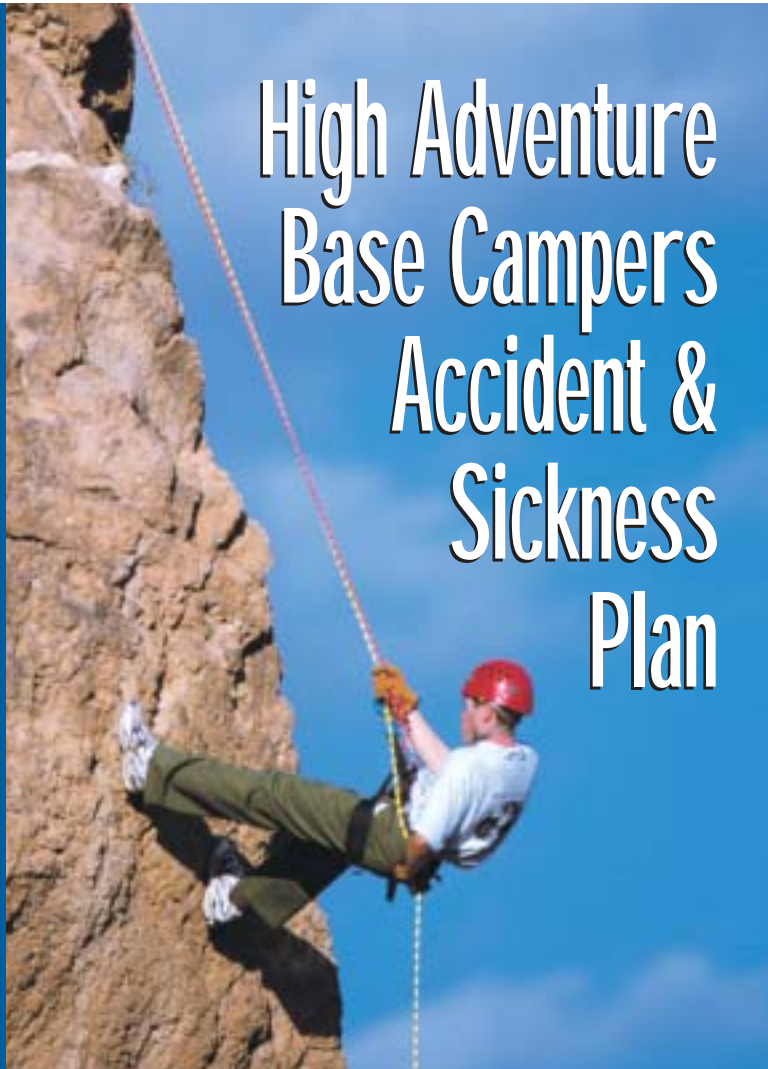




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# High Adventure Base Campers Accident & Sickness Plan





This booklet describes the Accident and Sickness Insurance that will be provided for each Scout, Venturer, Learning for Life (Explorer and Non-Explorer) participant and Leaders registered and attending the Boy Scouts of America High Adventure Base activities. Boy Scouts of America is happy to sponsor this important insurance coverage. Registration for High Adventure Base activities will automatically include this insurance coverage.

This Plan provides accidental death and dismemberment benefits as well as benefits for paralysis and the plan helps pay medical expenses for accident and sickness as described on the following pages.

### Coverage

The Plan provides Accident & Sickness coverage to all persons officially signed up at any of the Boy Scouts of America High Adventure Bases, (Philmont Scout Ranch and HH Ranch in New Mexico; Sea Base and Brinton Environmental Center in Florida and Northern Tier National High Adventure Bases in Minnesota, Ontario, and Manitoba). The coverage is in effect while:

- In attendance or participating in any Boy Scouts of America High Adventure Base activity.
- Seasonal volunteer staff are also covered during their

off-duty hours, subject to the workers' compensation exclusion.

- Traveling to and from official High Adventure Base activities.

The above exclusion is subject to the Exclusions listed on page 6..

### 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 considered a single Injury.

"Sickness" means any sickness that requires unscheduled medical treatment during an official High Adventure Base activity.

# Boy Scouts of America High Adventure Base Campers Accident & Sickness Plan

### 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 or 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 Scouts of America High Adventure Base 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

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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 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 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 covered expenses 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.

**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.

“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 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 Scouts of America High Adventure Base 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 High Adventure Base, 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.

### Cost

The premium is computed at the rate of \$.15 for each person/each calendar day. A fraction of a day is considered one calendar day.

### Claims procedure

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  
 Toll free: 1-866-726-8870

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

## Important questions and answers about the plan

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

**A.** To provide coverage for accidental death and dismemberment and medical expense benefits for all persons officially signed up at, and participating in, any Boy Scouts of America High Adventure Base scheduled activity.

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

**A.** Yes. You are covered while traveling to and from scheduled Boy Scouts of America High Adventure Base functions as a member of a Scout troop, pack, crew or team or Learning for Life (Explorer and Non-Explorer) group or post.

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

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

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

**A.** Yes, up to \$300. The plan pays the first \$300 of covered medical expenses without regard to benefits that may be available under other plans. When medical or surgical treatment is involved, benefits

under this Plan in excess of \$300 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 Primary Excess Provision will not apply.

**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.

*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.*

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BOY SCOUTS  OF AMERICA®



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