Trinity University
Intercollegiate Sports Coverage (NCAA)

BRIEF PLAN SUMMARY and ACKNOWLEDGEMENT
(This is only a summary of the coverage. For a full description of the plan and exclusions, please refer to the Intercollegiate Sports Plan brochure posted on the University website.)

Excess Coverage: This plan is designed to supplement after the primary insurance carrier’s deductible and co-insurance amounts for eligible expenses.

Referral Requirement: All injuries must be reported to the Trinity University athletic trainer staff and require a referral from them for the approval of benefits. This provision is waived in case of a life threatening emergency.

Accident Benefit Limit: $75,000

Definition of Accidental Injury: Accident means an event which directly, and from no other cause, causes injury to one or more covered persons and occurs during a covered event.

Covered Event means a regularly scheduled and supervised intercollegiate sporting event, sponsored by Trinity University. (During the traditional and non-traditional season)

Athletic Related Conditions Benefit Limit: $5,000

Definition of Athletic Related Conditions (ARC): ARC includes but is not limited to misuse, overuse, strains, tendonitis, bursitis, degenerative diseases, stress fracture, heat stroke and similar conditions. Such condition must manifest itself while the covered person is insured by this policy and while practicing, playing or traveling to or from an intercollegiate sporting event as a member of the sports team. Please Note: There is no coverage for injuries or aggravation of injuries that occurred prior to the effective date of coverage.

Benefit Schedule: 100% of Usual & Customary (U&C)

Physiotherapy/Physical Therapy Limit: $300 per Injury without an orthopedic physician’s orders

HMO/ PPO Provision for Surgery or Inpatient Hospital Services:
Students are required to follow their HMO/PPO guidelines of inpatient hospital care or surgery. Benefits are reduced by 50% if; 1) a student does not utilize their HMO or PPO facility for surgery; or 2) a student does not attempt to obtain authorization for outpatient care. The HMO/PPO provision is strictly enforced for surgery.

HMO/PPO Provision for Outpatient Services:
We realize that students cannot always travel home for diagnostic and post surgical follow up care, therefore we only require they make an attempt to obtain authorization from their HMO carrier for outpatient services.

Surgical Schedule:
1. Surgeon: 100% of U&C for first surgery, 50% for second procedure and 25% for third surgical procedure.
2. Assistant Surgeon: 30% of the eligible surgeon’s expense.

Benefit Period: Eligible expenses are covered for 24 Months following the date of accident.

Medical Treatment: Medical treatment must be received within 90 days from the date of accident with a referral.

Signing below acknowledges that you have read the above brief plan description and reviewed the detailed plan document posted on the University athletic website and understand the coverage provided. You also acknowledge that this plan is not a primary major medical plan.

______________________________________________  __________________
Student Athlete’s Name (Print)  Date

______________________________________________  __________________
Student Athlete’s Signature  Date

______________________________________________  __________________
Parent’s Signature  Date