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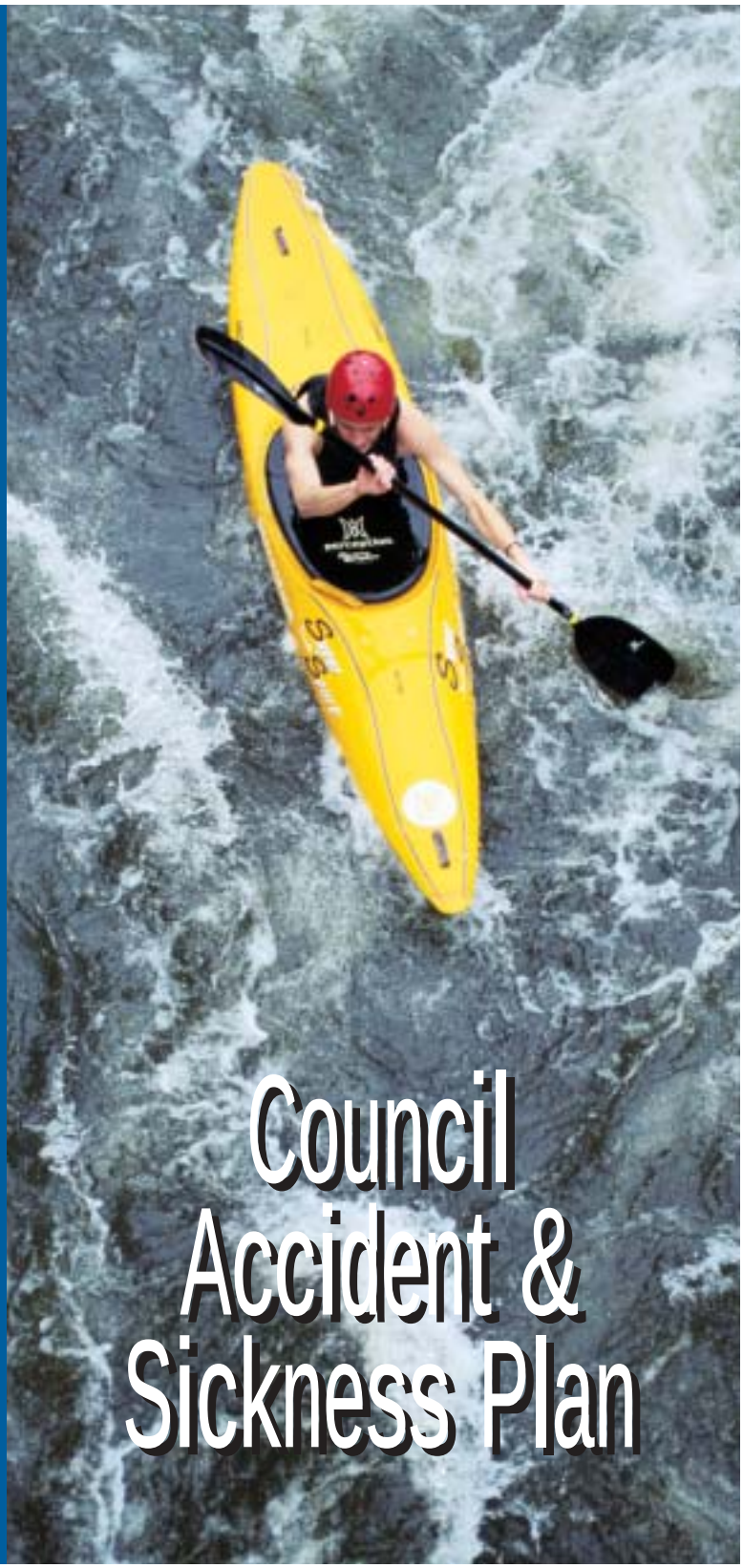
BOY SCOUTS OF AMERICA®



Council Accident & Sickness Plan

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This booklet will acquaint you with the BSA Council Accident & Sickness Insurance Plan; a Plan to assist Councils in meeting the insurance needs for their units, as well as for Council sponsored camps.

