



Insurance Options

Plan 1 – Member’s Accident – The Basic Plan covers registered members for any approved, supervised Girl Scout activity lasting two consecutive nights or less (three nights when one of the nights is a federal holiday). The cost is paid by Girl Scouts of the USA.

Plan 2 – Non-Member’s Accident – Accident Insurance covers all participants (members and non-members) for events lasting longer than those covered by Plan 1. (Plan 1 does not provide ANY coverage if the activity is longer than two nights unless the 3rd night is a federal holiday.)

- Plan 2 cost is \$.11 per participant per calendar day or portion thereof.

Plan 3E & 3P – Member’s and Non-Member’s Accident and Sickness – Accident and Sickness Insurance covers all events lasting longer than Plan 1.

- Under Plan 3E Accident Medical expense and Dental expense benefits payable are subject to non-duplication provision.
- Under Plan 3P benefits are not subject to non-duplication provision.
- Plan 3E cost is \$.29 per participant per calendar day or portion thereof.
- Plan 3P cost is \$.70 per participant per calendar day or portion thereof.

Plan 3PI – Member’s and Non-Member’s Accident and Sickness – Accident and Sickness Insurance covers all participants for international trips. Not Subject to the non-duplication provision.

- Plan 3PI cost is \$1.17 per participant per calendar day or portion thereof.

International Inbound – Accident and Sickness Insurance designed for Councils who host Girls Guides/Girl Scouts visiting the United States. Not subject to the non-duplication provision.

- The cost is \$3 coverage provided 24 hours a day for Girl Guides/Girl Scouts visiting the United States.

Note: Under all Optional Plans, 100% enrollment of all participants in the event to be insured is required. There is a minimum premium charge of \$5 for each submission. If needed, ask your TSS to see the brochure for complete information about benefits, exclusions and limitations. (1) (2) (3) (4) (5)

_____	_____	:	_____	X	_____	\$_____	= \$_____
Start Date	End Date		# of Participants	X	# of days	Premium	= Total Amount Due

Plan 2 Ex: 1/1/17 Begin 1/4/17 End: 15 participants X 4 days X \$.11 premium per participant per day = \$6.60 total

There is a minimum premium of \$5. Please make your check payable to Girl Scouts Spirit of Nebraska. Even if your total is under \$5, we must pay this amount to the insurance company. Please mail to your area Troop Support Specialist at your area service center.

- Ogallala Area – 302 W. D Street, Ogallala, NE 69153
- Kearney Area – 2412 Hwy 30 East, Suite 1, Kearney, NE 68847
- Grand Island Area – 2512 N. Webb Road, Grand Island, NE 68803
- Columbus Area – 1570 33rd Avenue, Columbus NE 68601
- Lincoln Area – 8230 Beechwood Drive, Lincoln, NE 68510
- Omaha Area – 2121 S. 44th Street, Omaha, NE 68105