

# AFA Umpire Medical and Liability Insurance

## INDEMNITY BENEFITS

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### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss must occur within

365 days of the Covered Accident

#### Schedule of Covered Losses

Covered Loss	Benefit
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of Speech and Hearing	\$10,000

Quadriplegia	\$0
Paraplegia	\$0
Hemiplegia	\$0

Loss of One Hand or Foot	\$5,000
Loss of Sight in One Eye	\$5,000

Loss of Speech	\$5,000
Loss of Hearing in Both Ears	\$5,000
Loss of Thumb and Index Finger of the Same Hand	\$2,500

<b>Aggregate Limit of Indemnity</b>	\$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

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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 Care Plan Reduction	50%

### Medical Expense Benefits

Total Lifetime Maximum for all Accident Medical Expense Benefits	\$25,000
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First Covered Expenses must be Incurred within	90 Days after a Covered Accident
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Benefit Period	1 Year from the date of the Covered Accident
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Deductible applies to	\$100 each Covered Accident and does not include Covered Expenses paid under another Health Care Plan
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### Covered Expense

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

<b>Ambulatory Medical Center</b>	100%
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<b>Emergency Room Treatment</b>	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%

<b>Outpatient X-Ray, CT Scan, MRI and Laboratory Tests</b>	100%
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<b>Outpatient Physiotherapy</b>	100%
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<b>Nursing Services</b>	100%
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### Benefit Amount, Percentage, Other Limits

**Ambulance Services** 100%

**Medical Equipment Rental** 100%

**Medical Services and Supplies** 100%

Covered Services include:

- (a) initial artificial limbs, eyes and larynx, including fitting; and
- (b) examination, prescription for, replacement or repair of damaged eyeglasses, contact lenses or hearing aids.

**Dental Services** 100% up to \$3,000

**Prescription Drug Benefit** 100%