

## 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 SNOW COVERAGE	MEDICAL BENEFITS
<p>Summary of SNOW Coverage:</p> <ul style="list-style-type: none"> <li>• Alpine and Nordic skiing, snowboarding, and snowshoeing within a patrolled ski area</li> <li>• Backcountry alpine and Nordic skiing, snowboarding, and snowshoeing</li> <li>• Heli-skiing (excluding aviation-related accidents or injuries)</li> </ul>	<p>\$10,000.00 Maximum Ambulance and Medical Expense Benefit.</p> <p>Benefits are paid on an <b>Expense-Incurred</b> basis subject to payment of the deductible equal to 5% of maximum available Ambulance and Medical Benefit. Benefits are personal to <b>You</b> and are non-assignable without <b>Our</b> consent.</p> <p>During the <b>Benefit Period, Accident-Related, Usual Customary and Reasonable</b> allowable medical expenses include:</p> <ul style="list-style-type: none"> <li>• <b>Hospitalization</b> expenses including inpatient and/or outpatient surgical services, major and minor diagnostic services, radiology/pathology, and anesthesia</li> <li>• Pharmaceutical expenses</li> <li>• Expenses for <b>Physician</b> and professional services rendered on the date of the <b>Accident or Injury</b> and thereafter as <b>Accident-Related</b> follow-up services, including major and minor diagnostic services, radiology/pathology, and anesthesia</li> <li>• Inpatient and outpatient physical therapy expenses</li> </ul> <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>
SNOW COVERAGE LIMITATIONS	
<p>SNOW Coverage limitations include:</p> <ul style="list-style-type: none"> <li>• Freestyle aerial maneuvers</li> <li>• Activities involving the insured's construction and/or use of a man-made jump (other than pre-existing terrain park features within a ski area)</li> <li>• Activity on a slope averaging steeper than 50 degrees</li> </ul>	
GENERAL POLICY EXCLUSIONS	
<p>SNOW Coverage is subject to certain general exclusions including:</p> <ul style="list-style-type: none"> <li>• Injuries other than those suffered while participating in a <b>Covered Activity</b></li> <li>• Injuries suffered while on lands closed to the public or while trespassing</li> <li>• Use of motorized equipment and/or motorized conveyance (including aviation)</li> <li>• Professional motion picture, video or photo shoots</li> <li>• Intentionally self-inflicted injuries or suicide attempts</li> <li>• Activity in an area where the related avalanche forecast is "High" or "Extreme"</li> </ul>	
RENEWABILITY	ACCIDENTAL DEATH BENEFITS
<p>This coverage is "non-renewable," which means that when the term of coverage expires, <b>You</b> must purchase new coverage and <b>We</b> will issue a new <b>Certificate of Insurance</b>.</p>	<p>Coverage includes a \$10,000.00 accidental death benefit.</p>
AMBULANCE BENEFITS	
<p>Allowable <b>Accident-Related</b> ground and emergency air ambulance charges.</p>	