

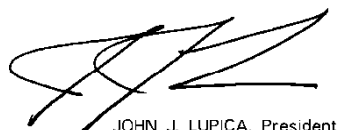
# Blanket Student Accident Insurance Policy

**POLICYHOLDER:** EAGLE POINT SCHOOL DISTRICT #9  
**POLICY NUMBER:** SDA N00109186 - 52690  
**POLICY EFFECTIVE DATE:** 5/1/2022  
**POLICY TERM:** 5/1/2022 to 9/30/2023s  
**STATE OF DELIVERY:** Oregon

This policy takes effect at 12:01 a.m. on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 11:59 p.m. on the last day of the Policy Term.

This Policy is governed by the laws of Oregon.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

**THIS IS A BLANKET ACCIDENT INSURANCE POLICY. IT PAYS BENEFITS FOR SPECIFIC  
LOSSES FROM ACCIDENT ONLY.  
BENEFITS ARE NOT PAID FOR LOSS DUE TO SICKNESS.  
PLEASE READ THE POLICY CAREFULLY.**

**TABLE OF CONTENTS**

<b>SECTION</b>	<b>PAGE</b>
SCHEDULE OF BENEFITS .....	3
DEFINITIONS .....	12
ELIGIBILITY FOR INSURANCE .....	14
EFFECTIVE DATE OF INSURANCE .....	14
TERMINATION DATE OF INSURANCE .....	14
DESCRIPTION OF BENEFITS .....	14
Accidental Death and Dismemberment Benefits.....	14
Accident Medical Expenses Benefits .....	15
Additional Benefits.....	16
COVERAGE DESCRIPTIONS .....	18
SCOPE OF COVERAGE .....	23
EXCLUSIONS.....	23
CLAIM PROVISIONS.....	24
ADMINISTRATIVE PROVISIONS .....	26
GENERAL PROVISIONS.....	26

## SCHEDULE OF BENEFITS

**PREMIUM DUE DATE:** On or before the Policy Effective Date

### **CLASSES OF ELIGIBLE PERSONS:**

Class 1	Pre-School Students
Class 2	Kindergarten Students
Class 3	Students Grade 1 through 8
Class 4	Students Grade 9 through 12
Class 5	Full-time Employees and Faculty
Class 6	Students enrolled in special education courses

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.

---

### **ELIGIBILITY WAITING PERIOD:**

None

#### Coverage Description

#### Eligible Classes

School-Time Accident-Only Coverage Including Interscholastic Athletics	1, 2, 3, 4, 6
Voluntary Interscholastic Tackle Football Coverage	4
Limited Activities and Competitors Coverage	1, 2, 3, 4, 6

**\*School Coverage:** while the Insured Person is participating in or attending any School Activities, including interscholastic athletic activities and non-contact spring football; however, excluding practice or play of interscholastic high school tackle football.

**“School Activity”** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

### **I. COVERAGES: SCHOOL-TIME ACCIDENT ONLY COVERAGE, VOLUNTARY INTERSCHOLASTIC TACKLE FOOTBALL COVERAGE**

#### **A. Accident Medical Expense Benefit**

**Scope of Coverage:** Full Excess

**Time Period for Loss:** 104 weeks

<u>Coverage:</u>	<u>Up to the Maximum Benefit Amount show below:</u>		
	<u>High Option Option</u>	<u>Mid Option</u>	<u>Low</u>
<b>School Time Accident Only</b>	\$50,000	\$50,000	\$25,000
<b>Interscholastic Tackle Football</b>	\$50,000	\$50,000	\$25,000
<b>Deductible per Covered Accident</b>	\$0	\$0	\$0

The benefits payable are defined in the Description of Benefits provision of the Policy. Benefits are payable on the following basis: Full Excess. All benefits payable are subject to any Deductible and Coinsurance Rate that applies. We will not pay benefits in excess of the Usual and Customary Charges for the treatment, services, or supplies rendered.

If the Insured is diagnosed with a concussion as a result of an injury received while participating in a Covered Activity, and the Insured is prohibited from participating in Interscholastic Sports as a result of the School's formal concussion protocol, benefits for the treatment of that concussion will be paid at 100% of the Usual, and Customary charges with no deductible, subject to all other terms and conditions of the Plan.

### **High Option Plan**

#### **Maximum Amounts for Specific Covered Expenses for High Option**

Deductible per Covered Accident	\$0
Hospital Room & Board (per day) – <i>Limited to Semi-Private Room Rate</i>	100% of Usual & Customary Charges
Inpatient Hospital Miscellaneous Charges	up to \$1,600 per day
Intensive Care Unit	up to \$2,500 per day
Hospital Emergency Room (room & supplies) – Limited to expenses incurred within 72 hours of an Injury	100% * of Usual & Customary Charges
Emergency Room Physician Services	100% * of Usual & Customary Charges
Outpatient Surgical (Room & Supplies)	up to \$1,500 per Covered Accident
Doctor's Non-Surgical Expenses – Excluded Physical Therapy, Including Consultation (when Referred by attending Doctor)	\$70 First Visit \$5 Each Follow Up \$250 Consultation

### **Maximum Amounts for Specific Covered Expenses for High Option**

Doctor's Surgical Expenses	90% of Usual & Customary Charges to Maximum Benefit of \$12,000 per Covered Accident
Assistant Surgeon Expenses (percentage of surgeon's allowance)	25% of the surgical allowance
Anesthesiologist's Services (percentage of surgeon's allowance)	25% of the surgical allowance
Physiotherapy – For each treatment when prescribed by a Doctor, including related office visits.	\$60 per visit to Maximum Benefit of \$700 per Covered Accident
X-Ray Examinations (includes reading)	90% of Usual & Customary Charges to Maximum Benefit of \$500 per Covered Accident
Diagnostic Imaging, MRI, Cat Scan Expenses	80% of Usual & Customary Charges to Maximum Benefit of \$1000 per Covered Accident
Laboratory Procedures	100% of Usual & Customary Charges
Registered Nurse Services	100% of Usual & Customary Charges
Rehabilitative Braces and Appliances	100% of Usual & Customary Charges
Ambulance Expenses – Limited to travel from site of Covered Accident directly to Hospital.	100% of Usual & Customary Charges
Durable Medical Equipment	100% of Usual & Customary Charges to Maximum Benefit of \$800
Outpatient Prescription Drugs – Injury only.	100% of Usual & Customary Charges
Dental Expenses – Injury to whole, sound and natural teeth due to a Covered Accident.	90% of Usual & Customary Charges
Eyeglasses – Limited to the replacement of broken eyeglass frames or lenses resulting from a Covered Accident requiring medical treatment.	100% of Usual & Customary Charges up to Maximum Benefit of \$750
Aggravations or Re-Injury of an Injury – Occurring prior to the Insured's Effective Date of Coverage	\$500 Maximum Benefit per Policy Term

## **Mid Option Plan**

### **Maximum Amounts for Specific Covered Expenses for Mid Option**

Deductible per Covered Accident	\$0
Hospital Room & Board (per day) – <i>Limited to Semi-Private Room Rate</i>	80% of Usual & Customary Charges
Inpatient Hospital Miscellaneous Charges	Up to \$900 per day
Intensive Care Unit	Up to \$1,800 per day
Hospital Emergency Room (room & supplies) – Limited to expenses incurred within 72 hours of an Injury	100% of Usual & Customary Charges
Emergency Room Physician Services	100% of Usual & Customary Charges
Outpatient Surgical (Room & Supplies)	Up to \$900 per Covered Accident
Doctor's Non-Surgical Expenses – Excluded Physical Therapy, Including Consultation (when Referred by attending Doctor)	Up to \$55 First Visit \$40 Each Follow Up \$200 Consultation
Doctor's Surgical Expenses	70% of Usual & Customary Charges to Maximum Benefit of \$12,000 per Covered Accident
Assistant Surgeon Expenses (percentage of surgeon's allowance)	25% of the surgical allowance

**Maximum Amounts for Specific Covered Expenses for Mid Option**

Anesthesiologist's Services (percentage of surgeon's allowance)	25% of the surgical allowance
Physiotherapy – For each treatment when prescribed by a Doctor, including related office visits.	Up to \$45 per visit to Maximum Benefit of \$600 per Covered Accident
X-Ray Examinations (includes reading)	70% of Usual & Customary Charges to Maximum Benefit of \$500 per Covered Accident
Diagnostic Imaging, MRI, Cat Scan Expenses	80% of Usual & Customary Charges to Maximum Benefit of \$700 per Covered Accident
Laboratory Procedures	80% of Usual & Customary Charges
Registered Nurse Services	80% of Usual & Customary Charges
Rehabilitative Braces and Appliances	80% of Usual & Customary Charges
Ambulance Expenses – Limited to travel from site of Covered Accident directly to Hospital.	100% of Usual & Customary Charges
Durable Medical Equipment	80% of Usual & Customary Charges to Maximum Benefit of \$600

