

**UNITED STATES ADULT SOCCER ASSOCIATION, ITS AFFILIATES, LEAGUES AND MEMBER TEAMS
PLAN LIMITATIONS & EXCLUSIONS – 2008 – 2009**

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

All eligible expenses are subject to a \$400 deductible.

SCHEDULED BENEFITS

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, maximum 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	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
Dental Expense (sound/natural teeth only)	\$1,000, 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
Accidental Death and Dismemberment	\$5,000

EXCLUSIONS

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any either of these.
3. the Insured's commission of or attempt to commit a felony crime.
4. 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.
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. 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-tem National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. 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 passenger; or
 - 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.
9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
14. 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.
15. any loss incurred while outside the United States, its Territories or Canada.

PLAN MAXIMUM

\$5,000 Accident Medical Expense Benefit payable per injury subject to plan limits. Coverage ends 104 weeks from the date of the accident.

This document provides only brief descriptions of the coverage(s) available under policy series C11695DBG. The Policy may contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, the Policy shall govern in all cases. Not all coverages are available in every state. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY.

Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania Insurance Company and a subsidiary of American International Group, Inc. under Policy Series: C11695DBG, with its principal place of business at 70 Pine Street, New York, NY 10270, currently authorized to transact business in all states and the District of Columbia. NAIC #19445. The Policy will contain reductions, limitations, exclusions and termination provisions. Full details of the insurance coverage are contained in the Policy. All coverages may not be available in all states.

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Accidental Death and Dismemberment	\$10,000

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8. 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 passenger; or
 - 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.
9. the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
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PLAN MAXIMUM

\$10,000 Accident Medical Expense Benefit payable per injury subject to plan limits. Coverage ends 104 weeks from the date of the accident.

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