Ancillary Products Proposal

Prepared for:
Wink Loving ISD

Proposal valid for two months following:
September 01, 2018

Visit us at: www.dearbornnational.com

Prepared for: **Wink Loving ISD**

We Are Dearborn National

While we all know that health insurance is important, it's not always enough. We designed our voluntary and employer paid group benefits products and services to complement your medical coverage and provide additional financial protection for your employees. Whether they are going through a difficult time, looking to increase their protection, or wanting to expand their overall wellness plan, we provide peace of mind so they can focus on the things that matter most.

A Strong Parent Company

Our parent company, Health Care Service Corporation, a Mutual Legal Reserve Company, (HCSC) is the largest non-investor owned health insurer in the United States and the fourth largest overall. HCSC offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries; including Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas. To learn more about the family of companies that make up HCSC, please visit www.hcsc.com.

Strong Ratings

The ratings of the Dearborn National companies speak to our commitment to managing our business well and remaining financially strong. Benefit programs in this proposal are underwritten by Dearborn National® Life Insurance Company.

Dearborn National® Life Insurance Company is rated **A (Excellent)**[1] by A.M. Best Company and **A (Positive)**[2] by Standard & Poor's for financial strength in its most recent report.

A National Presence

Through the underwriting companies of Dearborn National® Life Insurance Company and Dearborn National® Life Insurance Company of New York, we are licensed in all 50 states as well as the District of Columbia.

[1] *Affirmed 8/31/17 A.M. Best Company rates the overall financial results of a company using a scale of A++ (Superior) to F (In Liquidation).*

[2] *Affirmed 11/15/17. Standard & Poor's Insurer Financial Strength Rating uses a scale ranging from AAA (Extremely Strong) to R (Experienced Regulatory Action).*

Products and services marketed under the Dearborn National ® brand and the star logo are underwritten and/or provided by Dearborn National ® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands and Puerto Rico.

Voluntary Critical Illness Insurance

Everyone knows someone who has suffered with a Critical Illness. Statistics show employees are much more likely to suffer a Critical Illness than they are to die during their working years. Many of the conditions which used to lead to death are now treatable thanks to advancements in technology and medical care.

These advancements created a new area of financial risk for employees. Recovering from a Critical Illness creates a need for cash. Critical Illness benefits cover the unplanned expenses of recovering from a Critical Illness. Dearborn National's Critical Illness benefit pays your employee a cash benefit if he suffers one of the Covered Conditions. The benefits may be used however the employee chooses.

Voluntary Critical Illness Rate Summary

Proposed Effective Date: September 01, 2018

Age Band	Employee Rates Per $1,000 Monthly	Spouse Rates Per $1,000 Monthly
below 30	$0.802	$1.230
30 - 39	$1.176	$1.667
40 - 49	$2.334	$2.888
50 - 59	$4.493	$5.077
60 - 64	$7.271	$7.863
65 +	$12.692	$13.678

Dependent Child(ren) Rates per $1,000: $0.576

Rate Guarantee Period: 24 Months

Important Notes:
The above rates and premium estimates are based on the employee data submitted by you. Final rates and premiums will be based on the plan and employee data provided by you at inception. This proposal is subject to exclusions and limitations in the policy issued by us. In addition, if coverage was in force prior to the effective date of coverage, the rates quoted are subject to revisions based on acceptance and review of the inforce carrier's policy. Changes in risk that may impact the rates quoted include, but are not limited to:

- The composition of the group, employees or dependents, changes by more than 10%
- The employer contribution changes
- Any of the plan designs are changed
- A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the policy.

Group Critical Illness Insurance Plan Design Summary

Voluntary Critical Illness

Eligibility:	All Active Full-Time Employees
Voluntary Critical Illness Benefit Amount	
Employee:	Amounts from $5,000 to $10,000 in increments of $5,000
Spouse:	Amounts from $2,500 to $5,000 in increments of $2,500 not to exceed 50% of the Employee's amount
Children:	Amounts from $2,500 to $2,500 in increments of $2,500 not to exceed 50% of the Employee's amount
Coverage Maximum:	Up to 3 times the Critical Illness benefit amount
Perpetual Guarantee Issue:	
Employee:	$10,000
Spouse:	$5,000
Child(ren):	$2,500
Enrollment Opportunities:	Employees may elect coverage at annual open enrollment
Waiting Period:	None
Pre-existing Conditions:	12/12
Diagnosis Qualification:	First after effective date
Participation Requirement:	The greater of 10 lives or 15%
****Age Reduction:**	35% at age 65
	50% at age 70
Benefits Terminate at:	Retirement
Separation Period:	180 Days
Employer Contribution:	0%
Portability:	Yes
Wellness Benefit:	$50 per Employee and Spouse

***Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.*

Voluntary Covered Conditions	Benefit Percentage
Invasive Cancer	100%
Carcinoma in-situ	25%
Heart Attack	100%
Major Heart Surgery	25%
Stroke	100%
Major Organ Transplant	100%
End Stage Renal Failure	100%
Paralysis	100%
Benign Brain Tumor	100%
Coma	100%
Loss of Sight, Speech or Hearing	100%
Major Burns	100%

Underwriting Considerations for Group Critical Illness Coverage

Underwriting Conditions

• Employees must be legally working in the United States in order to be eligible for coverage.

