



BOY SCOUTS OF AMERICA

Council Accident and Sickness Insurance Plan

Adult Leaders' Guide

Dear Boy Scout Leader:

In spite of your best efforts to maintain safety standards in all your unit's Scouting and Learning for Life activities, accidents may occur. In such emergencies, you'll want to see that the youths or leaders involved receive prompt medical attention without having to be concerned about how the cost for such care is to be paid.

That's why your Council is sponsoring the Council Accident and Sickness Insurance Plan, offered by Mutual of Omaha Insurance Company, described in this folder. This Plan provides financial protection against accidental injury and illness for all registered youths, leaders, volunteer leaders and seasonal volunteer staff.

As the leader of your unit, you will want to read the contents of this folder carefully to learn all about the benefits, exceptions and limitations of this coverage, as well as the steps in filing a claim. You may also want to review this folder with other leaders of your unit and the parents of the youths entrusted to your care.

Particular care should be taken to remind parents and leaders that medical expense benefits are paid on an excess basis after the first \$150 (see the explanation of the Excess Provision inside).

Please keep in mind that it is not the purpose of this coverage to replace or diminish the need for family health insurance. Rather, its purpose is to provide assurance that financial help is available to help meet emergency medical expenses should an injury or illness occur during a Scouting or Learning for Life activity.

Coverage can also be provided for Learning for Life activities by completing the appropriate section on the application and remitting the additional premium.

Should you have any questions about this insurance service, please contact your Council or write directly to: Alexander & Alexander Benefits Services, Inc., 1185 Avenue of the Americas, New York, NY 10109-0821; Boy Scout Section, phone 1-800-BSA-ACG1 or 1-800-272-2241.

Boy Scouts of America

Eligibility

All registered youths 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 without additional premium. **NOTE:** If your Council does not insure members of the Learning for Life program, they will not be insured unless purchased separately.

Nonscouts, nonscouters and guests who are being encouraged to become registered leaders or scouts are automatically covered at no extra cost while in attendance at a scheduled activity. Other guests are not covered.

Coverage

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

- (a) participating in any activity approved and supervised by the Boy Scouts of America or Learning for Life. Seasonal volunteer camp staff are also covered during their off-duty hours, subject to the workers' compensation exclusion.
- (b) traveling to and from such activities (traveling is not limited to "as a group").

Coverage is provided for **sickness first manifesting** itself while the insured member is:

- (a) in attendance at a Council scheduled session of an overnight or other covered event operated and supervised by your Council. Seasonal volunteer camp staff are also covered during their off-duty hours, subject to the workers' compensation exclusion.
- (b) traveling to and from such an overnight or other covered event as a member of a group under the supervision of an authorized representative of your Council. Seasonal volunteer staff, explorers and adult volunteer leaders registered for a camp are also covered while traveling on an individual basis to and from their homes and a scheduled session of the camp.

BENEFITS FOR ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT AND FOR PARAPLEGIA, HEMIPLEGIA OR QUADRIPLÉGIA

When injuries result in loss of life or any of the other specific losses listed below within one year from the date of the accident and from loss which is independent of sickness and all other causes, the Company will pay for loss of:

Life.....	\$ 7,000
Both Hands or Both Arms.....	14,000
Both Feet or Both Legs.....	14,000
One Hand and One Foot.....	14,000
Both Eyes.....	14,000
One Limb and One Eye.....	14,000
One Hand or One Arm.....	3,500
One Foot or One Leg.....	3,500
Either Eye.....	3,500
Thumb and Index Finger.....	1,750

Loss in every case referred to above of hand or hands, or foot or feet, shall mean severance at or above the wrist joint or ankle joint, respectively; and loss of arm or arms, or leg or legs, shall mean severance at or above the elbow joint or knee joint, respectively; the loss of eye or eyes shall mean the total, uncorrectable and irrecoverable loss of the entire sight thereof. Loss of 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 accident and continuing for one year, the Company will pay \$7,000 for paraplegia or hemiplegia and \$14,000 for quadriplegia. "Paraplegia" means complete paralysis 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 paralysis of both the upper and lower extremities of the body with involvement of both arms and both legs.