**Maximum Amounts for Specific Covered Expenses for Mid Option**

Outpatient Prescription Drugs – Injury only.	80% of Usual & Customary Charges
Dental Expenses – Injury to whole, sound and natural teeth due to a Covered Accident.	90% of Usual & Customary Charges
Eyeglasses – Limited to the replacement of broken eyeglass frames or lenses resulting from a Covered Accident requiring medical treatment.	100% of Usual & Customary Charges up to Maximum Benefit of \$750
Aggravations or Re-Injury of an Injury – Occurring prior to the Insured’s Effective Date of Coverage	\$500 Maximum Benefit per Policy Term

**Low Option Plan**

**Maximum Amounts for Specific Covered Expenses for Low Option**

Deductible per Covered Accident	\$0
Hospital Room & Board (per day) – <i>Limited to Semi-Private Room Rate</i>	60% of Usual & Customary Charges
Inpatient Hospital Miscellaneous Charges	Up to \$600 per day
Intensive Care Unit	Up to \$1,500 per day
Hospital Emergency Room (room & supplies) – Limited to expenses incurred within 72 hours of an Injury	100% of Usual & Customary Charges
Emergency Room Physician Services	100% of Usual & Customary Charges
Outpatient Surgical (Room & Supplies)	Up to \$600 per Covered Accident
Doctor’s Non-Surgical Expenses – Excluded Physical Therapy, Including Consultation (when Referred by attending Doctor)	Up to \$50 First Visit \$35 Each Follow Up \$175 Consultation
Doctor’s Surgical Expenses	50% of Usual & Customary Charges to Maximum Benefit of \$12,000 per Covered Accident



**Maximum Amounts for Specific Covered Expenses for Low Option**

Assistant Surgeon Expenses (percentage of surgeon's allowance)	25% of the surgical allowance
Anesthesiologist's Services (percentage of surgeon's allowance)	25% of the surgical allowance
Physiotherapy – For each treatment when prescribed by a Doctor, including related office visits.	Up to \$40 per visit to Maximum Benefit of \$500 per Covered Accident
X-Ray Examinations (includes reading)	60% of Usual & Customary Charges to Maximum Benefit of \$500 per Covered Accident
Diagnostic Imaging, MRI, Cat Scan Expenses	80% of Usual & Customary Charges to Maximum Benefit of \$600 per Covered Accident
Laboratory Procedures	60% of Usual & Customary Charges
Registered Nurse Services	60% of Usual & Customary Charges
Rehabilitative Braces and Appliances	60% of Usual & Customary Charges
Ambulance Expenses – Limited to travel from site of Covered Accident directly to Hospital.	100% of Usual & Customary Charges
Durable Medical Equipment	60% of Usual & Customary Charges to Maximum Benefit of \$400
Outpatient Prescription Drugs – Injury only.	60% of Usual & Customary Charges
Dental Expenses – Injury to whole, sound and natural teeth due to a Covered Accident.	60% of Usual & Customary Charges
Eyeglasses – Limited to the replacement of broken eyeglass frames or lenses resulting from a Covered Accident requiring medical treatment.	100% of Usual & Customary Charges up to Maximum Benefit of \$750

**Maximum Amounts for Specific Covered Expenses for Low Option**

Aggravations or Re-Injury of an Injury – Occurring prior to the Insured’s Effective Date of Coverage \$500 Maximum Benefit per Policy Term

**Maximum Benefits:**

Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle:

Any vehicle that is not specifically excluded: up to \$25,000 per Covered Accident

School-time and high school tackle football injuries must be reported to the school within 72 hours of the date of Injury. The first physician’s visit must be within 180 days after the Accident.

**B. Accidental Death & Dismemberment Benefit:**

Coverage Options: School-Time Accident-Only Coverage Including Interscholastic Athletics, Voluntary Interscholastic Tackle Football Coverage

Principal Sum: \$10,000

Time Period for Accident: 365 days from the date of a Covered Accident

Covered Losses: Accidental Death, Dismemberment, Loss of Sight, Paralysis

**Special Counseling Benefit:**

Maximum Benefit Amount: up to \$5,000

## II. ADDITIONAL COVERAGE: LIMITED ACTIVITIES AND COMPETITORS COVERAGE

Option	Benefit Maximum	Coinsurance Rate for All Covered Expenses	Deductible
<b>Sponsored Activities for:</b>			
Interscholastic Sports Oversight Coverage	up to \$1,500 per Covered Accident	100% of Usual and Customary Charges	\$0
Non-competing Participants Coverage	up to up to \$1,500 per Covered Accident	100% of Usual and Customary Charges	\$0
One-Day School Field Trip Coverage	up to \$1,500 per Covered Accident	100% of Usual and Customary Charges	\$0
Blanket Accidental Death Coverage	\$2,500 per Covered Accident	100% of Usual and Customary Charges	\$0
Felonious Assault Coverage	up to \$1,500 per Covered Accident	100% of Usual and Customary Charges	\$0

### PREMIUM RATES:

Rate per Insured, per Term of Coverage (except as specified below).

<u>Coverage Descriptions</u>	<u>High Option</u>	<u>Mid Option</u>	<u>Low Option</u>
School-Time Accident-Only Coverage Including Interscholastic Athletics	\$110	\$93	\$71
Voluntary Interscholastic Tackle Football Coverage	\$434	\$325	\$244

**Premiums: The full premium must be included for the period of coverage selected. All premiums received by the Company will be considered fully earned and non-refundable.**

## DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

**“Covered Accident”** means an accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

**“Covered Activity”** means any activity that the Policyholder requires the Insured to attend, or that is under its supervision and control listed in the *Schedule of Benefits* and insured under the Policy.

**“Covered Expenses”** means expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by the Policy. 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.

**“Covered Loss”** or **“Covered Losses”** means an accidental death, dismemberment or other Injury covered under the Policy.

**“Covered Emergency Sickness”** means any Sickness that requires unscheduled medical treatment during a Covered Activity.

**“Covered Person”** means any eligible person that applies for coverage and for whom the required premium is paid.

**“Deductible”** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Covered Accident/Covered Emergency Sickness basis before benefits are payable under this Policy.

**“Doctor”** means a licensed health care provider, including a clinical social worker, a duly licensed and certified nurse practitioner, a physician’s assistant, a dentist, an optometrist 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. It will not include an Insured or a member of the Insured’s Immediate Family or household.

**“Hospital”** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provide organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

**“Hospital Confined”** means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

**“Immediate Family”** means a Covered Person’s parent, spouse, child, brother or sister or in-laws.

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

**“Insured”** means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. Insured may also be called a **“Covered Person”** or **“Insured Person”**.

**“Medical Emergency”** means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**“Medically Necessary”** means a treatment, service or supply that is: 1) required to treat an Injury; 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 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.

**“School”** means a facility recognized by governing laws that operates for the purpose of educating its students.

**“School Vehicle”** means a school bus or other vehicle operated and owned or leased by the School.

**“School Year”** means the time period indicated on the attached Participation Agreement to The Company.

**“Sickness”** means an illness, disease or condition that causes a loss for which an Insured incurs 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.

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

**ELIGIBILITY FOR INSURANCE**

Each person in one of the Classes of Eligible Persons shown in the *Schedule of Benefits* is eligible to be insured on the Policy Effective Date. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

**EFFECTIVE DATE OF INSURANCE**

An Eligible Person will be insured on the later of Policy Effective Date or the date he or she is eligible, if not required to contribute to the cost of this insurance.

Insurance for an Eligible Person who is required to contribute to the cost of this insurance during the enrollment period is effective on the later of the following dates:

- 1. the Policy Effective Date; or
- 2. 11:59 P.M. on the date We receive the completed enrollment form and required premium.

**TERMINATION DATE OF INSURANCE**

An Insured’s coverage will end on the earliest of:

- 1. the date the Policy terminates;
- 2. the date the Insured is no longer eligible; or
- 3. the date the period ends for which premium is paid.

**DESCRIPTION OF BENEFITS**

The following Provisions explain the benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

**A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

If Injury to the Insured results within the 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Life.....	100% of the Principal Sum
Quadriplegia .....	500% of the Principal Sum
Two or more Members.....	500% of the Principal Sum
Hemiplegia.....	500% of the Principal Sum
Paraplegia.....	500% of the Principal Sum
One Member.....	250% of the Principal Sum

“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 and Loss of Sight. “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. "Severance" means the complete separation and dismemberment of the part from the body.

## **B. ACCIDENT MEDICAL EXPENSE BENEFITS**

We will pay Accident Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Coinsurance Rates, Benefit Maximums and other terms or limits shown in the *Schedule of Benefits*.

