



ACE American Insurance Company
 (A Stock Company)
 Philadelphia, PA
 (Herein called We, Us, Our)

**This is a Description of Coverage for:
 State of Florida Summer Camp Program
 Underwritten By: ACE American Insurance Company (referred to as “We,” “Our,” “Ours”)**

Eligibility: All enrolled day and overnight camp participants.

Period of Coverage: You will be insured on the later of: 1) the Policy Effective Date; or 2) the date that You become eligible. Your coverage will end on the earlier of the date: 1) the policy terminates; 2) You are no longer eligible; or 3) the period ends for which the premium is paid.

Definitions: **Accident:** means a sudden, unexpected and unintended event. **Covered Accident:** means an Accident that occurs while Your coverage is in force and results in a loss or Injury covered by the Policy for which benefits are payable. **Covered Expenses:** means the Usual and Customary Charges, for only the services or supplies described below, that You incur for treatment of a Covered Sickness. A doctor must recommend and approve such services. 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 Sickness:** means any Sickness that requires unscheduled medical treatment during a Covered Activity. **Sickness:** means an illness, disease or condition of Yours that causes a loss for which You incur medical expenses while covered under the 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. **You/Your:** means a person insured under the policy.

Aggregate Limit: You will not receive more than the Benefit Maximum shown below for all of Your losses per Covered Accident. We will not pay more than the Benefit Maximum shown below for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

Benefit Maximum.....\$150,000

Covered Activities: Sponsored Activities: The Covered Accident must take place: 1) on camp premises during normal hours of operation; or 2) on the camp premises during other periods if attending or participating in a Covered Activity; or 3) away from the camp premises while attending or participating in a Covered Activity at its scheduled site. The Covered Activity includes travel without deviation or interruption to and from the site of the Covered Activity. Benefits are paid as described in the Policy if the Covered Accident occurs while the Covered Person is in a vehicle: 1) operated by a properly licensed driver over the age of 19 who is under the direct supervision of the camp; and 2) when travel time does not exceed 24 hours each way. Travel time includes the time: 1) to or from the premises of the Covered Activity; 2) before the appointed time; and 3) after the Covered Activity is completed.

Sports Coverage (Applicable Only to Sports Camps): The Covered Accident must take place while: 1) participating as a member of the team in a scheduled game, official tournament game, or practice session; or 2) serving as an equipment manager, scorekeeper, trainer, or volunteer worker for the team. The Covered Activity includes travel without deviation or interruption: 1) to and from practice sessions for the game or competition; or 2) between the site of the game or competition and School when the Covered Person is scheduled to attend the game or competition. Benefits are paid as described in the Policy if the Covered Accident occurs while the Covered Person is in a vehicle: 1) operated by a properly licensed driver over the age of 19 who is under the direct supervision of the camp; and 2) when travel time does not exceed 24 hours each way. Travel time includes the time: 1) to or from the premises of the Covered Activity; 2) before the appointed time; and 3) after the Covered Activity is completed.

Accidental Death & Dismemberment Benefits: If Your Injury results in any of the following losses within 180 days after the date of the Covered Accident, We will pay the amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Principal Sum \$15,000

<u>Description of Loss</u>	<u>Benefit Maximum</u>
Life; Both Hands or Both Feet; Sight of Both Eyes; Speech and Hearing.....	Principal Sum
One Hand and One Foot; Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand, Foot, Sight of One Eye, Speech or Hearing.....	One-Half the Principal Sum
Thumb and Index Finger of the Same Hand	One-Quarter the Principal Sum

The term “loss” means, with regard to hands and feet, actual severance through or above wrist or ankle joint; with regard to eyes, entire irrecoverable loss of sight; with regard to speech, permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means; and with regard to hearing, the total and permanent loss of hearing in both ears that is irrecoverable and cannot be corrected by any means.

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 Deductible, Maximum Benefit Period, Benefit Maximum and other terms or limits shown below.

Benefit Maximum:	\$25,000
Maximum Benefit Period:	365 days after the date of the Covered Accident
Time Period for Loss:	180 days from the date of the Covered Accident
Deductible:	\$0
Dental Expenses:	
Benefit Maximum:	\$1,000

Maximum per tooth: \$250

Accident Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible has been met; 2) for those Medically Necessary Covered Expenses that You receive; and 3) if the first incurred expenses are within 90 days from the date of the Covered Accident. No benefits will be paid for any expenses incurred that, in Our judgment, 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) Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an Accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies. 4) Outpatient Surgical Room and Supply Expenses for use of the surgical facility. 5) Outpatient diagnostic X-rays, laboratory procedures and tests. 6) 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. 7) Doctor's Surgical Expenses (as shown in the Schedule of Benefits) If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of covered expenses for the additional surgeries. 8) Assistant Surgeon Expenses when Medically Necessary. 9) Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis. 10) Outpatient Laboratory Test Expenses. 11) Physiotherapy Expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits); Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, message or any form of physical therapy. 12) X-ray Expenses (including reading charges) but not for dental X-rays. 13) Diagnostic Imaging Expenses: including Magnetic Resonance Imaging (MRI) and CAT Scan. 14) 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 Accident. 15) Ambulance Expenses for transportation from the emergency site to the Hospital. 16) Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that a) is primarily and customarily used to serve a medical purpose; b) can withstand repeated use; and c) 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. 17) Prescription Drug Expenses (for injuries only) prescribed by a Doctor and administered on an outpatient basis. 18) Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for an Insured. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids. 19) Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration. 20) Transportation Expense for Newborn Children: expense for transporting the newborn to and from the nearest available facility appropriately staffed and equipped to treat injuries resulting from a Covered Accident, when the transportation is certified by the attending Doctor as being Medically Necessary.

