



BOY SCOUTS OF AMERICA®

Council Accident & Sickness Plan





This brochure describes the Council Accident & Sickness Insurance Plan, arranged for you by the Boy Scouts of America which we recommend. Although Scouting programs are designed for safety, accidents may happen. This insurance program is designed to help meet the costs of medical care, paralysis, dismemberment and death. Claims involving medical and surgical treatment are payable on an Excess Insurance basis as described in this brochure.

Coverage under this insurance extends to all youth and unpaid seasonal staff. You may also include all volunteer leaders, including den aides/chiefs, of your Council.

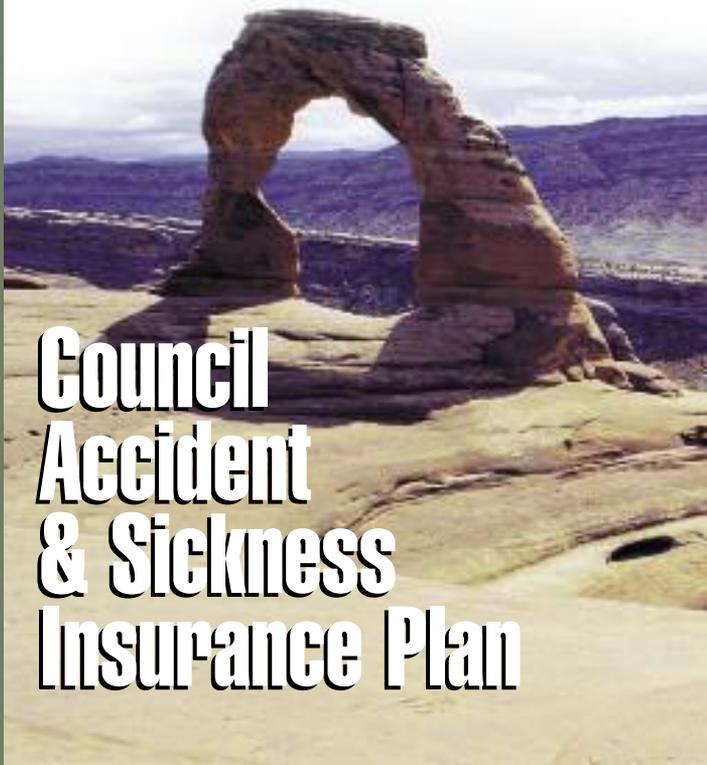
The administrator, **Health Special Risk, Inc.**, of Carrollton, Texas, will handle enrollment under the Master Policy and payment of claims.

Eligibility

All registered youth and leaders (including den aides/chiefs, unpaid seasonal staff and volunteer leaders) of each Boy Scout Council and Learning for Life program are eligible for coverage. Individual councils

determine whether the coverage they purchase is “Youth only” or “Youth and Adult” and if coverage is extended to Learning for Life curriculum-based participants. New youth members added during the year are automatically covered until the renewal date. Coverage is also automatic for new leaders if the Council includes coverage for such members. Note: If your Council did not insure members of the Learning for Life (Exploring and/or Curriculum-based) program, they will not be insured unless coverage is purchased separately.

Non-Scouts, non-Scouters and guests who



Council Accident & Sickness Insurance Plan

are being encouraged to become Scouts or leaders are automatically insured while in attendance at a scheduled activity. Other guests are not covered. The same holds true for Learning for Life. Councils may elect to cover family members while in attendance at a council sponsored family event. Please contact your Council to determine whether this coverage was purchased.

Any participant in a Church of Latter Day Saints (LDS) sponsored unit is excluded from coverage under this policy because the LDS church has already provided insurance for participants through another company, Deseret Mutual.



Coverage

The Plan provides year-round coverage for injuries occurring anywhere in the world while:

- **Participating** in an official Scouting or Learning for Life activity. Seasonal camp staff are also covered during their off-duty hours, subject to the workers' compensation exclusion.

- **Traveling** to and from official Scouting or Learning for Life activities.

Coverage is provided for sickness that begins while the insured member is:

- **In attendance** at an official overnight Scouting or Learning for Life activity or other covered event. Seasonal camp staff are also covered during their off-duty hours, subject to the workers' compensation exclusion.

- **Traveling** to and from such an overnight or other covered event.

Definitions

“**Injury**” means accidental bodily harm sustained by an insured member that results directly and independently from all other causes from a covered accident. The Injury must be caused solely through external and accidental means. All injuries sustained by one

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person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“**Sickness**” means any Sickness that requires unscheduled medical treatment during an official Scouting or Learning for Life activity.