Accident Medical Expense Benefits are only payable for those Medically Necessary Covered Expenses that the Insured receives.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

### Covered Medical Expenses

1. Hospital Room and Board Expenses: the daily room rate when an Insured is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
3. Daily Intensive Care Unit Expenses: the daily room rate when an Insured is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
4. Registered Nurse Services for private duty nursing while an Insured is Hospital Confined; these services must be ordered by a Doctor.
5. Hospital Emergency Room (room and supplies) Expenses: incurred within 72 hours of a Covered Accident.
6. Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
7. Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Doctor.
8. Doctor's Surgical Expenses for Covered Expenses charged for performing a surgical procedure. If an Injury requires multiple surgical procedures through the same incision, benefits will be paid as follows:
  - a) for the first procedure, the Usual and Customary Charges incurred, subject to benefit option shown in the Schedule of Benefits.
  - b) for the second procedure, 50% of the Usual and Customary Charges incurred, subject to the benefit option shown in the Schedule of Benefits.
  - c) for the third or more procedure, 25% of the Usual and Customary Charges incurred, subject to the benefit option shown in the Schedule of Benefits.

If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay the Usual and Customary Charges incurred as shown in the Schedule of Benefits.

9. Assistant Surgeon Expenses when Medically Necessary.
10. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
11. Outpatient Laboratory Test Expenses.
12. Physiotherapy Expenses on an inpatient or outpatient basis (as shown in the Schedule of Benefits).
13. X-ray Expenses (including reading charges) but not for dental X-rays.
14. Diagnostic Imaging Expenses: including Magnetic Resonance Imaging (MRI) and CAT Scan.
15. Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.
16. Ambulance Expenses for transportation from site of Covered Accident directly to the Hospital.
17. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
18. Prescription Drug Expenses (for injuries only) prescribed by a Doctor and administered on an outpatient basis.
19. Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
20. Expenses due to an aggravation or re-injury of an Injury that occurred prior to the Insured's Effective Date of Coverage.

## **C. ADDITIONAL BENEFITS**

### **Special Counseling Benefit**

We will pay the Special Counseling Benefit shown in the *Schedule of Benefits* for mental health counseling to assist an Insured in dealing with a Covered Loss if he or she:

1. suffers an Injury that results in a loss for which the Accidental Death and Dismemberment Benefit is payable; and
2. obtains mental health counseling.



## COVERAGE DESCRIPTIONS

We will pay benefits described in this Policy when an Insured suffers a loss or Injury as a result of a Covered Accident during one of the Covered Activities listed in the *Schedule of Benefits*. Unless otherwise specified, We pay benefits only once for any one Covered Accident, even if it is covered by more than one Coverage.

### **SCHOOL-TIME ACCIDENT ONLY COVERAGE INCLUDING INTERSCHOLASTIC ATHLETICS**

Effective Term: This coverage will begin with respect to an Insured Person on: the date described in the applicable provision titled Effective Date.

In the event that the first day of practice for School Activities begins prior to the effective date determined above, coverage will begin on the first day of practice if the Insured Person is participating in such activity. It ends on the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled Termination Date or at 11:59 P.M. on the closing date of regular classes in the current School Year, whichever is earlier. Coverage will be extended beyond the closing date of regular classes to the closing date of academic summer classes, if applicable.

Description of Hazards: The hazards against which insurance is provided while the Policy and this Coverage are in force are Injuries occurring to the Insured Person while:

1. on School premises:
  - a. during the hours and on the days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while the Insured Person is continuously on the School premises; or
  - b. during the hours or on the days when the School's regular classes are not in session and while the Insured Person is participating in or attending any School Activities including interscholastic athletic activities and non-contact spring football; however, excluding practice or play of interscholastic high school tackle football.
2. away from School premises (other than traveling) while the Insured Person is participating in or attending any School Activities.
  - a. traveling directly and without interruption to or from:
  - b. residence and School for regular attendance during the Policy Term; or
  - c. residence and School to participate in School Activities provided travel is arranged by and at the direction of the School.
  - d. traveling in School Vehicles at any time.

### **VOLUNTARY INTERSCHOLASTIC TACKLE FOOTBALL COVERAGE**

Effective Term: This coverage will begin with respect to an Insured Person on the date described in the applicable provision titled Effective Date. It ends on the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled Termination Date or at 11:59 P.M. of the closing date of regular classes for the current school year, whichever is earlier.

Description of Hazards: The hazards against which insurance is provided while the Policy and this Coverage are in force are Injuries occurring to the Insured Person, with regard to School Activities, while:

1. practicing or playing in interscholastic tackle football, including non-contact spring football practice;
2. traveling for football in a School Vehicle as a representative of the School and under the direct supervision of a full-time School employee and
3. participating in off-season training or conditioning programs.

Practice or play of football must be conducted under the regulations and jurisdiction of the applicable sports governing body. Summer conditioning and/or weight lifting programs are not covered.

### **LIMITED ACTIVITIES AND COMPETITORS' COVERAGE**

Applicability: This coverage will apply to an individual who is within the eligible class (applicable to this coverage) for the current School Year, provided that: (1) the School makes a diligent effort to distribute and promote the voluntary student accident plan to the parent/guardian of every student in the School; and (2) the School maintains a proper system of written waivers of student insurance.

Effective Term: This coverage will begin with respect to an Insured Person on the date described in the applicable provision titled Effective Date. It ends on the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled Termination Date or at 11:59 P.M. on the closing date of regular classes in the current School Year whichever is earlier.

Description of Hazards: The hazards against which insurance is provided while the Policy and this Coverage are in-force are as follows:

1. Non-Competing Participants: Injuries sustained by students of the School who have no coverage, while traveling in School Vehicles to and from an athletic event for which the student has been selected by the School to directly assist in the conduct of the athletic event. This Coverage applies only to those students participating in a non-competitive capacity as described in the State's Education Code.
2. Interscholastic Sports Oversight: Injuries sustained by a student athlete representing the School while participating in interscholastic athletics under the following conditions:
  - a. Student accident insurance was not purchased because the School inadvertently failed to offer the student accident plan to such student, and the School failed to inform the Parent/Legal Guardian of such student of relevant Education Code requirements concerning insurance; and,
  - b. The Parent/Legal Guardian of the student athlete did not submit a Waiver of Student Accident Insurance; and
  - c. The student athlete participated in interscholastic athletics without any health insurance coverage.
3. One-Day Field Trip: Injuries occurring to the Insured Person while attending or participating in School-sponsored, one-day field trips away from School, which are under

the direct and immediate supervision of the School including while traveling to and returning from such trips while being transported in a School Vehicle. Attending or participating in interscholastic athletic events is not covered.

4. **Blanket Accidental Death:** Accidental Death resulting from covered Injuries occurring to the Insured Person while attending School or participating in School Activities including while traveling to and returning from such Activities while being transported in a School Vehicle.
5. **Felonious Assault:** Required counseling resulting from a Felonious Assault which occurs while the Insured Person is:
  - a. at School during the School day while continuously on School premises (including Academic summer classroom sessions) and for up to one hour immediately before and one hour immediately after regularly scheduled classes.
  - b. attending or participating in School Activities, including all interscholastic athletics activities and non-contact spring football; however, excluding practice or play of interscholastic tackle football.
  - c. traveling in any School Vehicle.
  - d. traveling directly and without interruption, between home and School to attend regularly scheduled classes.
  - e. traveling directly and without interruption, between School and the site of School Activities; provided, that such travel has been arranged by and is at the direction of the School.

A Felonious Assault means an act of violence directed against an Insured Person, which results in a bodily Injury for which: (a) an Insured Person requires and seeks medical treatment; and (b) a written report from an authorized representative of the School is filed with the police within 24 hours of the assault.

The Company shall have the right to audit the records of the School to verify that all students have been offered student accident insurance and a proper system of signed waivers has been maintained as per the agreement between the School and The Company.

## **SCOPE OF COVERAGE**

### **Full Excess Benefits**

We pay Covered Expenses 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 other Health Care Plan.

## **EXCLUSIONS**

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.
3. war or any act of war, whether declared or not.

4. Participation in a riot or civil disorder or brawling, except in self-defense; commission of or attempt to commit a felony; violating or attempting to violate any duly enacted law.
5. Injury caused by, attributed to, or resulting from the Insured's being legally intoxicated as defined by the laws of the state in which the accident occurs or use of illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose proscribed by the Insured's doctor.
6. 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.

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. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. Practice or play in interscholastic high school tackle football (unless specifically covered under the Policy); intercollegiate sports; semi-professional sports; professional sports.
3. Injury or sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
4. Treatment, services or supplies provided by the School's infirmary or its employees, or Doctors who work for the School, or by any member of the Insured's Immediate Family.
5. Covered medical expenses for which the Insured would not be responsible for in the absence of this Policy. Any exclusion of benefits for expenses which the Insured is not legally required to pay does not apply to charges made by a Hospital owned or operated by the State of Oregon.
6. Mental and Nervous Disorders (except as provided in the Policy).
7. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle.
8. Treatment of detached retina (unless caused by an Injury), osteomyelitis, or pathological fractures or hernia.
9. Any expenses related to epilepsy, seizure disorder and congenital weakness.
10. Expenses payable by any automobile insurance policy without regard to fault.

