



BOY SCOUTS OF AMERICA®

**Campers' & Special Events** ACCIDENT AND SICKNESS PLAN





**This booklet describes the Accident & Sickness Insurance that will be provided for each person registered with Boy Scouts of America or Learning for Life and attending your Local Council summer camp activities as well as other official Scouting events (i.e., camporees, camping schools, trips, conferences, Woodbadge Courses, Cub Day Camps, etc.). To secure coverage, advance notice of each event must be furnished.**

*(See How to Enroll.)*

## Coverage

The Plan is designed to insure all persons officially signed up for scheduled Scout functions and while in attendance at scheduled functions for loss resulting from accident or sickness that begins while:

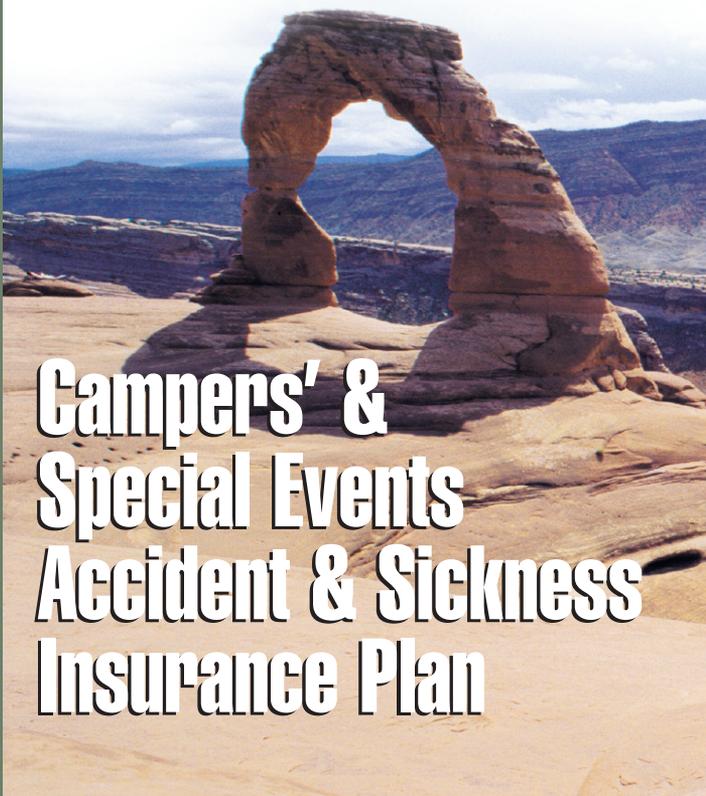
**Participating** in or attending official Scouting or Learning for Life (Exploring and Curriculum-based program) activities. Seasonal volunteer staff are also covered during their off-duty hours, subject to the workers' compensation exclusion.

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

The above coverage is subject to the Exclusions listed below.

## Definitions

**"Injury"** means accidental bodily harm sustained by an Insured that results directly from a covered accident and independently from all other causes. 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



# Campers' & Special Events Accident & Sickness Insurance Plan

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

Continued on the next page



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 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 serv-

ices 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 collectible insurance or pre-paid health plan in-force for you or a dependent child (ren). If no other collectible insurance or pre-paid health

**This plan provides coverage for accidental death and dismemberment and medical expense benefits for persons officially signed up for scheduled camping functions.**

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 for medically necessary treat-

ment due to the following specified injuries: (a) loss of sight in both eyes; (b) dismemberment of 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 dis-

memberment 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 esti-





mated 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 covered accident or sickness that begins during the covered activity.

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

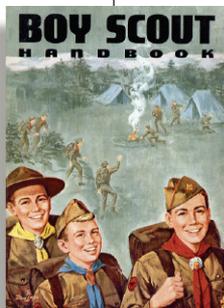
If a covered injury or sickness requires an

insured member to return home from an approved Boy Scout or Learning for Life 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 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.

### 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

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 any

attempted suicide; (c) 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 injuries to sound, natural teeth. (g) Injury or Sickness paid or payable by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.

## Cost

The premium is computed at the rate of \$.37 for each person/each calendar day. A fraction of a day is considered one calendar day.

## How to enroll

Complete the Enrollment Form. A minimum premium charge of \$15 per application for processing is required.

If the total premium is \$100 or less, submit a check for the total premium.

If the total premium is \$101 or more and is estimated, submit one-half as the deposit premium. A final audit report will be due within 30 days after the close of the event, along with the balance of the premium.

If the total premium is \$101 or more and the actual total

premium is known, submit a check for the total amount. This will eliminate the need for a final audit report.

Retain a copy for your files and return the attached form along with the check for premium directly to:

**Health Special Risk, Inc.**  
P.O. Box 676052  
Dallas, TX 75267-6052  
Toll free: 1-866-726-8870

Your Enrollment Form must be received by this office prior to the desired effective date. (Allow at least 10 days mailing time.) Otherwise, coverage becomes effective on the date the Enrollment Form is received. If these guidelines cannot be met, please

call the above telephone number to bind coverage.

Following receipt of your Enrollment Form, a Confirmation of Coverage and claim forms will be sent to you.

