

ACCIDENT ONLY COVERAGE.

(This group policy also includes limited benefits in case of covered accidental death)

THIS GROUP POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL IN NATURE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE

Read your **Certificate of Insurance** carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual group policy provisions will control. The **Certificate of Insurance** sets forth in detail the rights and obligations of both you and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE OF INSURANCE CAREFULLY!**

ACCIDENT ONLY COVERAGE IS DESIGNED TO PROVIDE, TO PERSONS INSURED, COVERAGE FOR CERTAIN LOSSES RESULTING FROM A COVERED ACCIDENT ONLY, SUBJECT TO ANY LIMITATIONS CONTAINED IN THE GROUP POLICY AND RELATED CERTIFICATES OF INSURANCE.

Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Coverage is limited to the stated maximum benefit levels. Terms that are bolded in this Outline of Coverage are defined within the **Certificate of Insurance**.

SCOPE OF MOUNTAIN COVERAGE	MEDICAL BENEFITS
<p>Summary of MOUNTAIN Coverage:</p> <ul style="list-style-type: none"> • Indoor and outdoor sport climbing • Traditional rock climbing • Mountaineering • Ice climbing • Bouldering • Hiking, trekking and trail running 	<p>\$10,000.00 Maximum Ambulance and Medical Expense Benefit.</p> <p>Benefits are paid on an Expense-Incurred basis subject to payment of the deductible equal to 5% of maximum available Ambulance and Medical Benefit. Benefits are personal to You and are non-assignable without Our consent.</p>
MOUNTAIN COVERAGE LIMITATIONS	<p>During the Benefit Period, Accident-Related, Usual Customary and Reasonable allowable medical expenses include:</p> <ul style="list-style-type: none"> • Hospitalization expenses including inpatient and/or outpatient surgical services, major and minor diagnostic services, radiology/pathology, and anesthesia • Pharmaceutical expenses • Expenses for Physician and professional services rendered on the date of the Accident or Injury and thereafter as Accident-Related follow-up services, including major and minor diagnostic services, radiology/pathology, and anesthesia • Inpatient and outpatient physical therapy expenses <p>NOTE that the above medical expense benefits are subject to certain specific exclusions including expenses for: a private hospital room as well as additional non-medical hospital expenses such as telephone charges; cosmetic surgery; chiropractic service expenses; homeopathic treatment; acupuncture; pregnancy-related and maternity-related medical services; and preventative care.</p>
<p>MOUNTAIN Coverage limitations include:</p> <ul style="list-style-type: none"> • Free solo climbing • Activities at altitudes in excess of 6500 meters (21,325 ft.) • Bouldering while alone and without crashpad • Mountain Biking 	
GENERAL POLICY EXCLUSIONS	<p>NOTE that the above medical expense benefits are subject to certain specific exclusions including expenses for: a private hospital room as well as additional non-medical hospital expenses such as telephone charges; cosmetic surgery; chiropractic service expenses; homeopathic treatment; acupuncture; pregnancy-related and maternity-related medical services; and preventative care.</p>
<p>MOUNTAIN Coverage is subject to certain general exclusions including:</p> <ul style="list-style-type: none"> • Injuries other than those suffered while participating in a Covered Activity • Injuries suffered while on lands closed to the public or while trespassing • Use of motorized equipment and/or motorized conveyance (including aviation) • Professional motion picture, video or photo shoots • Intentionally self-inflicted injuries or suicide attempts • Activity in an area where the related avalanche forecast is “High” or “Extreme” 	
RENEWABILITY	ACCIDENTAL DEATH BENEFITS
<p>This coverage is “non-renewable,” which means that when the term of coverage expires, You must purchase new coverage and We will issue a new Certificate of Insurance.</p>	<p>Coverage includes a \$10,000.00 accidental death benefit.</p>
AMBULANCE BENEFITS	
<p>Allowable Accident-Related ground and emergency air ambulance charges.</p>	