



UNCOMMONLY INDEPENDENT

U.S. Ski & Snowboard participant accident / excess accident medical insurance benefit summary: July 1, 2024 to July 1, 2025

U.S. Ski & Snowboard members

This summary provides a general overview of participant accident / excess accident medical insurance coverage that may apply to individual members of U.S. Ski & Snowboard. It is not a complete explanation of all policy provisions or specifics of the policy benefits. No coverage is extended and no representations are made, other than what is stated in the actual insurance policies. Please refer to the claim administrator for a description of program coverages, exclusions, and benefits.

Excess accident medical insurance for members of non-U.S. Ski & Snowboard CLIP member clubs

Current individual U.S. Ski & Snowboard members of a non-U.S. Ski & Snowboard CLIP member club have excess accident medical coverage during sanctioned or registered events including official training at such events. Official training must take place at the location and on the dates designated by the event organizer of the sanctioned or registered event. Such training must be supervised or directed by a U.S. Ski & Snowboard representative and/or representative of a U.S. Ski & Snowboard member club.

U.S. Ski & Snowboard requires all its U.S. Ski & Snowboard members to have valid and sufficient primary medical/accident insurance coverage and to accept full responsibility for understanding the provisions of such coverage as a condition of becoming a U.S. Ski & Snowboard member and participating in official U.S. Ski & Snowboard training and competition. Such primary coverage must be in effect for the entire term of the membership year. Athletes must carry proof of primary insurance and such proof must be available at each event so that prompt medical/hospital care can be authorized, if needed.

Please see the "excess accident medical limits" section below for an overview of the policy limits.

Excess accident medical insurance for members of U.S. Ski & Snowboard CLIP member clubs

Current U.S. Ski & Snowboard members of a U.S. Ski & Snowboard CLIP member club have excess accident medical coverage during skiing and snowboarding competition, while training and conditioning to compete in ski and snowboard competition that is supervised by a U.S. Ski & Snowboard representative and/or representative of a U.S. Ski & Snowboard CLIP member club, and during club activities that are supervised by a representative of a U.S. Ski & Snowboard CLIP member club.

When does coverage apply?

- During U.S. Ski & Snowboard sanctioned or registered events, including official training at such events. Official training must take place at the location and on the dates designated by the event organizer of the sanctioned or registered event. Such events must be supervised or directed by a U.S. Ski representative and/or representative of a U.S. Ski & Snowboard member club

Coverage does not apply to losses arising from

- Non-ski- and/or snowboarding-related events or competitions sanctioned by organizations other than a ski and snowboarding organization
- Events normally conducted under U.S. Ski & Snowboard sanction/schedule agreements for which no sanction/schedule agreement is in place
- Fundraisers
- Any event/activity, other than camping, meetings and award banquets that does not involve athletics
- Paintball
- Skydiving
- Bungee jumping
- White-water rafting
- Outdoor rock climbing
- Skateboarding, unless the activity takes place at a commercial skate park facility
- Rock-wall climbing unless the activities are supervised by a professional instructor
- Surfing unless the activities are supervised by a professional instructor
- Ropes course unless the activities are supervised by a professional instructor

In general, coverage applies to non-sanctioned ski and snowboard events and competitions your CLIP member club hosts (as long as such is not subject to a U.S. Ski & Snowboard sanction), but there are certain exceptions. Coverage does not apply if the sport is one that is not currently overseen by U.S. Ski & Snowboard such as big mountain, telemark, and biathlon events or competitions. If you are considering organizing a non-sanctioned event or competition, we recommend you contact U.S. Ski & Snowboard to confirm the event/competition is eligible for coverage.

Note: All activities must comply with appropriate U.S. Ski & Snowboard discipline rules and procedures as set forth in the sport-specific U.S. Ski & Snowboard Competition Guides and U.S. Ski & Snowboard Club Development Program Handbook posted at www.us skiandsnowboard.org.

Other activities that fall outside the scope of U.S. Ski & Snowboard's coverage

- **Automobiles/transportation** – The standard general liability policy excludes coverage for losses arising out of the use of an automobile and therefore, all activities involving automobiles **are not covered** (including transportation of U.S. Ski & Snowboard CLIP member club's members). It is recommended that U.S. Ski & Snowboard CLIP member clubs secure automobile liability coverage from a local insurance agent for transportation exposures.
1. **Standard business exposures** – The U.S. Ski & Snowboard club liability insurance program does not replace the need for a club to secure insurance for its overall business operations. You are advised to work with a local insurance representative to determine and address your club's overall insurance needs which may include a need for business-related coverages such as property, crime, workers' compensation/employer's liability, media liability and cyber liability.

