



United States Naval Sea Cadet Corps

2300 WILSON BOULEVARD • ARLINGTON, VIRGINIA 22201 • TELEPHONE (703) 243-6910
FAX (703) 243-3985

January 20, 2000

NSCC INFORMATION LETTER 2-00

From: Executive Director, Naval Sea Cadet Corps
To: Distribution

Subj: NSCC MEDICAL INSURANCE COVERAGE

Encl: (I) CIGNA INA Policy # SPS041942 w/ 1 amendment dated 3 NOV 99

1. **Purpose.** To advise all units and field organizations of a change in policy coverage in the Naval Sea Cadets medical insurance coverage.

2. **Background.** The Naval Sea Cadet Corps has two types of insurance policies. One is liability insurance to protect unit leaders in case of civil lawsuits. The other insurance policy is for medical insurance for both cadets and civilian adults who are enrolled in the NSCC program. The NSCC medical insurance policy is renewed on or about 9 June, annually.

3. **Discussion.** Recent information from the NSCC insurance agent indicates that when the NSCC medical insurance policy was renewed there were some minor policy changes:

- (a) The policy number changed from SPS001669 to SPS041942.
- (b) Amendment (I) to the policy changes the rate per person to read: \$4.75 in lieu of \$5.00.
- (c) Policy coverage is based on accidental injury only and is defined as *a sudden, unexpected occurrence from an external force resulting in bodily harm or physical trauma.*

4. Based on the above criteria, the following medical conditions are payable under the NSCC policy; abrasions, bites, concussions, contusions, food poisoning & incision, laceration, poison ivy, puncture, removal of foreign bodies, sprains, stings, strains, and sunburn. First-time only diagnosis for drug overdose, self-inflicted injury, and suicide are also payable.

5. CIGNA does not consider as covered accidental-injury expenses charges for recurrent injuries. I.E. tennis elbow, runner's knee, re-sprains, re-strains, allergic reactions, non-traumatic nosebleeds or work related injuries.

6. After reading the insurance language, unit commanding officers will find that our insurance policy still covers most legitimate injuries and the changes made to the policy seem no different from our previous coverage. Unit commanding officers still need to screen personnel closely (as best you can) to ensure we do not send someone to a commercial medical facility unless there is a real need. The first treatment per accident must begin within 60 days of the accident, and services and supplies must be prescribed by a doctor.

7. Unit commanding officers and COTCs must insure all medical incidents (to include illnesses and other injuries not covered by the enclosed policy) are reported in FULL detail and submitted to NSCC NHQ on the NSC-25 form as soon as possible! Original itemized bills need to be forwarded to NHQ with the NSC-25 or soon thereafter. Any bill or NSC-25 not received by NHQ prior to 12 months from the date of the accident is invalid.

8. **Cancellation.** Widest dissemination of this information is requested. This letter is canceled upon renewal of the policy in June 2000.



M.D. Ford

Distribution:
NSCC Chairman/NSCC President
Field Representatives
Regional/Associate Regional Directors
Unit Commanding Officers

SCHEDULE OF BENEFITS

COPY

Policyholder: United States Naval Sea Cadets and Navy League Cadet Corps

Policy Number: SPS041942

Effective Date: 06/09/1999

Policy Term: 06/09/1999 to 06/09/2000

ELIGIBILITY REQUIREMENTS

An Eligible Person means: All members of all units of the United States Naval Sea Cadet Corps.

This Schedule provides a brief outline of the coverage and benefits provided by the Policy. Full details are found in the appropriate Policy provisions. Please read the Policy carefully.

DESCRIPTION OF HAZARDS: Policyholder Functions & Sports participation sponsored and supervised by the Policyholder as well as air travel via military transport.

DESCRIPTION OF BENEFITS:

Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing, or Paralysis Benefit Amount Refer to Page

Accident Medical Expense Benefit Plan Type: Primary

Total Maximum Benefit Amount Per Covered Person, Per Covered Accident \$5,000
Maximum Benefit Amount Per Covered Person, Per Covered Accident \$5,000
For Dental Expenses 100% of Usual and Customary Charge
Benefit Amount:

Deductible Amount Per Covered Person: \$500 (Cash)
Per Injury \$50

RATE TABLE

Rates are determined by us based on our expectations as to future experience. We may make any adjustments in the rates after the First Policy Term with 31 days written notice. Notice of any change in rates will be sent to the Policyholder at least 31 days prior to the date the new rates take effect.

MODE OF PREMIUM PAYMENT & AMOUNT:

Rate: \$5/person/month
Annual Gross Premium = To be determined by monthly audit
Grace Period (Minimum 31 days): 31 days

CONTRIBUTIONS: 100% by the Policyholder

ENCLOSURE (1)

AMENDMENT
to be attached to and made a part of
Blanket Policy No. SPS041942
issued by

LIFE INSURANCE COMPANY OF NORTH AMERICA
Philadelphia, Pennsylvania 19192

to
United States Naval Sea Cadets and
Navy League Cadet Corps
2300 Wilson Blvd., Arlington, VA 22201-3308

It is understood effective as of 6/9/99, the Policy is amended as of that date by the deletion, substitution and addition of the pages indicated below:

Description Of Change

As of the above referenced date, the following changes are being made.

In consideration of the premium received, the deductible is amended to read: \$50 in lieu of \$500.

Pages Removed

None

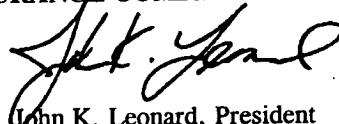
Pages Added

None

All other terms and conditions of the Policy to which this Amendment is attached remains unchanged.

LIFE INSURANCE COMPANY OF NORTH AMERICA

By:



Title: John K. Leonard, President

Date 11/3/1999

Accepted: United States Naval Sea Cadets and

By:

Title:

Date:

COPY

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LIFE INSURANCE COMPANY OF NORTH AMERICA
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It is understood effective as of 6/9/99, the Policy is amended as of that date by the deletion, substitution and addition of the pages indicated below:

Description Of Change

As of the above referenced date, the following changes are being made.

In consideration of the additional premium shown, it is hereby understood and agreed that the policyholder has submitted a report of exposure for June and July, 1999. A/P \$6103.75

The rate per person shown on the Schedule of Benefits page is amended to read: \$4.75 in lieu of \$5.00

Pages Removed

None

Pages Added

None

All other terms and conditions of the Policy to which this Amendment is attached remains unchanged.

LIFE INSURANCE COMPANY OF NORTH AMERICA

By: 
Title: John K. Leonard, President

Date 10/28/1999

Accepted: United States Naval Sea Cadets and

By:

Title:

Date: