

# ASA Accident Insurance Plan

## ASA Accident Insurance General Information

The Accident Policy is underwritten by Markel Insurance Company, rated “A (Excellent), XIII” by A.M. Best.

## What is Accident Insurance?

The Accident policy provides coverage for accidental injuries to insured ASA players, coaches and umpires during covered ASA softball activities. (ASA Umpires should refer to the ASA Umpire Accident Insurance section of this Guide for specific details on their insurance coverage.)

Accidental injuries refer to injuries caused during covered activities that are sudden and unexpected, and which occur at a specific point in time. “Accidental injury” does not include any type of bodily sickness, illness or medical condition, such as heart attack, stroke or other illness; nor does it include overuse conditions or pre-existing conditions.

## Accident Policy Limits

\$250,000	Accident Medical/Dental Expense limit
\$5,000	Accidental Death
\$10,000	Accidental Dismemberment benefit
\$2,500	Physical Therapy/Chiropractic limit (subject to \$100 max per visit)
\$1,000	Durable Medical Equipment limit
\$1,000	Rx limit
90/10%	Coinsurance
Youth Deductible*:	\$250 per claim (regardless of primary insurance, if any)
Adult Deductible:	\$500 per claim (regardless of primary insurance, if any)

*\*Some Commissioner districts may offer a \$125 deductible through JO Individual Registration.*

**Policy Limitations:** The policy covers medical and dental bills which are incurred within 52 weeks of the date of injury. Benefits under this policy, including surgical procedures, are paid on a “usual and customary” basis (meaning the average charge for that service in your area), which is determined by geographic region. Therefore, payments by this policy may be less than what your physician or medical service provider has charged you. Medical services must begin within 60 days of the date of injury; dental treatment must start within 180 days. Your Claim form must be submitted within 90 days or up to one year from the date of injury. There is a 90/10% coinsurance under this policy.

This is **EXCESS** insurance and only applies after you or the claimant have first used any personal or group medical insurance, or any other health benefit plan that may apply. If there is no other applicable insurance, this policy will pay on a primary basis, after the deductible and subject to the policy terms.

**Important note on Out-of-Network Claims:** Claimants who choose to go outside of their HMO network or who do not follow the rules of their primary insurance plan, and whose claim is denied as a result by the primary insurance plan, will not have their claim covered by the ASA plan. The ASA Excess Accident policy follows the eligibility rules of any primary health insurance plan in place (see Notable exclusions on the following page).

### **Notable Exclusions under the ASA Accident Plan**

No benefits will be paid for a loss caused by or resulting in the following:

1. service or treatment rendered by a doctor or any other person employed or retained by the Policyholder;
2. eyeglasses or contact lenses, hearing aids or the examination for the prescription or fitting thereof;
3. expenses for treatment on or to the teeth, except for treatment resulting from injury to natural teeth;
4. hernia of any kind;
5. injury covered by worker's compensation or similar legislation, or automobile no-fault law;
6. first aid rendered at the scene of the accident;
7. any sickness or bodily illness;
8. air travel, except on a commercial aircraft operating on a regularly scheduled passenger route; or
9. injuries received as a consequence of the injured party's intoxication (alcohol or drug related); as defined by the laws of the jurisdiction where the loss occurred.

### **Who is covered and what activities are covered by the ASA Accident Plan?**

Individually Registered players, managers, coaches and scorekeepers are automatically covered for accidental injuries incurred during scheduled games, practices, tournaments and/or group travel as a team (directly to and from team activities). Other volunteers and spectators are not covered by this policy.

Teams who register with an ASA commissioner through a team registration process (rather than the Individual Registration process) must purchase this accident insurance through the ASA Team Insurance Plan if they want to be covered for accidental injuries. Only members who register with their ASA Commissioner through the ASA Individual Registration program are automatically covered for accident insurance.

### **Accident Insurance for JO (Youth) and Adult Players**

ASA Individual Registration automatically includes Accident Insurance with the ASA membership registration fee. Benefits provided are shown on previous page. Coverage is provided to the individual member and "follows" the player while they play on any ASA registered team, even if he/she plays on multiple teams. For more information, see page 30 for the ASA Individual Registration program.

ASA Team Registration does not include any insurance benefits; insurance must be purchased separately. Teams/leagues registering under this format may decide to purchase ASA Team Insurance with the following options: Accident Only, Liability Only or a Package plan of Accident & Liability insurance. Players and coaches are only covered for Accident insurance if their team has purchased ASA Accident Insurance for the year. If your team did not purchase Accident Insurance, you will not be covered for medical expenses if you are injured playing softball.

