

Girl Scouts Extended Activity and Non-Member Insurance Plans

If an approved, supervised Girl Scout activity lasts more then two consecutive nights, the basic activity accident insurance is no longer in effect. For such activities, one of the following plans is required to provide coverage for the event. **NOTE:** The purchase of Plan 2 is required for all non-members participating in a Girl Scout activity regardless of the length of the event, such as: Service Unit Encampments, Father/Daughter Dances, Babysitting Fundraisers, etc.

Plan 2 Accident Insurance (Secondary coverage) covers accident medical expenses up to \$15,000 when \$130 in benefits has been paid for medical expenses by United of Omaha, any subsequent benefits for the same accident or sickness will be payable only for expenses incurred which are not covered under any other insurance policy. (\$0.11 per day per participant)

Plan 3E Accident and Sickness Insurance (Secondary coverage) covers accident medical expenses up to \$15,000 and sickness medical expenses up to \$10,000, when \$130 in benefits has been paid for medical expenses by United of Omaha, any subsequent benefits for the same accident or sickness will be payable only for expenses incurred which are not covered under any other insurance policy. **(\$0.29 per day per participant)**

Plan 3P Accident and Sickness Insurance (Primary coverage) covers accident medical expenses up to \$15,000 and sickness medical expenses up to \$10,000. (\$0.70 per day per participant)

International Plan 3PI Accident and Sickness Insurance (Primary coverage) covers accident medical expenses up to \$15,000 and sickness medical expenses up to \$10,000. This plan includes essentially the same coverage found in Plan 3P but with a Travel Assistance Service "safety net" feature added. Should a medical or other emergency occur while abroad or if there are concerns before making a trip abroad, the council or group leader is a free telephone call away from mobilizing AXA Assistance resources to provide their "hands on" assistance. This plan is available for international trips only. (\$1.17 per day per participant)

Please send **check, itinerary and roster** to: GSCNC, 4301 Connecticut Ave., NW, Washington, DC 20008 ATTN: Ebony Squire, four weeks prior to the departure date. Please include an email address, in order to receive a confirmation of coverage. The same plan must be purchased for all participants and for the entire length of the trip/event. Make checks payable to GSCNC. Payment can be made with credit/debit card by calling 202-274-2178. When figuring the premium multiply the # of days x # of people x premium (there is a \$5.00 minimum per enrollment). Rosters need to include name of participant, address, phone number and troop emergency contact's information. **For Plan 3PI please include ages of all participants, including adults.** When purchasing Plan 2 for non-members participating in a Girl Scout activity, please submit a roster of names prior to the event if possible, otherwise submit a roster within 5 days after the event.

A detailed description of coverage for each plan is available upon request.

If you have any questions, please call Ebony Squire in the Human Resources Dept. at 202-274-2178 or e-mail esquire@gscnc.org.

| | Plan 1 Accident Insurance Basic Coverage | Plan 2 Accident Insurance | Plan 3E Accident & Sickness Insurance | Plan 3P Accident & Sickness Insurance | Plan 3PI Accident & Sickness Insurance for International Trips |
|---|--|--|--|--|---|
| Medical Expenses Illness | Up to \$15,000 | Up to \$15,000 | Up to \$15,000 | Up to \$15,000 | Up to \$15,000 |
| Medical Expenses Sickness | NOT INCLUDED | NOT INCLUDED | Up to \$10,000 | Up to \$10,000 | Up to \$10,000 |
| Nonduplication Provision | Pays first \$130.00, then medical expenses in excess to other insurance | Pays first \$130.00, then medical expenses in excess to other insurance | Pays first \$130.00, then medical expenses in excess to other insurance | NOT APPLICABLE | NOT APPLICABLE |
| For Return Transportation Expense | NOT INCLUDED | NOT INCLUDED | Pays transportation expense incurred up to \$1,500 | Pays transportation expense incurred up to \$1,500 | Benefits for Return Transportation Expense will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services |
| Repatriation Expense | NOT INCLUDED | NOT INCLUDED | Pays up to \$1,500 | Pays up to \$1,500 | Benefits for Repatriation Expense will be coordinated and paid for by AXA Assistance-USA in conjunction with their Travel Assistance Services |
| Air Ambulance Service | Up to \$4,000 | Up to \$4,000 | Up to \$4,000 | Up to \$4,000 | Benefits for Air Ambulance Service will be coordinated and paid for by AXA Assistance- USA in conjunction with their Travel Assistance Services |
| Surface Ambulance | Up to \$2,500 | Up to \$2,500 | Up to \$2,500 | Up to \$2,500 | Up to \$2,500 under coverage provided by United of Omaha. In the event of a medical evacuation or repatriation, surface transportation benefits are available through AXA Assistance-USA in conjunction with their Travel Assistance Services |
| Counseling Benefit | Up to \$1,500 | Up to \$1,500 | Up to \$1,500 | Up to \$1,500 | Up to \$1,500 |