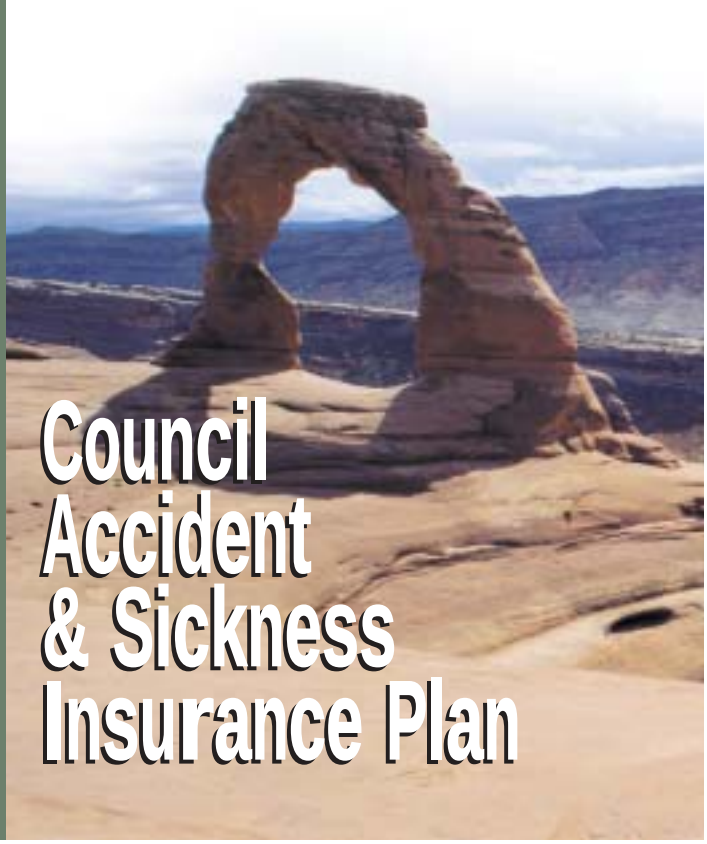
Coverage under this insurance extends to all youth and seasonal staff. You may also include all registered leaders and volunteer leaders, including den aides/chiefs, of your Council.

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, seasonal staff and volunteer leaders) of each Boy Scout Council and Learning for Life program are eligible for coverage. 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 (Explorer and/or Non-Explorer) program, they will not be insured unless coverage is purchased separately.

NonScouts, non-Scouters and guests who are being encouraged to become reg-



Council Accident & Sickness Insurance Plan

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istered leaders or Scouts are automatically insured while in attendance at a scheduled activity. Other guests are not covered. The same holds true for Learning for Life.

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 operated and supervised by your Council. 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 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.

Continued on the next page

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Benefits for accidental death, dismemberment, loss of sight and for paralysis

When injuries result in loss of life or any of the other specific losses listed below 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 for loss of:

