BOY SCOUTS OF AMERICA®









High Adventure Base Campers Accident & Sickness Insurance Plan

This brochure describes the Accident & Sickness coverage provided to all persons registered and attending any Boy Scouts of America High Adventure Base (Philmont Scout Ranch; Florida Sea Base; Northern Tier National High Adventure Bases in Minnesota and Canada and The Summit Bechtel Reserve). Registration for High Adventure Base activities will automatically include this insurance coverage.



Coverage

This plan provides coverage to all persons registered and attending any Boy Scouts of America High Adventure Base. The coverage is in effect while:

- In attendance or participating in any Boy Scouts of America High Adventure Base activity. Seasonal staff are also covered during their off-duty hours, subject to the Workers' Compensation exclusion.
- Traveling to and from official High Adventure Base activities.

Any participant in a Church of Latter Day Saints (LDS) sponsored unit is excluded from coverage under this policy because the LDS church has already provided insurance for participants.

Benefits

Accidental death*, dismemberment, loss of sight and for paralysis

When injuries to the Insured result in death or dismemberment within one year from the date of the covered accident, and from loss which is independent of sickness and all other causes, the Company will pay as follows. If multiple losses occur, only one benefit amount—the largest—will be paid for all losses due to the same accident.

*Includes loss of life resulting from Heart Failure within 90 days from the date participating in an approved Boy Scouts of America High Adventure Base activity.

Covered Loss	Benefit Amount
Both Hands or Both Arms, Both Feet or Both Legs, One Hand and One Foot, Both Eyes, One Limb and One Eye, Speech and Hearing in Both Ears, Life*	$10,000
One Hand or One Arm, One Foot or One Leg, Either Eye, Speech or Hearing in Both Ears	$5,000
Thumb and Index Finger of the Same Hand	$2,500

Benefits Continued

Loss of a hand or hands, or a foot or feet, shall mean complete severance through or above the wrist joint or ankle joint, respectively; and loss of an arm or arms, or a leg or legs, shall mean severance at or above the elbow joint or knee joint, respectively; the loss of an eye or eyes shall mean the total permanent loss of the entire sight thereof. Loss of a thumb and index finger shall mean severance of at least one phalanx from each digit of the same hand. When injuries result in paraplegia, hemiplegia or quadriplegia commencing within 60 days after the covered accident and continuing for one year, the Company will pay $10,000 for paraplegia or hemiplegia and $20,000 for quadriplegia.
"Paraplegia" means complete loss of function of the lower or upper extremities of the body with involvement of both legs or both arms.
"Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg. "Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs. "Limb" means hand(s), arm(s), foot (feet), or leg(s).

Benefits for medical expenses, dental treatment and ambulance services

Up to $15,000 for Accident Medical Expense Benefits.

Up to $7,500 for Sickness Expense Benefits

For each sickness or injury, benefits are payable for medical or surgical treatment, prescription drugs, or for hospitalization or the exclusive services of a private duty nurse (RN or LPN), which begin within 60 days from the date of the accident or sickness that begins during the covered activity.
Benefits will be paid for expenses incurred (subject to the Primary Excess Provision explained in this brochure) up to the Usual and Customary charges normally made within the geographic area where treatment is performed.

Definitions

"Injury" means accidental bodily harm sustained by an insured member that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Sickness" means any sickness that requires unscheduled medical treatment during an official High Adventure Base activity.



Benefits Continued

Excess Insurance Provision

This plan is an excess insurance plan meaning that it will pay all those eligible expenses incurred from a covered accident or sickness not paid by any other collectible insurance or pre-paid health plan in-force for you or a dependent child(ren). If no other collectible insurance or pre-paid health plans are in effect at the time of the loss, this plan will pay all eligible covered expenses up to the plan limits. There is no deductible under this plan. Also, coverage under this plan does not provide duplicate benefits when an insured member is also insured under another Boy Scout or Learning for Life plan for a national or regional sponsored camp or special event. This provision applies to all benefits offered under these plans, including Accidental Death & Dismemberment.

Specified Injury Expense Benefit

Pays up to $35,000 for medically necessary treatment due to the following specified injuries: (a) loss of sight in both eyes;
(b) dismemberment of any extremity; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; (f) loss of hearing in both ears.
"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 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) 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 an attending doctor.

Crisis Management Benefit

Pays $100 per counseling session for up to five sessions if an Insured suffers 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 a person covered under this policy by someone other than an immediate family member.

Dental Expense Benefit

Pays up to $5,000 for the repair, treatment and/or replacement of sound, natural teeth. If, within the 52-week period following the date of the accident the Insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, benefits will not exceed a total of $5,000. This benefit is payable in addition to any other payable benefits under the terms of the plan.

Ambulance Expense Benefit

Pays up to $10,000 for air ambulance service if, in the judgment of the duly authorized medical authority or senior representative of the camp or activity, such service is needed to facilitate treatment of injuries and no other ambulance service is available.
This benefit will also pay for professional ambulance service for surface transportation to a hospital. The maximum benefit for all ambulance expenses, air and/or ground, combined for one accident or sickness is $10,000. These benefits will be in addition to any other benefit payable under the terms of this plan.

