

## Eligibility

Pass holders who have paid their premium for Spot Injury Insurance. This coverage is available for non-US residents traveling outside of their home country only. Your home country is where you have your primary residence.

## Covered Activites

Those outlined by your pass type.

## Policy Details

### ACCIDENT

Unexpected, unintended, and unforeseen event or occurrence that is the direct cause of physical Injury to You and which is independent of Illness and not self-inflicted.

### COVERED EXPENSES

Amounts considered eligible by the Company to reimburse You for Your Expenses that are (i) for Medically Necessary services, supplies, care, or Treatment; (ii) due to Injury; (iii) prescribed, performed, or ordered by a Physician; (iv) Usual, Reasonable, and Customary Expenses; (v) incurred during the Period of Coverage; and (vi) which do not exceed the coverage maximum.

### TREATMENT TIME FRAME

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

### FIRST NOTICE OF LOSS

Spot must be notified within 90 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](mailto: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.

### EMERGENCY MEDICAL EVACUATION AND REPATRIATION

Coverage is for transportation and related medical expenses if any covered injury results in your medically necessary emergency medical evacuation or emergency medical repatriation. All transportation arrangements must be by the most direct and economical route. Note that these evacuation and repatriation services must be arranged by Seven Corners Assist in consultation with your local attending physician else this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized.

### TRAVEL ASSISTANCE SERVICES

By purchasing this coverage you will also become eligible to use any of the assistance services provided by [Seven Corners Assist](#). These services are available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. Multilingual personnel, physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating medical facilities

## Policy Benefits

COVERAGE	AMOUNT
Accident Medical Expense	\$25,000
Accidental Death or Dismemberment	\$10,000
Emergency Medical Evacuation and Repatriation	\$100,000

## Policy Exclusions

Unless otherwise specifically stated in your policy document, we will not pay benefits for a loss due to or expenses incurred for, resulting from, related to, or incurred for the following:

1. Competition Exclusion: You are not covered for Injury while participating in contests of speed or in any type of competition.
2. Contributory Negligence Exclusion: You are not covered for Injury if the proximate cause of the Injury is due to Your failure to take reasonable care with Your own safety, including but not limited to following applicable laws, safety regulations, signed waivers, or guidelines provided by the Participating Organization.

## Policy Exclusions (Continued)

3. Dental, Vision, and Hearing Exclusion: You are not covered for False teeth, dentures, dental appliances, dental Expenses other than Accidental Injury, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism. This exclusion is waived for Section 4.1.
4. Durable Medical Equipment Exclusion: You are not covered for Durable Medical Equipment.
5. Exercise Exclusion: You are not covered for exercise programs whether prescribed or recommended by a Physician or therapist.
6. Extreme Activities Exclusion: You are not covered for Extreme Activities.
7. Home Country Exclusion: You are not covered while in Your Home Country.
8. Illegal Activity Exclusion: You are not covered for Injury resulting from the commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body.
9. Long-Term Disability Exclusion: You are not covered for long-term disability.
10. Loss of Life Exclusion: You are not covered for loss of life. This exclusion is waived for Section 6.2 for Injury while participating in Sponsored Activities.
11. Medical Supervision Exclusion: You are not covered for Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription.
12. No Cost Exclusion: You are not covered for Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You.
13. Non-Sponsored Activities Exclusion: You are not covered for Illness, or for any Injury which occurs while You are not participating in Sponsored Activities.
14. Pre-Existing Conditions Exclusion: You are not covered for Pre-Existing Condition(s).
15. Prosthesis Exclusion: You are not covered for replacement of artificial limbs, eyes, larynx, and orthotic appliances.
16. Proximity Exclusion: You are not covered for Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative, or a person whom You directly supervise at Your place of employment.
17. Restricted Travel Exclusion: You are not covered for travel after Your Physician has limited or restricted travel.
18. Self-Harm Exclusion: You are not covered for suicide, attempted suicide, self-destruction or any attempt thereof; or any intentionally self-inflicted Injury.
19. Specialty Care Exclusion: You are not covered for Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged.
20. Substance Exclusion: You are not covered for Injury which results from being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician.
21. Therapy Exclusion: You are not covered for vocational, occupational, sleep, speech, recreational, or music therapy.
22. Timely Filing Exclusion: You are not covered for claims which are not received by the Company or Us within ninety (90) days of the date of service.
23. Transplant Exclusion: You are not covered for human organ transplants, marrow procedures, or tissue transplants.
24. Usual, Reasonable, and Customary Exclusion: You are not covered for Treatment which:
  - a. Exceeds Usual, Reasonable, and Customary Expenses;
  - b. Is Investigational, Experimental, or for research purposes; or
  - c. Received in a Hospital emergency room visit that is not a Medical Emergency.

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