

## EXCESS ACCIDENT MEDICAL INSURANCE DESCRIPTION OF COVERAGE

**Carrier:** Nationwide Life Insurance Company  
**Policy Number:** **BAX0000030853200**  
**Policy Term of Coverage:** January 1, 2020 to January 1, 2021  
**Insureds:** Members of USA Swimming

**When Coverage Starts:** Coverage is a benefit of membership in USA Swimming and begins upon receipt of the completed membership application form with appropriate fee and acceptance by the LSC Registration/Membership Chair or its designee.

**When Coverage Is In Effect:** USA Swimming members are covered while participating in a USA Swimming supervised, sponsored, sanctioned or approved event including:

- Competitions and meets;
- Organized practice sessions;
- Approved social and fund-raising activities;
- Travel to and from competitions, meets, events, organized practice sessions, approved social and fundraising activities at the direction of a coach or club board of directors;
- Observed Swim Meet events for USA Swimming Officials only

### **Coverage Outline:**

When covered Injuries result in treatment by a Legally Qualified Physician beginning within 90 days of the accident, the Medical Expense incurred in excess of the Medical Deductible, if any, will be paid. Benefits will not exceed a maximum of \$25,000.00. Benefits must be Medically Necessary and shall not exceed the Usual and Customary charges in the geographic area where treatment is performed. Only covered Medical Expenses incurred by the Insured within 52 weeks from the date of the accident are covered.

### **Benefits:**

- \$25,000.00 maximum per occurrence for Accident Medical Expenses. Eligible Medical Expenses are: (a) Treatment by a Legally Qualified Physician; (b) Care or services from a Hospital or Ambulatory Surgical Center; (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) Professional ambulance service; (e) Orthopedic appliances; (f) Injuries to sound and natural teeth (g) Non-pre-existing heart or circulatory malfunction.
- **\$1,000.00 maximum per occurrence for Chiropractic or Physical Therapy treatment/expenses**

### **Deductible/Excess:**

**This program is excess to any other insurance in place through the member's employment, school or family.** Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation. The deductible amount is the total of all other collectible benefits from primary insurance sources applicable to the Injury **or** \$100.00 of medical expenses when there is no primary insurance available.

### **Exclusions and Limitations:**

No coverage is provided for: (a) suicide while sane or intentionally self-inflicted injury while sane; (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service (d) Injuries received while acting as a pilot or crew member; (e) Injuries resulting from air travel, except while as a passenger for transportation only; (f) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated; (i) Injuries sustained while traveling, except as specifically provided; (j) the cost of eyeglasses, contact lenses or examinations for either; (k) the cost of dental treatment, except as specifically provided for Injuries to sound,

natural teeth; (l) injuries covered by workers' compensation or employer's liability laws; or (m) any health related expenses; and (n) Elite Athletes.

***How to File a Claim:***

Claim forms are sent to the injured party, or the party's parents if a minor, upon USA Swimming National Headquarters receipt of a completed **Report of Occurrence (ROO)** form and verification of the injured party's USA Swimming membership. All bills must be submitted to any group hospital/medical and/or HMO coverage for which the member is eligible. Copies of any Explanation of Benefits (paid or denied) documents from an individual or group hospital/medical and/or HMO coverage must accompany all itemized bills. The ROO must be submitted by member club, host club or injured party coach.

**Completed claim forms should be submitted to K&K Insurance Group, Inc. as directed on the claim form.** Additional claim forms may be obtained by contacting USA Swimming National Headquarters.

**This description of coverage summarizes the provisions of the Nationwide Life Insurance Company policy issued to USA Swimming. Should there be any discrepancy between the policy and this description, policy provisions will prevail.**