



ACE USA
ACE American Insurance Company
1601 Chestnut Street
Philadelphia, PA 19103

Boy Scouts of America Council A&S Plan

Rio Grande Council # 775

Effective Date: 04/01/10

Expiration Date: 04/01/11

Premium Amount: XXXXX

Premium Paid: \$ XXXXX

Date Paid: 03/29/09

Balance: \$ XXXXX

Policy Number PTP N00327402

Description of Coverage

Eligibility: All persons officially registered with the Boy Scouts of America (BSA), according to the following classifications:

- Class I - All Youth; Learning for Life Explorer; Seasonal Volunteer Non-Paid Staff; and Non-Scouts, Non-Scouters and Guests, but only while attending scheduled activities for the purpose of becoming registered Leaders and Scouts.
- Class II - All Adult Volunteer Leaders, including Den Aides and Chiefs who are 21 years of age or older (18 years of age or older if an Assistant Scoutmaster, Assistant Den Leader, Assistant Cub Master, or Assistant Webelo Den Leader).
- Class III - All Learning for Life Non-Explorer Participants.

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Period of Coverage: You will be insured on the Effective Date shown above, provided the premium payment is received by the administrator, Health Special Risk, Inc.. Your coverage will end on the earlier of: 1) the Termination Date shown above; or 2) the period ends for which premium is paid.

Definitions: **Accident:** means a sudden, unexpected and unintended event. **Covered Expenses:** means expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by the Policy. Coverage must remain continuously in force from the date of the Accident until the date of treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. **Injury:** or injuries, for which benefits are provided, means accidental bodily injuries sustained by the Insured which are the direct cause, independent of disease, bodily infirmity or any other cause, of the loss from a covered Accident and occur while the insurance is in force for the Insured. **Medically Necessary:** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent at the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting: 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at our discretion, consider the cost of the alternative to be the Covered Expense. **Sickness:** means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while coverage is in effect. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual and Customary Charges:** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. **You or Your:** means the sponsoring BSA Council insured under the Policy.

Covered Activities: The Insured will be covered while: 1) participating in an official Scouting or Learning for Life activity. Seasonal camp staff persons are also covered during their off-duty hours; and 2) traveling to and from an official Scouting or Learning for Life activity. The covered Accident or Sickness must take place: 1) on the premises of the Policyholder during normal hours of operation; or 2) on the premises of the Policyholder during other periods if attending or participating in a Covered Activity; or 3) away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site. The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity. Travel time includes the time: 1) to or from home and the premises of the Covered Activity; 2) before the appointed time; and 3) after the Covered Activity is completed.

Accidental Death and Dismemberment Benefit: If an Insured's Injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident.

Principal Sum: \$10,000	Time Period for Accident for:	Heart Failure	90 Days
		Quadriplegia, Paraplegia, Hemiplegia	60 Days and continuing for one year
		All Other Covered Losses	365 Days

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life, Heart Failure, Hemiplegia, or Paraplegia	100% of the Principal Sum
Quadriplegia, or Two or More Members	200% of the Principal Sum
One Member	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

"Heart Failure" means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity. "Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. "Member" means Loss of Hand or Foot, Arm or Leg, and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Arm or Leg" means Severance at or above the elbow joint or knee joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

(Council Plan)

Medical Expense Benefit: If the Insured requires medical or surgical treatment during the Period of Coverage, We will pay 100% of the Usual and Customary Charges incurred for Covered Expenses listed below, up to a maximum of \$15,000 per covered Accident, and \$7,500 per covered Sickness. The Insured must receive treatment within 60 days after the date of the covered Accident. Benefits are subject to a maximum benefit period of 52 weeks after the date of the covered Accident or first treatment of a covered Sickness.

We will pay benefits for the following Covered Expenses: 1) daily hospital room and board payable at the semi-private room rate; 2) ancillary hospital expenses; 3) inpatient registered nurse services; 4) medical emergency care for room & supplies; 5) outpatient surgical room and supplies; 6) Doctor's non-surgical expenses; 7) doctor's surgical expenses; 8) assistant surgeon; 9) anesthesiologist expenses; 10) outpatient laboratory tests; 11) physiotherapy; 12) outpatient x-ray; 13) diagnostic imaging; 14) outpatient registered nurse services; 15) rehabilitative braces and appliances; 16) prescription drugs; and 17) medical services and supplies.

