CHUBB

ACE American Insurance Company (A Stock Company) Philadelphia, PA 19106

Council Name: Heart of America
Effective Date: 01/01/2025
Premium Amount: $ 13051.53
Date Paid:

Council #: [307]
Expiration Date: 12/31/2025
Premium Paid:
Balance Due: 13051.53

Policy Number PTP N00327402

Description of Coverage

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

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.

Class 1: All registered youth and Explorers; seasonal staff members; and non-registered youth; and non-Scouters but only while attending scheduled activities for the purpose of becoming registered Leaders and Scouts.
Class 2: All Adult Volunteer Leaders and Advisors of the Policyholder.
Class 3: All Learning For Life (LFL) curriculum based program youth and/or adult participants of Local Councils who have enrolled in the LFL optional coverage plan and paid premiums.
Class 4: Family Members of Classes 1 or 2 who have been invited to and are authorized to participate in Boy Scouts of America Local or National Council sponsored Family Events (as defined by The Boy Scouts of America) including Day Camps.
*Family Members mean parents, legal guardians, grandparents, children and siblings of Classes 1 and 2 Eligible Persons.
**Family Events means: Local or National Council Sponsored Family Events-Special program events/activities where the local council allows families to attend and/or participate.

Insured persons covered under this policy are not covered under the following policies issued to the Boy Scouts of America:

- Boy Scouts of America Special Events policy #PTP N00327414

If the Insured is covered under multiple policies underwritten by the Company and benefits will be payable under more than one Policy, only one benefit amount, the largest, will be paid for any one Covered Accident.

Period of Coverage: You will be insured on the Effective Date of Insurance, 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 of Insurance; or 2) the period ends for which premium is paid.

Definitions: **"Covered Accident"** means an accident that occurs while Your coverage is in force and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **"Covered Expenses"** means expenses You actually incurred by You for treatment, services and supplies covered by the Policy. Coverage under this Policy must remain continuously in force from the date of the Covered Accident until the date 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"** means accidental bodily harm You sustained that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **"Medically Necessary"** means a treatment, service, or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by Your condition; and 4) consistent with 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 consider the cost of the alternative to be the Covered Expense. **"Sickness"** means Your illness, disease or condition that causes a loss for which a You incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **"Usual and Customary Charge"** 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.

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 the Time Period for Accident shown below, 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

Schedule of Covered Losses

Covered Loss	Benefit Amount
Quadriplegia	200% of the Principal Sum
Two or more Members	200% of the Principal Sum
Life	100% of the Principal Sum
Heart Failure	100% of the Principal Sum
Loss of Speech and Loss of Hearing	100% of the Principal Sum
Hemiplegia	100% of the Principal Sum
Paraplegia	100% of the Principal Sum
One Member	50% of the Principal Sum
Loss of Speech or Loss of Hearing	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of Hearing in One Ear	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.

"Quadraplegia" 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, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of Hearing" means total and permanent Loss of Hearing in one ear that is irrecoverable and cannot be corrected by any means. "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.

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 first expenses must be incurred within 60 days after the date of the covered Accident or covered 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 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; 17) medical services and supplies; 18) Dental Expenses for whole, sound and natural teeth; 19) ambulance expenses; and 20) medical equipment rental.

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 ambulance services for transportation from the emergency site to the hospital. 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.

Bereavement and Trauma Counseling Benefit: We will pay $100 per counseling session for up to 5 sessions, if you and/or your Immediate Family Member requires bereavement and trauma counseling because you suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. The counseling must meet all of the following conditions: 1) the counseling expenses must be incurred within one year from the Covered Accident; 2) the expense is charged for a counseling session for you and/or one or more of your Immediate Family Members; 3) the counseling is provided under the care, supervision or order of a Doctor; and 4) a charge would have been made if no insurance existed.

Crisis Management Benefit: We will pay $100 per counseling session for up to 5 sessions, if you suffer a Covered Loss as the result of a Felonious Assault or from another person's use of a gun or a knife to commit an act of violence if the accident occurs while engaged in a covered activity.

"Felonious Assault" means an act of physical violence against you by someone other than your Immediate Family member.

Post Traumatic Stress Disorder Benefit: We will pay $100 per counseling session for up to 5 sessions, if you suffer Post Traumatic Stress Disorder (PTSD) resulting directly and independently of all other causes from a Covered Accident.

"Post Traumatic Stress Disorder" (PTSD) means a delayed or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature, that is likely to cause pervasive distress in anyone. Your PTSD must be diagnosed by a licensed health care provider (other than you or a member of your Immediate Family or household) acting within the scope of his or her license and rendering care or treatment to you that is appropriate for the conditions and locality.

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.

Full Excess Benefit Provision: We pay Covered Expenses; 1) after the Insured satisfies any Deductible; and 2) only when they are in excess of amounts paid by any other Health Care Plan. We pay benefits without regard to any Coordination of Benefits provisions in any Health Care Plan.

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.

We will not pay Sickness Medical Expense Benefits for any loss, treatment, services or supplies resulting from, or contributed to by:
1) Immunizations, services and supplies related to immunizations; 2)Acupuncture, allergy, including allergy testing and alopecia; 3) Non-malignant warts, moles, lesions and acne; 4) Care of corns and bunions; 5) Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation; 6) Submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; 7) Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore. Radial Keratotomy/Lasik surgery is not covered; 8) Voluntary or elective abortion; 9) Congenital birth defects; 10) Elective treatment or elective surgery; 11) Routine physical examinations and dental care.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

Sickness Medical Expense Benefit - We will pay benefits for Covered Expenses incurred within the Benefit Period as the result of a Sickness when you are participating in scheduled, supervised and sponsored activities of the Policyholder, including direct travel to and from such Covered Activities. Benefits are subject to any Deductible, Incurral Period, Co-insurance Rate, Maximum Benefit Period and Benefit Maximum shown below. In addition, Sickness Medical Expense Benefits are subject to any applicable Policy Aggregate Maximums in the Schedule of Benefits, Scope of Coverage provision and Exclusions of the Policy.

The following limits apply:

Benefit Maximum:	$7,500
Maximum Benefit Period:	364 days from the date of first treatment of the Covered Sickness
Incurral Period:	60 days from the date of first treatment of the Covered Sickness
Deductible:	$0 per Covered Sickness
Co-insurance Rate:	100% of the Usual and Customary Charges

These benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible has been met; and 2) for those Medically Necessary Covered Expenses that you receive. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

To file a Claim, please call: Health Special Risk, Inc. 1-866-726-8870 or mailing address 8400 Belleview Dr, Suite 150, Plano, TX. 75024

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. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

IMPORTANT NOTICE

This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.