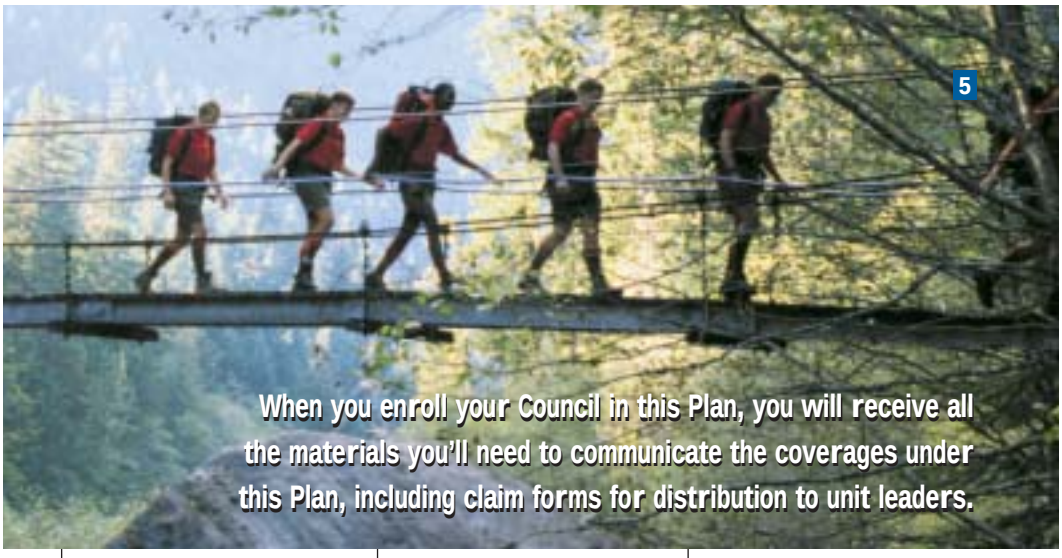
■ Life*	$10,000
■ Both Hands or Both Arms	$20,000
■ Both Feet or Both Legs	$20,000
■ One Hand and One Foot	$20,000
■ Both Eyes	$20,000
■ One Limb and One Eye	$20,000
■ One Hand or One Arm	$5,000
■ One Foot or One Leg	$5,000
■ Either Eye	$5,000
■ Thumb and Index Finger	$2,500

*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 complete 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 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.

Primary excess provision

When medical or surgical treatment is involved, benefits in excess of the first $300 will be payable only for the expenses shown above which are not recoverable under any other insurance policy or service contract. If no other collectible insurance is available, this Primary Excess Provision will not apply.

Also, medical coverage under this plan does not provide duplicate benefits when an insured member is also insured under another Boy Scout plan or Learning for Life plan for a national or regional sponsored camp or special event.

