

CHUBB®

Participant Accident Insurance

Designed for:

**Participating Camps of the North American Division
of the Seventh-day Adventists**

Underwritten by ACE American Insurance Company





Protection for you and your campers

Why do you need this Camp Insurance Program?

Motor vehicle accidents, accidents around the home or on the job, and other “accidental means” contribute to making accidental bodily injuries a leading cause of death in the United States. 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 limit their general liability exposure and comply with any applicable code requirements.

Chubb NA 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.

Benefits & Features

This plan offers protection against covered accidents and sickness that occur while attending or traveling to and from a participating camp. 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 scheduled 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.

Highlights

- Accidental Death and Dismemberment benefits, up to \$10,000
- Catastrophic Accident Cash Benefits, up to \$50,000
- Accident Medical Expense benefits, up to \$5,000
- Optional Sickness Medical Expense Benefits, up to \$2,000
- Valuable Campers’ Assistance Services available on a 24-hour basis anywhere in the world

Benefits at a Glance

Rates

\$275.00 minimum and deposit per camp for the Policy Term, subject to the following rates:

Plan 1	Plan 2	Plan 3
\$3.06 per person per week	\$5.73 per person per week	\$7.11 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
Accidental Death & Dismemberment Benefits	
Principal Sum	\$10,000
Time Period for Accident	180 days
Catastrophic Accident Cash Benefits	
Principal Sum	\$50,000
Time Period for Accident	180 days
Accident Medical Expense Benefits	
Benefit Maximum	\$5,000
Maximum Benefit Period	180 days
Deductible	\$0
Dental Maximum per Tooth	\$500
Dental Maximum	\$3,500

Resident Campers		
Benefit	Plan 2	Plan 3
Accidental Death & Dismemberment Benefits		
Principal Sum	\$10,000	\$10,000
Time Period for Accident: 180 days	180 days	180 days
Catastrophic Accident Cash Benefits		
Principal Sum	\$50,000	\$50,000
Time Period for Accident	180 days	180 days
Accident Medical Expense Benefits		
Benefit Maximum	\$3,500	\$5,000
Maximum Benefit Period	180 days	180 days
Deductible	\$0	\$0
Dental Maximum per Tooth	\$500	\$500
Dental Maximum	\$3,500	\$5,000
Sickness Benefit		
Benefit Maximum		\$2,000
Maximum Benefit Period		365 days
Incurral Period		180 days
Deductible (per covered sickness)	N/A	\$0
Co-insurance Rate		100%
Maximum Period of Coverage		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 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 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	50% of the Principal Sum
Uniplegia	

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.

When Coverage Begins and Ends

Coverage begins on the later of the policy effective date or the date you become eligible.

Coverage will end on the earliest of the date the policy terminates, the date you are no longer eligible, or the end of the period for which premium is paid.

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 180 days from the date of the accident.

Covered expenses include:

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

Sickness Benefits

If sickness benefits are part of the plan elected, 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:

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



Additional Information



Definitions

“Covered Accident” means an accident that occurs for a Covered Person 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 a Covered Person that results directly and independently from all other causes, except terrorism, 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, 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

In addition to your Accident Insurance, you will have 24-hour access to multilingual service centers in over 30 locations around the world if you are traveling more than 100 miles from your permanent residence and need access to travel assistance.

These services include:

- Medical Assistance, including referral to a doctor or medical specialist; medical monitoring when you are hospitalized; emergency medical evacuation to an adequate facility; medically necessary repatriation; and return of mortal remains.
- Personal Assistance, including pre-trip medical referral information and while you are on a trip: emergency medication; embassy and consular information; lost document assistance; emergency message transmission; emergency cash advance; emergency referral to a lawyer, translator, or interpreter access; medical benefits verification; and medical claims assistance.
- Travel Assistance, including emergency travel arrangements; arrangements for the return of your traveling companion or dependents; and vehicle return.
- Security Assistance, including a crisis hotline and on-the-ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location-based risk intelligence.

If You Have Questions about billing or premium, contact your Account Executive

To request coverage:

Complete the enclosed application and return to:

Adventist Risk Management, Inc.
Personal Risk Services
12501 Old Columbia Pike
Silver Springs, MD 20904

What's Not Covered?

We will not pay benefits for any loss, Injury, or expense (except as provided by the Policy) 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 service in the military, naval, or air force of any country or international organization
- Sickness, disease, bodily, or mental infirmity, bacterial or viral infection or medical 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 crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline
- The Covered Person's commission of, or attempt to commit, a felony
- Injury that occurs while the Covered Person is legally intoxicated (as determined by that state's law) or while under the influence of any drug unless administered under the advice and consent of a Doctor

In addition to the exclusions above, We will not pay Accident Medical Expense Benefits (except as provided by the Policy) for any loss, treatment, or services resulting from or contributed to by:

- Treatment by persons employed or retained by a Participating Camps, 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, hernia, 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
- Expense 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 Participating Camps

- 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, wheelchairs, braces, appliances, 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 in 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, 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
- Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation
- 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, or 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

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

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This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law.

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