



Participant Accident Plans

## Pickleball Insurance

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Let Wellfleet manage your players' coverage so you can focus on helping the team succeed.

## Who is covered?

All players, coaches, managers, and volunteers of the team(s) specified in the application.

## Covered activities

Participating in scheduled and supervised games, practice sessions, and travel in a group as a member of an insured team.

## Adult pickleball league rates

Plan	Accidental Death & Dismemberment	Primary Accident Medical	Deductible	6-month rate per person	Annual rate per person
A	\$5,000	\$5,000	\$0	\$6.91	\$13.33
B	\$5,000	\$5,000	\$100	\$5.37	\$10.30
C	\$10,000	\$10,000	\$0	\$9.24	\$17.71
D	\$10,000	\$10,000	\$100	\$7.59	\$14.55
E	\$10,000	\$25,000	\$0	\$9.97	\$19.13
F	\$10,000	\$25,000	\$100	\$8.40	\$16.15

## Accident medical expense benefits

If the member incurs eligible expenses from a covered injury, directly and independently of all other causes, Wellfleet will pay 100% of the usual and customary charges for this expense within 52 weeks of the accident date. Payment applies to eligible expenses more than the deductible, up to the maximum. The first expense must occur within 60 days after the accident.

Covered expenses include the usual and customary charges that the covered person incurred during the benefit period for medically necessary treatment of a covered injury. A physician must recommend and approve these services or supplies. Examples of covered expenses include:

- Inpatient hospital services
- Outpatient facilities
- Physician services
- Outpatient x-ray, CT scan, MRI, and laboratory tests
- Outpatient services and supplies
- Accident dental services
- Ambulance service
- Prescription drugs

Primary coverage pays benefits under the plan without offset for other insurance (except workers' compensation). Excess coverage does not cover the part of the expense for which benefits are payable or service is available through other insurance plans. Primary coverage options are available. Please contact your Wellfleet Sales Executive for more information.



## Accidental death or dismemberment and paralysis benefits

The Company will pay the benefit for any one of the covered losses if the covered person suffers a covered loss resulting from a covered accident within 365 days.

Schedule of covered losses	
Covered loss	
Loss of life	Principal Sum
Loss of combination of two; hands, feet, or both eyes	Principal Sum
Loss of any combination of one: hand, foot, or eye	50% of Principal Sum
Loss of thumb and index finger of the same hand	50% of Principal Sum
Loss of sight in one eye	50% of Principal Sum
Loss of speech	50% of Principal Sum
Loss of hearing in one ear	50% of Principal Sum
Quadriplegia, paraplegia, hemiplegia	Principal Sum

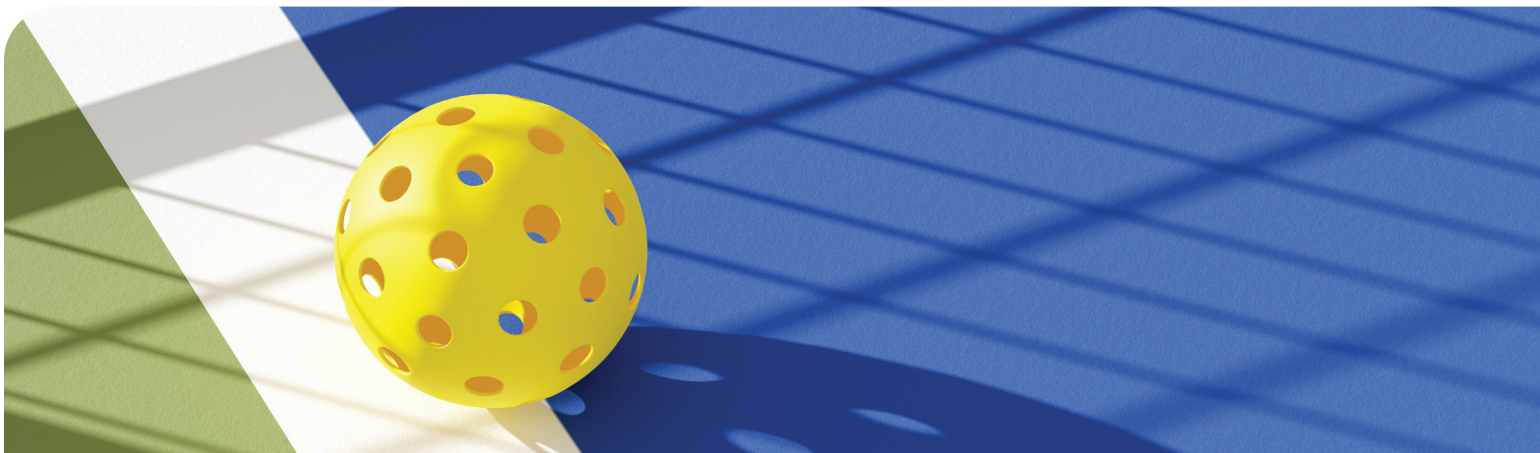
If the covered person sustains more than one covered loss as a result of the same covered accident, the total of benefits we will pay will not exceed the Principal Sum.