Only one of the amounts (the largest amount applicable) named previously will be paid for injuries resulting from one accident, and shall be in addition to any other benefits for such accident.

BENEFITS FOR MEDICAL EXPENSES, DENTAL TREATMENT AND AMBULANCE SERVICES

Up to \$6,000 for Medical Expense Benefits

For each sickness or injury beginning within 60 days after the accident or the first manifestation of sickness, benefits in the aggregate of up to \$6,000 are payable for medical or surgical treatment, prescription drugs or for hospitalization or the exclusive services of a private duty nurse (RN or LPN). Benefits will be paid for expenses incurred (subject to the Excess Provision explained below) up to the usual, reasonable charges normally made within the geographic area where treatment is performed.

Excess Provision

When surgical treatment or hospital care is involved, benefits in excess of the first \$150 will be payable only for the expenses shown previously which are not recoverable under any other insurance policy or service contract. If no other collectible insurance is available, this Excess Provision will not apply.

SPECIFIED INJURY BENEFITS

The accident medical benefit will be increased from \$6,000 up to \$25,000 for medically necessary treatment due to the following specified injuries: (a) loss of sight in both eyes; (b) dismemberment; (c) paralysis; (d) irreversible coma; (e) entire loss of speech; or (f) loss of hearing in both ears.

"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 Legally Qualified Physician.

Up to \$1,250 for Dental Treatment

Pays for dental injuries up to a total of \$1,250 for 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 shall not exceed a total of \$1,250. This benefit shall be in addition to any other benefit payable under the terms of this Plan.

Ambulance Service Benefits

Pays for air ambulance service up to \$6,000 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 or sickness and no other ambulance service is available.

Pays for professional ambulance service up to \$6,000 for surface transportation to a hospital.

These benefits shall be in addition to any other benefit payable under the terms of this Plan.

Benefits listed previously are payable for services or treatment performed and supplies furnished within 52 weeks of the date of the accident or the first medical treatment for sickness. Treatment must begin within 60 days of the date of the accident or the first manifestation of sickness.

NOTE: When medical expenses, dental treatment or ambulance services are incurred as a result of injuries or sickness while participating in any national or regional sponsored camp or special event, including travel to and from the camp or event, the Company will pay the benefits described on the preceding panel but only for such expense which is not recoverable under any policy issued to the Boy Scouts of America to provide coverage for such camp or event.

Up to \$1,500 for Return Transportation Expenses

If a covered injury or sickness shall, upon recommendation of a legally qualified physician, require an insured member to return home from a scheduled session of a camp operated by your Boy Scout Council or Learning for Life, the transportation expense incurred will be paid plus the transportation expense for one person to accompany the Insured on such trip, if such accompaniment is recommended by a legally qualified physician. Benefits under this provision are payable up to a total of \$1,500 and will be paid in addition to any other benefits payable under this Plan. In the event the Insured 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's immediate family.

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; (b) any loss caused by suicide or attempted suicide; (c) any loss caused by intentionally self-inflicted injuries; (d) eye refractions, replacement of eyeglasses, contact lenses or hearing aids, or the fitting thereof; (e) loss caused by an act of declared or undeclared war; (f) dental treatment or dental X-rays, except when required as the result of injuries to sound, natural teeth.

Medical expense benefits are not payable for any injuries or sickness covered under workers' compensation or employer's liability laws. 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.

Important Questions and Answers

1. Q. Who is covered by this Plan?

A. Every registered youth, leader, volunteer leader, including den aides/chiefs, and seasonal volunteer staff of the Council is automatically covered by accident insurance during approved and supervised program activities, plus accident and sickness insurance for Council operated and supervised overnight and other covered events and camps. Coverage is automatic upon registration with the Council.