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.

## **CLAIM PROVISIONS**

**Notice Of Claim:** A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. 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.

**Claim Forms:** Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

**Proof Of Loss:** Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given

within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with the Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Time Payment Of Claims:** Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

**Payment Of Claims:** If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary our records indicate the Insured designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following:

1. Spouse;
2. Children;
3. Parents;
4. Brothers and sisters

If there are no survivors in any of these classes, We will pay the Insured's estate.

All other benefits will be paid to the Insured. If the Insured is: (1) a minor; or (2) unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

**Payment for Ambulance Services:** Benefits for covered ambulance services are payable to the service provider. No benefits are payable to the Insured to the extent benefits for the same expenses are paid to the provider.

**Beneficiary:** The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

**Assignment:** At the request of the Insured or his or her parent or guardian, if the Insured is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

**Physical Examinations And Autopsy:** We have the right to have a Doctor of Our choice examine the Insured as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

**Legal Actions:** No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

**Facility of Payment:** Whenever payments that should have been made under this Policy are made by any other policy, We reserve the right to pay over to any plan making such other payments any amounts We determine are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under this Policy and, to the extent of such payments, We shall be fully discharged from liability under this Policy. In no event will We pay more than the benefits payable under this policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by Us.

## ADMINISTRATIVE PROVISIONS

**Premiums:** The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

**Payment of Premium:** The first Premium is due on or before the Policy Effective Date. After that, premiums will be due monthly unless We agree with the Policyholder on some other method of premium payment.

If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Policy Grace Period:** A Policy Grace Period of 31 will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

## GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy (including any endorsements or amendments), the signed application of the Policyholder, and any individual applications of Insureds, are the entire contract. Any statements made by the Policyholder or Insureds will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by our President or Secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

**Policy Effective Date And Termination Date:** The Policy begins on the Policy Effective Date at 12:01 a.m. at the address of the Policyholder where this Policy is delivered. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Policyholder. Either We or the Policyholder may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to the other party. This Policy may be terminated at any time by mutual written or authorized electronic/telephonic consent of the Policyholder and Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium due date if Premiums are not paid when due. Termination takes effect at 11:59 p.m. at the Policyholder's address on the date of termination.

**Clerical Error:** If a clerical error is made, it will not affect the insurance of any Insured. No error will continue the insurance of an Insured beyond the date it should end under the Policy terms.

**Examination Of Records And Audit:** We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within 2 years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

**Certificates Of Insurance:** Where it is required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

**Conformity With State Laws:** On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

**Not In Lieu Of Workers' Compensation:** This Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

**Subrogation:** We may recover any benefits paid under the Policy to the extent an Insured is paid for the same Injury by a third party, another insurer, or the Insured's uninsured motorists insurance. We may only be reimbursed to the amount of the Insured's recovery. Further, We have the right to offset future benefits payable to the Insured under the Policy against such recovery.

We may file a lien in an Insured's action against the third party and have a lien on any recovery that the Insured receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury, and that amount shall be deducted first from any recovery made by the Insured. We will not be responsible for the Insured's attorney's fees or other costs.

Upon request the Insured must complete the required forms and return them to Us or Our authorized agent. The Insured must cooperate fully with Us or Our representative in asserting its right to recover. The Insured will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Insured from any third party. If it is necessary for Us to institute legal action against the Insured for failure to repay Us, the Insured will be personally liable for all costs of collection, including reasonable attorneys' fees.



**CHUBB®**

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

## 24-Hour Dental Accident Benefit Rider

This Rider is made part of the Policy to which it is attached. It applies only to a Covered Accident that occurs on or after the Policy Effective Date. This form is subject to all of the terms, conditions, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

---

### SCHEDULE OF BENEFITS

#### COVERAGE OPTION

#### ELIGIBLE CLASSES

24-Hour Coverage for Dental Accident

1, 2, 3, 4, 6

#### **Dental Expense Benefit**

Benefit Maximum Amount:

up to \$75,000 per Covered Accident

Coinsurance Rate:

100% of the Usual and Customary Charges

#### **Premium Rates:**

Dental Expense (purchased alone)

\$16 per Insured

Dental Expense (purchased with any other coverage)

\$12 per Insured

### COVERAGE DESCRIPTION

#### **DENTAL ACCIDENT COVERAGE**

Effective Term: This coverage will begin with respect to an Insured Person on: (1) the date described in the applicable provision titled Effective Date. It ends on the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled Termination Date.

Description of Hazards: The hazards against which insurance is provided while the Policy and this Coverage are in force are injuries to teeth occurring to the Insured Person anywhere in the world 24 hours a day.

### DESCRIPTION OF BENEFIT

#### **Dental Expense Benefit**

We will pay Dental Expense Benefits for Covered Dental Services incurred by an Insured that result directly and from no other cause from, a Covered Accident. Benefits will be paid:

1. as long as the Dentist's visit occurs within 180 days after the date of the Covered Accident;  
and

2. if Covered Dental Services are rendered to an Insured within 365 days from the date of first treatment or service ;and

The Covered Dental Services are:

1. installation of crowns, caps, bridges and dentures.
2. replacement or repair of crowns and caps which existed prior to the Covered Accident.
3. oral surgery and endodontics.
4. examinations, diagnostic tests and dental x-rays.

Benefits will not be payable for:

1. aggravation or re-injury of an injury that occur prior to the Insured's effective date of coverage;
2. infection, except pyogenic through an accidental open wound; and
3. orthodontic treatment for any purpose, unless necessitated by a covered Injury, and repair or replacement of existing dentures and bridges or existing orthodontic equipment.

The benefit period may be extended each year for an additional year provided covered is secured prior to October 1, if the Insured remains enrolled in kindergarten through the twelfth grade. A written notice must be received by Us at the time of the Injury stating that further treatment will be deferred to a later date.

**Exclusions:**

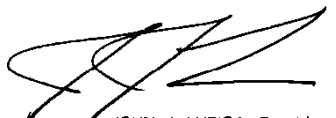
Exclusions that apply to this benefit are shown in the Exclusions section of the Policy.

However, the following Policy exclusions do not apply to the Dental Expense Benefit:

1. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle.
2. Practice or play in interscholastic high school tackle football (unless specifically covered under the Policy); intercollegiate sports; semi-professional sports; professional sports.

This form ends at the same time as the Policy to which it is attached. It is subject to all of the terms, limitations and conditions of the Policy, except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

## 24 Hour Accident Benefit Rider

This Rider is made part of the Policy to which it is attached. It applies only to a Covered Accident that occurs on or after the Policy Effective Date. This form is subject to all of the terms, conditions, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

### SCHEDULE OF BENEFITS

**COVERAGE OPTIONS**

24-Hour Accident Only Coverage

**ELIGIBLE CLASSES**

1, 2, 3, 4, 5, 6

**Accident Medical Expense Benefits payable up to the amounts shown below:**

Scope of Coverage: Full Excess

	<b>High Option</b>	<b>Mid Option</b>	<b>Low Option</b>
Maximum Benefit Amount	\$150,000	\$100,000	\$50,000
Co-Insurance Rate	100% of Usual and Customary Charges (except as specified below)		
Deductible	\$0	\$0	\$0
Time Period for Loss	104 weeks weeks	104 weeks	104

The benefits payable are defined in the Description of Benefits provision of the Policy. Benefits are payable on the following basis: Full Excess. All benefits payable are subject to any Deductible and Coinsurance Rate that applies. We will not pay benefits in excess of the Usual and Customary Charges for the treatment, services, or supplies rendered. If the Insured is diagnosed with a concussion as a result of an injury received while participating in a Covered Activity, and the Insured is prohibited from participating in Interscholastic Sports as a result of the School's formal concussion protocol, benefits for the treatment of that concussion will be paid at 100% of the Usual, and Customary charges with no deductible, subject to all other terms and conditions of the Plan.

