



USA Cheer STUNT

Membership Insurance Summary

Participant Accident and Catastrophic Insurance

Coverage is provided to STUNT member participants and coaches who have successfully enrolled as a paid member of USA Cheer. Following is an overview of the participant accident and catastrophic medical coverages automatically provided to these STUNT members.

PARTICIPANT ACCIDENT INSURANCE

COVERAGE/LIMIT

- Maximum benefit amount per covered injury is \$25,000
- Deductible: \$500 corridor per injury
- Excess to any other valid and collectible insurance available to insured person
- Benefit Period: 365 days from the date of injury
- Accidental Death, Dismemberment, or Specific Loss Benefit: \$10,000
- Benefits include, but are not limited to:
 - Hospital room and board charges
 - Surgical
 - Physician
 - Diagnostic testing and imaging
 - Ambulance Service
 - Dental (\$250 per tooth limit)

WHO IS COVERED

- All members and coaches of Collegiate, High School, Jr. High School & Club STUNT teams.

WHEN DOES COVERAGE APPLY

- All regularly scheduled STUNT games, exhibitions, practices, camps and clinics. A coach or advisor must be present and all USA Cheer member organization rules must be followed in order for coverage to apply.

Note: Coverage does not apply to:

- *NCAA or NAIA STUNT games that would already be covered by the NCAA, NJCAA, NAIA or University policy(s) for College STUNT games.*
- *STUNT activities already covered by US All Star Federation's Mandatory Athlete Insurance Program are not covered under this policy.*
- *NJCAA, state high school/middle school associations, and youth club association or other governing association STUNT games that would already be covered by the association or institution's policy (s) for STUNT games.*
- *All covered activities are limited to locations within the United States.*

Information provided in this document is a summary of the benefits provided. It is NOT a complete explanation of all the policy provisions or specifics of the policy benefits. No coverage is extended and no representations are made other than what is stated in the policy. For a complete description of the program coverages, exclusions, and benefits, please refer to the policy.

Information as of August 2020



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CATASTROPHIC MEDICAL INSURANCE

COVERAGE/LIMIT

- Maximum Benefit Amount per covered injury \$2,000,000
- Deductible: \$25,000 reducing
- Excess to any other valid and collectible insurance available to insured person
- Maximum Benefit Period: 10 years from the date of injury
- Benefits include but not limited to:
 - Hospital room and board charges
 - Combined Home Health Care and Custodial Care: \$100,000 per calendar year
 - Treatment of Mental or Nervous Disorders: \$50/visit, 1 visit/day, 50 visits/calendar year
 - Chiropractic: \$1,000 per calendar year
 - Outpatient Physical Therapy: \$25,000 per calendar year
 - Prosthetic (limitations apply)

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