Benefits Continued

Return Transportation Expense Benefit

Pays up to $1,500 for transportation expenses incurred if, as a result of a Covered Accident, an Insured's doctor requires him or her to return home from a covered activity.

This includes the cost of one person to accompany the Insured on the trip. If the Insured is deceased, the Company will pay expenses incurred for an immediate family member to accompany the body. This benefit is payable in addition to any other payable benefits under the terms of the plan.

Post-Traumatic Stress Disorder Benefit

Pays $100 per counseling session for up to five sessions if an Insured suffers Post Traumatic Stress Disorder resulting directly and independently of all other causes from a Covered Accident. The benefit period is for 104 weeks from the date of the 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. An Insured's PTSD must be diagnosed by a licensed health care provider (someone other than an immediate family or household member) acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality.

Exclusions

No benefits will be paid for any loss or Injury that is caused by, or results from:

Intentionally self-inflicted Injury ♦ suicide or attempted suicide ♦ war or any act of war, whether declared or not ♦ a covered accident that occurs while on active duty in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyong 31 days ♦ sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food ♦ piloting or serving as a crew member in any aircraft (except as provided by the Policy) ♦ commison of, or attempt to commit, a felony.



Exclusions Continued

In addition, Accident Medical Expense Benefits will not be paid for any loss, treatment or services resulting from or contributed to by:
Treatment by persons employed or retained by the Policyholder, or by any immediate family or member of the Covered Person's household ♦ treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances ♦ treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment*, whether or not caused by a Covered Accident ♦ pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions ♦ mental and nervous disorders* ♦ damage to or loss of dentures or bridges, or damage to existing orthodontic equipment* ♦ expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain* ♦ Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder ♦ Injury or loss contributed to by the use of drugs unless administered by a doctor ♦ cosmetic surgery, except for reconstructive surgery needed as the result of an Injury ♦ any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that : (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States ♦ eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices ♦ expenses payable by any automobile insurance Policy without regard to fault (this exclusion does not apply to any state where prohibited) ♦ conditions that are not caused by a Covered Accident ♦ participation in any activity or hazard not specifically covered by the Policy ♦ any treatment, service or supply not specifically covered by the Policy.

In addition, Sickness Medical Expense Benefits will not be paid for any loss, treatment, services or supplies resulting from or contributed to by:
Immunizations, services and supplies related to immunizations ♦ acupuncture, allergy, including allergy testing and alopecia ♦ non-malignant warts, moles, lesions and acne ♦ care of corns and bunions ♦ submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis ♦ eyeglasses, contact lenses, hearing aids, prescriptions or examinations therefore. Radial Keratotomy/Lasik surgery is not covered ♦ voluntary or elective abortion ♦ congenital birth defects ♦ elective treatment or elective surgery ♦ routine physical examinations and dental care ♦ sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

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.

*Except as provided by the Policy.

Claims

All claims need to be filed with the administrator, *Health Special Risk, Inc., (HSR)*. Claim forms can be secured online at https://www.hsri.com/claim-forms.jsp or received via e-mail upon request from **boyscouts@hsri.com**. Please complete the claim form in its entirety and remit to *HSR* within 90 days of the accident or illness along with copies of all related medical documents and Explanations of Benefits (EOB's) received thus far. As you continue to receive medical documents and EOB's forward copies to *HSR* as they are available.

Immediate notice of claims and all inquiries regarding claims should be directed to:

Health Special Risk, Inc.
HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007
Toll-free: 1-866-726-8870
Fax: 972-512-5832
E-mail: boyscouts@hsri.com

Questions and Answers

Q. What is the purpose of this plan?

A. To provide coverage for accidental death and dismemberment and limited medical expense benefits for all persons registered and attending any Boy Scouts High Adventure Base scheduled activity.

Q. Is traveling to and from scheduled functions covered?

A. Yes. You are covered while traveling to and from scheduled Boy Scouts of America High Adventure Base activities as a member of a Scout troop, pack, crew or team or Learning for Life Exploring Post or Curriculum-based program group.

Q. How long is a covered person attending a camp or event covered under this plan?

A. They are covered for the specified insured duration of the scheduled activity, including travel to and from.

Q. Are covered medical expenses under this plan payable regardless of the existence of other health insurance policies?

A. This plan is an Excess Insurance plan meaning that the plan will pay all those eligible expenses incurred from a covered accident or sickness not paid by any other collectible insurance or pre-paid health plan in-force for you or a dependent child(ren). If no other collectible insurance or pre-paid health plans are in effect at the time of the loss, this plan will pay all eligible covered expenses up to the plan limits. There is no deductible under this plan.

Q. Does this plan provide benefits for injuries or sickness for which medical benefits are payable under Workers' Compensation or Employer's Liability Laws?

A. No. Medical benefits are not payable. However, this plan does provide benefits for accidental death and dismemberment even if such benefits are payable under Workers' Compensation or Employer's Liability Laws.

This brochure provides 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 the policy issued to the Boy Scouts of America under policy number PTP N00327426. The policy is subject to the laws of the state of Texas in which it is issued. Please keep this information as a reference.









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CHUBB

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