Specified injury benefits

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

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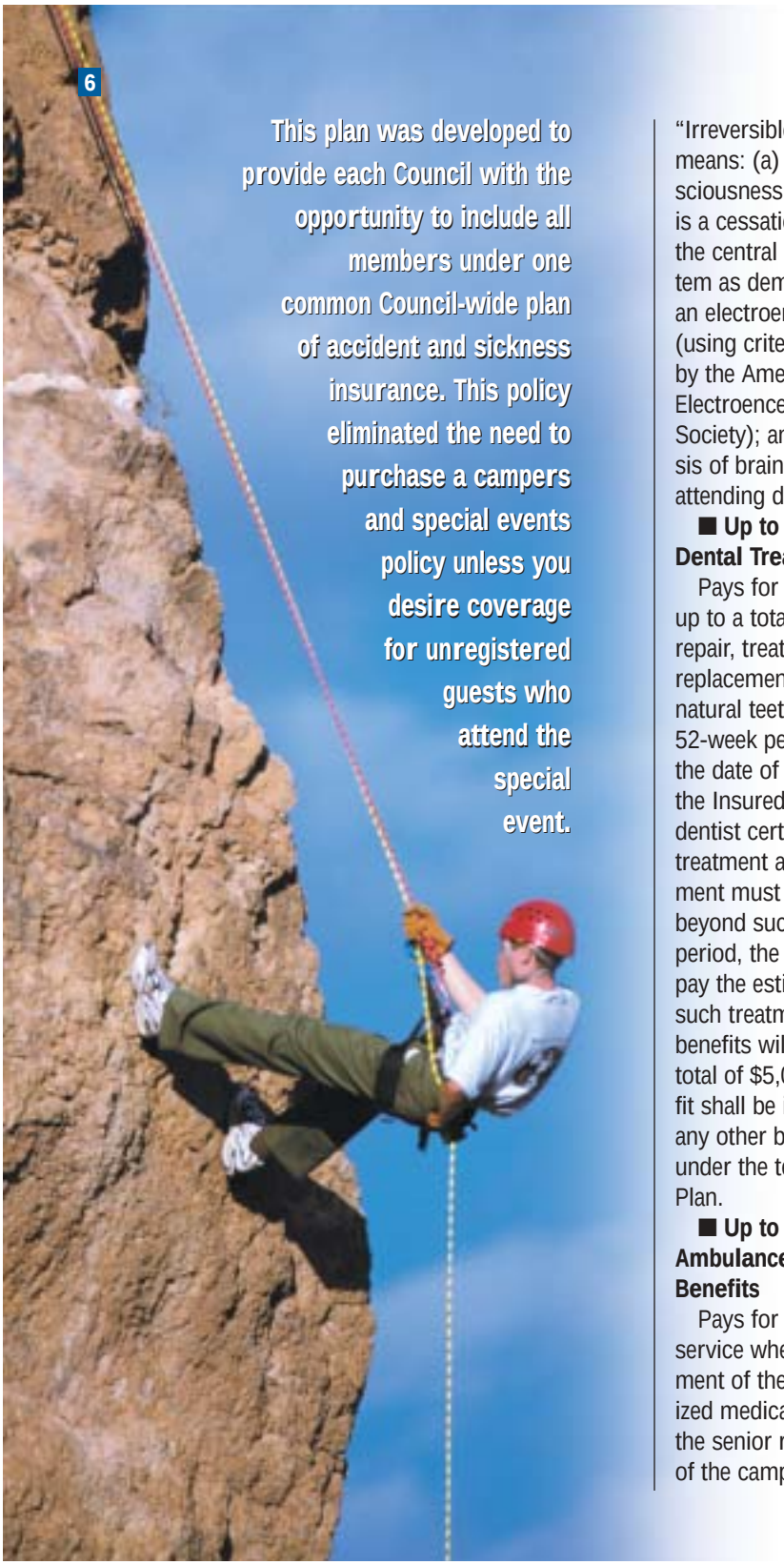

This plan was developed to provide each Council with the opportunity to include all members under one common Council-wide plan of accident and sickness insurance. This policy eliminated the need to purchase a campers and special events policy unless you desire coverage for unregistered guests who attend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

"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,

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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.

Weekly disability indemnity benefits

All registered adult leaders 21 years of age or older (18 years if an Assistant Scoutmaster, Assistant Den Leader, Assistant Cub Master, or Assistant Webelo Den Leader) are eligible for this benefit.

When covered injuries result in Total Disability beginning within seven (7) days after the date of an accident, the Company will pay benefits for one day or more during such Total Disability at the rate of $200 for each full week, not to exceed 52 weeks for any one covered accident. Benefits begin on the date of the first medical treatment during Total Disability.

(Total Disability means an insured member: (1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and (2) if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.)

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' Compensa-tion, Employer's Liability Laws or similar

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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 either boyscouts@hsri.com or christina@hsri.com. Please complete the claim form in its entirety and remit to *HSR* along with copies of all bills after you have received your primary insurance company Explanation of Benefits (EOB) forms. For claims that total less than $300.00 for all expenses, submit them directly to *HSR*.

In addition, all serious claims need to be immediately reported to your Council.

Enrollment procedure (for Council use only)

There are two plans available. **Plan 1** insures Youth Members Only (including seasonal staff). **Plan 2** insures Youth and Adults. All Tiger Cubs must have a Tiger Cub parent insured.

■ Complete the Enrollment Form.

■ Mail the completed Enrollment Form along with the appropriate premium (made payable to ***Health Special Risk, Inc.)*** to:

Health Special Risk, Inc.
P.O. Box 676052
Dallas, TX 75267-6052

Be sure you allow 15 days before the desired effective date of insurance for mailing, since coverage does not become effective until ***Health Special Risk, Inc.,*** receives the Enrollment Form and appropriate premium unless a later date is specified.