Sickness Medical Expense Benefits: We will pay Sickness Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Sickness. These benefits are subject to the Deductible, Maximum Benefit Period, Benefit Maximum and other terms or limits shown below. Sickness Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible has been met; and 2) for those Medically Necessary Covered Expenses that the Insured receives. No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.

Benefit Maximum:	\$2,500
Maximum Benefit Period:	365 days after the date of the Covered Sickness
Time Period for Loss:	180 days from the date of the Covered Sickness
Deductible:	\$0
Dental Expenses:	
Benefit Maximum:	\$1,000
Maximum per tooth:	\$250

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) Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an Sickness and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies. 4) Outpatient Surgical Room and Supply Expenses for use of the surgical facility. 5) Outpatient diagnostic X-rays, laboratory procedures and tests. 6) 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. 7) Doctor's Surgical Expenses (as shown in the Schedule of Benefits) If an Sickness or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of covered expenses for the additional surgeries. 8) Assistant Surgeon Expenses when Medically Necessary. 9) Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis. 10) Outpatient Laboratory Test Expenses. 11) Physiotherapy Expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits); Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, message or any form of physical therapy. 12) X-ray Expenses (including reading charges) but not for dental X-rays. 13) Diagnostic Imaging Expenses: including Magnetic Resonance Imaging (MRI) and CAT Scan. 14) 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 Sickness. 15) Ambulance Expenses for transportation from the emergency site to the Hospital. 16) Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that a) is primarily and customarily used to serve a medical purpose; b) can withstand repeated use; and c) generally is not useful to a person in the absence of Sickness. No benefits will be paid for rental charges in excess of the purchase price. 17) Prescription Drug Expenses (for injuries only) prescribed by a Doctor and administered on an outpatient basis. 18) Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for an Insured. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids. 19) Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration. 20) Transportation Expense for Newborn Children: expense for transporting the newborn to and from the nearest available facility appropriately staffed and equipped to treat injuries resulting from a Covered Sickness, when the transportation is certified by the attending Doctor as being Medically Necessary.

Full Excess Benefits: We pay Covered Expenses: 1) after the Covered Person satisfies any Deductible; and 2) 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 Health Care Plan.

Extension of Benefits: We will extend benefits under the Policy for 3 months after a Covered Person's coverage would otherwise end if on that date he or she is Totally Disabled as a result of a condition covered by the Policy.

"Totally Disabled" means, due to an Injury from a Covered Accident, a Covered Person: 1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and 2) if not employed, cannot perform the usual and customary activities of a healthy person of like age and sex.

Any benefits payable under this provision will not exceed the benefit maximums outlined above.

Exclusions and Limitations: 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) service in the military, naval or air service of any country. 5) 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. 6) piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline (except as provided by the Policy). 7) commission of, or attempt to commit, a felony, an assault or other criminal activity. 8) alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.

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) Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Covered Person's household. 2) Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances. 3) Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident. 4) Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. 5) Mental and Nervous Disorders (except as provided in the Policy). 6) Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy). 7) Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy). 8) Injury paid by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder. 9) Injury or loss contributed to by the use of drugs unless administered by a Doctor. 10) Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury. 11) Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States. 12) Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices. 13) Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited). 14) Conditions that are not caused by a Covered Accident. 15) Participation in any activity or hazard not specifically covered by the Policy. 16) Any treatment, service or supply not specifically covered by the Policy.

In addition to the exclusions above, We will not pay Sickness Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by: 1) Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Covered Person's household. 2) Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Sickness, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Sickness. 3) Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. 4) Mental and Nervous Disorders (except as provided in the Policy). 5) Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy). 6) Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy). 7) Sickness paid by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder. 8) Sickness or loss contributed to by the use of drugs unless administered by a Doctor. 9) Cosmetic surgery, except for reconstructive surgery needed as the result of an Sickness. 10) Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States. 11) Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices. 12) Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited). 13) Conditions that are not caused by a Covered Sickness. 14) Participation in any activity or hazard not specifically covered by the Policy. 15) Any treatment, service or supply not specifically covered by the Policy.

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

Aircraft Restrictions: If the Covered Accident happens while You are riding in, or getting on or off of, an aircraft, We will pay benefits, but only if: 1) You are riding as a passenger only, and not as a pilot or member of the crew; and 2) the aircraft has a valid certificate of airworthiness; and 3) the aircraft is flown by a pilot with a valid license; 4) the aircraft is not being used for: (i) crop dusting, spraying, or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on); and 5) the aircraft is a military transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.

Owned Aircraft Not Covered – Benefits will not be paid if the aircraft is owned, leased or controlled by the State of Florida, or any of State of Florida's affiliates. An aircraft will be deemed "controlled" by the State of Florida if the State of Florida may use it for more than 10 straight days, or more than 15 days in any year.

If You need to file a Claim, please call: Health Special Risk; 4001 N. Josey Lane; Carrollton, TX 75007; Fax: 972-512-5820

You must notify Health Special Risk within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify You and the Policy Number.

Policy Number: PTP N01883409, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in PTP N01883409, issued to: State of Florida Summer Camp Program, Department of Management Services in Florida. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.