

United States Premier Hockey League
Accident Medical Insurance Summary
Effective 9/26/21 – 4/1/2023



Excess Participant Accident
Catastrophic Accident



Excess Participant Accident

Insurance Company:	Mutual of Omaha Insurance Company
Effective Date:	September 26, 2021 – April 1, 2023
Policy Number:	SR2014-P-054224
Eligibility:	All registered players, coaches, manager, referees, officials, staff and volunteers participating in covered activities of the National Collegiate Development Conference, Premier Division, or Elite Division while participating in scheduled tryout sessions, scheduled team practice sessions, scheduled games, tournaments and other sponsored activities under the direct supervision of a USPHL team official.
Coverage Description:	Policy provides AD&D and Excess Participant Medical Expense for Eligible Persons injured during a covered activity of USPHL subject to the policy's declaration, conditions, and exclusions.

Policy Benefits

Accidental Death & Specific Loss

Loss of Life Principal Sum	\$15,000
Specific Loss Principal Sum	\$50,000
Loss Period	Loss within 365 Days of Injury

Paralysis Benefit

Principal Sum Amount	\$50,000
Hemiplegia	50% of Principal Sum
Paraplegia	50% of Principal Sum
Quadriplegia	100% of Principal Sum
Loss Period	Within 365 days after the date of the accident and continuing for one year

Full Excess Medical Expense

Maximum Benefit Amount	\$50,000 per Injury
Benefit Percentage	70% of Allowable Expense
Accident Medical Deductible - Corridor	\$2,500 per Injury with primary insurance \$5,000 per Injury without primary insurance

Loss Period	Initial treatment received within 30 days of accident date
Benefit Period	Benefits payable for 104 weeks from accident date
Durable Medical Equipment	Not to Exceed 100% of the Allowable Expense per Injury
Orthopedic Appliances	Not to Exceed 100% of the Allowable Expense per Injury
Dental Expense	Not to Exceed 100% of the Allowable Expense per Injury
Prescription Drug Expense	Not to Exceed 100% of the Allowable Expense per Injury
Outpatient Physical Therapy Expense	\$50 per visit up to \$2,000 per Injury
Notable Exclusions:	intentionally self-inflicted injury, suicide while sane or insane, injury caused by intoxication, commitment of or an attempt to commit a felony, sickness, disease, dental treatment except when Injury occurs to sound natural teeth, losses paid under Workers Compensation or Employer's Liability, charges in excess of Allowable Expenses, elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary

Catastrophic Participant Accident

Insurance Company:	Mutual of Omaha Insurance Company
Effective Date:	September 26, 2021 – April 1, 2023
Policy Number:	SB21CC-P-054225
Eligibility:	All registered players, coaches, manager, referees, officials, staff and volunteers participating in covered activities of the National Collegiate Development Conference, Premier Division, or Elite Division while participating in scheduled tryout sessions, scheduled team practice sessions, scheduled games, tournaments and other sponsored activities under the direct supervision of a USPHL team official.

Coverage Description: Policy provides additional AD&D and Excess Participant Medical Expense limits over the base Excess Participant Medical placement (policy SR2014-P-054224)

Policy Limits & Deductible

Aggregate Limit of Liability:	\$2,000,000
Deductible – Reducing	\$50,000
Deductible Establishment Period:	24 months

Policy Benefits

Full Excess Medical Expense

Maximum Benefit Amount	\$2,000,000
Benefit Percentage	100%
Maximum Benefit Period	the sooner of the Date of Recovery or 10 Years from accident date

Maximum for Medically Necessary Hospital Inpatient Services and Supplies	Included in Medical Maximum
Maximum for confinement in an Extended Care Facility per Calendar Year	\$365,000

Daily Room and Board Limit	
Private or Semi-Private Room	Average Semi-Private Rate of Hospital in Which Confined
Intensive Care	Usual and Customary Charges

Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$25,000
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Custodial Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$25,000
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Home Health Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$25,000
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Treatment of Mental or Nervous Disorders

Doctor Fees –	
Amount per Visit	\$50
Visits per Day	1
Number of Visits per Calendar Year	50
Inpatient Hospital	Up To 45 Days
Maximum Spinal Manipulation Benefit	
Maximum amount per Calendar Year	\$1,000
Maximum Outpatient Physical Therapy Benefit	
Maximum amount per Calendar Year	\$50,000
Maximum Prosthetic Limitation	
Benefit Amount payable during the first two (2) Years after covered accident	\$100,000
Benefit Amount payable for the remainder of the benefit period immediately thereafter	\$100,000
If amputation of the leg is above the knee	\$200,000
Maximum Benefit Amount	\$200,000
If amputation of the leg is above the knee	\$300,000
Accidental Death and Specific Loss Benefit	
Principal Sum	\$5,000
Loss Establishment Period	365 Days

Notable Exclusions:

intentionally self-inflicted injury, suicide while sane or insane, injury caused by intoxication, commitment of or an attempt to commit a felony, sickness, disease, dental treatment except when Injury occurs to sound natural teeth, losses paid under Workers Compensation or Employer's Liability, charges in excess of Allowable Expenses, elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary

Medical Accident - Claim Filing Instructions

The accident insurance plan is designed to cover all registered participants of the United States Premier Hockey League's National Collegiate Development Conference, Premier Division, or Elite Division while they're engaged in policyholder sponsored and supervised activities. The plan will consider reimbursement for eligible expenses which are not payable by your healthcare plan or

any other insurance plan providing reimbursement for medical expenses. Therefore, prior to filing a claim against the accident insurance policy, you must first file the claim with your own healthcare plan. Include the policy number on all correspondence to facilitate the handling of your claim. Observe the following claim filing procedures:

1. Notify your league director.
2. Obtain a claim form from the Appendix of this Summary. Only one form is needed for each accident, regardless of the number of expenses incurred for the accident. The claim form is included at the end of this package.
3. Section I of the claim form should be completed and signed by the Authorized Official with USPHL confirming the player was injured during a covered activity of USPHL.
4. Sections II, III, IV, and V should be completed by the claimant (a parent or legal guardian if under age 18). Please do not leave any questions blank as this will delay the processing of your claim.
5. Itemized Bills (i.e., HCFA 1500 / UB04) must be submitted. Itemized Bills provide the dates of service, the procedure codes, the diagnosis and the charge(s). "Balance Due" bills are not acceptable because they do not provide all the information needed to properly examine a claim.
6. Submit copies of the Explanation of Benefits (EOB) statements from your own healthcare plan. The EOB's will show how much your healthcare plan paid for the services rendered and the amount which is your responsibility. There should be an EOB for each Itemized Bill you have submitted for reimbursement.
7. Mail, fax, or email the fully completed claim form, each itemized bill and the corresponding EOB to the following address (include the policy number on all correspondence):

Special Risk Services

P.O. Box 31156

Omaha, NE 68131

SpecialRisk.claims@mutualofomaha.com

Fax: 402-351-4732

Claim Inquiries: 800-524-2324

Please remember, the policy is an Excess Accident insurance policy. It does not provide reimbursement for illness or for injuries that are not the result of a covered accident. Coverage is subject to policy's terms, conditions and exclusions. The policy has a deductible which is the claimant's responsibility.

Important Notice

This document is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policies for complete information regarding coverage terms, conditions and exclusions.