Regardless of when policy is purchased, ASA Team Insurance terminates on 12/31 and must be renewed in January of the following year for coverage to be continuous. For more information, see page 35 for ASA Team Insurance plans.

### **Accident Insurance for ASA Umpires**

See page 22 for a description of the ASA Umpire's Insurance.

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## **Frequently Asked Questions for ASA Accident Insurance Plans**

### **Q: When is my insurance effective?**

A: For Individually Registered ASA players, coaches, etc., registering for the first time, coverage begins on the day of registration (if try-outs occur before registration, the try-out is covered). For Individually Registered players and coaches who are renewing registration, they will be covered from January 1<sup>st</sup> of that year, provided they renew registrations by April of the renewal year.

For players and coaches buying the ASA Team Insurance Plan for the first time, they are covered from the day after postmark for mailed forms, or the day after their credit card transaction is approved. Renewing purchasers of the ASA Team Insurance Plan are covered effective January 1<sup>st</sup> of the renewal years, provided they renew prior to April 1<sup>st</sup>.

### **Q: Does the ASA Accident plan cover all of my medical expenses for an injury?**

A: No, like any insurance plan, there are limitations, most of which are outlined in the summary on the previous page. A claimant may expect to have some out-of-pocket expenses, beyond the deductible and coinsurance, after their claim is processed. This plan is not intended to be a healthcare policy (no sports association could afford to provide such a plan for its members).

Rather, it is designed to be a supplemental Accident policy to assist ASA members in covering most of their medical expenses. Benefits under this policy, including surgical procedures, are paid on a “usual and customary” basis, which is determined by geographic region. In addition, there is a deductible, coinsurance, and other limitations to the policy, which may result in out of pocket expense.

### **Q: What if a claimant does not have Primary Insurance?**

A: For those covered under the ASA Accident policy who have no other insurance, the ASA Accident policy would pay the claim on a primary basis, subject to the deductible and coinsurance (90/10%). As outlined above, you may incur many out of pocket expenses, even though the ASA policy provides a high-limit cushion for its members with the policy’s \$250,000 medical expense limit.

### **Q: Are spectators covered under the ASA Accident Policy?**

A: No.

### **Q: My adult softball team registered with the ASA as a team. Am I automatically covered for Accident insurance?**

A: No – under Team or League registration, you are only covered for Accident Insurance if your team/league also purchased the ASA Team Accident Insurance plan or the Liability/Accident Package plan. Many adult teams register with the ASA but do not purchase any insurance coverage for their players. Be sure to check with your team manager regarding insurance.

### **Q: Is Accident Insurance in place when Field Owner’s Insurance is purchased?**

A: No, the Field Owner Insurance is strictly a liability policy for the field owner and the facility itself. No accident or liability insurance is in place for the teams or players. For players to have accident coverage, their team or league should Individually Register with ASA or purchase the ASA Team Insurance plan separately.

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**Q: What if I go out of network for my primary insurance? Will the ASA Accident policy still cover my medical expenses?**

A: It is very important that a claimant follow their primary insurance carrier's eligibility criteria (e.g., to be treated in-network if required by HMO, etc.) in order for their claim to be eligible for coverage under ASA's Accident plan. If you do not follow your primary plan's guidelines and your expenses are denied by the primary carrier, they will also be denied coverage under the ASA Accident Plan.

**Q: My daughter suffered an injury to her mouth and teeth. Because of her age, her dentist advised she will need further treatment in three years. Will this be covered?**

A: No, treatment and medical expenses are covered under the ASA Accident plan for 52 weeks from the date of injury. Any treatments or medical expenses incurred after 52 weeks are not covered by the policy.

**Q: How can I make sure that my claim gets paid as quickly as possible?**

A: The most important thing you can do is to fill out the claim form completely and have it signed by a league official and your ASA State Commissioner before sending it to RPS Bollinger. Incomplete claim forms are the most common reason for delays in the claims process.

In addition, many delays are caused by claimants supplying the wrong types of bills with their claim. To avoid delays for this reason, please provide itemized bills (a "CMS-1500" is the standard form used by doctors and dentists; "UB-04" or "UB-92" are the standard forms used by hospitals). These forms are the only ones that provide the proper codes for treatment rendered, as well as important information regarding the Federal Tax ID number of your doctor or hospital. Claims cannot be processed without this information.

Furthermore, if you have primary insurance, you will need to include the explanation of benefits form (EOB) from your primary health insurance carrier along with your claim.

Please make sure to copy your claim form and bills for your records before sending your paperwork to RPS Bollinger.