Benefits

Accidental death*, dismemberment, loss of sight and for paralysis

When injuries to the Insured result in death or dismemberment within one year from the date of the covered accident, and from loss which is independent of sickness and all other causes, the Company will pay as follows. In the event of multiple losses or death resulting from any one covered accident, only one benefit is payable... the larger amount applicable.* Includes loss of life resulting from Heart Failure within 90 days from the date participating in an approved Boy Scouts activity:

■ Life*	\$10,000
■ Both Hands or Both Arms	\$20,000
■ Both Feet or Both Legs	\$20,000
■ One Hand and One Foot	\$20,000
■ Both Eyes	\$20,000



■ One Limb and One Eye	\$20,000
■ One Hand or One Arm	\$5,000
■ One Foot or One Leg	\$5,000
■ Either Eye	\$5,000
■ Thumb and Index Finger	\$2,500
■ Speech and Hearing in Both Ears	\$10,000
■ Speech or Hearing in Both Ears	\$5,000
■ Hearing in One Ear	\$2,500

*Includes loss of life resulting from heart failure within 90 days from the date of participating in an approved Boy Scout or Learning for Life activity.

Loss of a hand or hands, or a foot or feet, shall mean com-

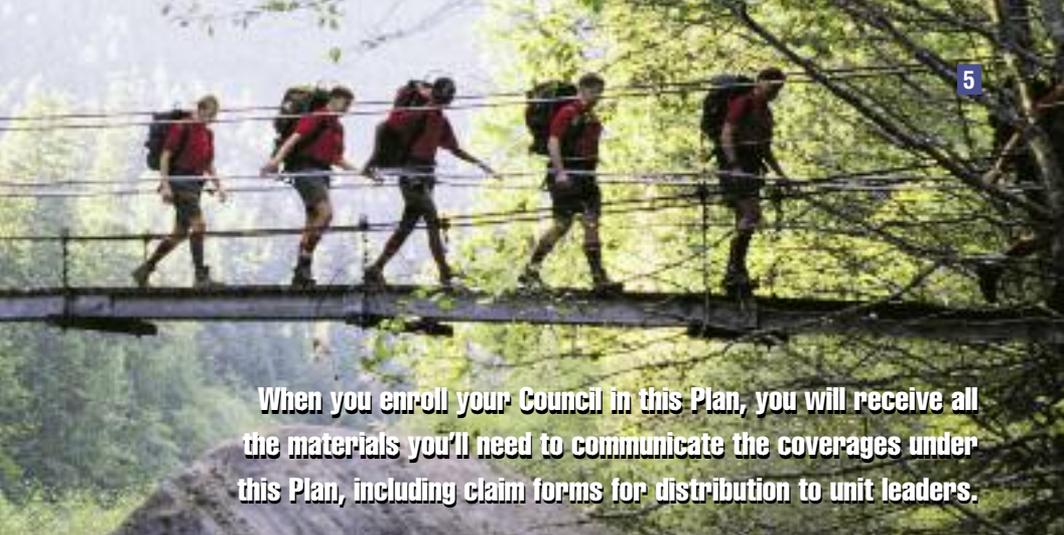
plete severance through or above the wrist joint or ankle joint, respectively; and loss of an arm or arms, or a leg or legs, shall mean severance at or above the elbow joint or knee joint, respectively; the loss of an eye or eyes shall mean the total permanent loss of the entire sight thereof. Loss of a thumb and index finger shall mean severance of at least one entire phalanx from each digit of the same hand.

When injuries result in paraplegia, hemiplegia or quadriplegia commencing within 60 days after the

covered accident and continuing for one year, the Company will pay \$10,000 for paraplegia or hemiplegia and \$20,000 for quadriplegia. “**Paraplegia**”

means complete loss of function of the lower extremities of the body





When you enroll your Council in this Plan, you will receive all the materials you'll need to communicate the coverages under this Plan, including claim forms for distribution to unit leaders.

with involvement of both legs. **“Hemiplegia”** means complete loss of function of one side of the body with involvement of the arm and leg. **“Quadriplegia”** means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs. **“Limb”** means hand(s), arm(s), foot (feet), or leg(s).

In the event of multiple losses or death resulting from any one covered accident, only one benefit is payable...the larger amount applicable.

Benefits for medical expenses, dental treatment and ambulance services

■ Up to \$15,000 for Accident Medical Expense Benefits

■ Up to \$7,500 for Sickness Expense Benefits

For each sickness or injury, benefits are payable for medical or surgical treatment, prescription drugs or for hospitalization or the exclusive services of a private duty nurse (RN or LPN), which begin within 60 days from the date of the accident or sickness that begins during the covered activity. Benefits will be paid for expenses incurred (subject to the Primary Excess Provision explained below) up to the Usual and Customary charges normally made within the geographic area where treatment is performed.

