

**DIVEASSURE™ USA**  
**DESCRIPTION OF COVERAGE**  
**FREE DIVE STUDENTS PLAN**  
(August 2008)

<b>Schedule of Coverages &amp; Services</b>	<b>Maximum Benefits Per Person</b>
<b>Part A – Medical Expenses</b>	
Emergency Medical Expense, Policy limit:	\$ 25,000

**PREFACE**

This is personal accident medical expense group insurance covering Diving Students members of the DiveAssure Association who have paid the appropriate membership fee.

The Insurer will pay in accordance with the terms, conditions and limitations of the Master Policy, when as a direct result of participation in a Covered Activity, You suffer an Injury.

All amounts appearing herein are United States Dollar amounts.

**Part A - MEDICAL EXPENSES**

Payment of Usual and Customary Charge(s) for services given to You for expenses incurred in the diagnosis, treatment, including treatment in a hyperbaric chamber, laboratory tests, x-rays and any other treatment given to You, which is Medically Necessary to cure and/or relieve the effects of the Injury caused by participation in the Covered Activity. Such expenses must be incurred within 365 days after the date of the Insured Event. These services must be ordered by a Physician.

**All hyperbaric treatment must be reported to AIGAssist® as soon as reasonably possible.**

**To access Emergency Assistance, call AIGAssist® operation center at: [1 - 800 -626-2427  
or call collect: [1-713-267-2525 ]**

**PRE-EXISTING CONDITIONS EXCLUSION**

THIS EXCLUSION means the Insurer will not pay any claims arising from an injury, sickness, or other condition of Yourself within the 60 day period before the departure date for the covered activity, WHERE medical advice or treatment by a physician was received by You.

**Coordination of Benefits**

Medical benefits provided under this plan will be coordinated with any other plan under which the insured has health care coverage.

## General Exclusions

This policy does not cover any loss caused by or resulting from:

1. Pre-Existing Conditions
2. Suicide or attempted suicide;
3. Intentionally self-inflicted injuries; or any attempt thereof;
4. Declared or undeclared war, or any act of declared or undeclared war;
5. Participation in any military maneuver or training exercise (except for short-term or reserve duty for regularly scheduled training);
- 6.
7. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. Mental or emotional disorders;
9. Participation as a professional in athletics or underwater activities;
10. In Minnesota, being under the influence of narcotics unless taken under the advice of a Physician;  
In South Dakota, being under the influence of drugs or intoxicants during the commission of a felony;  
In all other states, being under the influence of drugs or intoxicants unless taken under the advice of a Physician;
11. Commission or the attempt to commit a criminal act;
12. Participating in bodily contact sports; winter sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; or speed contest;
13. Driving or motorcycling as either driver or passenger, unless the driver holds a current driving license;
14. Dental treatment except as a result of accidental Injury to sound, natural teeth within twelve (12) months of the accidental Injury;
15. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
16. Diving while in an abnormal state of which You were aware and/or due to which You were disqualified or not entitled to engage in diving;
17. Engaging in underwater fishing;
18. Diving as a professional diver other than as a diving instructor;
19. Diving in an area where diving is forbidden;
20. Curtailment or delayed return for other than covered reasons.
21. Solo diving;
22. Diving using breathing mixtures other than compressed air or enriched air (EANx) with a maximum percentage of 40% oxygen;
23. Diving under ice;
24. Diving using rebreather apparatus;
25. Sickness, disease or infections of any kind; except bacterial infections due to accidental ingestion of contaminated substances or pyogenic infections which result from an Injury;
26. In South Dakota, any condition for which benefits are paid to the Insured under any Workers' Compensation Act or similar law;  
In all other states, any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

## DEFINITIONS

**“Covered Activity(ies)”** means a Dive with a certified instructor; during your entry level Diving Course.

**“Decompression illness”** means decompression sickness or arterial gas embolism resulting from a Covered Activity.

**"Dive/Diving"** means recreational snorkeling, scuba diving, or dive training. A dive begins upon entry into the water and ends upon exit from the water, and is subject to the depth limit specified on the Master application. A dive must begin while coverage is in force with respect to the Insured and must occur in an area in which snorkeling and/or scuba diving is not prohibited. In the case of scuba diving, the Insured must be equipped with Personal Diving Equipment;

**"Hospital"** means a facility which: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces unless the Insured is legally required to pay for services.

