



BOY SCOUTS OF AMERICA®

**FOR 2019, MDSC WILL PROVIDE THE
INSURANCE FOR ALL SCOUTS AND .LEADERS**



**Unit Accident
Insurance Plan**

This brochure describes the Unit Accident Plan, arranged for you by the Boy Scouts of America. If you choose to enroll, coverage will become effective on the date the enrollment form and annual premium payment are received by Health Special Risk, Inc., or at a later date if requested.



Coverage

This plan provides coverage to all registered youth (Lion Program members, Tiger Cub Packs, Cub Packs, Scout Troops, Varsity Teams, Venturing Crews). All youth must be insured. Leaders and committee members, as a group, may be insured at the Unit's option. New members during the year are automatically covered until the renewal date without additional premium. This includes Leaders and committee members, if insured. Non-scouts, Non-scouters and guests attending scheduled activities for the purpose of being encouraged to become Scouts or Leaders are automatically covered. Other guests are not covered.

The coverage is in effect while:

- Participating in an official Scouting activity
- Traveling to and from official Scouting activity

Coverage will end on the earliest of the date the Policy terminates, the Insured is no longer eligible, or the period ends for which premium is paid. 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.

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. If multiple losses occur, only one benefit amount—the largest—will be paid for all losses due to the same accident.

*Includes loss of life resulting from Heart Failure within 90 days from the date participating in an approved Boy Scouts of America activity.

Covered Loss	Benefit Amount
Both Hands or Both Arms, Both Feet or Both Legs, One Hand and One Foot, Both Eyes, One Limb and One Eye	\$20,000
Speech and Hearing in Both Ears, Life*	\$10,000
One Hand or One Arm, One Foot or One Leg, Either Eye, Speech or Hearing in Both Ears	\$5,000
Thumb and Index Finger of the Same Hand, Loss of Hearing in One Ear	\$2,500

Benefits Continued

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 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 or upper extremities of the body with involvement of both legs or both arms. “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).

Benefits for medical expenses, dental treatment and ambulance services

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

For each 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 that begins during the covered activity. Benefits will be paid for expenses incurred (subject to the Full Excess Provision explained in this brochure) up to the Usual and Customary charges normally made within the geographic area where treatment is performed.

Excess Insurance Provision

This plan is an excess insurance plan meaning that it will pay all those eligible expenses incurred from a covered accident 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.

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.

Benefits Continued

Specified Injury Expense Benefit

Pays up to \$35,000 for medically necessary treatment 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; (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 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 an attending doctor.

Return Transportation Expense Benefit

Pays up to \$1,500 for transportation expenses incurred if, as a result of a Covered Accident, an Insured’s doctor requires him or her to return home from a covered activity. This includes the cost of one person to accompany the Insured on the trip. If the Insured is deceased, the Company will pay expenses incurred for an immediate family member to accompany the body. This benefit is payable in addition to any other payable benefits under the terms of the plan. Benefits will not be payable unless we authorize in writing or by an authorized electronic or telephonic means all expenses, in advance.

Crisis Management Benefit

Pays \$100 per counseling session for up to five sessions if an Insured suffers a covered loss as the result of a felonious assault or from another

person’s use of a gun or a knife to commit an act of violence if the accident occurs while engaged in a covered activity. “Felonious Assault” means an act of physical violence against a person covered under this policy by someone other than an immediate family member.

Dental Expense Benefit

Pays up to \$5,000 for the 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 is payable in addition to any other payable benefits under the terms of the plan.

Ambulance Expense Benefit

Pays up to \$6,000 for air ambulance service if, in the judgment of the duly authorized medical authority or senior representative of the camp or activity, such service is needed to facilitate treatment of injuries and no other ambulance service is available.

This benefit will also pay for professional ambulance service for surface transportation to a hospital. The maximum benefit for all ambulance expenses, air and/or ground, combined for one accident is \$6,000. These benefits will be in addition to any other benefit payable under the terms of this plan.

Post-Traumatic Stress Disorder Benefit

Pays \$100 per counseling session for up to five sessions if an Insured suffers Post Traumatic Stress Disorder resulting directly

Benefits Continued

and independently of all other causes from a Covered Accident. The benefit period is for 104 weeks from the date of the accident. "Post Traumatic Stress Disorder" (PTSD) means a delayed or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature, that is likely to cause pervasive distress in anyone. An Insured's PTSD must be diagnosed by a licensed health care provider (someone other than an immediate family or household member) acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality.

Exclusions

No benefits will be paid for any loss or Injury that is caused by, or results from:

Intentionally self-inflicted Injury ♦ suicide or attempted suicide ♦ war or any act of war, whether declared or not ♦ a covered accident that occurs while on active duty in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days ♦ sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food ♦ piloting or serving as a crew member in any aircraft (except as provided by the Policy) ♦ commission of, or attempt to commit, a felony ♦ eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations, or prescriptions for them ♦ riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline ♦ injury covered by workers' compensation, employers' liability laws, or similar occupational benefits ♦ injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

In addition, Accident Medical Expense Benefits will not be paid for any loss, treatment or services resulting from or contributed to by:

Treatment by persons employed or retained by the Policyholder, or by any immediate family or member of the Covered Person's household ♦ treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances ♦ treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment*, whether or not caused by a Covered

Exclusions Continued

Accident ♦ pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions ♦ mental and nervous disorders* ♦ damage to or loss of dentures or bridges, or damage to existing orthodontic equipment* ♦ expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain* ♦ Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder ♦ Injury or loss contributed to by the use of drugs unless administered by a doctor ♦ cosmetic surgery, except for reconstructive surgery needed as the result of an Injury ♦ any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that : (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States ♦ eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices ♦ expenses payable by any automobile insurance Policy without regard to fault (this exclusion does not apply to any state where prohibited) ♦ conditions that are not caused by a Covered Accident ♦ participation in any activity or hazard not specifically covered by the Policy ♦ any treatment, service or supply not specifically covered by the Policy.

