

Girl Scout Activity Accident Insurance (Basic - Plan 1): Description of Coverage

Eligibility and Coverage

Covers Girl Scout Members (youth or adults) and participating Nonmembers of Girl Scouts, when injured during any approved and supervised Girl Scout activity. Also covers travel directly to and from the covered activities.

Effective Date of Individual Coverage

Registered participants will become an Insured under the policy on whichever date occurs later: **(a)** the Policy Date; or **(b)** the date they become a registered Participant.

Individual Terminations

The Insured's coverage will terminate on whichever of the following dates occurs first:

- (a) the date they are no longer a registered Participant; or
- (b) the date the policy terminates

Benefits

Accident Medical Expense — When injuries result in treatment by a legally qualified physician beginning within 30 days after the date of a covered accident, the company will pay for expense incurred (up to the usual, reasonable charges normally made within the geographic area where treatment is performed) for Medically Necessary: **(a)** treatment prescribed by a legally qualified physician; **(b)** services of a registered graduate nurse or licensed practical nurse (RN or LPN) who is not related to the registered Member by blood or marriage; **(c)** hospital care or service (hospital room and board charges, payable up to the hospital's average semiprivate room charge); **(d)** X-ray examination; **(e)** prescription drug; and **(f)** physical therapy.

Benefits for expense due to surgery, including but not limited to: **(1)** surgeon's fees; **(2)** anesthetist's fees; **(3)** anesthesia; **(4)** operating room charges; and **(5)** surgical dressing and supplies; are payable at 100% of the usual and reasonable charges.



Dental Injury Benefit — This benefit pays for dental injuries up to a total of \$5,000 for Medically Necessary 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 provides the company with written certification 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, all dental benefits shall not exceed a total of \$5,000.

Infectious Exposure Benefit — This benefit pays for any expenses incurred by an Insured person for infectious exposure screening tests and/or post-exposure prophylactic medical treatment recommended by a local health authority, or other medical personnel, due to the exposure to animals or insects while participating in an approved and supervised Girl Scout activity. Infectious Exposure Benefits are subject to any benefit period, deductible and coinsurance amount that apply to covered medical expenses. The maximum amount payable is \$1,500.

Nonduplication Provision — When \$140 in benefits has been paid for covered medical or dental expense, any subsequent benefits for the same accident will be payable only for: **(a)** expense incurred which is not compensable under any other insurance policy or service contract; or **(b)** expense incurred for charges not covered under a contract with a Health Maintenance Organization, Preferred Provider Organization or prepaid health care program, for service or treatment performed or supplies furnished.

Ambulance Expense — Pays up to \$5,000 when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, air ambulance service is needed to facilitate treatment of injuries and no other ambulance service is available. Pays up to \$3,000 for surface ambulance transportation to a hospital. Ambulance Expense benefits shall be paid as additional benefits and are not included with other medical expense benefits under the \$20,000 aggregate limit for each accident.

Specified Injury Benefit — Medical expenses incurred for Medically Necessary treatment of the following: **(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, are payable to a maximum of \$40,000. Specified Injury Benefits shall be paid as additional benefits and are not included with other medical expense benefits under the \$20,000 aggregate limit for each accident.

Benefit Period:

Benefits are payable only for service or treatment performed and supplies furnished within the 52-week period immediately following the date of the accident. This benefit period does not apply to the Dental Injury Benefit.



Return Transportation Benefits — If injuries or sickness, upon the recommendation of a legally qualified physician, requires an Insured to return to her or his home from a scheduled activity or event, the company will pay the reasonable and necessary transportation expense incurred up to \$1,500. The company will also pay the reasonable and necessary transportation expense of one person up to \$1,500, upon recommendation of a legally qualified physician, to accompany the Insured on such trip.

In the event the Insured is deceased, up to \$1,500 will be payable for a person who accompanies the body, but only if such person is a member of the Insured’s immediate family.

Benefits are payable only for service or treatment performed and supplies furnished within the 52-week period immediately following the date of the accident. This benefit period does not apply to the Dental Injury Benefit.

Specific Loss Accident Benefits — When injuries result in any of the following specific losses within 365 days from the date of the accident, benefits will be paid as follows.

Accident	Amount
Loss of Life	\$15,000
Loss of Both Hands, Both Feet or Both Eyes	\$20,000
Loss of One Hand and One Foot	\$20,000
Loss of One Hand and One Eye or One Foot and One Eye	\$20,000
Loss of One Hand, One Foot or One Eye	\$10,000
Loss of Thumb and Index Finger of the Same Hand	\$5,000

When injuries result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after

the accident date and continuing for one year, the company will pay benefits as follows:

Accident	Amount
Hemiplegia	\$20,000
Paraplegia	\$20,000
Quadriplegia	\$20,000

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

Heart or Circulatory Malfunction Benefit — In the event a registered youth Member, within 90 days from the date they participated in an approved and supervised Girl Scout activity, suffers Loss of Life due to a disease or illness of the heart or circulatory system, a \$15,000 benefit is payable.

Exceptions

Benefits are not payable for: **(a)** injuries for which any benefits are payable under workers’ compensation or employer’s liability laws; **(b)** dental treatment, except for injuries to sound, natural teeth; **(c)** the cost of eyeglasses or examinations, therefore, unless necessitated by impairment of sight caused by injury covered by the policy; **(d)** injuries caused by act of declared or undeclared war; **(e)** the professional services of any person employed or retained by the Holder or its Councils; **(f)** suicide or attempted suicide while sane or insane (in Missouri, while sane only); **(g)** injuries that are intentionally self-inflicted; **(h)** injuries to which a contributing cause was the commission of or attempt to commit a felony; **(i)** injuries received while under the influence of a narcotic (does not apply to narcotics given on the advice of a physician). Hospitals or institutions used principally for the treatment or care of drug addicts or alcoholics, or as a clinic, convalescent home, rest home, nursing home or home for the aged are not covered.

This Description of Coverage is not a contract or a Certificate of Insurance. It is subject to the terms and conditions of the Master Policy issued to Girl Scouts of the USA.