**"Injury"** - means Decompression Illness that: (1) occurs while coverage under the Policy is in force with respect to the Insured whose injury is the basis of claim; 2) occurs while the Insured is participating in a Covered Activity; and 3) results directly and independently of all other cause in a covered loss.

**"The Insurer"** - means National Union Fire Insurance Company of Pittsburgh, Pa.

**"Medically Necessary"** means that a Covered Accident Medical Service is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

**"Physician"** - means a specialist, qualified and licensed practitioner of the healing arts acting within the scope of his/her license. The treating Physician may not be Yourself, a Traveling Companion, or an Immediate Family Member.

**"Usual And Customary Charge(s)"** means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

**"You or Your"** - means An individual who is at least 8 years of age and is in the process of obtaining his qualification as a diver, and is under the supervision of and Diving with a qualified diving instructor as described above on behalf of a diving club which is authorized to qualify divers.

#### CLAIMS PROCEDURE

To facilitate prompt claims settlement: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; submit these first to other medical plans. Provide a copy of their final disposition of Your claim.

To obtain claim forms and any additional information on how to report a claim, call or write to:

AIG Claim Services  
P.O. Box 15701 Wilmington, DE 19850-5701  
1-800-551-0824 (Inside the US)  
1-302-761-3700 (Collect from anywhere else)

## General Conditions

### Other Insurance

On the occurrence of the Injury You must give the Insurer notice immediately of any other insurance in effect for risks covered by this Insurance. Medical benefits provided under this plan will be coordinated with any other plan under which the insured has health care coverage.

### Health condition and material facts

The Insurer will not be liable for claims where, at the time of this insurance being effected and/or prior to the booking of each separate Diving vacation:

1. You are aware of any medical condition or set of circumstances which could be reasonably expected to give rise to a claim.
2. You;
  - 2.1 Have during the twelve months prior to this insurance being effected and/or prior to the booking of each separate Diving vacation suffered from any chronic and/or recurring illness of a serious nature which has necessitated consultation or treatment unless declared to and accepted by the Insurer.
  - 2.2 Are suffering from anxiety or depression or from any previously diagnosed psychiatric disorder.
  - 2.3 Are receiving or on a waiting list for in-patient treatment in a hospital or nursing home.
  - 2.4 Are expected to give birth before or within eight weeks of the return date of the Diving vacation.
  - 2.5 Are traveling against the advice of a registered medical practitioner or for the purpose of obtaining medical treatment abroad.
  - 2.6 Have been given a terminal prognosis.

## TERM OF COVERAGE

Coverage is in effect immediately upon applying for your DiveAssure membership for the duration of your diving course but no longer than 6 months from the date that you have joined.

### FOR PLAN INQUIRIES PLEASE CONTACT THE PLAN ADMINISTRATOR AT:

**The DiveAssure Association  
16476 Wild Horse Creek Road  
Chesterfield, MO 63017  
Toll Free: 866-898-0921  
info@diveassure.com**

**This Insurance, under Policy # 9100743 is underwritten by:  
National Union Fire Insurance Company of Pittsburgh, Pa.  
Executive Offices: 70 Pine Street, New York, NY 10270  
(212) 770-7000**

(A capital stock company, herein referred to as the Insurer)

This is only a brief description of the coverage(s) available under policy series C11695MO. The policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the policy.

Complete provisions pertaining to this insurance are contained in the Master Policy on file with Marsh and the policyholder, DiveAssure Association. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Non-insurance services under the AIGAssist<sup>®</sup> are provided by AIG International Services.

A Privacy Notice can be found at <http://www.diveassure.com/new/lang/usa/DBGPrivacyNotice.html>