**High Option Plan**

**Maximum Amounts for Specific Covered Expenses for High Option payable up the the amounts below:**

Deductible per Covered Accident	\$0
Hospital Room & Board (per day) – <i>Limited to Semi-Private Room Rate</i>	100% of Usual & Customary Charges

**Maximum Amounts for Specific Covered Expenses for High Option payable up the the amounts below:**

Inpatient Hospital Miscellaneous Charges	\$1,600 per day
Intensive Care Unit	\$2,500 per day
Hospital Emergency Room (room & supplies) – Limited to expenses incurred within 72 hours of an Injury	100% of Usual & Customary Charges
Emergency Room Physician Services	100% of Usual & Customary Charges
Outpatient Surgical (Room & Supplies)	\$1,500 per Covered Accident
Doctor's Non-Surgical Expenses – Excluded Physical Therapy, Including Consultation (when Referred by attending Doctor)	\$70 First Visit \$50 Each Follow Up \$250 Consultation
Doctor's Surgical Expenses	90% of Usual & Customary Charges to Maximum Benefit of \$12,000 per Covered Accident
Assistant Surgeon Expenses (percentage of surgeon's allowance)	25% of the surgical allowance
Anesthesiologist's Services (percentage of surgeon's allowance)	25% of the surgical allowance
Physiotherapy – For each treatment when prescribed by a Doctor, including related office visits.	\$60 per visit to Maximum Benefit of \$700 per Covered Accident
X-Ray Examinations (includes reading)	90% of Usual & Customary Charges to Maximum Benefit of \$500 per Covered Accident
Diagnostic Imaging, MRI, Cat Scan Expenses	80% of Usual & Customary Charges to Maximum Benefit of \$1000 per Covered Accident

**Maximum Amounts for Specific Covered Expenses for High Option payable up to the amounts below:**

Laboratory Procedures	100% of Usual & Customary Charges
Registered Nurse Services	100% of Usual & Customary Charges
Rehabilitative Braces and Appliances	100% of Usual & Customary Charges
Ambulance Expenses – Limited to travel from site of Covered Accident directly to Hospital.	100% of Usual & Customary Charges
Durable Medical Equipment	100% of Usual & Customary Charges to Maximum Benefit of \$800
Outpatient Prescription Drugs – Injury only.	100% of Usual & Customary Charges
Dental Expenses – Injury to whole, sound and natural teeth due to a Covered Accident.	90% of Usual & Customary Charges
Eyeglasses – Limited to the replacement of broken eyeglass frames or lenses resulting from a Covered Accident requiring medical treatment.	100% of Usual & Customary Charges up to Maximum Benefit of \$750
Aggravations or Re-Injury of an Injury – Occurring prior to the Insured's Effective Date of Coverage	\$500 Maximum Benefit per Policy Term

**Mid Option Plan**

**Maximum Amounts for Specific Covered Expenses for Mid Option payable up to the amounts below:**

Deductible per Covered Accident	\$0
Hospital Room & Board (per day) – <i>Limited to Semi-Private Room Rate</i>	80% of Usual & Customary Charges

**Maximum Amounts for Specific Covered Expenses for Mid Option payable up to the amounts below:**

Inpatient Hospital Miscellaneous Charges	\$900 per day
Intensive Care Unit	\$1,800 per day
Hospital Emergency Room (room & supplies) – Limited to expenses incurred within 72 hours of an Injury	100% of Usual & Customary Charges
Emergency Room Physician Services	100% of Usual & Customary Charges
Outpatient Surgical (Room & Supplies)	\$900 per Covered Accident
Doctor's Non-Surgical Expenses – Excluded Physical Therapy, Including Consultation (when Referred by attending Doctor)	\$55 First Visit \$40 Each Follow Up \$200 Consultation
Doctor's Surgical Expenses	70% of Usual & Customary Charges to Maximum Benefit of \$12,000 per Covered Accident
Assistant Surgeon Expenses (percentage of surgeon's allowance)	25% of the surgical allowance
Anesthesiologist's Services (percentage of surgeon's allowance)	25% of the surgical allowance
Physiotherapy – For each treatment when prescribed by a Doctor, including related office visits.	\$45 per visit to Maximum Benefit of \$600 per Covered Accident
X-Ray Examinations (includes reading)	70% of Usual & Customary Charges to Maximum Benefit of \$500 per Covered Accident
Diagnostic Imaging, MRI, Cat Scan Expenses	80% of Usual & Customary Charges to Maximum Benefit of \$700 per Covered Accident

**Maximum Amounts for Specific Covered Expenses for Mid Option payable up to the amounts below:**

Laboratory Procedures	80% of Usual & Customary Charges
Registered Nurse Services	80% of Usual & Customary Charges
Rehabilitative Braces and Appliances	80% of Usual & Customary Charges
Ambulance Expenses – Limited to travel from site of Covered Accident directly to Hospital.	100% of Usual & Customary Charges
Durable Medical Equipment	80% of Usual & Customary Charges to Maximum Benefit of \$600
Outpatient Prescription Drugs – Injury only.	80% of Usual & Customary Charges
Dental Expenses – Injury to whole, sound and natural teeth due to a Covered Accident.	80% of Usual & Customary Charges
Eyeglasses – Limited to the replacement of broken eyeglass frames or lenses resulting from a Covered Accident requiring medical treatment.	100% of Usual & Customary Charges up to Maximum Benefit of \$750
Aggravations or Re-Injury of an Injury – Occurring prior to the Insured's Effective Date of Coverage	\$500 Maximum Benefit per Policy Term

**Low Option Plan**

**Maximum Amounts for Specific Covered Expenses for Low Option payable up to the amounts shown below:**

Deductible per Covered Accident	\$0
Hospital Room & Board (per day) – <i>Limited to Semi-Private Room Rate</i>	60% of Usual & Customary Charges
Inpatient Hospital Miscellaneous Charges	\$600 per day

**Maximum Amounts for Specific Covered Expenses for Low Option payable up to the amounts shown below:**

Intensive Care Unit	\$1,500 per day
Hospital Emergency Room (room & supplies) – Limited to expenses incurred within 72 hours of an Injury	100% of Usual & Customary Charges
Emergency Room Physician Services	100% of Usual & Customary Charges
Outpatient Surgical (Room & Supplies)	\$600 per Covered Accident
Doctor's Non-Surgical Expenses – Excluded Physical Therapy, Including Consultation (when Referred by attending Doctor)	\$50 First Visit \$30 Each Follow Up \$175 Consultation
Doctor's Surgical Expenses	50% of Usual & Customary Charges to Maximum Benefit of \$12,000 per Covered Accident
Assistant Surgeon Expenses (percentage of surgeon's allowance)	25% of the surgical allowance
Anesthesiologist's Services (percentage of surgeon's allowance)	25% of the surgical allowance
Physiotherapy – For each treatment when prescribed by a Doctor, including related office visits.	\$40 per visit to Maximum Benefit of \$500 per Covered Accident
X-Ray Examinations (includes reading)	60% of Usual & Customary Charges to Maximum Benefit of \$500 per Covered Accident
Diagnostic Imaging, MRI, Cat Scan Expenses	80% of Usual & Customary Charges to Maximum Benefit of \$600 per Covered Accident
Laboratory Procedures	60% of Usual & Customary Charges



**Maximum Amounts for Specific Covered Expenses for Low Option payable up to the amounts shown below:**

Registered Nurse Services	60% of Usual & Customary Charges
Rehabilitative Braces and Appliances	60% of Usual & Customary Charges
Ambulance Expenses – Limited to travel from site of Covered Accident directly to Hospital.	100% of Usual & Customary Charges
Durable Medical Equipment	60% of Usual & Customary Charges to Maximum Benefit of \$400
Outpatient Prescription Drugs – Injury only.	60% of Usual & Customary Charges
Dental Expenses – Injury to whole, sound and natural teeth due to a Covered Accident.	60% of Usual & Customary Charges
Eyeglasses – Limited to the replacement of broken eyeglass frames or lenses resulting from a Covered Accident requiring medical treatment.	100% of Usual & Customary Charges up to Maximum Benefit of \$750
Aggravations or Re-Injury of an Injury – Occurring prior to the Insured's Effective Date of Coverage	\$500 Maximum Benefit per Policy Term

**Maximum Benefits:**

Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle:  
 Any vehicle that is not specifically excluded: up to \$25,000 per Covered Accident

**Accidental Death & Dismemberment Benefits**

Principal Sum:	\$10,000
Time Period for Loss:	365 days from the date of a Covered Accident
Covered Losses:	Accidental Death, Dismemberment, Loss of Sight, Paralysis

**Special Counseling Benefit:**

Maximum Benefit Amount: up to \$5,000

**Premium Rates:**

	<u>High Option</u>	<u>Mid Option</u>	<u>Low Option</u>
24-Hour Accident-Only	\$435	\$316	\$253

**COVERAGE DESCRIPTIONS**

We will pay benefits described in this Rider when an Insured suffers a loss or Injury as a result of a Covered Accident or Sickness during the Covered Activity listed in the *Schedule of Benefits*. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one Coverage.

**24-HOUR ACCIDENT ONLY COVERAGE**

Effective Term: This coverage will begin with respect to an Insured Person on the date described in the applicable provision titled Effective Date. It ends on the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled Termination Date or at 11:59 P.M. on the first day of regular classes in the next School Year, whichever is earlier.

Description of Hazards: The hazards against which insurance is provided while the Policy and this Coverage are in force are Injuries occurring to the Insured Person anywhere in the world, 24 hours a day excluding practice or play of interscholastic tackle football.

**DESCRIPTION OF BENEFITS**

**Accidental Death and Dismemberment Benefits**

If Injury to the Insured results within the 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life.....	100% of the Principal Sum
Quadriplegia .....	500% of the Principal Sum
Two or more Members .....	500% of the Principal Sum
Hemiplegia.....	500% of the Principal Sum
Paraplegia.....	500% of the Principal Sum
One Member .....	250% of the Principal Sum

“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 and Loss of Sight. “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. “Severance” means the complete separation and dismemberment of the part from the body.