## Partnering with Wellfleet

### Why Wellfleet?

With 30 years of experience in insurance administration, Wellfleet, a Berkshire Hathaway company, builds solutions and partnerships you can trust. Along with providing student health insurance and workplace benefits products, we offer customizable AD&D, Accident Medical, and Accident Disability products through our Special Risk division.

If you need coverage for your pickleball team or league, we can offer financial protection in case the unexpected happens.



# The Wellfleet advantage

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## Products tailored to your needs

Our Accident and AD&D products give you financial protection when you need it most. Plus, we offer customizable plans to help meet your needs.

## Client-centered service

Delivering exceptional service is at the core of our mission. That's why you'll love our single point of contact philosophy and dedicated service team.

## A partnership you can trust

A Berkshire Hathaway company with 30 years of experience, uncompromising integrity, and an A++ (Superior) financial rating.\*

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## General exclusions

\*May Vary by state. Policy, Certificate and Riders should be reviewed for complete benefits, exclusions and limitations Special Risk 2024 GENERAL EXCLUSIONS\*

1. Any service, treatment or supply that is not considered medically necessary as defined by the plan.
2. Expenses incurred after the end of a Benefit Period, even if incurred for continuing services or treatment of a covered injury.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.
5. Intentionally self-inflicted Injury, suicide or any attempt or threat while sane or insane.
6. Declared or undeclared war or act of war.
7. Commission or attempt to commit a felony or an assault.
8. Commission of or active participation in a riot or insurrection.
9. Treatment of a pre-existing condition.
10. Flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline.
11. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.
12. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) The covered person holds a valid learner's permit and (b) The covered person is receiving instruction from a Driver's Education Instructor.
13. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
14. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.



15. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.
16. Rest cures, long-term care or custodial care.
17. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
  - a. Cosmetic surgery resulting from a covered accident, if the covered person's initial treatment had begun within 12 months of the date of the covered accident;
  - b. Reconstruction incidental to or following surgery resulting from a covered accident.
  - c. Any unplanned and unintended adverse consequences that may result during the treatment of a covered accident.
18. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) Are deemed to be experimental or investigational; and (b) Are not recognized and generally accepted medical practice in the United States.
19. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
20. Treatment or services provided by the covered person's immediate family.
21. Orthopedic appliances used mainly to protect an injury
22. Expenses payable by any automobile insurance policy without regard to fault.
23. 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.
24. Charges for hot or cold packs for personal use.
25. Custodial Care service and supplies.
26. Expenses that are not recommended and approved by a physician.
27. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a covered accident.
28. Any expenses in excess of usual and customary charges.
29. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.

\*May Vary by state. Policy, Certificate and Riders should be reviewed for complete benefits, exclusions and limitations

Special Risk 2024

Note: Certain exclusions may be modified to meet individual state requirements. This is not a complete list of exclusions. The issued policy will contain the complete list of the exclusions applicable to the Group's plan.

\*For latest rating, visit [ambest.com](http://ambest.com)

This is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary State approvals. Any provisions of the Policy, as described in this document, that may be in conflict with the laws of the state where the plan is located will be administered to conform with the requirements of that state's laws.

Wellfleet, Wellfleet Student, Wellfleet Special Risk, and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

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