Excess Insurance provision

The Plan is an Excess Insurance Plan meaning that the Plan will pay all those eligible expenses incurred from a covered accident or sickness not paid by any other col-

lectible insurance or pre-paid health plan in-force for you or a dependent child(ren). If no other collectible insurance or pre-paid health plans are in effect at the time of the loss, this plan will pay all eligible covered expenses up to the plan limits. There is no deductible under this plan.

Also, coverage under this plan does not provide duplicate benefits when an insured member is also insured under another Boy Scout or Learning for Life plan for a national or regional sponsored camp or special event. This provision applies to all benefits offered under these plans, including Accidental Death & Dismemberment.

Specified injury benefits

Injury maximum of up to \$35,000 will be paid to medically necessary

This plan was developed to provide each Council with the opportunity to include all members under one common Council-wide plan of accident and sickness insurance. This policy eliminated the need to purchase a campers and special events policy unless you desire coverage for unregistered guests who attend the special event.



treatment due to the following specified injuries: (a) loss of sight in both eyes; (b) dismemberment any extremity; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) loss of hearing in both ears.

“Dismemberment of any extremity” means complete Severance of hand, foot, arm or, leg. “Severance” means the complete separation and dismemberment of the part from the body. “Paralysis” means total loss of use of: a) both upper and lower limbs; upper and lower limbs on one side of the body; one lower limb or one upper limb; or both lower limbs or both upper limbs. “Irreversible Coma” means: (a) state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending doctor.

■ **Up to \$5,000 for Dental Treatment**

Pays for dental injuries, up to a total of \$5,000 for repair, treatment and/or replacement of sound, natural teeth. If, within the

52-week period following the date of the accident, the Insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, benefits will not exceed a total of \$5,000. This benefit shall be in addition to any other benefits payable under the terms of this Plan.

■ Up to \$6,000 for Ambulance Service Benefits

Pays for air ambulance service when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, such service is needed to facilitate treatment of injuries and no other ambulance service is available.

Pays for professional ambulance service for surface transportation to a hospital. These benefits shall be in addition to any other benefit payable under the terms of this plan.

Benefits for medical expenses, dental treatment and ambulance services are payable for services or treatment performed and supplies furnished



within 52 weeks of the date of the accident or sickness that begins during the covered activity.

■ Up to \$1,500 for Return Transportation Expenses

If a covered injury or sickness requires an insured member to return home from a scheduled activity, the transportation expense incurred will be paid – plus the transportation expense for one person to accompany the insured member on such trip, if such accompaniment is recommended by a legally qualified doctor. Benefits will be paid in addition to any other benefits payable under this Plan. In the event the insured member is deceased, this benefit will be payable for a person who accompanies the body, but only if such person is a member of the insured member's immediate family.

Post Traumatic Stress Disorder

■ **\$100 per counseling session up to five sessions**, if the covered person suffers a diagnosed PTSD resulting directly and independently of all other causes from a covered accident. The benefit period is for 104 weeks from the date of the accident.

Crisis Management Benefit

■ **\$100 per counseling session up to five sessions**, if a covered person suffers a covered loss as the result of a felonious assault or from another person's use of a gun or knife to commit an act of violence if the accident occurs while engaged in a covered activity. The benefit period is for 52 weeks.

Exclusions (what is not covered)

The policy does not cover: (a) the cost of medical or surgical treatment or nursing service by a person employed or retained by the Boy Scouts of America or Learning for Life, or by any immediate family or member of the insured member's household; (b) any loss caused by suicide or attempted suicide; (c) any loss caused by intentionally self-inflicted injuries; (d) eyeglasses, contact lenses, hearing aids, examinations

or prescriptions for them, or repair or replacement thereof; (e) loss caused by war or any act of war, whether declared or not; (f) dental treatment or dental x-rays, except when required as the result of injuries to sound, natural teeth; (g) Injury or Sickness paid or payable by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.



Hospital benefits are not payable for confinement in an institution not classified as a hospital, or in a hospital or institution or part of a hospital or institution which is licensed or used principally for the treatment or care of drug addicts or alcoholics, or as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

Claims

All claims need to be filed with the administrator, Health Special Risk, Inc., (HSR). Claim forms can be received via email upon request from boyscouts@hsri.com. Please complete the claim form in its entirety and remit to HSR within 90 days of the accident or illness along with copies of all related medical documents and Explanations of Benefits (EOBs) received thus far. As you continue to receive medical documents and EOBs forward copies to HSR as they come available. In addition, all serious claims need to be immediately reported to your Council.