• Employees may elect coverage or make changes to their existing coverage at annual enrollment only. Changes in enrollment are not allowed outside of annual enrollment unless the Employee experiences a Change in Family Status.

• This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and conditions of the contract. A complete listing of the terms, conditions, limitations, exclusions and reduction of benefits is available upon request. In the event of conflict between this proposal and the policy, the terms of the policy will govern.

• Product features and provisions may be slightly different due to state requirements. When sold, the actual policy for the state in which the policy is issued will reflect the state's requirements.

• This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.

Actively at Work

Actively at work requirements will be waived, provided premiums are paid when due, for employees who:

• Are covered on the day immediately preceding our policy effective date; and

• Were on lay-off, non-medical leave of absence or sabbatical leave; and who are being provided an extension of benefits with their prior carrier.

Coverage will continue for the balance of the time provided for under the prior carrier's policy, but not to exceed 12 months. We do not agree to waive the actively at work provision on other employees.

Benefit Highlights

Eligibility

Eligibility is as indicated in the Plan Design Summary. To be eligible, employees must be legally working in the United States and meet the eligibility requirements indicated in the Plan Design Summary. Insured Persons may have to complete a Waiting Period. Seasonal, part-time and temporary employees are not eligible.

Effective Date

If an insured person is absent from work due to injury or sickness on the last day of work prior to their effective date, the effective date of coverage will be delayed until 12:01 a.m. on the day coinciding with or next following their return to active work for a period of one day.

Guarantee Issue

Critical Illness Insurance Amounts up to the Guarantee Issue amount stated in the Plan Design Summary are offered with no need for Evidence of Insurability as long as the minimum participation requirement is met.

Coverage Maximum

Critical Illness Insurance benefits are payable up to the Coverage Maximum of the policy.

Pre-existing Conditions Clause
A Pre-existing Condition is any Illness or Injury for which You received medical treatment for, or advice was rendered, prescribed or recommended whether or not it was diagnosed at all or misdiagnosed within 12 months prior to the Policy effective date.

A Pre-existing Condition is not covered within the first 12 months of coverage.

After the initial enrollment period, coverage increases are subject to a new pre-existing clause as defined in the Plan Design Summary.

Benefit Qualification
Critical Illness benefits are payable for the first diagnosis of a covered condition which occurs after the insureds coverage is effective, subject to any other plan limitations and exclusions.

Portability
If Voluntary Critical Illness coverage ceases for reasons other than retirement, sickness, injury or termination of the policy, eligible insured persons can purchase portable Critical Illness insurance without Evidence of Insurability. As long as premiums are paid, portable coverage continues until the insured reaches the maximum age indicated in the plan design summary.

Reduction of Benefits
The Insured's Critical Illness insurance amount will reduce upon reaching the ages as indicated in the Plan Design Summary. All reduction percentages are calculated from the original amount.

Participation Requirement
The Participation Requirement is the minimum percentage of employees who must enroll and be approved for Critical Illness insurance to achieve the Guarantee Issue benefit amounts.

Wellness Benefit

The Wellness Benefit helps incent insureds to get annual wellness checkups and tests with their providers by paying the Wellness Benefit each year that they get a wellness test. The wellness tests include:

- Blood test for triglycerides;
- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Flexible sigmoidoscopy;
- Hemoglobin A1C (HbA1c);
- Hemoccult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;
- Two-hour post-load plasma glucose; or
- Virtual colonoscopy.

The Wellness benefit is payable once per calendar year.

Limitations and Exclusions

Critical Illness benefits are not payable for a loss which is caused by a suicide or attempted suicide.

Covered Conditions must be separated by the period indicated in the Plan Design Summary to be eligible for benefits.

An insured cannot receive Critical Illness benefits for the same covered condition more than once, unless the Recurrence Benefit is selected.

Employees may not be insured as both an employee and a spouse/dependent. If both parents are employees, only one may elect the Critical Illness plan on dependent children.

If an Illness or Injury cause more than one Covered Condition to occur, benefits are payable under the Covered Condition with the greatest benefit level percentage and would be payable once.