**Accident Medical Expense Benefit**

We will pay Accident Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Coinsurance Rates, Benefit Maximums and other terms or limits shown in the *Schedule of Benefits*.

Accident Medical Expense Benefits are only payable for those Medically Necessary Covered Expenses that the Insured receives.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

### **Covered Medical Expenses**

1. Hospital Room and Board Expenses: the daily room rate when an Insured is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
3. Daily Intensive Care Unit Expenses: the daily room rate when an Insured is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
4. Registered Nurse Services for private duty nursing while an Insured is Hospital Confined; these services must be ordered by a Doctor.
5. Hospital Emergency Room (room and supplies) Expenses: incurred within 72 hours of a Covered Accident.
6. Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
7. Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Doctor.
8. Doctor's Surgical Expenses for Covered Expenses charged for performing a surgical procedure. If an Injury requires multiple surgical procedures through the same incision, benefits will be paid as follows:
  - a. for the first procedure, the Usual and Customary Charges incurred, subject to benefit option shown in the Schedule of Benefits.
  - b. for the second procedure, 50% of the Usual and Customary Charges incurred, subject to the benefit option shown in the Schedule of Benefits.
  - c. for the third or more procedure, 25% of the Usual and Customary Charges incurred, subject to the benefit option shown in the Schedule of Benefits.
9. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay the Usual and Customary Charges incurred as shown in the Schedule of Benefits.
10. Assistant Surgeon Expenses when Medically Necessary.
11. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
12. Outpatient Laboratory Test Expenses.
13. Physiotherapy Expenses on an inpatient or outpatient basis (as shown in the Schedule of Benefits).
14. X-ray Expenses (including reading charges) but not for dental X-rays.

15. Diagnostic Imaging Expenses: including Magnetic Resonance Imaging (MRI) and CAT Scan.
16. Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.
17. Ambulance Expenses for transportation from site of Covered Accident directly to the Hospital.
18. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
19. Prescription Drug Expenses (for injuries only) prescribed by a Doctor and administered on an outpatient basis.
20. Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
21. Expenses due to an aggravation or re-injury of an Injury that occurred prior to the Insured's Effective Date of Coverage.

### **Special Counseling Benefit**

We will pay the Special Counseling Benefit shown in the *Schedule of Benefits* for mental health counseling to assist an Insured in dealing with a Covered Loss if he or she:

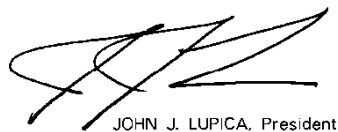
1. suffers an Injury that results in a loss for which the Accidental Death and Dismemberment Benefit is payable; and
2. obtains mental health counseling.

### Exclusions

Exclusions that apply to this Benefit are in the Exclusions section of the Policy.

This form ends at the same time as the Policy to which it is attached. It is subject to all of the terms, limitations and conditions of the Policy, except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary



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

## 24 Hour Accident and Sickness Benefit Rider

This Rider is made part of the Policy to which it is attached. It applies only to a Covered Sickness that occurs on or after the Policy Effective Date. This form is subject to all of the terms, conditions, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

### SCHEDULE OF BENEFITS

#### COVERAGE OPTIONS

24-Hour Accident & Sickness Coverage

#### ELIGIBLE CLASSES

1, 2, 3, 4, 6

#### PREMIUM RATES

First Payment  
\$239

BiMonthly  
\$388

The Initial payment covers the remainder of the month in which the Insured enrolls and the month following the month of enrollment. Subsequent payments cover two consecutive months at a time. All premiums received by the company will be considered fully earned and non-refundable.

#### **Accident Medical Expense Benefits**

Scope of Coverage: Full Excess

Maximum Benefit Amount:

Per Accident: up to \$200,000

Per Sickness: up to \$50,000

Time Period for Loss: 52 weeks

Deductible (per Occurrence): \$50

#### **Covered Expenses:**

Hospital Room & Board:  
Semi-Private Room

80% of Usual & Customary Charges

Inpatient Hospital Miscellaneous Expenses

80% of Usual & Customary Charges, up to Maximum Benefit of \$4,000 per day

Intensive Care Unit

80% of Usual & Customary Charges

Hospital Emergency Room (Room & Supplies) – Limited to expenses incurred within 72 hours of Injury

100% of Usual & Customary Charges.

Emergency Room Physician Services

100% of Usual & Customary Charges

Outpatient Surgical Room & Supplies

80% of Usual & Customary Charges, up to Maximum Benefit of \$5,000 per Covered Accident or Sickness.

Doctor's Non-surgical Expenses (excluding Physical Therapy, including Consultation, when referred by attending Doctor)

80% of Usual & Customary Charges.

Doctor's Surgical Expenses	80% of Usual & Customary Charges
Assistant Surgeon Expenses (percentage of surgeon's allowance)	80% of Usual & Customary Charges
Anesthesiologist Expenses	80% of Usual & Customary Charges
Physiotherapy Expenses – For each treatment when prescribed by a Doctor, including related office visits.	80% of Usual & Customary Charges, up to Maximum Benefit of \$2,000 per Covered Accident or Sickness
X-Ray Examinations (includes reading)	80% of Usual & Customary Charges
Diagnostic Imaging, MRI, CAT Scan	80% of Usual & Customary Charges
Laboratory Procedures	80% of Usual & Customary Charges
Registered Nurse Services	80% of Usual & Customary Charges
Rehabilitative Braces	80% of Usual & Customary Charges
Durable Medical Equipment	80% of Usual & Customary Charges, not to exceed Maximum Benefit of \$1,000 per Covered Accident or Sickness.
Outpatient Prescription Drugs – Injury only	80% of Usual & Customary Charges
Ambulance (from site of covered loss directly to Hospital)	80% of Usual & Customary Charges.
Dental Expenses - Injury to whole, sound and natural teeth due to a Covered Accident.	80% of Usual & Customary Charges.
Eyeglasses – Limited to the replacement of broken eyeglass frames or lenses resulting from a Covered Accident requiring medical treatment.	80% of Usual & Customary Charges up to \$750

Aggravations of Injuries which did not occur while the Insured Person is covered under the Policy are limited to a Maximum Benefit of \$500 per Policy Term.

Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a motor vehicle are limited to up to a \$25,000 Maximum Benefit.

**Accidental Death & Dismemberment Benefits**

Principal Sum:	\$10,000
Time Period for Loss:	365 days from the date of a Covered Accident
Covered Losses:	Accidental Death, Dismemberment, Loss of Sight, Paralysis

**Special Counseling Benefit:**

Maximum Benefit Amount:	up to \$5,000
-------------------------	---------------

**Emergency Medical Evacuation Benefit:**

Maximum Benefit Amount:  
per Covered Accident: up to \$10,000

**Repatriation of Remains Benefit:**

Maximum Benefit Amount  
per Covered Accident: up to \$10,000

**DEFINITION**

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

**COVERAGE DESCRIPTIONS**

We will pay benefits described in this Rider when an Insured suffers a loss or Injury as a result of a Covered Accident or Sickness during the Covered Activity listed in the *Schedule of Benefits*. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one Coverage.

**24-HOUR ACCIDENT ONLY COVERAGE**

Effective Term: This coverage will begin with respect to an Insured Person on the date described in the applicable provision titled Effective Date. It ends on the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled Termination Date.

Description of Hazards: The hazard against which insurance is provided while the Policy and this Coverage are in force are Injuries occurring to the Insured Person anywhere in the world, 24 hours a day excluding practice or play of interscholastic tackle football.

**24-HOUR SICKNESS ONLY COVERAGE**

Effective Term: This coverage will begin with respect to an Insured Person on the date described in the applicable provision titled Effective Date. It ends on the Coverage Expiration Date.

Coverage Expiration Date: The date described in the applicable provision titled Termination Date.

Description of Hazards: The hazard against which insurance is provided while the Policy and this Coverage is Sickness commencing to the Insured Person anywhere in the world, 24 hours a day. All Covered Expenses incurred as a result of the same or related cause (including any complications) will be considered as resulting from one Sickness.



## DESCRIPTION OF BENEFITS

The following provisions explain the benefits available under this Rider. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

### Accident Medical Expense Benefit

We will pay Accident Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Coinsurance Rates, Benefit Maximums and other terms or limits shown in the *Schedule of Benefits*.

