CHURCH ACTIVITY
Medical Assistance
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General Information for Bishops
(and Branch, District, and Stake Presidents)

Church Activity Medical Assistance (CAMA) is a gratuitous, charitable assistance program administered by Deseret Mutual Benefit Administrators (DMBA) on behalf of The Church of Jesus Christ of Latter-day Saints. CAMA is funded by the Church and is intended to further the Church’s general mission to help those in need. If an individual is injured while participating in a Church activity in the United States or Canada, you can request assistance for certain medical or funeral expenses.

If you request the use of CAMA, DMBA will coordinate the assistance within the guidelines of the CAMA assistance program. This reduces the amount of time you need to spend on these matters and allows the Church to provide medical- and accident-related assistance in an efficient and cost-effective manner.

This CAMA handbook summarizes the type of assistance available through CAMA, including the CAMA program allowable assistance amount of $15,000 or time limit of three years, whichever comes first.

Before requesting CAMA, please consider the injured person’s ability to pay medical expenses by other means, including insurance coverage or other sources. The decision of whether to approve use of CAMA is up to you. However, you do not authorize any specific payment through CAMA. Once you authorize CAMA assistance for an individual, DMBA then determines and authorizes specific payments as the Church’s CAMA program administrator.

CAMA is only available in connection with Church activities that take place in the United States (not including U.S. territories or commonwealths) or Canada. For purposes of
CAMA, Church activities include, but aren’t limited to:

- Church or temple cleaning and maintenance
- Church meetings
- General or stake conferences
- Girls’ camps
- Officially organized sports programs
- Road shows or pageants
- Church-sponsored Scouting activities (Cub Scouts, Boy Scouts, Varsity, and Venture)
- Seminary and institute activities
- Temple attendance
- Volunteer or welfare assignments
- Ward or stake activities
- Youth conferences or treks

Determining Who Receives Assistance

As the local bishop, you are responsible to determine whether a request for CAMA assistance should be made in connection with an accident, death, or qualified sickness that occurs while the injured person is involved in a Church activity.

How Assistance Is Funded

CAMA assistance is paid from the general funds of the Church. Because of the limited and charitable nature of the funds, there are limitations and allowable amounts applied to the CAMA program payments.
Total Assistance Available

Assistance is available for up to three years. This period begins on the date of the accident and ends three years later or when the $15,000 allowable assistance amount has been reached, whichever comes first.

How to Request Assistance

1. All Church activity incidents should be reported using the Global Incident Reporting (GIR) system found online at incidents.lds.org.

2. After submitting an incident through GIR, you will receive an email telling you whether the incident can be considered for CAMA. The email will include instructions on how to recommend that the injured person be considered for assistance. A GIR submission is the first step to begin the CAMA request process.

3. Please note that before you request Church funds to provide charitable assistance through CAMA, you should consider the injured person’s ability to pay medical expenses through other means, including insurance coverage or other sources. The decision of whether to approve use of CAMA is up to you. However, you do not authorize any specific payment through CAMA.

4. If you recommend CAMA be provided, the injured person or his or her guardian(s) will receive an email with instructions and a unique login link to GIR to provide additional details about the incident.

5. **Please note that authentication into GIR requires internet access and a valid LDS Account.** Non-members receiving assistance should go to ldsaccount.lds.org/, click Register for an LDS Account, and then click Register as a Friend to gain access.
6. After the injured person or guardian(s) provides the requested detail about the incident, you will receive another email for your approval of Church funds for the incident.

7. After you approve access to CAMA, and DMBA is able to provide assistance, you and the injured person will receive a letter from DMBA with instructions on how to coordinate CAMA payments. DMBA makes payments in accordance with CAMA guidelines.

How Assistance Is Provided

Once DMBA has received your CAMA approval, DMBA will communicate with the injured person to coordinate CAMA payments. DMBA handles the payment of all approved CAMA assistance—you will not need to make CAMA payments directly from your ward or branch funds, so please coordinate with DMBA to avoid any duplication of assistance. DMBA makes payments based on CAMA guidelines, including the program’s allowable amounts.

Assistance through CAMA is available only to the extent that benefits are not provided by available insurance coverage or other sources. Injured persons must first submit all bills to any of their available insurance carriers or benefit plan administrators before assistance will be provided through CAMA.

