



## Connecticut State Soccer Association

Affiliated with the United States Soccer Federation, Inc.

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## Frequently Asked Questions

Below are some frequently asked questions regarding the USASA player insurance that you receive as a member of CSSA.

**1. *Where can I get a claim form?***

There is a claim form available online [here](#), along with instructions on how to file a claim.

**2. *How do I file a claim?***

There is an explanation of how to file a claim [here](#), as well as a downloadable claim form.

**3. *What is Primary Carrier?***

The Primary Carrier is the insurance company who will consider your medical expenses first and issue any eligible payments. A Primary Carrier is any Health Insurance Plan through your place of employment, a family plan through a relative's place of employment, a University health plan for college students, Retirement policy, or other accident policies and/or Medicare.

**4. *What is Excess or Supplementary Coverage?***

This is a coverage that will reduce your out of pocket expenses after your Primary Health Insurance has paid your eligible medical expenses.

**5. *What if I do not have any other Health Insurance?***

Then, the USASA plan will be considered the Primary Carrier. Keep in mind that if this is the case, it will not change policy limits, guidelines or procedures. You will be responsible for any difference between what the provider charged and what the insurance companies paid.

**6. *What is considered an itemized bill?***

An itemized bill will have all the following: the complete name, address, phone number and tax identification number of the provider (doctor or hospital). It will also have a diagnosis code, live digit procedure codes, dates and services rendered and the amounts charged.

**7. *What is an Explanation of Benefits?***

An Explanation of Benefits (commonly abbreviated EOB) is a statement your Health Insurance company sends to you whenever they process a claim. It will show the types of services, how much was allowed, how much was applied to a deductible and the amounts charged.

**8. *What is payment calculated?***

We look at what the provider charged (before primary carrier calculations) and determine the maximum allowable based on our limits. Then, we check to see if you have satisfied your accident deductible. If the deductible has not been satisfied, we subtract the deductible amount from the allowed charges. If there is a balance left, we then look to see what the primary carrier paid. This is deducted as well. Any balance due, after the above calculations, is remitted to the participant or health care provide.

**9. *Do I have to fill out a claim form every time I submit bills?***

No, additional forms are not needed once we have received your validated claim form. Additional medical bills and Explanation of Benefits can be sent directly to the insurance company for handling.

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