Excess accident medical limits

Insurer: Zurich American Insurance Company

Excess accident medical maximum benefit \$25,000:

- The first \$6,250 of benefits is payable at 80% of allowable expense, the next \$20,000 is payable at 100% of allowable expense

U.S. Ski & Snowboard general member medical deductible (per person/injury) \$2,000:

- The deductible must be satisfied within 365 days of the accident date

Notes:

- Initial treatment must be received within 180 days of the accident date
- Benefits are payable only for 104 weeks from the accident date
- Medical expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract, or workers' compensation

Accidental death and dismemberment benefits:

- Principal sum – \$10,000.00
- Loss period – 180 days from date of injury

Loss schedule

Loss of life	Principal sum
Loss of both feet, both hands or both eyes	Principal sum
Loss of one hand and one foot	Principal sum
Loss of one hand & one eye or one foot & one eye	Principal sum
Loss of speech and hearing	Principal sum
Loss of one hand, one foot or one eye one-half	Principal sum
Loss of speech or hearing one-half	Principal sum
Loss of thumb and index finger of the same hand one-fourth	Principal sum

"Loss of hand or hands or foot or feet" means severance at or above the wrist or ankle joint, respectively. "Loss of eye or eyes" means the total and irrecoverable loss of the entire sight thereof. "Loss of speech and hearing" means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss. "Loss of thumb and index finger of the same hand" means severance of two or more entire phalanges of both the thumb and the index finger.

Note: \$500,000 aggregate limit for any one covered accident.

Covered medical services may include (subject to insurer's review and acceptance of any claim(s)):

- Hospital room and board expenses: the daily room rate when an insured is hospital confined and general nursing care is provided and charged for by the hospital. In computing the expenses payable under this benefit, the date of admission will be counted but not the date of discharge.
- Ancillary hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when hospital confined.
- Medical emergency care (room and supplies) expenses incurred within twenty-four (24) hours of an accident or as soon as reasonably possible and including the attending physician's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
- Outpatient surgical room and supply expenses for use of the surgical facility.
- Outpatient diagnostic X-rays, laboratory procedures and tests.
- Physician non-surgical treatment/examination expenses (excluding medicines) including the physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending physician.
- Physician's surgical expenses: If a covered injury requires multiple surgical procedures during the same operative session through the same or different incision, we will pay only one benefit, the largest of the procedures performed.
- Assistant physician expenses when medically necessary.
- The services of a registered nurse when medically necessary (the nurse cannot be a member of the insured's immediate family).

- Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- Outpatient laboratory test expenses.
- Physiotherapy (PT) expenses on an inpatient or outpatient basis limited to one (1) visit per day to **a maximum of twelve (12) visits**. Expenses include treatment and office visits connected with such treatment when prescribed by a physician, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
- X-ray expenses (including reading charges) but not for dental X-rays unless medically necessary to evaluate a covered injury.
- Radiological procedures.
- Diagnostic imaging expenses including Magnetic Resonance Imaging (MRI) and Computed Axial Tomography (CAT) Scan.
- Ambulance expenses for transportation from the emergency site to the Hospital.
- Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that:
 - is primarily and customarily used to serve a medical purpose;
 - can withstand repeated use; and
 - generally is not useful to a person in the absence of Injury.
- No benefits will be paid for rental charges in excess of the purchase price.
- Prescription drug expenses, for covered injuries, prescribed by a physician and administered on an outpatient basis.
- Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for an Insured. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.
- Expenses for blood and blood transfusions; oxygen and its administration.

How to file a claim

If a properly registered U.S. Ski & Snowboard member is injured during a U.S. Ski & Snowboard covered activity, the injured member must file a claim with his/her own primary insurance carrier and complete a first report of accident form for the participant accident / excess accident medical insurer. The first report of accident form must be completed by the member (if an adult), the member's coach or parent/guardian as soon after the accident as possible, but under no circumstances later than one (1) year after the accident, as the deductible under U.S. Ski & Snowboard's policy must be met within one (1) year after the accident in order for coverage to apply.

Once the first report of accident form is completed, a claim can be filed under U.S. Ski & Snowboard's excess accident medical policy for medical charges that are not covered by any other insurance. Claim forms must be filled out completely, with all required signatures.

A copy of the first report of accident form can be obtained via the following:

- <https://usskiandsnowboard.org/sport-development/club-development/club-insurance>
- From membership@usskiandsnowboard.org