



Ohio Soccer Association

Participant Accident

Summary of Insurance

Effective 9/1/2023– 9/1/2024

Description of Eligible Persons

All currently registered athletic participants, including volunteers and staff, for whom premium has been paid while participating in covered activities.

Covered Activities

While participating in scheduled games, team practice sessions or sponsored activities, provided they are under the direct supervision of a team official or at a sanctioned local or national tournament as a member of a contestant team. Coverage includes organized and supervised group travel as authorized by the policyholder directly to and from a covered event.

Coverage Summary

The OSA Participant Accident insurance program provides Accident Medical and Accidental Death & Dismemberment (AD&D) benefits to members who are injured while participating in OSA covered activities.

If an accidental bodily injury results in an Eligible Person requiring medical care and treatment, the policy will pay the reasonable and customary medical charges of medically necessary medical services up to the benefit amount. The accident medical coverage is secondary / excess to any other available medical or health insurance available to the injured person.

Accidental Medical Expense Benefits

Medical Maximum Benefit	\$25,000
Dental Benefit	Included in Med Max
Deductible (per injury)	\$2,500
Coinsurance	100%
Physical Therapy	\$50 per/ max 40 visits
Maximum Benefit Period	2 years

Accidental Death & Dismemberment Benefits

Accidental Death Benefit	\$5,000
Accidental Dismemberment Benefit	\$5,000
Loss must occur within 365 days	

Underwriting Company

Great American Insurance Company

A.M Best Company Rating: A+ (Superior) XV

Notable Exclusions

- Suicide, self-destruction, attempted suicide or self-destruction, or intentional self-inflicted injury
- Injury covered by workers' compensation, employer's liability laws, or similar occupational benefits
- Pre-existing conditions
- Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an injury
- Treatment by persons employed or retained by a Policyholder, or by any immediate family member
- member of the covered person's household
- Commission of, or attempt to commit, a felony, an assault, or other illegal activity
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration
- Repair, replacement, examinations for prescriptions, or the fitting of eyeglasses or contact lenses
- Expenses incurred that are in excess of reasonable charges, or expenses that are not medically necessary
- War, or act of war, whether declared or undeclared

This outline is only for general information and none of the above shall amend or alter the insurance contracts. The wording of the policies constitutes the only agreement between the insured and the insurance company. Consult your policies for complete details including terms, conditions, limitations, and exclusions of coverage.

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