2. Q. Are persons in the Learning for Life program covered?

A. No, unless your Council includes the Learning for Life group on the application and pays the additional premium.

3. Q. What is an approved and supervised activity of the Boy Scouts of America?

A. It is an activity carried out by youths who are registered members under the overall supervision of unit leaders, in keeping with the policies and standards of the Boy Scouts of America.

4. Q. Are activities engaged in independently (that is, on their own) by one or more members of the unit covered?

A. No. Individual activities conducted outside of the unit and not under the direct supervision of unit leadership, such as preparing for a scouting award, are not covered.

5. Q. Is traveling to and from a unit meeting or other approved and supervised scouting activities covered?

A. Yes.

6. Q. Is coverage provided for members of a unit participating in or traveling to or from an approved and supervised Boy Scout or Learning for Life activity outside the United States?

A. Yes. There are no geographic limitations in this coverage.

7. Q. If new members join our unit after we have registered for the year, are they covered?

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

8. 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 Certificate of Insurance issued to the Council remains in force.

9. Q. Is camping covered under this Plan?

A. Yes. Accident and sickness protection is provided for insured members in attendance at a Council scheduled session of an overnight or other covered event operated and supervised by the Council. Accident only coverage is provided for other activities that are approved and supervised by the unit, in keeping with BSA policies and standards.

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

A. Only nonscouts, nonscouters and guests who are being encouraged to become registered leaders or scouts are automatically covered at no extra cost while in attendance at a scheduled activity. Other guests are not covered.

11. Q. Are covered medical expenses under this Plan payable regardless of the existence of other health insurance policies?

A. Yes, up to \$150. The Plan pays the first \$150 of covered medical expenses without regard to benefits that may be available under other plans (except national and regional sponsored camp and special event plans). When surgical treatment or hospital care is involved, benefits under this Plan in excess of \$150 are available only for such expenses that exceed the limit of benefits available under other forms of insurance. If no other collectible insurance is available, this Excess Provision will not apply.

How To File for Benefits

To file for benefits under this Plan of Insurance, please take the following steps.

1. Use the claim form that has been provided to you. Additional claim forms are available through your Council.
2. Complete the leader's statement on the claim form and sign.
3. Have the claimant, if adult, or the parents or guardian of the youth for whom the claim is presented, and the attending physician complete and sign their respective statements on the claim form.
4. Attach all bills identifying the patient, the date(s) of treatment(s) and the condition treated and send them along with the completed claim form to your Council office.

After the claim form and initial bills have been sent, direct any additional bills to:

Mutual of Omaha Insurance Company
Special Coverages Claims Services
Boy Scout Division
P.O. Box 31156
Omaha, Nebraska 68131-0156

In all correspondence to Mutual of Omaha, be sure to show the name and number of the Council and the name of the member sustaining the loss. Normally, benefits will be sent directly to the provider of the treatment, that is, the physician or hospital. However, if the bill for services has been paid by the person applying for benefits, benefits can be paid directly to this person.

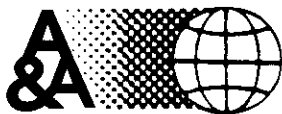
If you have any questions regarding a claim, please direct them to Mutual of Omaha at the above address.



**Mutual of Omaha
Companies**

Underwritten by
Mutual of Omaha Insurance Company
Home Office: Omaha, Nebraska

Presented by



BENEFITS SERVICES

1185 Avenue of the Americas
New York, NY 10109-0821



BOY SCOUTS OF AMERICA

NOTE: This brochure has been prepared by Mutual of Omaha Insurance Company. The information given is a description of the coverage, benefits and exclusions contained in the Master Policy issued to the National Council of Boy Scouts of America and the Certificate of Insurance issued to your local Council. All information given is subject to the terms and conditions of the Master Policy. The policy is renewable, subject to the Company's approval.