*Except as provided by the Policy.

Cost

The annual cost is

- \$1.61 for each Lion Program member; Tiger Cub and parent or each Cub Scout
- \$3.59 for each Boy Scout or Varsity Scout
- \$5.09 for each Venturer
- Leaders pay the same rate as the youth members they represent
- Non-Scouts, Non-Scouters and Guests who are attending scheduled activities for the purpose of becoming registered Leaders and Scouts are automatically covered
- There is a \$25.00 minimum annual premium required to secure coverage

Premium for youth and leaders is to be calculated on the basis of 100% of the membership of the unit, using the appropriate rate from above.

Enrollment

Complete the attached enrollment form. One enrollment form should be completed for each unit to be insured. Make your check or money order for the annual premium payable to *Health Special Risk, Inc.* Do not send cash. Mail your completed enrollment form and annual premium payment to *Health Special Risk, Inc.* at least two weeks prior to the desired effective date. Coverage becomes effective on the date the enrollment form and annual premium payment are received by *Health Special Risk, Inc.* or at a later date if requested. At time of accepted enrollment the person whose name is on the enrollment form will receive an email containing the purchased policy's description of coverage, an accident medical claim form, and other important documents.

Claims

All claims need to be filed with the administrator, *Health Special Risk, Inc., (HSR)*. Please complete the claim form in its entirety and remit to *HSR* within 90 days of the accident along with copies of all related medical documents and Explanations of Benefits (EOB's) received thus far. As you continue to receive medical documents and EOB's forward copies to *HSR* as they are available.

This booklet provides a brief description of the important features of the insurance plan underwritten by ACE American Insurance Company. The terms and conditions of coverage are set forth in the policy issued to The Boy Scouts of America under policy number PTPN00327414. The policy is subject to the laws of Texas in which it is issued. Please keep this information as a reference.

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

E-mail: boyscouts@hsri.com

Questions and Answers

Q. What is an official Scouting activity?

A. An activity that is consistent with the values, Charter and By-laws and Rules and Regulations of Boy Scouts of America.

Q. Must Leaders and committee members be covered?

A. No, coverage is optional. If elected, all must be insured.

Q. If new members join our unit after we applied for the coverage are they covered?

A. Yes, new members are automatically covered until the renewal date of your Description of Coverage as soon as their applications are processed. No additional premium is necessary.

Q. What happens if the Cub Pack they are affiliated with does not have this insurance?

A. Tiger Cub Dens will still be allowed to enroll in the Unit Accident Insurance Program even though their Cub Pack is not insured. All Tiger Cubs and a parent for each must be insured.

Q. Are non-scouts covered?

A. Only non-scouts, non-scouters or guests who are being encouraged to become Leaders or Scouts are automatically covered while in attendance at a meeting or unit activity or while traveling as a group to or from such an activity. No other guests are covered.

Q. Who applies for this insurance?

A. The unit leader or the unit leader's representative should apply for this insurance. Please refer to the "Enrollment" section of this brochure.

Q. For what period of time does coverage remain in force?

A. A Description of Coverage is issued for one year from the date the properly completed enrollment form and annual premium are received by Health Special Risk, Inc., or from the date requested, if it is later.



Unit Accident Insurance Plan Annual Enrollment Form

Please complete all information requested. Allow 15 days for mailing and processing. Coverage does not become effective until *Health Special Risk Inc.*, receives the Enrollment Form and premium unless a later date is specified.

Leader's Name: _____ Unit # you are insuring: _____

Leader's Address: _____ Leader's Phone: _____

Leader's email address: _____

Council Name: _____ Council Number: _____

HOW TO CALCULATE YOUR PREMIUMS

Please indicate number and check which applies:

<u>GROUP</u>	<u>YOUTH</u>	<u>ADULT</u>	<u>TOTAL</u>		<u>TOTAL COST</u>
<input type="checkbox"/> Tiger Cubs & Tiger Adult Partners (includes Lion Scouts & Adult Partners) (All Tiger Cubs must have a Tiger Cub Parent registered).	_____ +	_____ =	_____	X rate: \$1.61 ea.	\$ _____
<input type="checkbox"/> Cubs	_____ +	_____ =	_____	X rate: \$1.61 ea.	\$ _____
<input type="checkbox"/> Scouts	_____ +	_____ =	_____	X rate: \$3.59 ea.	\$ _____
<input type="checkbox"/> Varsity Scouts	_____ +	_____ =	_____	X rate: \$3.59 ea.	\$ _____
<input type="checkbox"/> Venturers	_____ +	_____ =	_____	X rate: \$5.09 ea.	\$ _____
Totals	_____ +	_____ =	_____		\$ _____

Grand Total: Annual Premium for all coverages: \$ _____

There is a \$25.00 minimum annual premium required to secure coverage.

Amount Enclosed: \$ _____

Effective Date: _____

Attach a check & mail to:

Health Special Risk, Inc.
PO Box 674072
Dallas, TX 75267-4072

If paying by credit card, please complete the following. **PLEASE NOTE:** There is a five (5) percent service charge or \$5.00 minimum, for paying with a credit card.

Credit Card Number: _____ Expiration Date: _____

Credit Card Holder Name: _____ Security Code: _____

Today's Date: _____

A Description of Coverage and other documentation will be emailed to the Unit Leader listed above. Please allow a minimum of 10 business days upon receipt by *HSR* for processing and issuance of the Description of Coverage.

For assistance, please call toll-free 1-866-726-8870 or email BSAenrollment@hsri.com