



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

Buffalo Trace Council # 156

Effective Date: 01/01/12 Expiration Date: 01/01/13
Premium Amount: \$ 4,983.30 Premium Paid: \$ 4,983.30
Date Paid: 12/28/11 Balance: \$ 0.00

Policy Number PTP N00327402

Description of Coverage
Boy Scouts of America Council Accident & Sickness Insurance Plan

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; Venturing Crew, 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 Curriculum-based 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

Benefit Amounts:

Covered Loss	Benefit Amount
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
Speech and Hearing in Both Ears	100% of the Principal Sum
Speech or Hearing in Both Ears	50% of the Principal Sum
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, 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