



Metropolitan DC Virginia Soccer Association

Participant Accident

Summary of Insurance

Effective 1/1/2026– 1/1/2027

Description of Eligible Persons

All amateur adult soccer players, volunteers, and staff registered with the Policyholder, while participating in covered activities.

Covered Activities

While participating in Policyholder sponsored and scheduled soccer games, practices, and sanctioned local and national tournaments as a member of a contestant team while on the premises designated by the Policyholder.

Coverage Summary

The MDCVSA Participant Accident insurance program provides Accident Medical and Accidental Death & Dismemberment (AD&D) benefits to members who are injured while participating in MDCVSA 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	\$10,000
Dental Benefit	\$2,500
Physical Therapy	\$1,000
Prescription Drug	\$1,000
Deductible (per injury)	\$2,500 Primary Deductible
Deductible (per injury)	\$500 Excess Deductible
Coinurance	70%
Maximum Benefit Period	1 year

Accidental Death & Dismemberment Benefits

Principal Sum	\$10,000
Loss must occur within 180 days	

Underwriting Company

SiriusPoint America Insurance Company

A.M Best Financial Strength Rating: A- (Excellent)

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.

Players Health Cover USA
200 Southdale Center
Edina, MN 55435
playershealth.com