Dental Expense Benefit (Injury Only): We will pay 100% of the Usual and Customary Charges incurred for dental services rendered to an Insured, including dental x-rays for the repair, treatment and/or replacement of each injured tooth that is whole, sound and a natural tooth at the time of the Accident, up to a maximum of \$5,000. If, within the 52-week Benefit Period, your attending dentist certifies that dental treatment and/or replacement must be deferred beyond the Benefit Period, We will pay the estimated cost for Covered Expenses incurred for such treatment. We will pay this Benefit in addition to any other Benefit payable under the Policy.

Ambulance Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for ground transportation from the emergency site to the hospital (includes air ambulance when, in the judgment of a duly authorized medical authority or senior representative of the camp or activity, such service is required to facilitate treatment of Injuries and no other ambulance service is available). The maximum amount payable is \$6,000 per covered Accident or Sickness. Benefits are subject to a maximum benefit period of 52 weeks after the date of the covered Accident or first treatment of a covered Sickness. We will pay this Benefit in addition to any other Benefit payable under the Policy.

Disability Benefit (Applies Only to Class II): We will pay a weekly benefit of \$200 if an Insured is Totally Disabled as a direct result of, and from no other cause but, a covered Accident or Sickness. Disability Benefits will begin when: 1) the seven-day benefit waiting period is satisfied; and 3) the Insured provides satisfactory proof of Total Disability to Us. Benefit Payments will end on the first of the following dates: 1) the date the Insured dies; or 2) the date the Insured is no longer Totally Disabled; or 3) the date the Maximum Benefit Period for this benefit ends; or 4) the date the Insured fails to submit satisfactory proof of continuing Total Disability.

"Total Disability" or "Totally Disabled" means, due to an Injury from a Covered Accident or Sickness, an Insured: 1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and 2) if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.

Return Transportation Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for transportation expenses if, as a result of a covered Accident or Sickness, the Insured's Doctor requires him or her to return home from a Covered Activity. The maximum amount payable is \$1,500 per covered Accident or Sickness. This benefit includes the cost of one person to accompany the Insured on the trip. If the Insured is deceased, We will pay expenses incurred for an immediate family member to accompany the body. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses, in advance.

Specified Injury Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for the treatment of a) loss of sight in both eyes; b) Dismemberment of any extremity; c) Paralysis; d) irreversible coma; e) entire loss of speech; or f) loss of hearing in both ears, up to a maximum of \$35,000.

"Dismemberment of any extremity" means complete Severance of hand, foot, arm or, leg. "Severance" means the complete separation and dismemberment of the part from the body. "Paralysis" means total loss of use of: a) both upper and lower limbs; upper and lower limbs on one side of the body; one lower limb or one upper limb; or both lower limbs or both upper limbs. "Irreversible Coma" means: a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society), and b) a diagnosis of brain death by the attending Doctor.

Primary Excess Benefit Provision: We pay the first \$300 of covered Accident Medical Expenses without regard to any other Health Care Plan benefits payable for the Insured. We will then pay expenses: 1) after the Insured satisfies any Deductible; and 2) only when they are in excess of any amounts payable by any other Health Care Plan. We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan. This benefit provision does not apply to Accidental Death and Dismemberment and Total Disability Benefits.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by, or results from: 1) intentionally self-inflicted Injury; 2) suicide or attempted suicide; or 3) war or any act of war, whether declared or not.

In addition to the exclusions above, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by: 1) Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household; 2) Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement thereof; 3) Dental treatment or dental X-rays, except when required as the result of Injuries to sound, natural teeth; or 4) Injury paid or payable by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.

To file a Claim, please call: Health Special Risk, Inc. 1-866-726-8870 HSR Plaza 4001 N. Josey Lane, Carrollton, TX 75007-1520

Health Special Risk, Inc. will provide you with instructions on how to file your claim. The Insured must notify Health Special Risk within 90 days of an Accident or loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured and the Policy Number.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy Number PTP N00327402, issued to the Boy Scouts of America. The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

(Council Plan)