



### Description of Coverage PLAN CODE A650

This is a brief Description of Coverage. **This is not your Policy/Certificate of Insurance. Please call (800) 554-9839 to obtain your Individual Policy in the following states: IL, IN, KS, LA, OR, OH, VT, WA, and WY or your Certificate of Insurance for all other states.** Your Individual Policy or Group Policy will govern the final interpretation of any provision or claim.

**Important:** Keep this document and carry a copy with you when you travel. If you need to cancel your Trip, contact the company you booked with immediately to cancel your reservation.

FOR CERTIFICATE/POLICY INQUIRIES, REQUESTS OR  
CUSTOMER SERVICE CALL:  
**(800) 554-9839**

FOR EMERGENCY ASSISTANCE 24 HOURS  
A DAY DURING YOUR TRIP, CALL:  
IN THE U.S.  
**(866) 922-0278**

COLLECT WORLDWIDE  
**(202) 974-6480**

## SCHEDULE OF COVERAGE AND SERVICES

### INSURANCE COVERAGE

(Underwritten by Stonebridge Casualty Insurance Company)

Coverages	Maximum Limit per Person
Camp Program Cancellation . . .	100% of Camp Program Cost
Camp Program Interruption . . .	100% of Camp Program Cost
Travel Delay . . . . .	\$600 (\$200 Per Person Daily Limit Applies)
Baggage and Personal Effects . . . . .	\$1,000

### DESCRIPTION OF CAMPER EMERGENCY SERVICES

(PROVIDED BY CSA'S DESIGNATED PROVIDER)

#### AVAILABLE SERVICES

Various 24-Hour Emergency Assistance Services are provided along with the CSA Travel Protection plans. A description of all 24-Hour Emergency Assistance Services is contained in this document. The 24-Hour Emergency Assistance Services are only available to persons whose primary residence is in the United States or Canada. This plan is administered by CSA Travel Protection and Insurance Services.

#### HOW TO CALL THE 24-HOUR EMERGENCY HOTLINE

If you need emergency help for an available service, you can call toll-free 24 hours a day to (866) 922-0278 from within the United States, or call collect to (202) 974-6480 from around the world.

#### AVAILABILITY OF SERVICES

You are eligible for informational and concierge services at any time after you purchase this plan.

The Emergency Assistance Services become available when you actually start your trip.

Emergency Assistance, Concierge and Informational Services end the earliest of: midnight on the day the program expires; when you reach your return destination; or when you complete your trip.

#### GAMPER EMERGENCY SERVICES (AVAILABLE 24-HOURS)

- Medical Referral
- Traveling Companion Assistance
- Emergency Cash Transfer
- Legal Referral
- Locating Lost or Stolen Items
- Replacement of Medication and Eyeglasses
- Embassy and Consular Services
- Worldwide Medical Information

- Interpretation/Translation
- Emergency Message Relay
- Pre-trip assistance
- Procurement of hard-to-find items

### INSURANCE COVERAGE

(Underwritten by Stonebridge Casualty Insurance Company)

Coverage is provided to you. This plan is available to U.S. residents. It is also available to non-U.S. residents for travel to the U.S. (if the plan is purchased through a U.S. travel supplier. You must purchase this plan prior to/or within 24 hours of your final payment for your Covered Trip to qualify for the Pre-Existing Condition Exclusion Waiver. There is no coverage unless payment has been made for this plan. There is no coverage unless your loss was caused by an unforeseeable event that occurs while coverage is in effect.

### YOUR SATISFACTION IS GUARANTEED

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your application date or receipt of this document, whichever is later. A letter indicating your desire to cancel should be sent to us. If you haven't already left on your Trip, you will receive a full refund of your plan cost. After this 10-day free look period, the payment for this plan is non-refundable.

### EFFECTIVE DATES OF INSURANCE

#### Trip Cancellation and Trip Interruption Effective Dates of Coverage

Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your premium is received by us. Trip Interruption coverage will take effect on the Scheduled Departure Date of the Trip.