Enrollment procedure (for Council use only)

Plan 1 insures Youth only (including unpaid seasonal staff). Plan 2 insures Youth and Adults. All Tiger Cubs must have a Tiger Cub parent insured. Optional coverages are available to cover Learning for Life curriculum based participants and family members. A designated Council staff member will annually enroll the council in the desired plan online at www.hsri.com. If assistance is needed, contact HSR at 1-866-726-8870 or bsaenrollment@hsri.com.

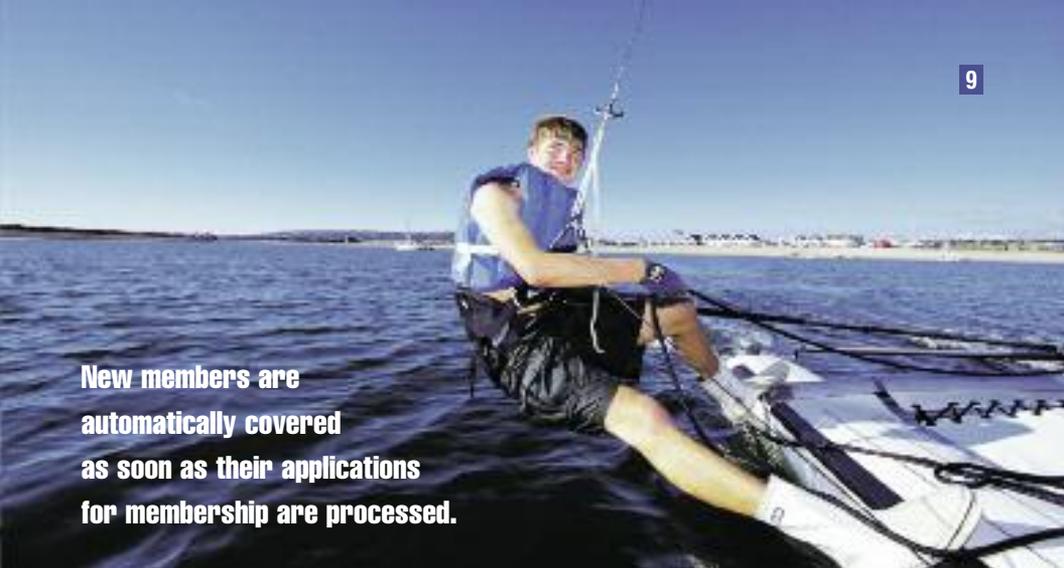
Coverage does not become effective until **Health Special Risk, Inc.** has processed your completed online enrollment. Shortly thereafter the designated council staff member will receive an email containing the purchased policy's description of coverage, an accident/illness medical claim form and other important documents. Additional claim forms and brochures are available online at www.hsri.com. Contact HSR if additional supplies are needed.

Claim procedure

The claims procedure will be explained more fully in the materials referred to above; however, stated briefly, immediate notice of claims and all inquiries regarding claims should be directed to:

Health Special Risk, Inc.

HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007
Toll-free: 1-866-726-8870
Fax: 972-512-5832 or
boyscouts@hsri.com



New members are automatically covered as soon as their applications for membership are processed.

Important questions and answers about the plan

Q. What is an official Scouting activity?

A. An activity carried out by youths who are registered members under the approval and overall supervision of unit leaders, in keeping with the policies and standards of the BSA.

Q. Why was this Plan developed?

A. To provide each Council with the opportunity to include all members under one common Council-wide plan of accident and sickness insurance.

Q. Must all members of the Council be insured under this Plan?

A. All registered youth and seasonal staff are eligible for coverage and must be insured unless they are registered to a unit chartered to an LDS Church.

LDS units are covered by Deseret Insurance and excluded from this policy. Coverage for volunteer leaders, including den aides/chiefs, is optional. If coverage for Learning for Life curriculum-based programs and/or family members is desired, all must be insured. If coverage for leaders is elected, all must be insured. Full- or part-time employees of the Boy Scouts or Learning for Life are not eligible. However, if the employee participates as a “volunteer” (for example, for their own child’s unit) they would be covered.

Q. If new members join after our Council has enrolled for the insurance are they covered?

A. Yes. New members are automatically covered as

soon as their applications for membership are processed.

