

Insurance Plans: Extended Activity and Non-Member Coverage Guide

Extended activity insurance is available for approved, supervised Girl Scout activities lasting longer than two consecutive nights when basic activity accident insurance is no longer in effect. Non-Girl Scouts are required to purchase non-member insurance to participate in any Girl Scout activity, regardless of the length of the event. This guide contains information about the types and plans of insurance available, and how to obtain coverage.

To purchase insurance: (1) complete separate Supplemental Insurance Request Form, OR (2) mail the items listed below in the "Insurance Criteria" box to:
 Girl Scouts Nation's Capital
 Attn: HR
 4301 Connecticut Avenue, NW
 Washington, DC 20008

INSURANCE CRITERIA

- All insurance plans listed in this guide are available for purchase by both Girl Scouts (as extended activity insurance) and non-Girl Scouts (as non-members insurance for participation in a Girl Scout activity).
- The same insurance plan must be purchased for all participants.
- Calculate the premium by multiplying the number of days times the number of people times the premium.
- The insurance premium must be a minimum of \$5.
- Insurance must be purchased for the entire length of the trip or activity and for every participant.
- Items required to purchase insurance:
 - Check for the premium (payable to Girl Scouts Nation's Capital)
 - Itinerary for the activity or trip
 - Roster of participants*

*The roster of participants must include the names of the participants. If Plan 3PI is being purchased, include the names of the participants along with their addresses, phone numbers, emergency contacts, and the ages of all the participants (including the adults) on the roster. If any insurance plan is being purchased for non-members participating in a Girl Scout activity, submit a roster of names prior to the event (if this is not possible, submit a roster within two weeks of the end of the event).
- The items required to purchase insurance must be mailed to the address above two weeks prior to the start of the activity or trip. Include an e-mail address with your submission in order to receive confirmation of coverage.

INSURANCE PLAN TYPES AND DESCRIPTION OF COVERAGE

- **Plan 2 Accident Insurance** (Secondary Coverage): Covers accident medical expenses up to \$15,000. When \$130 in benefits has been paid by United of Omaha for covered medical or dental expenses, any subsequent benefits for the same accident will be payable only for expenses incurred which is not compensable under any other insurance policy or service contract. **Cost: \$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 by United of Omaha for covered medical or dental expenses, any subsequent benefits for the same accident or sickness will be payable only for expenses incurred which is not compensable under any other insurance policy or service contract. **Cost: \$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. **Cost: \$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 it also includes a travel assistance service "safety net" feature. Should a medical or other emergency occur while abroad, or if there are concerns prior to travelling abroad, the Council or group leader can make a free phone call to mobilize AXA Assistance resources for their "hands on" assistance. **This plan is only available for international trips. Cost: \$1.17 per day per participant**

	Plan 2 Accident Insurance	Plan 3E Accident and Sickness Insurance	Plan 3P Accident and Sickness Insurance	International Plan 3PI Accident and Sickness Insurance
Medical Expenses: Illness	Up to \$15,000	Up to \$15,000	Up to \$15,000	Up to \$15,000
Medical Expenses: Sickness	NOT INCLUDED	Up to \$10,000	Up to \$10,000	Up to \$10,000
Non-Duplication Provision	Pays first \$130, then medical expenses in excess to other insurance	Pays first \$130, then medical expenses in excess to other insurance	NOT APPLICABLE	NOT APPLICABLE
Return Transportation Expense	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	Up to \$1,500	Up to \$1,500	Benefits for Repatriation Expense will be coordinated and paid 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	Benefits for Air Ambulance Service will be coordinated and paid by AXA Assistance-USA in conjunction with their Travel Assistance Services
Surface Ambulance Service	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

How to File a Claim

If you or one of the participants in your group is injured, follow the instructions below.

TO FILE

1. Complete and sign the front of the Claim Form as soon as reasonably possible. Be sure to provide all the information required to expedite processing and to avoid delay. Please note: if a minor, the parent's/guardian's signature is required to process the claim.
2. Have the doctor who treated the injury complete the Attending Physician's Statement on the reverse side of the Claim Form. (The claim will not be considered unless the member was treated by a Legally Qualified Physician.) An itemized bill complete with diagnosis, date(s) and procedure code(s) may be substituted for the Attending Physician's Statement.
3. Keep a copy of the completed Claim Form for your records.
4. Send the Claim Form to your council for validation along with any available bills for covered expenses which have been incurred.

Claims will not be processed without council signature.

ADDITIONAL INFORMATION

- Upon receiving your completed Claim Form, the council will validate it in the space provided and send it to the address below for processing. Benefits will be sent directly to the provider unless otherwise instructed at the time of claim filing. After the Claim Form and initial bills have been sent to your council, any additional bills should be sent by parent/guardian, volunteer or other responsible person directly to:

United of Omaha Life Insurance Company
Special Risk Services
Girl Scout Division
P.O. Box 31156
Omaha, Nebraska 68131

- In your correspondence to United of Omaha Life Insurance Company (United of Omaha), be sure to indicate the name of your council.
- If you or any injured member has a question about the handling of the claim under this coverage, please write to the above address or call 1-800-524-2324. Allow sufficient time for validation, mailing and processing.