Time Sensitivity

Initial requests for assistance must be submitted within **12 months** of the accident date. Medical expenses not submitted within **12 months** after the date services are rendered will not be eligible for reimbursement.
Notice

No one is guaranteed or legally entitled to CAMA. CAMA is not health insurance, no-fault insurance, liability insurance, or a workers’ compensation fund. It does not provide liability protection or insurance for the Church, Church-owned property, or Church members. CAMA is a limited, discretionary, and gratuitous assistance program that helps individuals injured while participating in a Church activity.

Church Activity Contact Information

To contact DMBA:

- Salt Lake City area .......... 801-578-5600
- Toll free ..................... 800-777-3622
- Fax ......................... 801-578-5907
- Email .................. churchactivity@dmba.com
- Website .......... www.dmba.com/churchactivity

Or write us at:

DMBA
Attn: Church Activity Medical Assistance
P.O. Box 45530
Salt Lake City, UT 84145-0530

Key Points to Know/FAQs

1. **Total CAMA assistance available is $15,000.** CAMA is not intended to pay all expenses associated with an accident, death, or qualified sickness. The injured person is responsible to use all of the benefits available to him or her from any personal, employer, or government-sponsored insurance coverage before seeking any assistance from the Church.

2. **CAMA is not liability insurance.**
3. **CAMA is not no-fault insurance.** You are not required to approve assistance through CAMA simply because someone has an accident or qualified sickness during a Church activity—the decision of whether to request assistance through CAMA is at your discretion.

4. **If an injured person's insurance coverage requires them to seek care from a specific source to be eligible for benefits, the injured person must use that source to be eligible for CAMA.** If an injured person loses insurance coverage because he or she didn't follow the rules for such coverage, no assistance is available through CAMA.

5. **If an injured person receiving assistance through CAMA doesn’t have insurance coverage with network providers providing discounted rates for their services, he or she should use DMBA network providers.** For more information, go to www.dmba.com/churchactivity.

6. **Assistance for accidents while traveling is limited.** You should request assistance through CAMA for accidents or qualified sicknesses that occur during travel-related activities ONLY if transportation was an integral part of the Church activity.

Travel-related injuries are **not eligible** for assistance when transportation is for:

- routine travel to and from meetings or activities (such as transportation to attend sacrament meetings, stake or general conferences, Young Men/Young Women activities, etc.),
- routine travel in preparation for a Church calling or assignment, or
- personal acts of service.

7. **Personal functions or events do not qualify for assistance.** You normally would not authorize assistance through
CAMA for accidents or qualified sicknesses that occur during (i) weddings, receptions, family reunions, and other personal gatherings held at Church meetinghouses or other Church properties, (ii) personal acts of service, or (iii) routine preparation within an individual’s home for a Church assignment, none of which are considered to be Church activities.

8. **Only certain missionaries are eligible for assistance through CAMA.** You can approve assistance through CAMA for full-time senior missionaries (couples and single sisters who are 40 and older), Church-service missionaries, and other Church volunteers. Refer assistance for full-time proselyting missionaries who are younger than 40 to Missionary Medical.

9. **Injuries at Scouting activities are eligible for assistance through CAMA.** You can request assistance through CAMA for injuries and qualified sicknesses that occur during Scouting activities sponsored by the Primary or Young Men (Aaronic Priesthood) organizations. For information about related Scouting policies, please refer to the *Scouting Handbook for Church Units in the United States*.

10. **You should not initiate assistance for yourself or an immediate family member through CAMA.** If you or an immediate family member suffers an accident or qualified sickness during a Church activity, assistance through CAMA is available when requested by your stake president.

11. **Pre-existing conditions are not eligible for assistance through CAMA.** A pre-existing condition is a bodily injury or sickness for which notable signs or symptoms have been manifested within six months, or a diagnosis made or treatment given within 12 months, before the accident date or onset of the qualified sickness.
12. **Employment-related activities.** If an individual is acting within the scope of his or her employment during the applicable Church activity, then assistance through CAMA is not available.

13. **CAMA is for medical or funeral assistance. There is no provision for wage loss assistance in CAMA.** The local ecclesiastical leader can help with needs beyond the scope of CAMA in accordance with the normal Church welfare principles.

