

Here's a jargon-free summary of your coverage. So you can spend less time reading and more time riding.

Eligibility

All registered members of OBRA enrolled in the voluntary annual program.

Covered Activities

Including but not limited to: commuting, group rides, training, gran fondos, bicycle maintenance and repair, and events sponsored and supervised by Oregon Bicycle Racing Association for whom premium has been paid. Coverage does not apply to any other sponsored races..

Policy Details

ACCIDENT

A sudden unexpected and unintended event, independent of sickness and all other causes.

FIRST TREATMENT

Must be incurred within 30 days from the date of the accident.

TREATMENT TIME FRAME

Benefits paid up to 52 weeks from the date of the accident.

FIRST NOTICE OF LOSS

Spot must be notified within 60 days after a loss occurs or begins, or as soon as reasonably possible. Use the link below to contact our customer care team, email spot@getspot.com or simply start a claim from your Spot account.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D):

Coverage is for death or severe dismemberment as the result of an accident while participating in a covered activity.

HEART OR CIRCULATORY MALFUNCTION:

Coverage is for injury or death that is the result of heart failure while participating in a covered activity. No coverage for pre-existing heart conditions.

OUTPATIENT PHYSICAL THERAPY EXPENSE

Maximum Benefit 100% of Allowable Expense

DURABLE MEDICAL EQUIPMENT

Maximum Benefit 100% of Allowable Expense

ORTHOPEDIC APPLIANCES

Maximum Benefit 100% of Allowable Expense

Policy Benefits

COVERAGE	AMOUNT
Accident Medical Expense	\$25,000
Accidental Death or Dismemberment	\$5,000
Heart or Circulatory Malfunction	\$5,000
Deductible	\$0
Dental Expense (covers injury to sound, natural teeth)	Maximum Benefit 100% of allowable expense
Prescription Drug Expense	Maximum Benefit 100% of allowable expense
Ambulance Benefit (air or ground)	Maximum Benefit 100% of allowable expense

Policy Exclusions

We will not pay benefits for a loss due to or expenses incurred for:

- intentionally self-inflicted injury, suicide while sane or insane;
- voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician;
- treatment for alcoholism or drug addiction;
- Injury caused by, attributable to, or resulting from the Insured's Intoxication;
- Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;

MoO-SOB-10-22

Policy Exclusions (Continued)

6. operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
7. operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred;
8. commitment of or an attempt to commit a felony, or engagement in an illegal activity;
9. participation in a riot or insurrection;
10. any Injury that results from fighting, brawling, assault or battery;
11. an act of declared or undeclared war;
12. active duty service in any Armed Forces;
13. operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the Insured Risk section of this policy;
14. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
15. parachuting, except for self-preservation;
16. snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing;
17. participation in professional racing;
18. injuries associated with activities or travel outside the United States;
19. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
20. orthodontic braces or appliances;
21. any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law;
22. treatment in any Veterans Administration or federal Hospital, unless there is a legal obligation to pay;
23. charges which the Insured would not have to pay if the Insured did not have insurance;
24. a charge which is in excess of the Allowable Expense;
25. cosmetic surgery, except reconstructive surgery due to a covered Injury;
26. participation in semi-professional and professional sports, play or practice or any related travel;
27. organ transplants;
28. elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved;
29. preventive medicines or, serums or, vaccines;
30. voluntary termination of pregnancy;
31. contraceptive methods, devices or aids; elective sterilization or its reversal; artificial insemination; or in-vitro fertilization;
32. routine medical care; and normal health checkups;
33. rest cures or Custodial Care;
34. mental and nervous disorders;
35. human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC);
36. infectious disease;
37. loss caused by or resulting from nuclear radiation or the release of nuclear energy;
38. services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or the Insured or an Immediate Family Member;
39. services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan;
40. services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited;
41. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other Insurance Plan;
42. travel in or upon a snowmobile, any two or three wheeled motor vehicle, any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated;
43. any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program);
44. eyeglasses, contact lenses, hearing aids, or related examinations or prescriptions;
45. treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.

© 2022 Spot Insurance Inc. All rights reserved. Oregon Bicycle Racing Association is the policyholder for Accident Insurance for enrolled members of Oregon Bicycle Racing Association's voluntary annual program participating in bicycle (including e-bikes up to 750 watts) related activities, including but not limited to: commuting, group rides, training, gran fondos, bicycle maintenance and repair, and events sponsored and supervised by Oregon Bicycle Racing Association for whom premium has been paid. Coverage does not apply to any other sponsored races. Coverage is subject to the terms, conditions, and exclusions of the policy. Coverage is underwritten and claims are serviced by Mutual of Omaha Insurance Company and facilitated by Spot Insurance Inc.

MoO-SOB-10-22