



**ace usa**



## Participant Accident Insurance

**For:  
Participating Camps of the North American Division  
of the Seventh Day Adventists**

**Underwritten by ACE American Insurance Company**

ACE USA is the U.S.-based operating division of the ACE Group of Companies, headed by ACE Ltd. Insurance products and services are provided by ACE Insurance underwriting companies and not by the parent company itself.

This information is a brief description of the important features of the proposed insurance plan underwritten by ACE American Insurance Company. It is not a contract of insurance and may be subject to change based on the underwriting requirements of the company.

# Protection for you and your campers.

## Why do you need this Camp Insurance Program?

According to the National Safety Council, over 2,300 disabling injuries occur every hour in the U.S. No matter how careful you are in trying to safeguard the campers and staff who participate in your program, accidents do happen. And when they do, you want to be able to respond with an insurance program that is designed to fit your needs. Many camps purchase this type of insurance to help them to limit their general liability exposure and comply with any applicable code requirements.

ACE USA Accident and Health has worked with the North American Division of the Seventh Day Adventists to provide you with a variety of plan options for your camp – whether you are a day camp or resident camp.

Highlights of the Program include:

- Accident Death and Dismemberment benefits up to \$7,500
- Catastrophic Accident Cash Benefits up to \$50,000
- Accident Medical Expense Benefits up to \$5,000
- Optional Sickness Medical Expense Benefits up to \$2,500
- Valuable Campers' Assistance Services available on a 24-hour basis anywhere in the world

### Benefits & Features

We will pay the benefits described in this brochure if a covered person suffers a loss or incurs a covered expense as the direct result of a Covered Accident or Sickness while on the premises of a Participating Camp during normal business hours of operations or at some other time, if the covered person is attending or participating in an activity sponsored by the Participating Camp at its scheduled site.

Coverage includes travel without deviation or interruption between home and the site of the covered activity. Travel time will include up to 48 hours prior to the covered person's schedule time of arrival at the camp and up to 48 hours after the activity ends.

### Eligibility

All enrolled campers, camp counselors and camp directors of a Participating Camp are eligible for coverage. No coverage is available for dependents.

### When does coverage go into effect?

Insurance for an eligible individual is effective on the latest of the Participating Camp's effective date, the date he or she becomes eligible, or the date the required premium for this coverage is paid to the Company.

### When does coverage terminate?

A covered person's insurance will end on the earliest of the date the policy terminates; the period ends for which premium is paid; or the date he or she is no longer participating in the Participating Camp's sponsored activities.

# Benefits at a Glance

## Rates

\$425.00 minimum and deposit per camp for the Policy Term, subject to the following rates:

|         |                            |
|---------|----------------------------|
| Plan 1: | \$2.30 per person per week |
| Plan 2: | \$2.55 per person per week |
| Plan 3: | \$2.80 per person per week |
| Plan 4: | \$5.20 per person per week |
| Plan 5: | \$3.10 per person per week |
| Plan 6: | \$5.75 per person per week |

## Aggregate Limit

Benefit Maximum: \$250,000

We will not pay more than \$250,000 for all losses per Covered Accident. If the total losses from any one Covered Accident exceed this amount the benefits payable to each person with a valid claim will be reduced proportionately.

| Day Campers  |          |          |
|--|----------|----------|
| Benefit  | Plan 1   | Plan 2   |
| <b>Accidental Death &amp; Dismemberment Benefits</b> |          |          |
| Principal Sum  | \$7,500  | \$7,500  |
| Time Period for Accident                             | 180 days | 180 days |
| <b>Catastrophic Accident Cash Benefits</b>           |          |          |
| Principal Sum  | \$50,000 | \$50,000 |
| Time Period for Accident                             | 180 days | 180 days |
| <b>Accident Medical Expense Benefits</b>             |          |          |
| Benefit Maximum                                      | \$3,500  | \$5,000  |
| Maximum Benefit Period                               | 180 days | 180 days |
| Deductible   | \$25     | \$25     |
| Dental Maximum per Tooth                             | \$250    | \$250    |
| Dental Maximum                                       | \$3,500  | \$3,500  |