For more specific information about assistance for the injured person, please see the CAMA Administrative Guidelines, Limitations, and Definitions section starting on page 10.

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**General Information for Injured Persons**

1. If you are injured or have a qualified sickness during a Church activity, contact your bishop to determine if he can request assistance from CAMA. To begin the process, your bishop will need to go the Global Incident Reporting (GIR) system online at [incidents.lds.org](http://incidents.lds.org).

2. After your bishop initiates the assistance request, the GIR system will send you an email with instructions and a unique login link to GIR to provide additional details about the incident. Please note that authentication into GIR requires internet access and a valid LDS account. Non-members receiving assistance should go to [ldsaccount.lds.org](http://ldsaccount.lds.org), click Register for an LDS Account, and then click Register as a Friend to gain access. Once you provide the injured person’s information, an email will be sent to your bishop. He will complete and approve access to CAMA and the request will be sent to DMBA.
3. If DMBA approves the request, you and your bishop will be notified by letter with information about CAMA. DMBA will assign you a DMBA ID number that DMBA uses to coordinate the assistance provided.

4. DMBA may contact you or the bishop if information is missing or if we need clarification. Please note that although the bishop or stake, district, or branch president requests assistance for you, DMBA determines and authorizes specific payments according to CAMA guidelines.

5. When you receive medical care, give your doctor or hospital your personal insurance information first, explaining this is your primary coverage. If you have your DMBA ID number at that time, you can give that information to your doctor or hospital, explaining this is your secondary coverage. If care is provided after you have received your DMBA ID number, then give the doctor or hospital your assigned number and DMBA’s address and telephone number as follows so providers can bill DMBA directly for any amount not covered by your insurance.

6. If the provider won’t submit a secondary bill, you must send DMBA an itemized claim form from the provider and your insurance company’s *Explanation of Benefits* (EOB) showing what was paid.

Assistance is not available through CAMA for care, treatment, operations, or services that are solely for cosmetic, convenience, contentment, or non-therapeutic purposes. Also, assistance is not available for expenses that are in excess of the allowable amounts for medically necessary services. For an explanation of “allowable amounts,” see page 27.

DMBA will provide assistance for the injured person in behalf of the Church in accordance with CAMA Administrative Guidelines, Limitations, and Definitions. For more information, see page 10.
Church Activity Contact Information

To contact DMBA:

- Salt Lake City area .......... 801-578-5600
- Toll free ....................... 800-777-3622
- Fax ......................... 801-578-5907
- Email ........... churchactivity@dmba.com
- Website ...... www.dmba.com/churchactivity

Or write us at:

DMBA
Attn: Church Activity Medical Assistance
P.O. Box 45530
Salt Lake City, UT 84145-0530

CAMA Administrative Guidelines, Limitations, and Definitions

Administrative Guidelines

DMBA follows established guidelines when providing assistance for medical and dental services. Some services an injured person receives or desires to receive may not fall within those guidelines. When that occurs, assistance will not be available through CAMA and the injured person will be responsible for any expenses for services that are outside such guidelines. The following general services fall within the established guidelines followed by DMBA. Any services not identified below require pre-approval from DMBA before they can be considered for assistance through CAMA.
Use of Network Providers

To make the most of available assistance, the injured person should use network providers when receiving treatment.

- If the injured person has insurance, he or she should use network providers available through that insurance. The injured person can further reduce costs if the provider is also contracted with DMBA. To identify DMBA network providers, the injured person should call DMBA at the telephone numbers on page 10 or visit www.dmba.com/churchactivity. If the injured person loses personal insurance coverage because he or she didn’t use network providers, CAMA won’t help with payment for services.

- CAMA will pay up to the CAMA program’s allowable amounts and subject to the program’s $15,000 assistance limit.

- If the injured person doesn’t have insurance, he or she should use DMBA network providers. To identify network providers, the injured person should call DMBA at the telephone numbers on page 10 or visit www.dmba.com/churchactivity. If the injured person doesn’t use DMBA network providers, he or she may incur medical bills that exceed CAMA’s allowable amounts. The injured person will be responsible to pay all expenses that exceed these amounts.