Critical Illness benefits are not payable for a Covered Condition if it results from: (a) the misuse of alcohol or taking of drugs (other than under the direction of a Physician, who is neither the Employee, the Employee's family, or the Employee's business associate); (b) Injury received during active participation in a riot, strike or civil commotion, or any act incidental thereto; or (c) participation or attempt to participate in any illegal activity.

Termination of Coverage

The insured's Critical Illness insurance will terminate on the earliest of the following dates:

• The date the policy is terminated;

• The date the insured stops making any required contribution toward payment of premiums;

• The date the insured is no longer a member of an eligible class, requests termination of coverage;

• The date the insured is no longer covered as a result of a disability, layoff, leave of absence, sabbatical or military leave.

Extension of Coverage

If an employee is no longer Actively at Work as a result of a disability, layoff, leave of absence, sabbatical or military duty, they may continue to be eligible for Voluntary Critical Illness insurance coverage as follows:

Disability - Until the end of the twelfth month following the month in which the disability began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Layoff - Until the end of the next month following the month after the layoff began provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Leave of Absence - Until the end of the next month following the month during which the leave of absence began or the period of time in accordance with FMLA, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Sabbatical - Until the end of the sixth month following the month after the sabbatical began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Military Leave - Until the end of the twelfth month following the month in which the military leave began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Extension of Coverage for FMLA Leave

If an insured is eligible for and receives approval for leave under the Family and Medical Leave Act of 1993 (FMLA) or any applicable state, family and medical leave law, insurance will continue (provided premium continues to be paid) for a period up to the later of:

- The leave period permitted by FMLA and any amendments; or
- The leave period permitted by applicable state law.

Dependent Critical Illness Insurance

Dependent Effective Date of Coverage

If the insured meets the effective date requirements, then the dependents are eligible for coverage unless confined to a hospital. If hospitalized dependent coverage will become effective on the date the eligible dependent is no longer hospital confined.

Spouse Coverage

A covered spouse, which includes Domestic Partners where permitted, will be covered for the amount indicated in the Plan Design Summary. In order for a spouse to be covered, the eligible insured person must also be covered. A spouse cannot be insured for more than 50% of the coverage amount.

Spouse Guarantee Issue

Spouse amounts up to the Guarantee Issue amount stated in the Plan Design Summary are offered with no need for Evidence of Insurability as long as the minimum employee participation requirement is met.

Dependent Child Coverage

Dependent Child amounts up to the Guarantee Issue amount stated in the Plan Design Summary are offered with no need for Evidence of Insurability as long as the minimum employee participation requirement is met.

Portability

If Voluntary Critical Illness coverage ceases for reasons other than the employee's retirement or termination of the policy, eligible insured dependents can purchase portable Critical Illness insurance without Evidence of Insurability.

As long as premiums are paid, portable coverage continues until the spouse reaches the maximum age indicated in the plan design summary.

Portable coverage continues for a dependent child until they no longer meet the definition of an eligible dependent.

Termination of Dependent Critical Illness Insurance

Dependent Critical Illness insurance will end on the earliest of the following:

- The date the insured person is no longer covered under the policy;
- The date the Policy is terminated;
- The date any required premiums cease to be paid; or
- The date the dependent is no longer an eligible dependent under the policy.

Accident Insurance

Accident Insurance helps employees manage some of the financial difficulties that can arise as a result of an accident. Accident Insurance pays benefits for treatments, services or injuries incurred as a result of a covered accident. The accident must occur while the covered person's coverage is in force. The benefits are paid directly to the employee to use as he/she wishes.

Voluntary Plan Design Summary

Eligibility	All Active Full-Time Employees
Spouse and Child benefits	Same as Employee benefit amounts unless indicated otherwise
Eligible Employees	50-99
Minimum Participation	10 enrolled Employees
Enrollment opportunities	Employees may elect coverage during an annual open enrollment.
Portability	Must be covered for at least 12 months and under age 60 to port. Ported coverage terminates at age 65.
Rate guarantee	24 Months
Benefit Termination	Benefits terminate the earlier of retirement or age 70.

Important Notes:

One plan may be selected.

The rates and premium estimates are based on the employee data submitted by you.

Final rates and premiums will be based on the plan and employee data provided by you at inception. This proposal is subject to exclusions and limitations in the policy issued by us.

In addition, if coverage was in force prior to the effective date of coverage, the rates quoted are subject to revisions based on acceptance and review of the inforce carrier's policy.

Changes in risk that may impact the rates quoted include, but are not limited to:

- The composition of the group, employees or dependents, changes by more than 10%
- The employer contribution changes
- Any of the plan designs are changed
- A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the policy.