#### Coverage for Travel Delay and Baggage and Personal Effects will take effect on the later of:

1. the date the premium has been received by us; or
2. the date and time you start your Covered Trip; or
3. 12:01 A.M. Standard Time on the Scheduled Departure Date of your Trip.

#### All coverages automatically end on the earlier of:

1. the date the Covered Trip is completed; or
2. the Scheduled Return Date of the Trip; or
3. your arrival at the return destination on a roundtrip, or the destination on a one-way trip; or
4. cancellation of the Covered Trip.

**COVERAGES AND BENEFITS**

The following coverage and benefits are a sample of the listed coverage and benefits in your Policy or Certificate of Insurance and are described on a general basis only. **Please call (800) 554-9839 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

This plan covers you for certain unforeseeable events that occur while your coverage is in effect. They include:

**Camp Program Cancellation Benefits**

If you are prevented from taking your Trip for one of the covered reasons below, we will reimburse you, up to the amount in the Schedule, for the amount of prepaid, forfeited, non-refundable payments or deposits that you paid for your Trip.

**Optional Cancel For Any Reason Benefit**

If the Insured purchased the Optional Cancel for Any Reason Benefit and cancels his/her Covered Trip for any reason not otherwise covered by this plan, we will reimburse the Insured for the percentage of the prepaid, forfeited, non-refundable Payments or Deposits the Insured paid for his/her Trip provided:

1. the Insured's premium for the coverage is received within 14 days of the date the Insured's initial deposit for his/her Covered Trip is received; and
2. the Insured is not disabled from travel at the time the Insured pays his/her premium; and
3. the Insured insures 100% of all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions; and
4. the Covered Trip cost per person is no more than \$12,000; and
5. the booking for the Covered Trip must be the first and only booking for this travel period and destination; and
6. the Insured cancels his/her Covered Trip 48 hours or more before his/her scheduled Covered Trip departure date; and

**Cancel for Any Reason is subject to the following payment percentage relative to the applicable cancellation penalty:**

**Cancellation Penalty Schedule**

<b>Non-Refundable Camp Program Cost:</b>	<b>Maximum Payable Under This Policy:</b>
Up to 25% of the . . . . . 100% of the non-refundable Camp Program cost	100% of the non-refundable camp program cost
26% to 50% of the . . . . . 90% of the non-refundable Camp Program cost	90% of the non-refundable camp program cost
51% to 75% of the . . . . . 80% of the non-refundable Camp Program cost	80% of the non-refundable camp program cost
Over 76% of the . . . . . 75% of the non-refundable Camp Program cost	75% of the non-refundable camp program cost

**Camp Program Interruption Benefits**

If you are delayed beyond the Scheduled Departure Date or are unable to continue your Trip for one of the covered reasons below, we will reimburse you, less any refund paid or payable, for unused land or water travel arrangements, plus one of the following additional transportation expenses:

1. from the point you interrupted your Trip to the next scheduled destination where you can catch up to your Trip or to the final destination of your Trip.
2. expenses incurred by you to reach the next scheduled destination where you can catch up to your Trip if you leave after the Scheduled Departure Date of your Trip.

**Reasons for Cancellation and Interruption:**

1. Camp Program Cancellation or delayed arrival at your destination due to Sickness, Injury or death of you, your Family Member or Traveling Companion that occurs before departure on your Trip. The Sickness or Injury must commence while coverage is in effect, require the examination by a Physician, in person, at the time of Trip Cancellation or delay and, in the written opinion of the treating Physician, be so disabling as to prevent you from taking your Trip or delay your arrival on your Trip.
2. Camp Program Interruption due to Sickness, Injury or death of you, your Family Member or Traveling Companion. The Sickness or Injury must commence while you are on your Covered Trip, require the examination by a Physician, in person, at the time of Trip Interruption and, in the written opinion of the treating Physician, be so disabling as to prevent you from continuing your Trip.