Complying with Prior Approval Requirements

When required, the injured person must receive prior approval for services.

- If the injured person has insurance, he or she should follow any preauthorization guidelines for that insurance before receiving treatment. If the injured person loses personal insurance coverage because he or she didn’t follow the
prior authorization rules of the insurance, CAMA won’t help with payment for services.

- If the injured person doesn’t have insurance, he or she should coordinate and get prior approval from DMBA for medical or dental services **before** such services are provided.

Prior approval is a service provided by DMBA to answer questions that the injured person may have about CAMA and helps ensure that Church funds for CAMA are used efficiently. DMBA reviews the proposed care for necessity, efficiency, and quality. DMBA then gives some guidelines to follow to make sure the injured person receives the appropriate assistance.

To get prior approval, the injured person can **call or email DMBA** at telephone numbers or the email address provided on page 10.

### Allowable Amounts

Assistance with payment for the services listed on pages 12 to 20 are subject to allowable amounts determined by DMBA. The total allowable amount available for any one injured person is $15,000.

### Obtaining Medical Care

#### Ambulance

When medically necessary, CAMA will help with payment for licensed ambulance services to the nearest medical facility that is equipped to furnish the appropriate care.

#### Diagnostic X-rays and Lab Tests

Prior approval from DMBA is required for major radiology
services such as MRIs. The injured person’s health insurance may also require preauthorization for such services.

**Emergency Room**

If an emergency room visit results in an inpatient hospital stay, the injured person may have to preauthorize with his or her health insurance. DMBA also requests that it be notified as soon as possible. See *Hospital—Inpatient* on page 14.

If an injured person receives follow-up care at the emergency room, he or she will likely be billed for another emergency room visit. Since emergency room charges are generally more expensive, you should encourage the injured person to receive follow-up care at a doctor’s office.

**Exams and Consultations**

CAMA will help with payment for physician services related to the injury or qualified sickness. It doesn’t help with payments for well-care visits, routine physical exams, or physical check-ups.

**Extended Care Facility**

CAMA will help with payment for up to 60 days of room and board expenses incurred while confined in an extended care facility if the care:

- is for the treatment of an injury or qualified sickness directly associated with being involved in a Church activity,
- commences within five days after discharge from a hospital,
- is recommended by a physician, and
- is for the purpose of convalescing from bodily injury rather than for custodial care.
CAMA will also help with payment for services in an extended care facility if it is used in place of a more expensive extended hospital stay. DMBA strongly recommends the injured person obtain prior approval from DMBA before such expenses are incurred.

**Eyewear (Glasses or Contact Lenses)**

CAMA will help with payment for glasses or contact lenses only if their use is necessary because of eye surgery (one time only per surgery) related to the injury or qualified sickness.

**Hospital—Inpatient**

CAMA will help with payment for:
- Semi-private room and board accommodations
- Services and materials
- Intensive care unit services

Injured persons without health insurance coverage should call DMBA for prior approval. See the definition of “hospital” on page 28.

**Medical Equipment (Durable)**

Durable medical equipment includes items such as wheelchairs, crutches, and hospital-type beds or other medical equipment needed for medical reasons because of an injury or qualified sickness.

If the equipment costs less than $300 to rent or buy or is required for fewer than three months, you don’t need to get prior approval or a prescription from the injured person’s physician.

If the equipment costs over $300 and is required for longer
than three months, and the injured person doesn’t have health insurance, the injured person must get prior approval and a prescription from his or her physician before CAMA will help pay for the equipment. If the injured person has personal insurance that covers durable medical equipment, his or her insurance will likely also require a prescription, including the anticipated length of time the equipment will be medically necessary.

CAMA will help with payment for rental of the equipment up to the purchase price or the allowable amount, whichever is less.

The injured person is responsible for any expenses associated with the maintenance and upkeep of medical equipment, whether the equipment is purchased or rented.

When the injured person no longer needs the equipment, he or she must return it to the vendor if it was rented. If it was purchased, he or she may donate it to a medical charity.

Medical Supplies

CAMA will help with payment for medical supplies only if such supplies are prescribed by a physician. Assistance isn’t available for over-the-counter supplies.