## Claims procedure

Notice of claims and all inquiries regarding claims should be directed to:

**Health Special Risk, Inc.**  
HSR Plaza  
4100 Medical Parkway  
Carrollton, TX 75007  
Toll free: 1-866-726-8870  
or fax: 972-512-5832 or  
[bsaenrollment@hsri.com](mailto:bsaenrollment@hsri.com)

If claim forms are not available, they may be obtained from **Health Special Risk, Inc.**



*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 N00327426.*

*The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.*

**You are covered while traveling to and from scheduled functions as a member of a Scout troop, pack, crew or team or Learning for Life.** More details below.



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

**A.** 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 collectible 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.

### Q. What is the purpose of this Plan?

**A.** To provide coverage for accidental death and dismemberment and limited medical expense benefits for persons

officially signed up for scheduled camping or special event functions.

### Q. Is traveling to and from scheduled functions covered?

**A.** Yes. You are covered while traveling to and from scheduled functions as a member of a troop, pack, crew or team or Learning for Life Exploring Post or Curriculum-based program. Travel is not limited to "as a group."

### Q. When does this coverage begin?

**A.** Coverage becomes effective the first day of camp if your Enrollment Form has been submitted in advance. Otherwise, coverage becomes effective on the date your Enrollment Form is received.



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**Q. How long is an insured person attending a camp or event covered under this Plan?**

**A.** They are covered for the specified insured duration of the scheduled function, including travel to and from.

**Q. Is coverage provided for Council sponsored functions conducted outside the United States?**

**A.** Yes. There are no geographical limitations in this coverage.

**Q. Can preschoolers also be covered?**

**A.** Yes. For \$.03 per child per day, preschoolers can be covered. (See enrollment form.)

**Q. How are the participation days computed?**

**A.** The number of participants times the number of calendar days is the number of participant days. Example, 50 Scouts are attending a scheduled function from Friday noon to Sunday noon. The number of participant days equals 50 Scouts times 3 calendar days or 150 participant days.

**Q. Does this Plan provide benefits for injuries or sickness for which medical benefits are payable under workers' compensation or employer's liability laws?**

**A.** No. Medical benefits are not payable. However, this Plan does provide benefits for accidental death and dismemberment even if such benefits are payable under workers' compensation or employer's liability laws.

For more information, please contact:

**Health Special Risk, Inc.**

HSR Plaza II

4100 Medical Parkway

Carrollton, TX 75007

Toll-free: 1-866-726-8870

Fax: 972-512-5832

or [bsaenrollment@hsri.com](mailto:bsaenrollment@hsri.com)



# CAMPER & SPECIAL EVENTS ACCIDENT & SICKNESS ENROLLMENT FORM

**IMPORTANT:** Mail this Enrollment Form at least 10 days prior to opening date of Camp or Event..

## FOR HSR USE ONLY

COVERAGE NUMBER \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_

ENDING DATE \_\_\_\_\_

LOCAL COUNCIL: \_\_\_\_\_ COUNCIL NO.: \_\_\_\_\_

NAME: \_\_\_\_\_

**SEPARATE FORM TO BE SUBMITTED FOR EACH EVENT**

NAME OF CAMP OR EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

OPENING DATE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_ (Include travel days)  
MONTH / DAY / YEAR MONTH / DAY / YEAR

INCLUDE ALL REGISTERED PARTICIPANTS:

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
DAYS PER PARTICIPANT NUMBER OF PARTICIPANTS PARTICIPATION DAYS

FILL IN YOUR ESTIMATED PREMIUM (ACTUAL PREMIUM IF KNOWN):

\_\_\_\_\_ X \$0.37 = \_\_\_\_\_  
PARTICIPATION DAYS ESTIMATED/ACTUAL PREMIUM

FOR TOT LOTS COVERAGE (PRESCHOOLERS):

\_\_\_\_\_ X \_\_\_\_\_ X \$0.03 = \_\_\_\_\_  
NUMBER OF TOT LOTS DAYS TO BE COVERED TOT LOT PREMIUM

If you desire to report and remit your Council's Campers or Special Events activity on a monthly basis via email, please contact HSR directly at either toll-free 1-866-726-8870 or email at [boyscouts@hsri.com](mailto:boyscouts@hsri.com)

**If you are submitting individual event forms, please select one of the following:**

- The total premium due is \$100.00, and a check for the total premium is enclosed.  
**The minimum premium required is \$15.00 per application.**
- The total premium due is \$101.00 or more, and a check for \$ \_\_\_\_\_ (if estimated, 50% of the premium due) is enclosed. If the premium is estimated, a final audit report must be submitted within 30 days following the close of the event, along with the balance of premium due.

DATE FORM COMPLETED \_\_\_\_\_ NAME OF PERSON COMPLETING FORM \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

The Confirmation of Coverage will be mailed to the Camping Director at the Council office. Please allow a minimum of 10 business days upon receipt by HSR for processing and issuance of the policy.

Attach a check or money order payable to and mail to:

**Health Special Risk, Inc.**  
 P.O. Box 674072  
 Dallas, TX 75267-4072  
 Toll-free: 1-866-726-8870  
[bsaenrollment@hsri.com](mailto:bsaenrollment@hsri.com)

All coverages underwritten by:  
 ACE American Insurance  
 Company, Philadelphia, PA



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*Health Special Risk, Inc.*  
HSR Plaza II  
4100 Medical Parkway  
Carrollton, TX 75007  
Toll-free: 1-866-726-8870



ACE American  
Insurance Company,  
Philadelphia, PA