Evidence of coverage

A Description of Coverage will be mailed to your Council following receipt of your Enrollment Form and premium.

Administration

In addition to the Description of Coverage, a supply of claim forms will be forwarded. These claim forms should then be distributed to unit leaders along with copies of this brochure. These materials should help answer inquiries and assist in the administration of the Plan.

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
4001 N. Josey Lane
Carrollton, TX 75007-1520

If you have any questions that are not answered in this brochure, please direct them to:

Health Special Risk, Inc.
HSR Plaza
4001 N. Josey Lane
Carrollton, TX 75007-1520
or call 1-866-726-8870,
or boyscouts@hsri.com

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Important questions and answers about the plan

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. 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.

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 Desert Insurance and excluded from this policy. Coverage for registered leaders and volunteer leaders, including den aides/chiefs, is optional. If coverage for Learning for Life Explorers and Non-Explorers 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. NonScouts, nonScouters and guests who are being encouraged to become registered leaders or Scouts are automatically covered while in attendance at a scheduled activity. 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 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.

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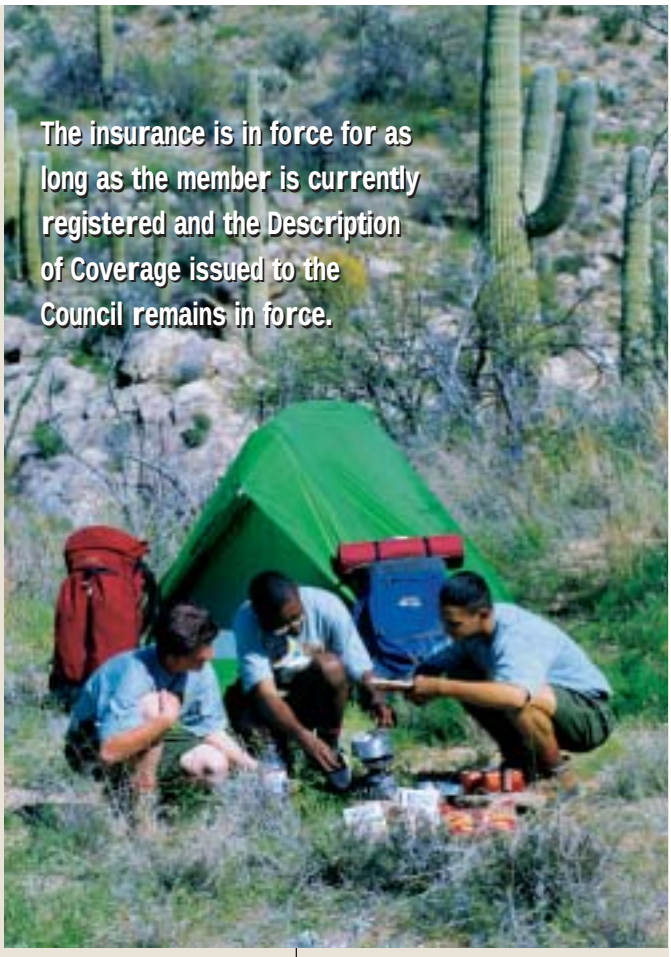
Q. How does the Council become involved in the administration of this plan?

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 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.

HSR-BSA-COUNCILA&S (08-05)

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HSR
Health Special Risk, Inc.

THE NEW CHOICE FOR THE BOY SCOUTS OF AMERICA

HSR Plaza 4001 N. Josey Lane
Carrollton, Texas 75007-1520
Toll-free 1-866-726-8870

For assistance regarding Councils enrolling in the plan or for supplies, please contact Christina Mitchell at the above or via christina@hsri.com.

For claim inquiries, benefits and coverage questions, please contact customer service at the above or via boyscouts@hsri.com.

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BOY SCOUTS OF AMERICA®

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HSR Plaza, 4001 N. Josey Lane
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ACE American
Insurance Company,
Philadelphia, PA