Prescription Drugs

CAMA will help with payment for prescription drugs if they are required because of an injury or qualified sickness. Also, they must be:

- Approved by the Food and Drug Administration
- Only attainable with a physician’s prescription
- Purchased from a licensed pharmacist
Prescription drug reimbursement requests must include itemized receipts listing the pharmacy name and address, injured person’s name, purchase date, prescription number, and charge.

Private Duty Nursing

CAMA will help with the payment for private-duty nursing services only if such services are performed by a licensed registered nurse or licensed practical nurse.

Prosthetics and Appliances

CAMA will help with payment for artificial limbs and eyes, trusses, braces, or other medical appliances when their use is necessary because of surgery. To be eligible for assistance with payment, the injured person must have a prescription from his or her physician. Fitting, adjustment, and repair services may also be eligible for assistance. Expenses for replacement because of normal wear and tear are eligible for assistance, but replacements of lost items are not. Time limitations apply on replacing certain items.

Surgery–Outpatient Services

If the injured person doesn’t have other health insurance, he or she must call DMBA for prior approval.

Surgery and Anesthesia

If the injured person doesn’t have other health insurance, he or she must call DMBA for prior approval.
Therapy

CAMA will help with payment for up to 25 medically necessary visits per accident year for therapy within the following categories of therapy. Additional visits are subject to medical necessity review and prior approval:

- Physical/occupational therapy
- Vertebral column rehabilitation
- Speech therapy (This applies to restorative therapy only. The injured person must get prior approval to be eligible for assistance.)
- Cognitive rehabilitative therapy (This is for neurological impairment resulting from moderate to severe traumatic brain injuries. This therapy does not apply to concussions. Injured persons must get prior approval to be eligible for assistance.)

If the services relate to the same diagnosis and the same part of the body, visits for physical or occupational therapy or vertebral column rehabilitation will be counted together. If they are for different parts of the body, they will be counted separately. For example, if an injured person’s back and leg are injured, he or she would be eligible for 25 visits for the back injury and 25 visits for the leg injury.

Transportation

The injured person must get prior approval before CAMA will help with payment for transportation services.

CAMA will pay for the least expensive, reasonable form of transportation for the injured person to and from the nearest medical facility that is equipped to furnish the appropriate care. If traveling by automobile, CAMA will pay the IRS standard
mileage rate for eligible medical travel after the first 50 miles, per round trip.

For more information about assistance with payment for ambulance services, see *Ambulance* on page 12.

**Obtaining Dental Care**

**Alternative Procedures**

Sometimes there is more than one way to treat a particular dental problem. CAMA helps with payment for the least expensive treatment when the results meet acceptable dental standards.

**Anesthesia**

CAMA helps with payment for general anesthesia expenses when used as a part of oral surgery or for an approved *outpatient hospitalization* (see page 16).

Local, regional, block, conscious, or relative analgesia are normally included in the cost of a complete procedure. CAMA won’t pay for anesthesia if it is billed separately.

CAMA doesn’t pay for hypnosis or relative anesthesia.

**Diagnostic Procedures**

The injured person must get prior approval from DMBA for major services because not all charges may be eligible for assistance.
Endodontic Procedures

CAMA will help with payment for pulpal and root canal therapy. However, the fees for bases or pulp caps are not eligible for assistance.

Oral Surgery

Assistance with payment for extractions and other oral surgeries is available based on the following guidelines:

- Routine post-operative visits are considered part of the total surgical procedure.
- Payments aren’t available for oral surgery or other related expenses for tooth transplants.
- Re-implanting teeth that have been “knocked out” is eligible.

Orthodontic Procedures

Services must be for the direct result of an injury suffered while participating in a Church activity. The injured person must get prior approval from DMBA because not all charges may be eligible for assistance.

Outpatient Hospitalization

CAMA will help with outpatient hospital services for dental treatment if:

- A medical problem exists that must be monitored in connection with general anesthesia and surgical procedures.
- General anesthesia is required because of extended work on children younger than 5 years of age.
• Dental or surgical procedures are performed on an injured person who has a mental handicap (such as Down syndrome) or a sensory handicap (such as deafness or blindness).