Schedule of Accident Insurance Benefits: Single Option

Benefit	Plan 2	Smart Plan 2
Accident Emergency Treatment		
Emergency Room	$150	$200
Urgent Care Center	$150	$200
Physician's Office	$50	$75
X-Ray	$50	$50
Accident Follow-up Treatment	$50	$50
Initial Hospital Admission	$1,200	$1,500
Initial ICU Admission	$2,000	$2,500
Accident Hospital Confinement	$250	$300
Intensive Care Unit Confinement	$500	$600
Surgical Procedures Benefit		
Arthroscopy	$300	$500
Open abdominal	$1,250	$1,500
Cranial	$1,250	$1,500
Hernia	$1,250	$1,500
Thoracic Surgery	$1,250	$1,500
Repair of Tendons and/or Ligaments	$625	$1,000
Repair of Torn Rotator Cuffs	$625	$1,000
Repair of Ruptured Discs	$625	$1,000
Repair of Torn Knee Cartilages	$625	$1,000
Miscellaneous Surgical Procedures		
Surgery with General Anesthesia	$300	$300
Surgery with Conscious Sedation	$120	$120
Outpatient Ambulatory Surgical Center Benefit	20%	30%
Ambulance		
Ground Ambulance	$200	$400
Air Ambulance	$1,500	$1,500
Major Diagnostic Exams	$200	$200
Physical Therapy	$35	$35
Rehabilitation Unit	$150	$150
Epidural Pain Management	$100	--
Appliances	$125	--
Prosthesis		
One prosthetic device	$750	--
More than one prosthetic device	$1,500	--
Blood / Plasma / Platelets	$200	--
Transportation	$600	--
Family Lodging	$125	--

Accident Specific-Sum Injuries Benefits	
Benefit	**Plan 2**
Dislocations	**(Closed Reduction) / (Open Reduction)**
Hip	$1,500 / $4,000
Knee or Shoulder	$1,500 / $2,000
Collar bone	$500 / $1,700
Ankle or foot (excluding toes)	$500 / $1,500
Lower jaw	$500 / $1,000
Wrist or elbow	$500 / $750
Toe or finger	$100 / $300
Local or No Anesthesia (Percent of Closed Reduction)	25%
Burns	**(2nd Degree) / (3rd Degree)**
0-20 square cm	$125 / $250
20-40 square cm	$250 / $625
40-65 square cm	$500 / $1,250
65-160 square cm	$750 / $3,750
160-225 square cm	$1,000 / $8,750
225+ square cm	$1,250 / $12,500
Skin Graft as % of Burn Benefit	50%
Eye Injury	
Surgical Repair	$300
Removal of Foreign Body	$65
Lacerations	
Not requiring sutures	$35
< 5 cm	$65
5 cm - 15 cm	$250
> 15 cm	$500

Accident Specific-Sum Injuries Benefits	
Benefit	**Plan 2**
Fractures	**(Closed Reduction) / (Open Reduction)**
Hip	$2,000 / $5,000
Leg	$1,000 / $3,000
Hand (excluding fingers)	$500 / $1,500
Foot (excluding toes/heel)	$500 / $1,500
Wrist, elbow, ankle, or kneecap	$500 / $1,500
Shoulder blade or forearm	$500 / $1,500
Lower jaw	$500 / $1,500
Vertebrae (body of), pelvis (excluding coccyx), or sternum	$700 / $2,000
Upper jaw, upper arm, or face (excluding nose)	$375 / $1,200
Rib	$500 / $2,200
Nose, heel, or finger	$250 / $1,000
Coccyx	$250 / $500
Toes	$250 / $500
Vertebral processes	$400 / $3,000
Skull - depressed	$1,875 / $3,500
Skull - simple	$800 / $1,800
Chip Fracture (Percent of Closed Reduction)	25%
Concussion	$150
Emergency Dental Work	
Broken tooth repaired with crown	$400
Broken tooth resulting in extraction	$130
Coma	$12,500
Paralysis	
Quadriplegia	$12,500
Paraplegia	$6,250
Hemiplegia	$4,750

Accidental Death and Dismemberment	
Benefit	**Plan 2**
Accidental Death	
Common Carrier Accident	
Employee	$150,000
Spouse	$150,000
Child	$25,000
Other Accident	
Employee	$40,000
Spouse	$40,000
Child	$12,500
Accidental Dismemberment	
Both arms and both legs	
Employee	$40,000
Spouse	$40,000
Child	$12,500
Two eyes, feet, hands, arms, or legs	
Employee	$40,000
Spouse	$40,000
Child	$12,500
One eye, foot, hand, arm, or leg	
Employee	$10,000
Spouse	$10,000
Child	$3,750
One or more fingers and/or one or more toes	
Employee	$2,000
Spouse	$2,000
Child	$625
Wellness	$50

Accident Insurance Rate Summary: Single Option

Voluntary	Coverage Type	Employee	Employee and Spouse	Employee and Child(ren)	Employee and Family
Plan 2	On & Off the Job	$19.42	$32.45	$34.70	$55.33
Smart Plan 2	On & Off the Job	$10.52	$16.71	$20.60	$31.89

Underwriting Considerations for Group Accident Coverage

Underwriting Conditions

• Employees must be legally working in the United States in order to be eligible for coverage.

