

These pages contain the summary schedule of Accident Benefits available under RHA, Inc. Accident Policy. The cover is for use in the USA only and is placed as a wrap around up to the limits in the schedule of personal medical coverage. Please refer to the full policy wording for fuller details

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

Eligible Persons: Registered volunteers or participants of the Policyholder performing their assigned duties during a Covered Activity described below.

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverage.

Policyholder Coverage	
Personal Deviations covered	No
Covered Activity Travel Limits	
Travel arranged or provided by the Policyholder	No time limit
Any other covered travel immediately before or after a Covered Activity	Limited to one hour each way

Covered Activities

Participation in the following Policyholder Supervised and Sponsored activities including foreign teams for treatment within the US only for Roller Hockey Alliance sanctioned events. Overnight Supervised and Sponsored Activities with duration of more than 7 days and related travel are not covered unless specifically agreed to in writing by Us.

INDEMNITY BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum	\$5,000
Loss must occur within	365 days of the Covered Accident

Schedule of Covered Losses

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing in Both Ears	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Aggregate Limit of Indemnity	\$500,000
Applies to:	All Conditions of Coverage

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ACCIDENT MEDICAL EXPENSE BENEFITS

Any benefit limits and Benefit Percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per-Covered Person – per Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Scope of Coverage Applicable to Accident Medical Benefits

Full Excess Medical Expense	
Other Health Plan Reduction	50%

Medical Expense Benefits

Total Lifetime Maximum for all Accident Medical Expense Benefits	\$25,000
First Covered Expenses must be Incurred within Benefit Period	90 days after a Covered Accident 1 year from the date of the Covered Accident
Deductible applies to	\$500 each Covered Accident and includes Covered Expenses paid under another Health Care Plan

Covered Expense

Benefit Amount, Percentage, Other Limits

In-Patient Hospital Services

Daily ICU or CCU Benefit	100%, up to two times the average semi-private room rate
Daily In-Hospital Benefit	100% of the average semi-private room rate
Miscellaneous Services	100%

Ambulatory Medical Center	100%
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Emergency Room Treatment	100%
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Physician Services

Surgery Benefit	100%
Assistant Surgeon	100%
Physician's Surgical Facilities	100%

Second Opinion or Consultation	100%
Physician's Assistant	100%
Anesthesia Benefit	100%
Inpatient Visits	100%
Office Visits	100%
Outpatient X-Ray, CT Scan, MRI and Laboratory Tests	100%
Outpatient Physiotherapy	\$50 per visit up to \$1,000
Chiropractic Services	\$50 per visit up to \$1,000
Outpatient Nursing Services	100%
Ambulance Services	100%
Medical Equipment Rental	100% up to \$1,000
Medical Services and Supplies	100%
Covered Services include:	
(a) initial artificial limbs, eyes and larynx, including fitting; and	
(b) replacement or repair of damaged eyeglasses, contact lenses or hearing aids.	
Dental Services	100%
Prescription Drug Benefit	100% up to \$1,000

RATE TABLE

Premium	\$37,000.00
Mode of Premium Payment	Annual
Premium Due Date	Policy Effective Date
Contributions	The cost of this insurance is paid by the Policyholder. Minimum and deposit premiums are fully earned and non-refundable.