Accident Medical Expense Benefits are only payable for those Medically Necessary Covered Expenses that the Insured receives. The first treatment must occur within 180 days of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges

### Covered Medical Expenses

1. Hospital Room and Board Expenses: the daily room rate when an Insured is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
3. Daily Intensive Care Unit Expenses: the daily room rate when an Insured is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
4. Registered Nurse Services for private duty nursing while an Insured is Hospital Confined; these services must be ordered by a Doctor.
5. Hospital Emergency Room (room and supplies) Expenses: incurred within 72 hours of a Covered Accident.
6. Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
7. Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Doctor.
8. Doctor's Surgical Expenses for Covered Expenses charged for performing a surgical procedure. If an Injury requires multiple surgical procedures through the same incision, benefits will be paid as follows:
  - a. for the first procedure, the Usual and Customary Charges incurred, subject to benefit option shown in the Schedule of Benefits.
  - b. for the second procedure, 50% of the Usual and Customary Charges incurred, subject to the benefit option shown in the Schedule of Benefits.
  - c. for the third or more procedure, 25% of the Usual and Customary Charges incurred, subject to the benefit option shown in the Schedule of Benefits.
9. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay the Usual and Customary Charges incurred as shown in the Schedule of Benefits.
10. Assistant Surgeon Expenses when Medically Necessary.

11. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
12. Outpatient Laboratory Test Expenses.
13. Physiotherapy Expenses on an inpatient or outpatient basis (as shown in the Schedule of Benefits).
14. X-ray Expenses (including reading charges) but not for dental X-rays.
15. Diagnostic Imaging Expenses: including Magnetic Resonance Imaging (MRI) and CAT Scan.
16. Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.
17. Ambulance Expenses for transportation from site of Covered Accident directly to the Hospital.
18. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
19. Prescription Drug Expenses (for injuries only) prescribed by a Doctor and administered on an outpatient basis.
20. Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
21. Expenses due to an aggravation or re-injury of an Injury that occurred prior to the Insured's Effective Date of Coverage.

### **Sickness Medical Expense Benefits**

We will pay the Covered Expenses as shown in the *Schedule of Benefits* if within the first 180 days of the first onset of a covered Sickness, an Insured requires treatment by a Doctor. We will pay the Usual and Customary Charges incurred for Medically Necessary Covered Expenses. Benefit payments are subject to the Deductibles, co-payments, Coinsurance Rates and Benefit Maximums, Aggregate Benefit Maximum, and Benefit Period, if any, shown in the *Schedule of Benefits*.

### **Covered Medical Expenses:**

Covered Expenses will be deemed "incurred" only when the service is provided and a charge is made to the Insured for the service. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

1. Hospital Room and Board Expenses (daily semi-private room rate when Hospital Confined and general nursing care provided and charged for by the Hospital).
2. Intensive Care Unit Room and Board charges.
3. Hospital Miscellaneous Expenses incurred while Hospital Confined or as a precondition for being Hospital Confined for services and supplies such as the cost of the operating room, laboratory tests, blood and blood transfusions, anesthesia and its administration, drugs (excluding take home drugs) or medicines, therapeutic services and supplies.

4. Doctor's Visits: Inpatient and outpatient doctor visits. Benefits are limited to one visit per day.
5. Surgeon's Fees: Physician's services for surgery. Payment for surgery will be made based upon the surgical schedule as specified in the *Schedule of Benefits*. If a Sickness requires multiple surgical procedures through the same incision, benefits will be paid as follows:
  - a) for the first procedure, the Usual and Customary Charges incurred, subject to benefit option shown in the *Schedule of Benefits*.
  - b) for the second procedure, {25%, 50%} of the Usual and Customary Charges incurred, subject to the benefit option shown in the *Schedule of Benefits*.
  - c) for the third or more procedure, {15%, 25%} of the Usual and Customary Charges incurred, subject to the benefit option shown in the *Schedule of Benefits*.
  - d) If multiple surgical procedures are performed during the same operative session, but through different incisions, The Company will pay the Usual and Customary Charges incurred as shown in the *Schedule of Benefits*.
6. Anesthetist Services: in connection with inpatient surgery.
7. Registered Nurse's Services: a) for private duty nursing care only; b) while Hospital Confined; and c) if it is ordered by a licensed Doctor.
8. Ambulance Service from the site of covered loss directly to the Hospital. Payment will be made to the service provider or the Insured and the provider jointly for transportation of an Insured during a Medical Emergency. No benefits are payable to the Insured to the extent benefits for the same expenses are paid to the provider.
9. Hospital Emergency Room treatment or services that is rendered within 72 hours from the time of first onset of Sickness including attending Doctor's charges, X-rays, laboratory procedures, injections, the use of the emergency room and supplies.
10. Physiotherapy on an inpatient or outpatient basis limited to one visit per day.
11. Diagnostic X-ray Services.
12. Outpatient Laboratory Procedures: Laboratory procedures are only those procedures identified in Doctor's Current Procedural Terminology.
13. Tests and Procedures: 1) diagnostic services and medical procedures; 2) performed by a Doctor. This Covered Expense does not include Doctor's Visits; Physiotherapy; X-rays; and Laboratory Procedures.
14. Annual mammogram for early detection in women age 40 and older; or more frequent, if the Doctor determines the woman to be at high risk for breast cancer.
15. Annual Pelvic Examinations and Cytological Examinations for women are 18 through age 64 or at any time, upon referral of the women's attending Doctor.
16. Nonprescription elemental enteral formula for home use, if the formula is
  - a) Medically Necessary for the treatment of severe intestinal malabsorption;
  - b) ordered by a Doctor; and
  - c) comprises the sole source, or an essential source, of nutrition.
17. Mental or Nervous Conditions and Substance Abuse, including alcoholism. Benefits will be paid on the same basis as any other covered Sickness.

18. Prescription contraceptives; including outpatient consultations, examinations, procedures and medical services that are necessary to prescribe, dispense, distribute, administer or remove a prescription contraceptive.
19. Maxillofacial prosthetic services necessary for adjunctive treatment.
20. Breast reconstructions.
21. Treatment of a cleft palate
22. Prostate Screening Exams, including a digital rectal examination and a prostate-specific antigen test
  - a) For men who are 50 years of age or older, biannually, or as determined by the treating Doctor;
  - b) For men younger than 50 years of age who are at a high risk for prostate cancer as determined by the treating Doctor, including African-American men and men with a family medical history of prostate cancer.
23. Colorectal Cancer Screening:
  - a) For Insureds 50 years of age or older:
  - b) One fecal occult blood test per year plus one flexible sigmoidoscopy every five years,
  - c) One colonoscopy every 10 years,
  - d) One double contrast barium enema every five years
  - e) For an Insured who is at high risk for colorectal cancer, colorectal cancer screening examinations and laboratory tests as recommended by the treating Doctor.
24. Prosthetic and Orthotic Devices that are Medically Necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience.
25. Alcoholism Treatment
26. Mental Health and Chemical Dependency

**Accidental Death and Dismemberment Benefits**

If Injury to the Insured results within the 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life .....	100% of the Principal Sum
Quadriplegia .....	500% of the Principal Sum
Two or more Members.....	500% of the Principal Sum
Hemiplegia .....	500% of the Principal Sum
Paraplegia .....	500% of the Principal Sum
One Member .....	250% of the Principal Sum

“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 and Loss of Sight. “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. “Severance” means the complete separation and dismemberment of the part from the body.

## **Special Counseling Benefit**

We will pay the Special Counseling Benefit shown in the *Schedule of Benefits* for mental health counseling to assist an Insured in dealing with a Covered Loss if he or she:

1. suffers an Injury that results in a loss for which the Accidental Death and Dismemberment Benefit is payable; and
2. obtains mental health counseling.

## **Emergency Medical Evacuation Benefit**

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for expenses incurred for the medical evacuation of an Insured. Benefits are payable if the Insured:

1. is travelling outside of his or her Home Country;
2. suffers an Injury during the course of the Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured's Injury requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

"Emergency Medical Evacuation" means:

1. the Insured's immediate transportation from the place where he or she suffers an Injury to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or
2. the Insured's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury.

An Emergency Medical Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

"Home Country" means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country that the Insured has declared to Us in writing as his or her Home Country.

## **Repatriation of Remains Benefit**

We will pay Repatriation Benefits as shown in the *Schedule of Benefits* for preparation and return of an Insured's body to his or her Home Country if he or she dies due to an Injury. Covered expenses include, but are not limited to:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

"Home Country" means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country that the Insured has declared to Us in writing as his or her Home Country.

## EXCLUSIONS

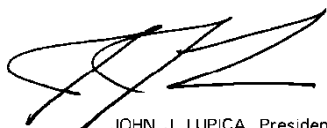
Additional Exclusions that may apply to this Benefit are in the Exclusions section of the Policy.

We will not pay Sickness Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. any expense related to the treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness.
2. The diagnosis and treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.

This form ends at the same time as the Policy to which it is attached. It is subject to all of the terms, limitations and conditions of the Policy, except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

### IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. 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](http://www.HealthCare.gov).