• This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and conditions of the contract. A complete listing of the terms, conditions, limitations, exclusions and reduction of benefits is available upon request. In the event of conflict between this proposal and the policy, the terms of the policy will govern.

• Product features and provisions may be slightly different due to state requirements. When sold, the actual policy for the state in which the policy is issued will reflect the state's requirements.

• This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.

Benefit Highlights

Eligibility

Eligibility is as indicated in the Plan Design Summary. To be eligible, employees must be legally working in the United States and meet the eligibility requirements indicated in the Plan Design Summary. Insured Persons may have to complete a Waiting Period. Seasonal, part-time and temporary employees are not eligible.

Effective Date

If an insured person is absent from work due to injury or sickness on the last day of work prior to their effective date, the effective date of coverage will be delayed until 12:01 a.m. on the day coinciding with or next following their return to active work for a period of one day.

Portability

If Accident Insurance coverage ceases for reasons other than retirement, sickness, injury or termination of the policy, eligible insured persons can purchase portable Accident Insurance. As long as premiums are paid, portable coverage continues until the insured reaches the maximum age indicated in the plan design summary.

Participation Requirement

The Participation Requirement is the minimum percentage or number of employees who must enroll and be approved for Accident Insurance for Dearborn National to offer coverage.

Wellness Benefit

If included in the plan design, the Wellness Benefit helps incent insureds to get annual wellness checkups and tests with their providers by paying the Wellness Benefit each year that they get a wellness test. The wellness tests include:

- Blood test for triglycerides;
- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Flexible sigmoidoscopy;
- Hemoglobin A1C (HbA1c);
- Hemoccult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;
- Two-hour post-load plasma glucose; or
- Virtual colonoscopy.

The Wellness benefit is payable once per calendar year.

Limitations and Exclusions

Limitations

In addition to the limitations and exclusions listed in the individual benefits, Dearborn National will not pay any benefit for an Injury resulting from or caused by:

- any disease, Illness or infirmity of mind or body, and any medical or surgical treatment thereof;
- any error, mishap or malpractice during a medical, diagnostic or surgical treatment or procedure for any Illness;
- cosmetic surgery or other elective procedure that is not medically necessary;
- suicide or attempted suicide, while sane or insane;
- any intentionally self-inflicted Injury;
- war, declared or undeclared, whether or not a member of any armed forces;
- travel or flight in any aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft;
- commission of, participation in, or an attempt to commit an assault or felony as defined by state or federal law;
- the Covered Person being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a Physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence;
- the Covered Person being intoxicated as defined by the laws of the jurisdiction in which the Accident occurred or .08% blood alcohol content if the jurisdiction in which the Accident occurred does not define intoxication. Conviction is not necessary for a determination of being intoxicated;
- active participation in a Riot. Riot means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder;
- driving or riding in any vehicle used in a race, speed or endurance test or for acrobatic or stunt driving.

Exclusions

We will not pay any benefits for an Accident that occurred while the Covered Person was operating a motor vehicle and was either:

- under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a Physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or
- intoxicated as defined by the laws of the jurisdiction in which the Accident occurred or .08% blood alcohol content if such jurisdiction does not define intoxication. Conviction is not necessary for a determination of being intoxicated.

Termination of Coverage
The insured's Accident Insurance will terminate on the earliest of the following dates:

• The date the policy is terminated;

• The date the insured stops making any required contribution toward payment of premiums;

• The date the insured is no longer a member of an eligible class, requests termination of coverage;

• The date the insured is no longer covered as a result of a disability, layoff, leave of absence, sabbatical or military leave.

Extension of Coverage

If an employee is no longer Actively at Work as a result of a disability, layoff, leave of absence, sabbatical or military duty, they may continue to be eligible for Accident Insurance coverage as follows:

Disability - Until the end of the twelfth month following the month in which the disability began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Layoff - Until the end of the next month following the month after the layoff began provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Leave of Absence - Until the end of the next month following the month during which the leave of absence began or the period of time in accordance with FMLA, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Sabbatical - Until the end of the sixth month following the month after the sabbatical began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Military Leave - Until the end of the twelfth month following the month in which the military leave began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Extension of Coverage for FMLA Leave
If an insured is eligible for and receives approval for leave under the Family and Medical Leave Act of 1993 (FMLA) or any applicable state, family and medical leave law, insurance will continue (provided premium continues to be paid) for a period up to the later of:

• The leave period permitted by FMLA and any amendments; or

• The leave period permitted by applicable state law.