| Resident Campers                                     |          |   |          |   |
|--|----------|---|----------|---|
| Benefit  | Plan 3   | Plan 4                                  | Plan 5   | Plan 6                                  |
| <b>Accidental Death &amp; Dismemberment Benefits</b> |          |   |          |   |
| Principal Sum  | \$7,500  | \$7,500                                 | \$7,500  | \$7,500                                 |
| Time Period for Accident                             | 180 days | 180 days                                | 180 days | 180 days                                |
| <b>Catastrophic Accident Cash Benefits</b>           |          |   |          |   |
| Principal Sum  | \$50,000 | \$50,000                                | \$50,000 | \$50,000                                |
| Time Period for Accident                             | 180 days | 180 days                                | 180 days | 180 days                                |
| <b>Accident Medical Expense Benefits</b>             |          |   |          |   |
| Benefit Maximum                                      | \$3,500  | \$3,500                                 | \$5,000  | \$5,000                                 |
| Maximum Benefit Period                               | 180 days | 180 days                                | 180 days | 180 days                                |
| Deductible   | \$25     | \$25                                    | \$25     | \$25                                    |
| Dental Maximum per Tooth                             | \$250    | \$250                                   | \$250    | \$250                                   |
| Dental Maximum                                       | \$3,500  | \$3,500                                 | \$3,500  | \$5,000                                 |
| <b>Sickness Benefit</b>                              |          |   |          |   |
| Benefit Maximum                                      |          | \$1,000                                 |          | \$2,500                                 |
| Maximum Benefit Period                               |          | 365 days                                |          | 365 days                                |
| Incurral Period                                      |          | 180 days                                |          | 180 days                                |
| Deductible   |          | \$25/covered sickness                   |          | \$25/covered sickness                   |
| Co-insurance Rate                                    |          | 100% of the usual and customary charges |          | 100% of the usual and customary charges |
| Maximum Period of Coverage                           |          | 365 days                                |          | 365 days                                |

# Benefit Descriptions

## Accidental Death & Dismemberment Benefits

We will pay benefits if a covered person is injured in a Covered Accident and suffers one of the losses shown below within 180 days of a Covered Accident. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same accident.

| Covered Loss                            | Benefit Amount            |
|---|---------------------------|
| Life                                    | 100% of the Principal Sum |
| Two or more Members                     |                           |
| One Member                              | 50% of the Principal Sum  |
| Thumb and Index Finger of the Same Hand | 25% of the Principal Sum  |

“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 and cannot be corrected by any 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 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.

## Catastrophic Accident Cash Benefits

We will pay benefits if a covered person is injured in a Covered Accident and suffers one of the losses shown below within 180 days of a Covered Accident. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same accident.

| Covered Loss | Benefit Amount            |
|--------------|---------------------------|
| Coma         | 100% of the Principal Sum |
| Quadriplegia |                           |
| Hemiplegia   |                           |
| Paraplegia   |                           |
| Uniplegia    | 50% of the Principal Sum  |

A person is deemed “Comatose” or in a “Coma” if he or she is in a profound stupor or state of complete and total unconsciousness, as the result directly and independently of all other causes, of a Covered Accident and remains in a coma for at least 31 days. “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. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “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.

# Benefit Descriptions

## Accident Medical Expense Benefits

We will pay benefits based on the Plan elected by a Participating Camp if a covered person's Injury from a Covered Accident results in the incurral of any of the covered expenses listed below. These benefits are only payable for the usual and customary charges incurred after the deductible is met for Medically Necessary expenses the covered person receives, provided the first expense is incurred no later than 180 days after the date of the Covered Accident. Benefits are payable for up to 52 weeks from the date of the accident.

Covered expenses include:

- Hospital Room and Board Expenses
- Ancillary Hospital Expenses
- Medical Emergency Care Expenses
- Outpatient Surgical Room and Supply Expenses
- Outpatient Diagnostic X-rays, Laboratory
- Procedures and Tests
- Doctor Non-Surgical Treatment Examination Expenses
- Doctor's Surgical Expenses
- Assistant Surgeon Expenses
- Anesthesiologist Expenses
- Outpatient Laboratory Test Expenses
- Physiotherapy Expenses
- X-ray Expenses
- Diagnostic Imaging Expenses
- Dental Expenses
- Ambulance Expenses
- Rehabilitative Braces Expenses
- Prescription Drug Expenses
- Medical Equipment Rental Expenses
- Medical Services and Supplies Expenses
- Home Health Care Expenses

## Sickness Benefits

We will pay benefits if a covered person is treated by a doctor and incurs medical expenses for Sickness while participating in a covered activity. These benefits are only payable for the usual and customary charges incurred after the deductible is met for Medically Necessary expenses the covered person receives, provided the first expense is incurred no later than 180 days after the date of the Covered Accident. Benefits are payable for up to 52 weeks from the date of the accident.