**CHUBB GROUP  
U.S. PRIVACY NOTICE**

<b>FACTS</b>	<b>WHAT DOES THE CHUBB GROUP DO WITH YOUR PERSONAL INFORMATION?</b>	
<b>Why?</b>	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>▪ Social Security number and payment history</li> <li>▪ insurance claim history and medical information</li> <li>▪ account transactions and credit scores</li> </ul> <p>When you are no longer our customer, we continue to share information about you as described in this notice.</p>	
<b>How?</b>	All insurance companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers’ personal information; the reasons the Chubb Group chooses to share; and whether you can limit this sharing.	
<b>Reasons we can share your personal information</b>	<b>Does Chubb share?</b>	<b>Can you limit this sharing?</b>
<b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> – to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates’ everyday business purposes</b> – information about your transactions and experiences	Yes	No
<b>For our affiliates’ everyday business purposes</b> – information about your creditworthiness	No	We don’t share
<b>For our affiliates to market to you</b>	No	We don’t share
<b>For nonaffiliates to market to you</b>	No	We don’t share
<b>Questions?</b>	Call 1-800-258-2930 or go to <a href="https://www2.Chubb.com/us-en/privacy.aspx">https://www2.Chubb.com/us-en/privacy.aspx</a>	

<b>Who is providing this notice?</b>	
The Chubb Group. A list of these companies is located at the end of this document.	
<b>What we do</b>	
<b>How does Chubb Group protect my personal information?</b>	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.</p>
<b>How does Chubb Group collect my personal information?</b>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>▪ apply for insurance or pay insurance premiums</li> <li>▪ file an insurance claim or provide account information</li> <li>▪ give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>▪ sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>▪ affiliates from using your information to market to you</li> <li>▪ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
<b>Definitions</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ Our affiliates include those with a Chubb name and financial companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company.</li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ Chubb does not share with nonaffiliates so they can market to you.</li> </ul>
<b>Joint Marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>▪ Our joint marketing partners include categories of companies such as banks.</li> </ul>



**Other important information****For Insurance Customers in AZ, CA, CT, GA, IL, MA, ME, MN, MT, NV, NC, NJ, OH, OR, and VA only:**

Under state law, under certain circumstances, you have the right see the personal information about you that we have on file. To see your information, write Chubb Group Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Chubb may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is not accurate, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

**For Nevada residents only:** We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-258-2930, emailing us at [privacyinquiries@Chubb.com](mailto:privacyinquiries@Chubb.com), or writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. You are being provided this notice under Nevada state law. In addition to contacting Chubb, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing [bcpinfo@ag.state.nv.us](mailto:bcpinfo@ag.state.nv.us), or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

**For Vermont residents only:** Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

**Chubb Group Companies Providing This Notice**

This notice is being provided by the following Chubb Group companies to their customers located in the United States: ACE American Insurance Company, ACE Capital Title Reinsurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Fire and Marine Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Texas Pacific Indemnity Company, Vigilant Insurance Company, Westchester Fire Insurance Company and Westchester Surplus Lines Insurance Company.

## ACE Group of Companies

### Notice of HIPAA Privacy Practices for Protected Health Information

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice is effective as of September 23, 2013.

The ACE Group of Companies, as affiliated covered and hybrid entities, (the "Company") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information, and to inform you about:

- The Company's uses and disclosures of Protected Health Information ("PHI")
- Your privacy rights with respect to your PHI;
- The Company's duties with respect to your PHI;
- Your right to file a complaint with the Company and to the Secretary of the U.S. Department of Health and Human Services ("HHS"); and
- The person or office to contact for further information regarding the Company's privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (e.g. oral, written, electronic).

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulates PHI use and disclosure by the Company. You may find these rules at *45 Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations.

The regulations will supersede any discrepancy between the information in this notice and the regulations.

#### **I. Notice of PHI Uses and Disclosures**

##### **A. Required Uses and Disclosures**

Upon your request, the Company is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to investigate or determine the Company's compliance with the privacy regulations.

##### **B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations**

The Company and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Company also may also disclose PHI to a plan sponsor for purposes related to treatment, payment and health care operations and as otherwise permitted under HIPAA to the extent the plan documents restrict the use and disclosure of PHI as required by HIPAA.

*Treatment* is the provision, coordination or management of health care and related services.

It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Company may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

*Payment* includes, but is not limited to, actions to make coverage determinations and payment (including establishing employee contributions, claims management, obtaining payment under a contract of reinsurance, utilization review and pre-authorizations). For example, the Company may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Company.

*Health care operations* include, but are not limited to, underwriting, premium rating and other insurance activities relating to creating or reviewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Company may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions. The Company will not use or disclose PHI that is genetic information for underwriting purposes.

The Company also may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

#### C. Uses and Disclosures that Require Your Written Authorization

The Company will not use or disclose your PHI for the following purposes without your specific, written authorization:

- Use and disclosure of psychotherapy notes, except for your treatment, Company training programs, or to defend Company against litigation filed by you.
- Use and disclosure for marketing purposes, except for face to face communications with you.
- Use and disclosure that constitute the sale of your PHI. The Company does not sell the PHI of its customers.

Except as otherwise indicated in this notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. You may revoke an authorization by submitting a written revocation to the Company at any time. If you revoke your authorization, the Company will no longer use or disclose your PHI under the authorization. However, any use or disclosure made in reliance of your authorization before its revocation will not be affected.

#### D. Uses and Disclosures Requiring Authorizations or Opportunity to Agree or Disagree Prior to the Use or Release

If you authorize in writing the Company to use or disclose your own PHI, the Company may proceed with such use or disclosure without meeting any other requirements and the use or disclosure shall be consistent with the authorization.

Disclosure of your PHI to family members, other relatives or your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

#### E. Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

- (1) When required by law.

- (2) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls and to conduct post-market surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) When authorized by law to report information about abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law where the parents or other representatives may not be given access to the minor's PHI.
- (4) The Company may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- (5) The Company may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Company that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
- (6) When required for law enforcement purposes (for example, to report certain types of wounds).
- (7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Company's best judgment.
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- (9) The Company may use or disclose PHI for government-approved research, subject to conditions.

- (10) When consistent with applicable law and standards of ethical conduct if the Company, in good faith, believes the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (11) For certain government functions such as related to military service or national security.
- (12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- (13) That is "incident to" an otherwise permitted use or disclosure of PHI by the Company.

## **II. Rights of Individuals**

### **A. Right to Request Restrictions on Use and Disclosure of PHI**

You may request the Company to restrict its use and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict its use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company may not be required to agree to your request, unless you have paid out of pocket in full for services, depending on the specific facts.

The Company will accommodate reasonable requests to receive communications of PHI by alternative means or alternative locations, such as a location other than your home. The Company will accommodate this request if you state in writing that you would be in danger from receiving communications through the normal means.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

### **B. Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Company maintains the PHI.

"*Protected Health Information*" (PHI) includes all individually identifiable health information transmitted or maintained by the Company, regardless of form.

"*Designated Record Set*" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Company is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of Health and Human Services.

#### C. Right to Amend PHI

You have the right to request the Company to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Company has 60 days after the request to act on the request. A single 30-day extension is allowed if the Company is unable to comply with the deadline. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You or your personal representative(s) will be required to complete a form to request amendment of the PHI in your designated record set.

#### D. Right to Receive an Accounting of PHI Uses and Disclosures

Upon your request, the Company will provide you with an accounting of disclosures by the Company of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based upon your own written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

#### E. Right to Obtain a Paper Copy of This Notice Upon Request (Even if you have consented to receive this notice electronically)

To obtain a paper copy of this notice contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

#### F. Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

### **III. The Company's Duties**

The Company is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices and to notify affected individuals of a breach of unsecured PHI. The Company is required to abide by the terms of this notice.

The Company reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Company prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants and beneficiaries for whom the Company still maintains PHI. This notice and any revised version of this notice will be posted on the Company's internal website or mailed.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Company or other privacy practices stated in this notice.

#### **A. "Minimum Necessary" Standard**

When using or disclosing PHI, or when requesting PHI from another covered entity, the Company will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of HHS;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Company's compliance with legal regulations.

This notice does not apply to information that has been "de-identified." *De-identified information* is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Company may use or disclose "summary health information" to a plan sponsor for obtaining premium bids or modifying, amending or terminating the Company, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Company Sponsor has provided health benefits under the Company; and from which identifying information has been deleted in accordance with HIPAA.

### **IV. Your Right to File a Complaint with the Company or the HHS Secretary**

If you believe that your privacy rights have been violated, you may complain to the Company in care of: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Company will not retaliate against you for filing a complaint.

**V. Contact Information**

If you have any questions regarding this notice or the subjects addressed in it, you may contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

**VI. ACE Group of Companies Legal Entities**

The ACE Group of Companies include the following: ACE American Insurance Company, ACE Property and Casualty Insurance Company, Illinois Union Insurance Company, ACE Fire Underwriters Insurance Company, Combined Insurance Company of America, Combined Life Insurance Company of New York. These companies are covered entities whose business activities include both covered and non-covered functions under HIPAA (i.e., hybrid entities) and are legally separate covered entities that are under common ownership or control (i.e., affiliated covered entity).