

# USA TEAM HANDBALL PROGRAM PARTICIPANT ACCIDENT SUMMARY OF INSURANCE

Effective 6/1/2022 – 6/1/2023



## Insured Persons

The following individuals are eligible for coverage under the USA Team Handball Participant Accident program:

**All currently registered athletes, coaches, officials, referees, members, and volunteers participating in activities sanctioned and/or approved by USA Team Handball.**

## Covered Activities

The policy provides coverage for accidental bodily injury or accidental death & dismemberment resulting directly from participation in a USA Team Handball sanctioned and/or approved event.

Covered activities include:

- Scheduled games, practices, camps, clinics and related activities organized, sponsored, sanctioned or approved by USA Team Handball. \*
- Group travel as a team or club directly to or from scheduled practices, games or sanctioned or approved activities
- Other supervised activities, such as club or team meetings, banquets and usual, non-hazardous fundraisers.
  - \* Includes independent training by members of the Men's or Women's National Teams only

## Coverage Summary

The USA Team Handball Participant Accident insurance program provides Accident Medical and Accidental Death & Dismemberment (AD&D) benefits to members who are injured while participating in USA Team Handball sanctioned events.

Coverage does not include loss from pre-existing conditions or from competing in non-sanctioned events. If an accidental bodily injury results in an Insured Person requiring medical care and treatment within 90 days of the accident, the policy will pay the reasonable and customary medical charges of medically necessary medical services up to the benefit amount. The injury must be reported within 90 days or as soon as reasonably possible.

Medical expenses must be incurred within 365 days of the date of accident. The accident medical coverage is secondary to any other available medical/health insurance and is subject to a \$500 deductible per claim for those participants with primary medical coverage and \$2,500 for those participants without other medical coverage.

The Accident Medical Expense coverage does not apply to the following charges and services:

- Cosmetic or plastic surgery which is not necessary for repair or relief of injury
- Injury sustained during commission of a felony
- Repair, replacement, exam for prescriptions or fitting of eyeglasses, contact lenses or hearing aids
- Dental work or treatment on natural teeth which is not necessary for repair or relief of injury
- Medical services performed by a person retained or employed by the Team or the Policyholder
- Injury sustained while taking prescription drugs, unless prescribed or administered by a physician
- War, or act of war, whether declared or undeclared
- Intentionally self-inflicted injury, suicide or attempted suicide

## Participant Accident Policy Limits

The policy pays for reasonable Accident Medical Expenses and Accidental Death & Dismemberment benefits per the schedule below:

### Accidental Medical Expense Benefits

Maximum Benefit Amount	\$25,000
Deductible (participants with primary medical coverage)	\$500
Deductible (participants without primary medical coverage)	\$2,500
First Incurred Expense Duration	90 days
Benefit Duration	52 weeks

### Accidental Death & Dismemberment Benefits

Accidental Death Benefit	\$10,000
Loss must occur within	365 days
Aggregate	\$500,000

### Underwriting Company

Mutual of Omaha Insurance Company  
A.M. Best Financial Rating: A (Excellent)  
Financial Size Category: XV (\$2 billion or more)

### Medical Claim Filing Procedures

If you are injured while participating in a USA Team Handball sanctioned event, please let the on-site Club Official, Coach or Event Director know of your injury so that an Incident Report form can be prepared. If an Incident Report is not prepared to document your injury, your claim may be denied by the Participant Accident carrier.

Should you require medical treatment as a result of your injury, the on-site Club Official, Coach or Event Director will provide you with a Medical Claim form.

The Incident Report form and the Medical Claim form for sanctioned events are also available to all USA Team Handball affiliated Clubs and USA Team Handball Members under the Membership/Insurance Information section of the USA Team Handball website: [www.usateamhandball.org](http://www.usateamhandball.org)

*The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage.*

## EPIC Entertainment & Sports

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