Dependent Accident Insurance

Dependent Effective Date of Coverage
If the insured meets the effective date requirements, then the dependents are eligible for coverage unless confined to a hospital. If hospitalized dependent coverage will become effective on the date the eligible dependent is no longer hospital confined. Dependents may include the employee's spouse, which includes domestic partner where permitted, and children.

Portability
If Accident Insurance ceases for reasons other than the employee's retirement or termination of the policy, eligible insured dependents can purchase portable Accident Insurance.

As long as premiums are paid, portable coverage continues until the spouse reaches the maximum age indicated in the plan design summary.

Portable coverage continues for a dependent child until they no longer meet the definition of an eligible dependent.

Termination of Dependent Accident Insurance
Dependent Accident Insurance will end on the earliest of the following:

- The date the insured person is no longer covered under the policy;
- The date the Policy is terminated;
- The date any required premiums cease to be paid; or
- The date the dependent is no longer an eligible dependent under the policy.

Accident Insurance Benefits

Emergency Treatment Benefits

Accident Emergency Treatment Benefit

The Accident Emergency Treatment Benefit is payable if a Covered Person receives treatment for an Injury. For purposes of this benefit, Accident Emergency Treatment means treatment received in a Hospital Emergency Room, Urgent Care Center or a Physician's office within 72 hours of the Accident. This benefit is payable once per Accident, per Covered Person.

We will pay either the Hospital Emergency Room benefit, Urgent Care Center benefit or Physician's office benefit. If treatment is received at more than one location, we will pay the highest level benefit.

X-Ray Benefit

The X-Ray Benefit is payable if a Covered Person receives an x-ray while receiving emergency treatment for an Injury. The x-ray must be taken within 72 hours of the Accident. This benefit is limited to one payment per Accident, per Covered Person. The X-Ray Benefit is not payable for exams listed in the Major Diagnostic Exams Benefit.

Accident Follow-up Treatment Benefit

The Accident Follow-up Treatment Benefit is payable if a Covered Person receives emergency treatment for an Injury and later requires additional treatment for an Injury sustained in the same Accident, over and above emergency treatment administered in the first 72 hours following the Accident. We will pay for one treatment per day for up to 6 treatments per Accident, per Covered Person. The treatment must begin within 30 days of the Accident or discharge from the Hospital. Treatments must be furnished by a Physician in a Physician's office or in a Hospital on an outpatient basis. The Accident Follow-up Benefit is not payable for the same days that the Physical Therapy Benefit is paid.

Hospital Admission Benefit

The Hospital Admission Benefit is payable if a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of an Injury. This benefit is payable only once per Hospital Confinement and only once per Accident, per Covered Person. Hospital Confinements must start within 30 days of the Accident.

We will only pay the Hospital Admission Benefit or the Intensive Care Unit Admission Benefit. We will not pay both benefits for a Covered Person for the same Accident.

Intensive Care Unit (ICU) Admission Benefit

The ICU Admission Benefit is payable if a Covered Person is admitted directly to an ICU of a Hospital for at least 18 hours of treatment for an Injury. This benefit is payable only once per period of Hospital Confinement and only once per Accident, per Covered Person. The ICU confinement must start within 30 days of the Accident.

We will only pay the Hospital Admission Benefit or the Intensive Care Unit Admission Benefit. We will not pay both benefits for a Covered Person for the same Accident.

Hospital Confinement Benefit

The Hospital Confinement Benefit is payable if a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of an Injury. We will pay this benefit up to 365 days per Accident, per Covered Person. Hospital Confinements must start within 30 days of the Accident. The Hospital Confinement Benefit and the Rehabilitation Unit Benefit are not paid for the same date of service. The highest eligible benefit will be paid.

If a Covered Person is confined in an ICU for more than 15 days, we will pay the Hospital Confinement Benefit beginning on the 16th day. The total amount payable per Accident will not exceed 365 days for Hospital Confinement and 15 days for ICU. We will not pay both benefits for the same date of service.