**The following reasons apply to you, a Family Member traveling with you, or a Traveling Companion and must occur while coverage is in effect:**

3. mandatory evacuation or public official evacuation advisements where there is no mandatory evacuation issued by local government authorities at your destination due to adverse weather or natural disaster. In order to cancel or interrupt your Covered Trip, you must have 4 days or 50% of your total Covered Trip length or less remaining on your Covered Trip at the time the mandatory evacuation ends;
4. being directly involved in a documented traffic accident while en route to departure.
5. being called into active military service in the event of a natural disaster.
6. being hijacked, quarantined (except as a result of a pandemic or epidemic), required to serve on a jury, or required by a court order to appear as a witness in a legal action.
7. your primary residence is made Uninhabitable by fire, flood or natural disaster.
8. your Accommodation at your destination made Uninhabitable by fire, flood, volcano, earthquake or other natural disaster.
9. Common Carrier delays resulting from inclement weather, mechanical breakdown or organized labor strikes.

10. arrangements cancelled by an airline, cruise line, motor coach company or tour operator resulting from inclement weather, mechanical breakdown, or organized labor strikes.
11. a documented theft of passports or visas.
12. a transfer of employment of 250 miles or more.
13. a Terrorist Act, which occurs in your departure city or in a city that is a scheduled destination for your Trip, provided the Terrorist Act occurs within 7 days of the Scheduled Departure Date of your Trip.
14. your involuntary termination of employment or layoff that occurs more than 15 days after your effective date and was not under your control. You must have been continuously employed with the same employer for 1 year prior to the termination or layoff.
15. your or your Traveling Companion's or traveling Family Member's approved, written military leave involuntarily revoked as a result of being temporarily or permanently reassigned, being called to active military reserve or an extension of deployment beyond a defined tour of duty within 30 days of your departure date. All leave must be approved prior to the Policy effective date. Full or partial mobilization or mass reassignment of Armed Forces, invocation of the War Powers Act, base or unit mobilization is not covered.
16. the primary or secondary school where you or your traveling Family Member or Traveling Companion attend(s) must extend its operating session beyond its predefined school year, due to unforeseeable events commencing during the policy effective period, which cause the extension of the predefined school year and the travel dates for the Covered Trip fall within the period of the school year extension. Extensions due to extra-curricular or athletic events are not covered.

**Travel Delay Coverage and Benefits**

If your Trip is delayed for 6 hours or more, we will reimburse you, up to the amount shown in the Schedule, for reasonable additional expenses incurred by you for lodging arrangements, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

**Covered events for Travel Delay Benefits include:**

Common Carrier delay; loss or theft of your passports, travel documents or money; quarantine (except as a result of a pandemic); hijacking; natural disaster; inclement weather; a documented traffic accident while you are en route to your destination; unannounced strike; civil disorder; your, your traveling Family Member's, or Traveling Companion's Sickness or Injury; your traveling Family Member's or Traveling Companion's death.

**Baggage and Personal Effects Benefits**

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, during your Trip. We will also pay for loss due to the unauthorized use of your credit cards.

## GENERAL PLAN EXCLUSIONS

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The following exclusions are a sample of the listed exclusions in your Policy or Certificate of Insurance and are described on a general basis only. **Please call (800) 554-9839 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

### The following exclusion applies to all coverages except Baggage and Personal Effects:

We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, including death that results therefrom. This Exclusion does not apply to benefits under Covered Expenses item 1, 2 or 6 of the Emergency Assistance Benefits coverage.

**Pre-Existing Condition** means an illness, disease, or other condition during the 60-day period immediately prior to your effective date for which you or your Traveling Companion or Family Member who is scheduled or booked to travel with you: 1) received, or received a recommendation for, a diagnostic test, examination or medical treatment; or 2) took or received prescription drugs or medicine.

Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is in effect under the Policy.

