52 weeks from date of covered accident. The Benefit period means the period of time 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.
- Preventive medicines, serums, vaccines, routine medical care, and normal health checkups
- War or any act of war, declared or undeclared.
- Injury caused by, or attributable to, or resulting from intoxication
- Injury caused by, attributable to, or resulting from use of a controlled substance unless administered on the advice of a physician and taking the prescribed dosage.
- Intentionally self-inflicted injury, suicide (while sane or insane).
- Elective treatment or surgery that is not prescribed by a Physician and is not Medically necessary.
- Eyeglasses or contact lenses, hearing aids, or related examinations or prescriptions except as indicated on the policy schedule.
- Mental disorders, nervous disorders, pre-existing conditions
- **Adults playing soccer with AYSO youth players.** *A separate Accident Policy is in force for Adults registered with NAASA. Please refer to: www.adultsoccer.org for more information.*

<p>MAXIMUM BENEFITS PAYABLE:</p> <ul style="list-style-type: none"> • \$15,000 Maximum for Accidental Death & Dismemberment • \$50,000 Maximum for Accident Medical expenses including: • \$10,000 for Dental Benefit for injuries to sound natural teeth • \$10,000 Orthopedic Benefit • \$100 Physical Therapy per day up to 10 days • \$100 Out Patient Occupational Therapy per day up to 10 days 	<p>REMEMBER:</p> <ul style="list-style-type: none"> • Each claim is subject to a \$1,000 deductible & 20% member Coinsurance. • Carrier MUST receive written proof of loss within 90 days of the date of injury. • If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first. • Medical providers should submit itemized bills (UB04 or CMS1500) directly to AYSO's insurance. • Copies of Explanation of Benefits (EOB) must be sent along with the SAI claim form. 	<p>THE CLAIMANT MUST:</p> <ul style="list-style-type: none"> • Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from: <ul style="list-style-type: none"> ○ www.ayso.org (For Families tab) or ○ Safety Director or ○ Regional Commissioner • Secure the signatures from the AYSO Regional Commissioner and Safety Director and Risk Management Coordinator. • 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 though the US Postal Service. • All claims are subject to policy terms and conditions
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This form is also available to download at www.ayso.org