UNITED STATES JUDO ASSOCIATION

2025/2026 Participant Accident Only Insurance Coverage

Underwritten by:	Gerber Life Insurance Company White Plains, NY 10605
Policy Number:	09-073917-24
Name and Address of Policyholder:	United States Judo Association, Inc. 916 SW 18th Street Cape Coral, FL 33991
Policy Effective Date:	September 1, 2025
Policy Termination Date:	September 1, 2026

ACCIDENT MEDICAL SCHEDULE OF BENEFITS

Eligible Class	All registered and/or scheduled members of the group participating in the Activity/Event listed below. The Activity/Event must be recognized and supervised by the Policyholder, members of the Policyholder or groups recognized by the Policyholder or its members.
Activity/Event	Particpants and volunteers of USJA Sanctioned Amateur Judo, Ju Jitsu activities including practices, special camps, tournaments.

Except where specifically stated otherwise, the Policy covers the Insured only for Injury sustained while

1. Participating in any regularly scheduled Activity/Event of the Policyholder, members of the Policyholder or groups recognized by the Policyholder or its members. The Activity/Event must be supervised by a person authorized by the Policyholder, members of the Policyholder or the groups recognized by the Policyholder or its members;
2. Traveling directly (uninterruptedly) to, during or from a regularly scheduled Activity/Event with other members as a group. The travel must be supervised by a person authorized by the Policyholder, members of the Policyholder or groups recognized by the Policyholder or its members;

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum	$15,000
Single Dismemberment Maximum	$15,000
Double Dismemberment Maximum	$15,000

The Loss must be sustained within 365 days after the date of the Accident.

Table of Covered Losses

Life	$15,000
Both Hands or Both Feet or Sight of Both Eyes	$15,000
Loss of One Hand and One Foot	$15,000
Loss of One Hand and Entire Sight of One Eye	$15,000
Loss of One Foot and Entire Sight of One Eye	$15,000
Loss of One Hand or Foot	$15,000
Loss of Sight in One Eye	$15,000
Loss of Speech	$15,000
Loss of Hearing (both ears)	$15,000
Loss of Speech and Hearing (both ears)	$15,000
Loss of Thumb and Index Finger of the Same Hand	$15,000

HOSPITAL AND PROFESSIONAL SERVICES BENEFITS

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)

Maximum Medical Expense for each Injury	$25,000
Maximum Medical Expense for each Injury involving motor vehicles	$5,000
Benefit Period	1 Year
Deductible	$2,500

EXCESS COVERAGE PROVISION APPLICABILITY

The Company will pay Reasonable Expenses that are not recoverable from any Other Plan. The Company will determine the amount of benefits provided by Other Plans without reference to any coordination of benefits, non-duplication of benefits, or similar provisions. The amount from Other Plans includes any amount, to which the Insured is entitled, whether or not a claim is made for the benefits. This Blanket Accident Insurance Policy is secondary to all other policies.

COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)

Hospital/Facility Services - Inpatient	
Hospital Room and Board (Semi-Private Room Rate)	100% of RE*
Hospital Intensive Care	100% of RE*
Inpatient Hospital Miscellaneous	$3,000 Maximum
Hospital/Facility Services - Outpatient	
Outpatient Hospital Miscellaneous (Except Physician's services and x-rays paid as below)	$2,000 Maximum
Hospital Emergency Room	$350 Maximum
Hospital Emergency Room Physician	$250 Maximum
Free Standing Ambulatory Surgical Facility	$2,000 Maximum
Physician's Services	
Surgical	50% of RE* $3,000 Maximum
Assistant Surgeon	50% of RE* $750 Maximum
Anesthesiologist	50% of RE* $750 Maximum
Physician's Non-Surgical Treatment (Except as below)	$350 Maximum
Physician's Outpatient Treatment in connection with Physical Therapy and/or Spinal Manipulation	$500 Maximum
Other Services	
Registered Nurses' Services	100% of RE*
Prescriptions (Dispensed by a Licensed Pharmacist) - Outpatient	100% of RE*
Laboratory Tests - Outpatient	100% of RE*
X-Rays, includes interpretation – outpatient	$150 Maximum
Diagnostic Imaging (MRI, CAT Scan, Etc.) includes interpretation	$300 Maximum
Ground Ambulance	$200 Maximum
Air Ambulance	$500 Maximum
Durable Medical Equipment (Includes Orthopedic Braces And Appliances)	$500 Maximum
Dental Treatment to sound, natural teeth due to covered injury	$1,000 Maximum
Replacement of eyeglasses, hearing aids, contact lenses, if medical treatment is also received for the covered Injury	$200 Maximum

***Reasonable Expenses**

DEFINITIONS

Accident means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place. The Accident must occur while the Insured is covered under the Policy.

Activity/Event means the Activity/Event of the Policyholder as stated in the Policy's Schedule of Benefits which are organized and scheduled solely by the Policyholder on or off Policyholder premises. The Activity/Event must be under sole direct supervision of qualified Policyholder authorities and may include Policyholder sponsored and supervised travel to and from such an activity.

Deductible means the Reasonable Expenses:

1. that are Medically Necessary;
2. that are incurred by an Insured, before the Company pays any benefits under the Hospital and Professional Services Benefits provision; and
3. that are paid by the Insured per Injury

Injury means bodily injury caused by an Accident. The Injury must occur while the Policy is in force and while the Insured is covered under the Policy. The Injury must be sustained as stated in the Policy's Schedule of Benefits, except where specifically stated otherwise in the Policy.

Reasonable Expense means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. Such services and supplies must be recommended and approved by a Physician.

EXCLUSIONS No Benefits are payable for Hospital and Professional Services for the following 1) Injuries which are not caused by an Accident; 2) Treatment by persons employed or retained by the Policyholder or by any member of the Insured's Immediate Family; 3) Treatment that is not Medically Necessary; 4) Treatment for hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis; 5) Custodial care confinements or services; 6) Charges in excess of the Reasonable Expense; 7) Cosmetic surgery except when the surgery is necessitated by a covered Injury; 8) Experimental or Investigational Treatment; 9) Routine physical or other examination when there are no objective indications of impairment of normal health; 10) Treatment of a deviated nasal septum, including submucous resection and/or other surgical corrections, unless the treatment is due to or arises from a covered Injury; 11) Treatment of weak, strained, flat, unstable or unbalanced feet, corns, calluses, or toenails; 12) Counseling or psychiatric treatment, or educational or vocational testing or training; 13) Injury caused by declared or undeclared War or acts of War; suicide, while sane or insane; violating or attempting to violate the law; the taking part in any illegal occupation; fighting or brawling except in self defense; being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; or being under the influence of any drugs or narcotic unless administered by or on the advice of a Physician; 14) Injuries covered by any occupational benefit plan, other insurance, or public assistance program; 15) Injury sustained as a result of operating, riding in or upon, or alighting from a two-, three-, or four-wheeled recreational motor vehicle or snowmobile; 16) Medical expenses for which the Insured received benefits under any Workers' Compensation act, mandatory no-fault automobile insurance contract or similar legislation.

This is not a Policy, rather a brief coverage description of the benefits provided under the master policy issued to the Association. **IMPORTANT NOTICE – THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. This coverage description has been designed to illustrate the highlights of this insurance. All information in this coverage description is subject to the provisions of Policy Form GER-BA-2012-C(FL), underwritten by Gerber Life Insurance Company (the Company). If there is any conflict between this coverage description and the Policy, the Policy will prevail.**