## PRE-EXISTING CONDITION EXCLUSION WAIVER

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### The Pre-Existing Condition exclusion will be waived provided you meet all of the following:

1. the payment for this plan is received prior to/or within 24 hours of your final payment for your Covered Trip; and
2. you are not disabled from travel at the time you make your plan payment.

### The following exclusions apply to all coverages:

We will not pay for any loss under the plan caused by, or resulting from:

1. your, your Traveling Companion's, or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
2. mental, nervous, or psychological disorders;
3. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. normal pregnancy or resulting childbirth or elective abortion;
5. participation as a professional in athletics;
6. participation in organized amateur and interscholastic athletic or sports competition or events;
7. riding or driving in any motor competition;
8. declared or undeclared war, or any act of war;

9. civil disorder (does not apply to Travel Delay);
10. service in the armed forces of any country;
11. nuclear reaction, radiation or radioactive contamination;
12. operating or learning to operate any aircraft, as pilot or crew;
13. mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
14. any unlawful acts, committed by you, a Traveling Companion or Family Member traveling with you (whether insured or not);
15. any amount paid or payable under any Worker's Compensation, disability benefit or similar law;
16. a loss or damage caused by detention, confiscation or destruction by customs;
17. Elective Treatment and Procedures;
18. pandemic and/or epidemic;
19. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
20. Financial Insolvency of the person, organization or firm from whom you directly purchased or paid for your Covered Trip, Financial Insolvency which occurred, or for which a petition for bankruptcy was filed by a travel supplier;
21. business, contractual, or educational obligations of you, a Family Member, or Traveling Companion;
22. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
23. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

## DEFINITIONS

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The following definitions are a sample of the defined terms in your Policy or Certificate of Insurance and are described on a general basis only. **Please call (800) 554-9839 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

**ACCIDENT** means a sudden, unexpected, unintended and external event, which causes Injury.

**ACCOMMODATION** means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are required.

**BAGGAGE** means luggage, personal possessions and travel documents taken by you on the Covered Trip.

**COVERED TRIP (or TRIP)** means: A period of round-trip travel away from Home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 365 days.

**FAMILY MEMBER** includes your or your Traveling Companion's dependent, spouse, child, spouse's child, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster child, or ward.

**FINANCIAL INSOLVENCY** means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary.

**INJURY** means bodily harm caused by an Accident which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a Physician.

**OTHER VALID AND COLLECTIBLE GROUP INSURANCE** means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**PHYSICIAN** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member.

**SCHEDULED DEPARTURE DATE** means the date on which you are originally scheduled to leave on your Covered Trip.

**SCHEDULED RETURN DATE** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**SICKNESS** means an illness or disease of the body, which requires examination and treatment by a Physician.

**TRAVELING COMPANION** means a person whose name(s) appear(s) with you on the same Covered Trip arrangement and who, during the Covered Trip, will accompany you.

**USUAL AND CUSTOMARY CHARGE** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature.

This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 100th percentile and the Anesthesia Relative Value Guide.

## **WHERE TO PRESENT A CLAIM**

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**All claims should be presented to the Program Administrator:**

### **CSA Travel Protection**

P.O. Box 939057

San Diego, CA 92193-9057

**(800) 541-3522 (Toll-Free)**

## **CLAIMS AND GENERAL PROVISIONS**

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The following provisions are a sample of the provisions in your Policy or Certificate of Insurance and are described on a general basis only. **Please call (800) 554-9839 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

**Concealment or Fraud** We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage.

**Notice of Claim** We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Proof of Loss** Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

**Duplication of Coverage** You may only purchase one plan from us for each Covered Trip. If more than one plan is purchased for any Trip, the maximum limit of coverage payable will be from the plan with the highest level of benefit. We will refund plan payments received for any other plan for the specific Trip.

**Our Right to Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us.

## **TRAVEL INSURANCE IS UNDERWRITTEN BY**

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Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #'s TAHC5100IPS, TAHC5200IPS, TAHC6000 and TAHC7000.