Prosthodontic Procedures

CAMA will help with payment for crowns, implant supported crowns, veneers, bridges, onlays, inlays, and partial and complete dentures based on the following guidelines:

• CAMA won’t make separate payment for tooth preparation, temporary restorations, pulp caps, cement bases, impressions, analgesia, or local anesthesia. These procedures are normally included in the cost of a complete prosthodontic procedure.

• The injured person must submit periapical X-rays for all prosthodontic procedures except complete dentures.

• To request assistance with payment for crowns, periapical X-rays must be submitted with the dental claim form.

Restorative Procedures

CAMA helps with payment for amalgam, porcelain, composite, resin, and metal restorations based on the following guidelines:

• CAMA will help with payment for only one restoration per tooth surface, no matter how many restorations are placed on the surface.

• CAMA won’t make separate payment for tooth preparation, temporary restorations, pulp caps, cement bases, impressions, analgesia, or local anesthesia. These procedures are normally included in the cost of a complete restorative procedure with a single charge.

• Composite, resin, or acrylic restorations in posterior teeth are considered optional dentistry. CAMA will help with payment for an amalgam restoration.
Funeral Assistance

Contact DMBA for more information.

Coordination with Insurance

Assistance through CAMA is available only to the extent that benefits provided by group or individual policies, prepaid health plans, health maintenance organizations (HMOs), medical service contracts, excess insurance policies, Medicare, account-based plans (such as Health Savings Accounts or similar plans), or employee or employer trusts are not sufficient to cover approved expenses.

If an injured person's insurance coverage requires him or her to seek care from a specific source to be eligible for benefits, he or she must use that source for CAMA to provide assistance with any related expenses. If an injured person loses coverage because he or she didn’t follow the health insurance rules or use network providers, CAMA won’t help with payment for services.

Legal Notice

This handbook provides an explanation of the assistance that can be authorized through Church Activity Medical Assistance. It does not constitute a legal contract between the bishop and DMBA or the bishop and The Church of Jesus Christ of Latter-day Saints. Likewise, it does not constitute a legal contract between an injured person and DMBA, between an injured person and The Church of Jesus Christ of Latter-day Saints, or between an injured person and the bishop.
The limitations outlined below are intended to help the injured person understand what assistance is not available through CAMA. Generally, assistance services will not be available through CAMA because they do not fall within the established guidelines followed by DMBA or are outside the scope and purpose of CAMA. Assistance is not available for charges relating to:

**General**

1.1 Services, care, treatment, or supplies not furnished and/or prescribed by a physician.

1.2 Services, care, treatment, or supplies that a third party, the liability insurance of the third party, an underinsured motorist, or uninsured motorist insurance pays or is obligated to pay.

1.3 Services, care, treatment, or supplies that an injured person is not legally obligated to pay.

1.4 Services, care, treatment, or supplies that exceed allowable amounts.

1.5 Services, care, treatment, or supplies, including prescription drugs, provided more than 36 months after the date of accident or qualified sickness.

1.7 Services, care, treatment, or supplies provided as a result of a court order or for other legal proceedings.

1.8 Completing claim forms.

1.9 Failure to keep a scheduled medical or dentist visit.

1.10 Complications resulting from services not eligible for assistance.
1.11 Injury sustained during participation in or attempt at committing an assault or felony.

1.12 Routine bacterial or viral infection or illness. Examples include, but are not limited to, bronchitis, common cold, conjunctivitis, ear pain, flu, fungal infections, meningitis, pneumonia, sinusitis, sore throat, strep throat, or tonsillitis.

1.13 Bodily disorder, condition, treatment, disease, or mental or emotional infirmity that is not the direct result of being involved in a Church activity. Examples include, but are not limited to, abdominal pain, acne, anger, anxiety, appendicitis, asthma, depression, diabetes, ear problems, heart disease, hernia, hypoglycemia, ingrown toenail, kidney stones, pregnancy, skin rash, or sleep disorders.

Dental Care

2.1 Surgery, dentistry, or orthodontics that are performed primarily for cosmetic or non-therapeutic purposes, including teeth whitening.

2.2 Expenses for educational programs, plaque control, myofunctional therapy, and oral hygiene or dietary instruction.

2.3 Services, care, treatment, or supplies not furnished and/or prescribed by a dentist (for example, denturist services).