Q. Are guests (brothers, sisters, friends) covered?

A. Non-Scouts, non-Scouters and guests who are being encouraged to become registered leaders or Scouts are automatically covered while in attendance at a scheduled activity. Family members are covered only if the council purchased family member coverage. Other guests are not covered.

Q. Will I receive informational material for all unit leaders?

A. Yes. When you enroll your Council in this Plan, you will receive materials you’ll need to communicate the details of this Plan to unit leaders. Claim
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forms and copies of this brochure will be sent to the Council for distribution to unit leaders. This brochure and the claim forms are designed to explain all the details of the Plan and to answer most questions. Additional questions should be directed to the administrator, **Health Special Risk, Inc.** for specific answers.

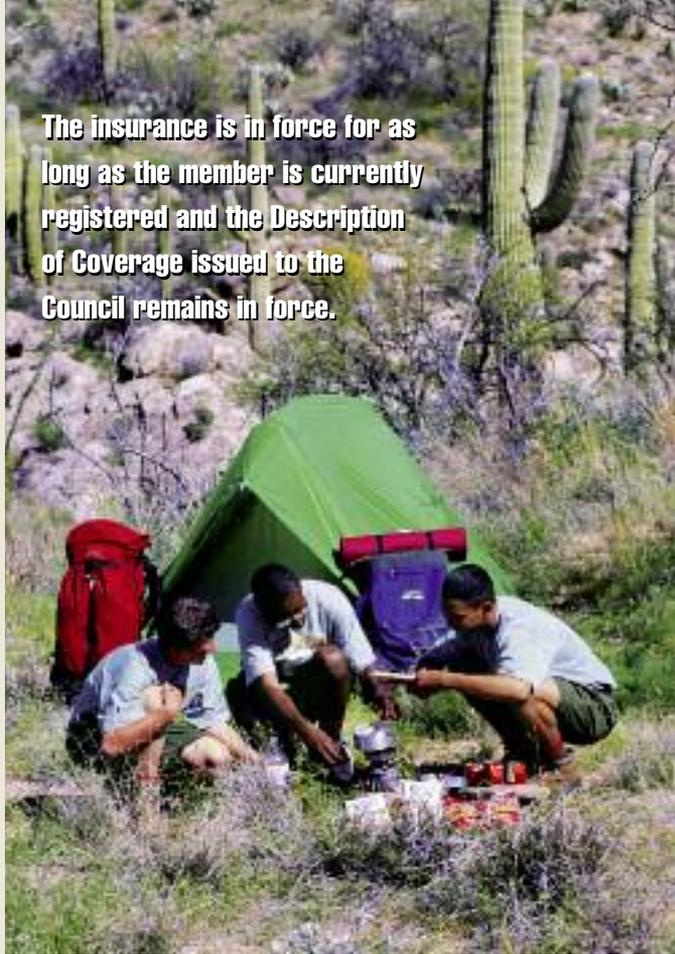
Q. How does the Council become involved in the administration of this plan?

A. This Plan is designed to alleviate the Councils of most of the administrative responsibilities normally involved in an insurance program of this nature. Council administration is limited principally to validating claim forms (a simple procedure to assure that the claim is originating from a Council insured under this Plan and that the person making the claim is registered through the council or a guest invited specifically for the purpose of joining) and maintaining supplies for distribution.

Q. How long is a member covered under this Plan?

A. The insurance is in force until the end of the calendar year from the date the Council effects coverage.

The insurance is in force for as long as the member is currently registered and the Description of Coverage issued to the Council remains in force.



Q. Are participants in Learning for Life Plans covered for Sickness?

A. Yes, if they are:

- In attendance at an official overnight Scouting or Learning for Life activity or other covered event operated and supervised by your Council. Seasonal staff are also covered during their off-duty hours, subject to workers' compensation exclusion

- Traveling to and from such overnight activity or other covered event.

This booklet provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued to the Boy Scouts of America under policy number PTP N00327402. The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.



**THE BOY SCOUTS
OF AMERICA'S
ADMINISTRATOR
FOR
ACCIDENT & SICKNESS
INSURANCE COVERAGES**

**HSR Plaza II
4100 Medical Parkway
Carrollton, Texas 75007
Toll-free 1-866-726-8870**

For assistance regarding Councils enrolling
in the plan or for supplies, please visit www.hsri.com
or contact the Boy Scout Coordinator at the above
or via bsaenrollment@hsri.com.

For claim inquiries, benefits and coverage questions,
please contact **HSR Customer Service** at the above
or via boyscouts@hsri.com.



BOY SCOUTS OF AMERICA®



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Insurance Company,
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