



ACCIDENT INSURANCE JUST FOR CHRISTIAN CAMPS



If an accident occurs as part of your camp activities, this excess **Accident Insurance** plan provides coverage to your campers for medical expenses associated with accidental injuries, with no deductible.

CUSTOMIZE WHO'S INCLUDED

- Campers participating in supervised and sponsored camp activities, both on and off your property
- Camp counselors and those responsible for camp upkeep
- Conference attendees
- Retreat participants
- Volunteers

WHAT'S COVERED

- Hospital bills, including room and board
- Emergency room and outpatient treatment; ambulance expenses
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- Care for dental injuries

Coverage applies on an excess basis, after all other applicable health care plans are exhausted. If no other health care plan or policy exists, coverage will be payable like primary coverage. This policy also includes *Accidental Death, Dismemberment, and Paralysis* benefits and benefits for short-term emergency sickness during overnight stays.

OPTIONAL ADD-ON

Round out your coverage with a policy add-on to include adventure sports, snow sports, or work activities. Ask your agent for more information.

For full coverage description, please visit
www.brotherhoodmutual.com/insurance/accident-medical-insurance

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© Brotherhood Mutual Insurance Company. All rights reserved. Covered expenses must be incurred within the time period specified in the policy forms. This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation (QBE) and made available in coordination with Brotherhood Mutual Insurance Company and Brotherhood Mutual Insurance Services, LLC. It is not a contract and does not provide insurance coverage of any kind, nor does it modify the terms of any Brotherhood Mutual policy. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on policy form, BAM-03-1000 et seq. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued. QBE may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact your agent or local administrator for the availability of coverage in your state.

Accidental Death, Dismemberment, and Paralysis Benefits

If a covered injury results in any of the losses specified below within one year from the date of the accident (90 days for coma), this policy will pay benefits for the losses listed below in addition to the medical expense benefits. If the same accident causes more than one of these losses, the policy will pay the largest amount that applies:

- Loss of life
- Total paralysis of upper and lower limbs, or upper and lower limbs on one side of body
- Loss of any combination of two: hands, feet, or eyesight
- Loss of one hand, one foot, or sight in one eye
- Loss due to Coma

Note: Loss of a hand or foot means complete severance through, or above, the wrist or ankle joint. Loss of sight means the total, permanent loss of sight or the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means. Severance means the complete separation and dismemberment of the part from the body. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a physician to be complete and nonreversible. Coma means a profound state of unconsciousness from which the covered person is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.

Short-Term Emergency Sickness Benefit

This benefit provides coverage for medical expenses resulting directly from a covered person's emergency illness during a covered activity. An emergency sickness is an illness or disease diagnosed by a physician which, 1) causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in deterioration of a covered person's health or place the person's life in jeopardy; and, 2) first manifests itself suddenly and unexpectedly while a covered person is participating in a covered activity.

Medical Evacuation and Transport Expense Benefit

This benefit reimburses expenses incurred for emergency medical evacuation or transportation when a covered accident occurs while the covered person is 100 or more miles away from home and the covered person's physician determines that, 1) adequate medical treatment is not locally available, or 2) the covered person cannot return home, to a hospital, or other appropriate medical facility, using the means of transportation he would have used had the accident not occurred.

Repatriation Expense Benefit

If a covered accident results in the covered person's death while he is 100 or more miles away from home, this benefit reimburses expenses incurred for returning the person's remains to his home state,.

Exclusions and limitations

Coverage is not provided for any accident which is caused by, or results from, any of the following:

- Intentionally self-inflicted injury, suicide, or any attempted threat while sane or insane
- Commission, or attempt to commit, a felony or an assault; commission of, or active participation in, a riot or insurrection
- Bungee cord jumping, parachuting, skydiving, parasailing, hang gliding, snowboarding, skateboarding, motorcycle racing, or racing rocket-powered, jet-propelled, or nuclear-powered vehicles
- Declared or undeclared war or act of war
- Flight in, boarding, or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline
- Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized race or contest of speed
- An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a drivers' education program
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
- Travel or activity outside the United States, unless advance written approval is provided
- The covered person being legally intoxicated as determined by the laws of the jurisdiction in which the covered accident occurred
- Voluntary ingestion of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage
- Injuries compensable under workers' compensation laws or any similar law
- An accident which occurs while the covered person is driving a private passenger automobile while intoxicated
- Benefits will not be paid for any hospital stay that is not considered appropriate treatment for the condition and locality
- Overnight supervised and sponsored activities with a duration of more than 10 days, and related travel, are not covered unless advance written approval is provided
- Services or treatment rendered by any person who is employed or retained by the policyholder, living in the covered person's household; or provided by a parent, sibling, spouse, or child of either the covered person or the covered person's spouse

The *Accidental Death, Dismemberment, and Paralysis* aggregate limit of liability is specified in the policy.

Accident Medical Expense Benefit limitations and excluded expenses:

- Cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury
- Any elective or routine treatment, surgery, health treatment, or examination
- Blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood
- Examination or prescription for initial eyeglasses, contact lenses, or hearing aids
- Treatment in any veteran's administration, federal or state facility, unless there is a legal obligation to pay
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay
- Rest cures or custodial care
- Repair or replacement of existing dentures, partial dentures, braces, or bridgework
- Personal services such as television, telephone, or transportation
- Expenses payable by any automobile insurance policy without regard to fault
- Services or treatment provided by an infirmary operated by the policyholder
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.) that are a normal, foreseeable result of participation in the covered activity
- Treatment or service provided by a private duty nurse
- Treatment of hernia or any kind
- Treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless the person received a written medical release from a physician

Any covered expenses payable under the Accident Medical Expense benefit will be reduced by 50 percent if the covered person has HMO or PPO coverage and elects not to use that coverage.

Exclusions and limitations vary by state.

Covered Activity Options

Day or Overnight Camp—includes coverage for all sports and activities except snow sports and adventure sports.

Adventure sports—adds coverage for mountain climbing, rappelling, spelunking, whitewater rafting/canoeing/kayaking, wind surfing, jet skiing, scuba diving, rodeo participation, and paintball.

Snow sports—adds coverage for downhill skiing, bobsledding, tubing, tobogganing, snowmobiling, and snowboarding.

Work activities—provides coverage for camp upkeep: remodeling, dry walling, plastering, roofing, brick/block laying, electrical and concrete work, use of scaffold, ladders, power tools, and chain saws.

Staff/volunteer coverage—provides coverage for CITs, counselors, and adult volunteers.

Terms of Coverage

Benefits are payable for injuries which result directly and independently of all other causes from a covered accident, while coverage is in effect, up to the plan maximum.

Coverage is provided to participants in policyholder sponsored and supervised activities.

Effective date: Coverage becomes effective on the date requested, provided the premium and the application are received and accepted by QBE Insurance Corporation.

Coverage is paid for by the policyholder; 100 percent participation is required.

General Definitions

covered accident—a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all the following conditions:

1. occurs while the covered person is insured under the policy
2. is not contributed to by disease, sickness, or mental or bodily infirmity, and
3. is not otherwise excluded under the terms of this policy

health care plan—any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits, or repatriation of remains; A health care plan includes group, blanket, franchise, family or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations, and other prepayment, group practice and individual practice plans; medical benefits under automobile "fault" and "no-fault" type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services

usual and customary—all benefit payments will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent; where appropriate, usual and customary charge will be based on a relative value schedule appropriate to the area and type of service provided

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