2.4 Expenses or treatments that exceed allowable amounts.

2.5 Unfinished dental work.

2.6 Lost or stolen dentures, bridges, or appliances.
2.7 Appliances, restorations, or treatment other than full dentures, whose primary purpose is to alter vertical dimension or restore occlusion.

2.8 Protective athletic mouthguards or habit-control appliances.

2.9 Fluoride rinse, toothpaste, toothbrush, or other products or supplies intended for home use.

Diagnostic and Experimental Services

3.1 Medical or dental care, treatment, diagnostic procedures, or operations that are:

- Investigative or experimental services, research, or technology.
- Not recognized by the U.S. medical or dental profession as usual and/or common.
- Determined by DMBA not to be usual and/or common medical or dental practice.
- Illegal.

“Investigative or experimental services, research, or technology” means treatment, procedure, facility, equipment, drug, device, or supply that doesn’t meet all of the following criteria:

- The technology must have final approval from all appropriate governmental regulatory bodies, if applicable.
- The technology must be available in significant number outside the clinical trial or research setting.
- The available research about the technology must be substantial. For the purposes of CAMA,
“substantial” means sufficient to allow CAMA to conclude the technology:

- Is both medically necessary and appropriate for the injured person’s treatment.
- Is safe and efficacious.
- More likely than not will be beneficial to the injured person’s health.
- Must be generally recognized as appropriate by the regional medical community as a whole.

Procedures, care, treatment, or operations falling in the categories described herein continue to not be eligible for assistance through CAMA until actual experience clearly defines them as non-experimental and they are specifically included in CAMA.

Medical Equipment

4.1 Multipurpose medical equipment or facilities that can be used for more than the qualified injury or illness, including related appurtenances, controls, accessories, or modifications thereof. This includes but is not limited to buildings, motor vehicles, air conditioning, air filtration units, whirlpool baths, exercise equipment or machines, vibrating chairs and beds, etc. Also, certain medical equipment, including air filtration systems, dehumidifiers, exercise equipment, heating lamps or pads, humidifiers, non-prescription braces or orthotics, learning devices, chairs with a lifting mechanism or function, spa memberships, vision devices, whirlpools, or modifications associated with activities of daily living, homes, or vehicles.
Vision
5.1 Eye examinations or refractions for the correction of vision, eye/visual training, and for the purchase or fitting of glasses or contact lenses, unless otherwise provided for by the terms of the program.

Miscellaneous
6.1 Services of any practitioner of the healing arts who:
   - Ordinarily resides in the same household with the injured person.
   - Has legal responsibility for the injured person’s financial support and maintenance.
6.2 Injury sustained while the injured person was intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Definitions
These definitions are intended to help define, in simple terms, meanings of words in how DMBA will provide assistance through CAMA to the injured person.

Accident: An unpremeditated event of violent and external means that happens suddenly and without intention or design; is unexpected, unusual, and unforeseen; is identifiable as to time and place; and is not the result of sickness.

Accident Date: The calendar day the Church activity accident occurred.

Accident Year: Twelve months from the date of the accident.

Acute: Having rapid onset, severe symptoms, and a short course; opposite of chronic.
Allowable Amounts: The allowable dollar amount of assistance CAMA will pay for a defined medical or dental procedure, as determined by DMBA.

Appliance: A dental device, removable or fixed, used to provide function or therapeutic healing effect. A fixed appliance is cemented to the teeth or attached by adhesive materials. A prosthetic appliance is used to replace one or more missing teeth.

Chronic: Showing little change or slow progression and long continuance of symptoms; opposite of acute.

Congenital: A condition that is present at birth.

Dentist: A person licensed to practice dentistry according to the laws and regulations in the locality where the services are rendered.

DMBA ID Number: A number that DMBA assigns to each injured person as a secure means for accessing the injured person’s information.

Durable Medical Equipment: Equipment that can be used in the home and is needed for medical reasons. A person normally needs this kind of equipment only when injured. Examples of durable medical equipment include wheelchairs or hospital beds.

Extended Care Facility: An institution, or distinct part thereof, that is licensed according to state or local law and is operated primarily for the purpose of providing skilled nursing care and treatment to individuals convalescing from injury or sickness as an inpatient. It also:

- Has organized facilities for medical treatment and provides 24-hour nursing service under the full-time supervision of a physician or a registered nurse.
• Maintains daily clinical records on each injured person and has physician services available under an established agreement.