Intensive Care Unit (ICU) Confinement Benefit
The Intensive Care Unit Confinement Benefit is payable if a Covered Person is confined to a Hospital Intensive Care Unit for treatment of an Injury. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per Accident, per Covered Person. ICU confinement must start within 30 days of the Accident.
If a Covered Person is confined in an ICU for more than 15 days, We will pay the Hospital Confinement Benefit beginning on the 16th day. The total amount payable per Accident will not exceed 365 days for Hospital Confinement and 15 days for ICU. We will not pay both benefits for the same date of service.

Surgical Benefits

Surgical Procedure Benefit
The Surgical Procedure Benefit is payable for a surgery performed within 180 days of an Accident which resulted in an Injury. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the surgery with the highest benefit amount. The covered surgeries are listed in the Schedule of Benefits.

Miscellaneous Surgical Procedure Benefit
The Miscellaneous Surgical Procedures Benefit is payable for any other surgery to a Covered Person as the result of an Injury sustained in an Accident that is not covered by any other surgical benefit. The surgery must be performed within 180 days of the Accident. Only one Miscellaneous Surgical Procedures Benefit is payable per 24-hour period even though more than one surgical procedures may be performed.

Outpatient Ambulatory Surgical Center Benefit
The Outpatient Ambulatory Surgical Center Benefit is payable when a Covered Person undergoes a surgery listed in the Surgical Procedures Benefit or the Miscellaneous Surgical Procedures Benefit and the surgery is performed at an Outpatient Ambulatory Surgical Center. The Outpatient Surgical Center benefit will increase the Surgical Procedures Benefit or Miscellaneous Surgical Procedures Benefit payable by the amount listed in the Schedule of Benefits.

Ambulance Benefit
The Ambulance Benefit is payable when a Covered Person requires ambulance transportation to a Hospital for an Injury. Ambulance transportation must be within 72 hours of the Accident. A licensed professional ambulance company must provide the ambulance service.

Major Diagnostic Exams Benefit
The Major Diagnostic Exams Benefit is payable when a Covered Person requires one of the following exams for an Injury: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital or a Physician's office and performed within 90 days of the Accident. This benefit is limited to one payment per Accident. Exams listed in the Major Diagnostic Exams Benefit are not payable under the X-Ray Benefit.

Physical Therapy Benefit
The Physical Therapy Benefit is payable when a Covered Person receives emergency treatment for an Injury and later receives physical therapy from a licensed Physical Therapist. The physical therapy must be on the advice of a Physician. Physical therapy must be for Injuries sustained in an Accident and must start within 30 days of the Accident or discharge from a Hospital Confinement due to an Injury. We will pay for one treatment per day for up to a maximum of ten treatments per Accident, per Covered Person. The treatment must be completed within six months after the Accident. The Physical Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.

Rehabilitation Unit Benefit
The Rehabilitation Unit Benefit is payable when a Covered Person is admitted for a Hospital Confinement and is immediately transferred to a bed in a Rehabilitation Unit of a Hospital for treatment of an Injury. This benefit is limited to 30 days for each Covered Person per Accident. The Rehabilitation Unit Benefit will not be payable for the same days the Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.

Accident Injury Benefits

The Accident Injury Benefits are payable when a Covered Person receives treatment for an Injury sustained in an Accident.

Dislocation Benefit:
The Dislocation Benefit is payable for a Covered Person who sustains a Dislocation as the result of an Injury. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Accident. The treatment of the Dislocation must require anesthesia by a Physician. It can be corrected by open (surgical) or closed (non-surgical) Reduction. We will pay a reduced benefit for a Dislocation corrected with local anesthesia or no anesthesia. The applicable amount payable is listed in the Schedule of Benefits.
We will pay for no more than two Dislocations per Accident, per Covered Person. We will pay for the first Dislocation of any individual joint per Accident.

Burn Benefit
The Burn Benefit is payable for a Covered Person who sustains burns as the result of Injuries received in an Accident. The Covered Person must be treated by a Physician within 72 hours after the Accident. If the Covered Person meets more than one of the burn classifications, as shown in the Schedule of Benefits, we will pay for only one burn at the highest amount. We will pay this benefit once per Covered Person per Accident. The applicable amount payable is listed on the Schedule of Benefits.

Skin Graft Benefit
The Skin Graft Benefit is payable for a Covered Person who receives a skin graft for a burn for which a benefit was received under the Burn Benefit. This benefit is not payable for elective procedures and/or cosmetic surgery that are not the result of the Accident. This benefit is payable once per Covered Person per Accident.

Eye Injury Benefit
The Eye Injury Benefit is payable for a Covered Person who requires eye surgery or the removal of a foreign object from the eye by a Physician as a result of an Injury. The surgery or the removal must occur within 90 days after the date of the Accident. This benefit is payable once per Covered Person per Accident.

