



June 1, 2010

Dear Parent/Guardian of USD Student-Athlete:

University of San Diego student-athletes are required to have and show evidence of a comprehensive medical plan (insurance). This primary coverage cannot exclude injuries sustained while participating in intercollegiate athletics. Lack of a primary comprehensive medical plan will affect eligibility.

The University of San Diego provides athletic-related accident medical insurance for injuries sustained during supervised practices, contests and University provided travel to and from practices and contests. This coverage is an “excessive payments clause”, which is a secondary coverage policy. This policy is in excess of your primary comprehensive medical plan through work, family, or individual plan. All claims must be filed with your primary carrier before the USD insurance can be utilized. Any portion of medical bills for athletic injuries not paid by the primary carrier is then considered.

Injuries sustained out-of-season, in intramural sports, during unsupervised workouts or other non-intercollegiate athletic related activities are **not** covered. In addition, **illness** and/or **pre-existing conditions are not covered.**

The NCAA’s Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$90,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at the University of San Diego. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA’s web-site at [www.ncaa.org](http://www.ncaa.org).

Provided is an insurance information form required by the Athletic Department at USD. This information is required prior to any team participation to refer your student-athlete to a healthcare provider and then process any related insurance claim(s), should it become necessary. Completion of this form will enable the Athletic Department to cooperate with insurance companies and pay eligible medical expenses. ***Please return the following:***

- ***completed, signed form (parent/guardian must sign)***
- ***copy of your plan ID card***
- ***copy of your pharmacy card (if required for pharmaceuticals)***

Sincerely,

Carolyn Greer MA ATC  
Associate Director of Athletics for Sports Medicine  
Head Athletic Trainer