



**Mutual of Omaha**

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## **OPTIONAL PLAN 2 DESCRIPTION OF COVERAGE**

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### **ELIGIBILITY AND COVERAGE**

Covers all participants of a chartered Girl Scout Council activity for whom an enrollment form has been submitted and premium paid. Coverage is provided while: (a) attending or participating in any approved and supervised Girl Scout activity; or (b) traveling directly to and from any approved and supervised Girl Scout activity.

### **INDIVIDUAL DATES OF COVERAGE**

Coverage will begin on the first day of the activity to be covered and will end on the termination date of the activity shown on the Enrollment Form from the participating Council as verified by the Company.

### **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 percent of the usual and reasonable charges.

Covers treatment received within the 52-week period immediately following the date of the accident, but not to exceed \$20,000 maximum, for each accident, per person.

The accident medical benefit will be increased to \$40,000 for medically necessary covered medical expense incurred due to the following specified injuries: (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.

#### **Dental Expense**

This benefit pays for dental injuries up to a total of \$5,000 for 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.

#### **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. Dental and Ambulance Expense Benefits described above shall be paid as additional benefits and are not included with other medical expense benefits under the \$20,000 aggregate limit for each accident.

**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 troop or group 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.

**Non Duplication 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.

**Accidental Death, Dismemberment and Paralysis 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:

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:

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 troop or group 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); (j) loss for which benefits are payable under Company Policy Form SGS19 (Plan 1). 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 United States of America.**