



USA Climbing is pleased to provide EXCESS ACCIDENT MEDICAL INSURANCE and ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE to its members.

Insurer: Great American Insurance Company

Policy term 8/1/21 to 8/1/22

Eligible Persons

USA Climbing members, athletes/competitors, clubs, teams, event organizers/ directors, local organizing committees (LOC's), managers, coaches, trainers, officials, judges, scorekeepers, belayers, routesetters, wall-builders, regional coordinators and volunteers, but only while acting in their capacity as such with respect to USA Climbing sanctioned events.

Covered Activities

While participating in scheduled, sponsored and supervised activities of the Policyholder including team travel or group travel arranged and supervised by the policyholder to or from a covered activity.

Aggregate Limit applying to Accidental Death and Accidental Dismemberment Benefits - \$500,000.

Accidental Death Limit - \$2,500

Accidental Dismemberment Limit \$2,500

Accidental Medical Expense Benefits

Benefit Maximum: \$25,000

Dental Benefit Maximum: \$500 per covered accident

Deductible: \$1,000

Maximum Benefit Period: 104 Weeks from the date of covered accident

Incurral Period: 90 Days

Scope of Coverage: Excess Coverage

Accidental Death & Dismemberment Benefits:

Covered Loss	Benefit Amount of Principal Sum
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Loss of Life	100%
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Two or more Members	100%
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One Member	50%
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Thumb and Index Finger of the Same Hand	25%
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Member means loss of hand or foot, loss of sight, loss of speech, and loss of hearing.

Accident Medical Expense Benefit

Accident Medical Expense Benefits are only payable:

1. For reasonable charges, incurred after the deductible has been met;
2. For medically necessary covered expenses that the covered person incurs;
3. For charges incurred within 104 weeks after the date of the covered accident;
4. Provided the first covered expense is incurred within 90 days after the date of the covered accident; and
5. Subject to the Deductibles, Coinsurance, Rates, Maximum Benefit Periods, Benefit Maximums and other terms or limits shown in the schedule of benefits.

No benefits will be paid for any expenses incurred that are in excess of reasonable charges.

Excess Benefits. This policy is secondary coverage to all other policies. We will pay covered expenses only after the covered person satisfies any deductible and only when the covered expenses are in excess of amounts paid or payable under any other benefit plan. We pay benefits without regard to any coordination of benefits provisions in any other benefit plan. The amount from other benefit plans includes any amount to which the covered person is entitled, whether or not a claim is made for the benefits.

EXCLUSIONS

We will not pay benefits for any loss or injury that is caused by, or results from:

1. Sickness, disease, mental infirmity, emotional or psychological trauma, or bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
2. Suicide, self-destruction, attempted suicide or self-destruction, or intentional self-inflicted injury, while sane or insane;
3. War or any act of war, whether declared or not;
4. Commission of, or attempt to commit, a felony, an assault, or other illegal activity;
5. Commission of or active participation in a riot, insurrection, or civil disturbance;
6. Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice;
7. The covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurred;
8. The covered person being intoxicated or under the influence of any drugs or narcotics unless administered by or upon the advice of a physician;
9. Any poison, chemical compound, gas or fumes voluntarily taken, administered, absorbed, or inhaled by a covered person;
10. Any loss arising out of terrorism or terrorist acts;
11. Injury covered by workers' compensation, employer's liability laws, or similar occupational benefits, or while engaging in activity for monetary gain from sources other than the Policyholder;
12. A covered accident that occurs while on active-duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active-duty training is not excluded, unless it extends beyond 31 days;

13. Travel in, flight in, boarding, or alighting from an aircraft or aerial device or any craft designed to fly above the Earth's surface;
14. Travel in any aircraft owned, leased, or controlled by the Policyholder, or any of its subsidiaries or affiliates.
15. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
16. Travel in or on any on-road and off-road two or three wheeled motorized vehicle not requiring licensing as a motor vehicle including snowmobiles;
17. Travel or activity outside the United States and its territories;
18. Practice or play in any sports activity, including travel to and from the activity and practice, except as specifically provided in the policy;
19. An accident that results in a cardiovascular accident or stroke caused solely and exclusively by exertion, as verified by a physician, while the covered person participates in a covered activity;
20. Aggravation, during a covered activity, of an injury the covered person suffered before participating in that covered activity, unless we receive a written medical release from the covered person's physician;
21. Participation in covered activities not sponsored by or under the supervision of the Policyholder, including skiing, ice hockey, or snowmobiling;
22. The covered person riding or driving in any kind of race; or
23. Specified extra-hazardous activities, including: parachuting, hang gliding, motorcycling, mountain biking, nonmotorized bike racing (BMX), scuba diving, snow or water skiing, mountain climbing, sky diving, amateur racing of any motor vehicle by water or land, piloting any aircraft, bungee jumping, zip lining, base jumping, spelunking, whitewater rafting, surfing, and parasailing.

In addition to the exclusions above, we will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to, by:

1. Pre-existing conditions occurring within the first 12 months of coverage (except as specifically provided by the policy);
2. Treatment by persons employed or retained by a Policyholder, or by any immediate family member or member of the covered person's household;
3. Pregnancy, childbirth, or miscarriage;
4. Elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
5. Mental and nervous disorders;
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the policy);
7. Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an injury;
8. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices (except as specifically provided in the policy);
9. Orthopedic appliances used mainly to protect an injury, so the covered person can participate in a covered activity;
10. Expenses for which the covered person would not be responsible for in the absence of this policy;
11. Expenses paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.)

12. Blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood;
13. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the covered activity;
14. Treatment or service provided by a private duty nurse (except as specifically provided in the policy);
15. Replacement of artificial limbs, eyes, or other prosthetic appliances;
16. Routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits;
17. Overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjures or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion injury, except as specifically provided in the policy;
18. Expenses due to an aggravation or re-injury of a pre-existing condition (except as specifically provided in the policy);
19. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration (except as specifically provided in the policy);
20. Repair, replacement, examinations for prescriptions, or the fitting of eyeglasses or contact lenses;
21. Medical expenses and disability for which the covered person is entitled to benefits under any Worker's Compensation Act;
22. Chiropractic care (except as specifically provided in the policy);
23. Expenses incurred that are in excess of reasonable charges, or expenses that are not medically necessary; or
24. Dental treatment necessitated by sickness, deterioration or disease, for cosmetic, preventive, diagnostic or orthodontic purposes, or by any reason other than an injury.