

SCHEDULE OF BENEFITS – PLAN I

COVERAGE IS PROVIDED UNDER GROUP POLICY NUMBER: AH-GA26932-002
ISSUED TO GROUP POLICYHOLDER: The Group and Blanket Accident & Health Insurance Trust

CERTIFICATEHOLDER: Trout Unlimited, Inc. and Chapter 692 - Chattahoochee Nantahala
C/O
1300 N. 17th Street
#500
Arlington, VA 22209

CERTIFICATE NUMBER: UDG3934A
CERTIFICATE EFFECTIVE DATE: 10/01/2010
CERTIFICATE EXPIRATION DATE: 10/01/2011

PREMIUM: @ \$110 per Chapter
MINIMUM PREMIUM: \$110 Minimum
Minimum and Deposit premiums are fully earned and nonrefundable.

BENEFIT PERIOD: 52 weeks from the date of an Injury, provided the Injury occurs prior to the Expiration Date, the first medical expense is incurred within 180 days and care is Medically Necessary.

DEDUCTIBLE AMOUNT: \$0 Corridor
Corridor Deductible: The Covered Person may not use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this policy.
Disappearing Deductible: The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this policy.

COINSURANCE PERCENTAGE: 100%
SCOPE OF COVERAGE: Full Excess
DESCRIPTION OF HAZARDS: Certificateholder Functions - Participation in and attendance at the following Policyholder Supervised and Sponsored activities: Policyholder sanctioned activities including meetings, fly fishing instruction & training and stream maintenance. Non-sanctioned Policyholder activities are not covered
Eligible Persons: All registered active members of the Policyholder & participating chapters, guests & campers of the Certificateholder
MEDICAL MAXIMUM BENEFIT AMOUNT: \$25,000
AGGREGATE LIMIT OF LIABILITY \$500,000 per accident, AD&D only

MEDICAL EXPENSE BENEFIT

(Usual, Reasonable and Customary = URC)

Hospital Room & Board Daily Maximum Benefit Amount:	URC per day
Intensive Care Room & Board Daily Maximum Benefit:	URC per day
Hospital Miscellaneous Maximum Benefit Amount:	URC per day
Outpatient Pre-Admission Testing Benefit Amount:	URC
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	URC
Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount	Refer to Description of Benefits Section (5)(a)
Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit	URC
Anesthesia Maximum Benefit	URC
Surgical Facility Maximum Benefit per Operating Session	URC
Doctor's Visits	
In-Hospital Maximum Benefit:	URC per visit
Office Visits Maximum Benefit:	URC per visit
Maximum for All In-Hospital and Office Doctor's Visits:	URC visits per Injury
X-ray and Laboratory Maximum Benefit Amount:	URC per procedure
Nursing Maximum Benefit Amount:	URC per Injury
Physiotherapy Benefit	
Maximum Benefit Amount (Hospital Inpatient):	URC
Maximum Benefit Amount (Outpatient):	URC
Maximum for All Physiotherapy Combined (Inpatient & Outpatient):	URC per Injury
Ambulance Maximum Benefit Amount:	URC
Medical Equipment Rental Charges Maximum Benefit Amount:	URC
Medical Services and Supplies Maximum Benefit Amount (Blood, Blood Transfusions, Oxygen):	URC
Dental Treatment For Injury Only Maximum Benefit Amount:	URC
OUT-PATIENT PRESCRIPTION DRUG BENEFIT	
Maximum Benefit Amount:	URC
ACCIDENTAL DEATH BENEFIT	
Principal Sum:	\$15,000
ACCIDENTAL DISMEMBERMENT, LOSS OF SIGHT, SPEECH, HEARING, OR PARALYSIS	
Principal Sum:	\$50,000

EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

- (1) Is caused by or results from the Covered Person's own:
 - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
 - (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
 - (c) Commission or attempt to commit a felony;
 - (d) Participation in a riot or insurrection;
 - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
 - (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
- (2) Is caused by or results from:
 - (a) Declared or undeclared war or act of war;
 - (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
 - (c) Aviation, except as specifically provided in this Certificate;
 - (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted, [unless a Sickness Expense Rider is in force under this Certificate]. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
 - (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (ii) The Covered Person was within a 25-mile radius of the site of the release either:
 - 1) At the time of the release; or
 - 2) Within 24 hours of the start of the release.

ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within the policy benefit period;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
 - (a) Employed or retained by the Certificateholder; or
 - (b) Who is the Covered Person or a member of his immediate family;
4. Charges which:
 - (a) The Covered Person would not have to pay if he did not have insurance; or
 - (b) Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
 - (a) An aircraft, except as a fare-paying passenger;
 - (a) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - (b) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
 - (a) A snowmobile;
 - (b) Any two or three wheeled motor vehicle;
 - (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is:
 - (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
 - (a) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food, unless a Sickness Expense Rider is in force under this Certificate;
11. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan. Does not apply to Primary or Primary Excess Medical Expense Scope of Coverage;
12. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
13. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
14. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
15. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
16. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
17. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges orabutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
18. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
19. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
20. The repair or replacement of existing artificial limbs;
21. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound;