

ACCIDENT INSURANCE FOR NATIONAL COLLEGIATE RUGBY

WHO IS COVERED?

Referees and all registered members of National Collegiate Rugby including coaches and players.

WHAT IS COVERED?

Referees and all registered members of National Collegiate Rugby including coaches and players.

WHAT ARE THE BENEFITS?

Accidental Death & Specific Loss Aggregate Limit of Liability: \$500,000

Accidental Death & Specific Loss:

Principal Sum Amount: \$10,000

Loss Period: Loss within 365 Days of Injury

Heart or Circulatory Malfunction:

Maximum Benefit Amount – Loss of Life: \$10,000

Loss Period – Loss of Life: 90 Days from the accident date

Malfunction Loss Period: Occurs within 72 hours after participation

Expanded Medical Expense for Accident–Full Excess:

SPOT BASIC–INCLUDED WITH YOUR NCR MEMBERSHIP

Maximum Benefit Amount: \$10,000 per Injury

Deductible: \$5,000 per Injury

Loss Period: Initial treatment received within 30 days of Injury

Benefit Period: Benefits payable for 52 weeks from accident date

Dental Expense (covers injuries to sound natural teeth)

Maximum Benefit: Reasonable Allowable Expense per tooth, not to exceed \$2,500.00 per Injury

Outpatient Physical Therapy Expense

Maximum Benefit per Visit: \$50

Maximum Number of Days: 40

**SPOT PRO-ADDITIONAL COVERAGE AVAILABLE
to purchase, visit ncr.getspot.com**

Maximum Benefit Amount: \$25,000 per Injury

Deductible: \$0 per Injury

Loss Period: Initial treatment received within 30 days of Injury

Benefit Period: Benefits payable for 52 weeks from accident date

Dental Expense (covers injuries to sound natural teeth)

Maximum Benefit: Reasonable Allowable Expense per tooth, not to exceed \$2,500.00 per Injury

Outpatient Physical Therapy Expense

Maximum Benefit per Visit: \$50

Maximum Number of Days: 40

WHAT IS NOT COVERED?

We will not pay benefits for a loss due to or expenses incurred for:

1. intentionally self-inflicted injury, suicide while sane;
2. voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician;
3. treatment for alcoholism or drug addiction;
4. Injury caused by, attributable to, or resulting from the Insured's Intoxication;
5. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
6. operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
7. operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred;
8. commitment of or an attempt to commit a felony, or engagement in an illegal activity;
9. participation in a riot or insurrection;
10. any Injury that results from fighting, brawling, assault or battery;
11. an act of declared or undeclared war;
12. active duty service in any Armed Forces;
13. operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the Insured Risk section of this Memorandum of Coverage;

14. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
15. parachuting, except for self-preservation;
16. snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, skydiving, hang-gliding, glider flying, sailplaning, or parasailing;
17. participation in professional racing;
18. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
19. orthodontic braces or appliances;
20. any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law;
21. treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay;
22. charges which the Insured would not have to pay if the Insured did not have insurance;
23. a charge which is in excess of the Reasonable Allowable Expense;
24. cosmetic surgery, except reconstructive surgery due to a covered Injury;
25. participation in semi-professional and professional sports, play or practice, or any related travel;
26. organ transplants;
27. elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved;
28. preventive medicines or, serums or, vaccines;
29. voluntary termination of pregnancy;
30. contraceptive methods, devices or aids; elective sterilization or its reversal; artificial insemination; or in-vitro fertilization;
31. routine medical care; and normal health checkups;
32. rest cures or Custodial Care;
33. mental and nervous disorders;
34. Pre-existing Conditions;
35. human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC);
36. infectious disease;
37. loss caused by or resulting from nuclear radiation or the release of nuclear energy;
38. services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Sponsoring Organization; or the Insured or an Immediate Family Member;

39. services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan;
40. services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited;
41. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any Other Insurance Plan;
42. travel in or upon: a snowmobile; any two or three wheeled motor vehicle; any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated;
43. any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program);
44. eyeglasses, contact lenses, hearing aids, or related examinations or prescriptions;
45. treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.

TABLE OF BENEFITS FOR ACCIDENTAL DEATH AND SPECIFIC LOSS

- Loss of Life: 100% of Principal Sum
- Loss of Both Hands: 100% of Principal Sum
- Loss of Both Feet: 100% of Principal Sum
- Loss of Entire Sight of Both Eyes: 100% of Principal Sum
- Loss of One Hand and One Foot: 100% of Principal Sum
- Loss of One Hand and Entire Sight of One Eye: 100% of Principal Sum
- Loss of One Foot and Entire Sight of One Eye: 100% of Principal Sum
- Loss of Speech and Hearing: 100% of Principal Sum
- Loss of Entire Sight of One Eye: 50% of Principal Sum
- Loss of Speech or Hearing: 50% of Principal Sum
- Loss of One Hand or One Foot: 50% of Principal Sum
- Loss of Thumb and Index Finger: 25% of Principal Sum

Coverage is underwritten and claims are serviced by Mutual of Omaha Insurance Company. National Collegiate Rugby Organization is the policyholder for Accident Insurance that covers registered members of National Collegiate Rugby including coaches, officials and referees while participating in NCR sanctioned events. Coverage is subject to the terms, conditions, and exclusions of the policy.