

US ADULT SOCCER PLAN LIMITATIONS & EXCLUSIONS – 2006- 2007

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 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 12.5% 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

NOTABLE 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 an 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 Team or Policyholder;
6. Repair, replacement, examination for prescriptions, or filling of: (a) eyeglasses; (b) contact lenses; (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. Expense incurred for the use of orthotics, unless exclusively to promote healing;
12. Prescription drugs;
13. Rental/purchase of electric, bio-mechanical devices, continuous passive motion devices (CPM), electrical stimulation;
14. Injury sustained as a consequence of the Insured Person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a licensed Physician;
15. 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;
16. Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle;
17. 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 Policyholder;
18. Hernia;
19. Injury sustained by an Insured Person as a result of participation in a riot or insurrection;

PLAN MAXIMUM

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

As with any policy, there are other exclusions and limitations specific to the coverage that appear in the master policy.