• Has transfer arrangements with one or more hospitals, a utilization review plan in effect, and operational policies developed with the advice and review of a professional group, including at least one physician.

**Full-time Missionary:** An individual who is called by the Church and provides more than 32 hours per week of service to fulfill a missionary purpose.

**Global Incident Report (GIR):** An online system that is used by the Church to capture incidents involving members and leaders. It also provides a way for a bishop to request that an injured person receive assistance with medical costs through Church Activity Medical Assistance. It also allows the injured person to provide information about the Church activity and injuries received. The GIR system can be found online at incidents.lds.org and requires an LDS Account login and password. To register for an LDS Account go online to ldsaccount.lds.org. Non-members receiving assistance should click Register for an LDS Account, then click Register as a Friend to gain access.

**Hospital:** A facility that is licensed as a hospital and is operating within the scope of this license.

**Hospital Emergency Room:** Hospital facility that provides treatment for urgent medical needs that may or may not be life-threatening at that particular time.

**Hospitalization:** Admittance to and confinement as an injured person in a hospital upon the recommendation of a physician.

**Illness:** A bodily disorder, disease, mental or emotional infirmity, or all sickness that is a result of the same cause or a related cause.
**Injury:** Harm or hurt. It may be caused by oneself (such as a hamstring injury) or by an external agent (such as frostbite). For assistance purposes, see the program guidelines and limitations.

**Inpatient Care:** Healthcare that injured persons receive when admitted to a hospital, skilled nursing facility, or rehabilitation facility.

**Medical Equipment:** A prosthesis, appliance, or device that is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of injury or sickness.

**Medically Necessary:** Services or supplies that are proper and needed for a legitimate diagnosis or a cost-efficient treatment of an injured person’s medical condition; are used for the diagnosis, direct care, and treatment of an injured person’s medical condition; meet the standards of good medical practice in the local community; and aren’t mainly for the convenience of the injured person or the injured person’s doctor.

**Network Providers:** Hospitals, labs, physicians, specialists, and other healthcare facilities and services that contract with insurance companies to provide services to their participants.

**Personal Acts of Service:** An individual service, task, or personal function, not done under the direction of, or as part of, a Church activity, calling, or assignment.

**Personal Function:** An event or activity that is not sponsored by an ecclesiastical unit of the Church, but that is for personal, family, or other non-Church purposes regardless of whether or not the activity occurs on Church property.

**Physician:** A person who has been educated, trained, and licensed as a physician to practice the art and science of medicine according to the laws and regulations in the locality where the services are rendered.
Prior Approval: A vital process to make sure an injured person’s care is medically appropriate and to provide guidelines for what services are eligible for assistance before an injured person commits to the costs. Prior approval is required for certain services.

Qualified Sickness: An acute illness that begins during and is connected with participation in a Church activity. A qualified sickness must have required first aid, urgent care, or unscheduled medically necessary treatment during the activity or within 24 hours after the end of the activity. Examples include, but are not limited to, dehydration, altitude sickness, food poisoning, heat exhaustion, and heat stroke. Sickness and disease such as cold, flu, measles, etc., are not qualified sicknesses and aren’t eligible for assistance (see limitations 1.12 and 1.13 on page 23).

Qualified Sickness Date: The calendar day the qualified sickness began.

Routine Preparation: Preparation for a calling or responsibility that is done regularly or on a normal basis. This includes, but is not limited to, lesson or talk preparation, meeting preparation or development, etc.

Service Date: The date medical or dental treatment begins.

Skilled Nursing Facility: An institution, or part of an institution, that is licensed according to state or local law, and is operated primarily for the purpose of providing skilled nursing care and treatment to individuals convalescing from injury or illness as an inpatient.

Surgical Center: Any licensed public or private establishment:

- With an organized medical staff of physicians.
- With permanent facilities equipped and operated primarily for the purpose of performing surgical procedures.
• With continuous physician services whenever an injured person is in the facility.
• That doesn’t provide services or other accommodations for an injured person to stay overnight.

Treatment: Care provided under the direction of a physician.