Covered expenses include:

- Hospital Room and Board Expenses
- Ancillary Hospital Expenses
- Medical Emergency Care Expenses
- Daily Intensive Care Unit Expenses
- Registered Nurse Services
- Outpatient Surgical Room and Supply Expenses
- Outpatient Diagnostic X-rays, Laboratory Procedures and Tests
- Doctor Non-Surgical Treatment Examination Expenses
- Doctor's Surgical Expenses
- Assistant Surgeon Expenses
- Anesthesiologist Expenses
- Physiotherapy Expenses
- Ambulance Expenses
- Rehabilitative Braces Expenses
- Medical Equipment Rental Expenses
- Medical Services and Supplies Expenses
- Extended Care Facility Expenses
- Mental and Nervous Disorders Expenses
- Prescription Drug Expenses
- Rehabilitation Care Facility Expenses
- Second Surgical Opinion Expenses
- Home Health Care Expenses

# Additional Information

## 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.

**“Injury”** means accidental bodily harm sustained by you that results directly and independently from all other causes from a Covered Accident. The Injury must be caused through 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.

**“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, at Our discretion, consider the cost of the alternative to be the covered expense.

**“Sickness”** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under the Sickness Benefit Rider. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**“We”, “Our”, “Us”** means the insurance company underwriting this insurance or its authorized agent.

## Campers' Assistance Program

A covered person traveling at 100 miles from home will be able to reach the multilingual Worldwide Assistance Coordination Center - by calling the toll-free number or by direct call, telex or fax – 24 hours a day, 365 days a year to confirm coverage and obtain access to available services.

Travel assistance services are provided by Worldwide Assistance Services, Inc. and are not insured benefits. Worldwide Assistance Services, Inc. is under contract with ACE American Insurance Company to provide the assistance services to individuals insured under this insurance program. The following is a brief summary of services:

### Emergency Medical Services

- Medical Referrals
- Medical Monitoring
- Emergency Medical Transport
- Repatriation of Remains
- Emergency Medical Payments
- Hospital Admission Deposit
- Replacement of Medication

### Emergency Travel Services

- Emergency Travel Arrangements
- Emergency Cash
- Legal Assistance/Bail
- Location of Lost Items
- Interpretation/Translation

### Pre-Trip Information Services

- Visa, Passport and Inoculation Requirements
- Cultural Information
- Temperature and Weather Conditions
- Embassy and Consular Referrals
- Foreign Exchange Rates
- Travel Advisories

## If You Have Questions

about billing or premium, contact:

**Grazyna Dabrowska**

Adventist Risk Management Personal Risk Services

Phone: 301.680.6932

Fax: 301.680.6937

Email: GDabrowska@adventistrisk.org

To request coverage, complete the enclosed application and return to:

**Gencon Insurance Services, Inc.**

12501 Old Columbia Pike  
Silver Springs, MD 20904

## What's Not Covered?

We will not pay benefits for any loss or Injury or expense 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.
- active duty service in the military, naval or air force of any country or international organization.
- piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline
- commission of, or attempt to commit, a felony.
- Injury that occurs while the covered person is legally intoxicated or while under the influence of any drug unless administered under the advice and consent of a doctor.
- Treatment by persons employed or retained by a Participating Camp, or by any family member or member of the covered person's household.
- Injury or Sickness 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 Participating Camps
- Voluntary or elective abortion; Cosmetic or elective surgery or treatment, 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, hearing aids, prescriptions, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- Participation in any activity or hazard not specifically covered by the Policy.
- Any treatment, service or supply not specifically covered by the Policy.
- Conditions that are not caused by a Covered Accident or Sickness.

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:

- 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, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), 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.
- Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
- Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).

In addition, we will not pay Sickness Medical Expense Benefits 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.
- Congenital birth defects.
- Routine physical examinations and dental care.