Laceration Benefit
The Laceration Benefit is payable for a Covered Person who sustains Lacerations as the result of an Injury. A Laceration is a cut. The Laceration must be repaired by a Physician within 72 hours after the Accident. We will pay the applicable amount listed on the Schedule of Benefits. The benefit payable will be based on the total length of all Lacerations received in any one Accident which require repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it another way, We will pay it as if the Laceration was repaired with stitches.
If a Covered Person sustains a Laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as a result of the same Accident, We will subtract the amount We paid under the Laceration Benefit from the Accidental Dismemberment Benefit for loss of Finger, Toe, Hand, Foot or Eye benefit.

Fracture Benefit
The Fracture Benefit is payable for a Covered Person who sustains a Fracture as the result of an Injury. The Fracture must be diagnosed by a Physician within 14 days after the Accident and must require open (surgical) or closed (non-surgical) Reduction by a Physician. The applicable amount payable is listed on the Schedule of Benefits.
We will pay no more than one Fracture Benefit per bone, per Accident.
If multiple bones are Fractured in an Accident, We will pay no more than two times the highest Fracture Benefit that would otherwise be payable for any one of the bones involved.
We will pay the benefit amount shown in the Schedule of Benefits for the closed Reduction for Chip Fractures.

Concussion Benefit
The Concussion Benefit is payable for a Covered Person who sustains a concussion as the result of an Injury. The Covered Person must be diagnosed by a Physician within 72 hours after the date of the Accident using any type of medical imaging procedures. This benefit is payable once per Covered Person per Accident.

Dental Benefit
The Dental Benefit is payable for a Covered Person who requires dental work as the result of an Injury. This benefit is payable for newly broken teeth repaired with a crown or resulting in extraction. The dental services must begin within 60 days of the Accident. We will pay for no more than one crown and one extraction per Accident, per Covered Person, regardless of the number of teeth involved.

Coma Benefit
The Coma Benefit is payable for a Covered Person who sustains a Coma as the result of an Injury. The Coma must occur within 14 days of the Accident and last for a period of seven or more consecutive days. Medically induced Comas are not covered under the Coma Benefit. For the purpose of this benefit, **Coma** means a continuous state of profound unconsciousness characterized by the absence of purposeful response to commands, including:

- Eye opening;
- Verbal responses; and
- Motor responses.

The Coma must require intubation for respiratory assistance.

Paralysis Benefit
The Paralysis Benefit is payable for a Covered Person who becomes Paralyzed as a result of spinal cord Injuries sustained in an Accident. The Paralysis must be confirmed by a Physician and be continuous for a period of at least 30 days. The Paralysis Benefit is listed in the Schedule of Benefits and will be paid according to the number of paralyzed limbs. This benefit will be payable once per Covered Person.

Additional Accident Benefits

Epidural Pain Management Benefit

The Epidural Pain Management Benefit is payable when a Covered Person receives an epidural administered for pain management in a Hospital or a Physician's office for an Injury. The epidural anesthesia must be administered within 60 days after the Accident. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than once per covered Accident, per Covered Person.

Appliance Benefit

The Appliance Benefit is payable when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for an Injury. The appliance must be prescribed by a Physician within 90 days after the date of the Accident. Benefits are payable for the following types of appliances: wheelchair, cane, leg brace, back brace, walker, and a pair of crutches. This benefit is payable once per Accident, per Covered Person.

Prosthesis Benefit

The Prosthesis Benefit is payable when a Covered Person requires use of one or more Prosthetic Devices as a result of an Injury. The prosthetic(s) must be prescribed by a Physician and received within 365 days of the Accident. This benefit is not payable for repair or replacement of existing Prosthetic Devices, even if the Prosthetic Device is damaged as a result of the Accident. Prosthetic Devices do not include hearing aids, wigs, or dental aids to include false teeth. We will not pay this benefit for a joint replacement. This benefit is payable once per Accident, per Covered Person.

Blood / Plasma / Platelets Benefit

The Blood/Plasma/Platelets Benefit is payable when a Covered Person receives blood/plasma and/or platelets for the treatment of an Injury. The blood/plasma and/or platelets must be administered within 90 days of the Accident. This benefit does not pay for immunoglobulins. It is payable only one time per Accident, per Covered Person.

Transportation Benefit

The Transportation Benefit is payable when a Covered Person requires transportation from his residence to a facility for medical treatment due to an Injury sustained in an Accident. The location of the treatment must be on the advice of the local Physician for a Hospital Confinement, outpatient surgery or a Physician's office visit.

This benefit is not payable for transportation when the facility is located within a 50-mile radius of the residence of the Covered Person or for transportation by ambulance or air ambulance. This benefit is payable for up to three round trips per Accident, per Covered Person.

We will also pay a Transportation Benefit for a companion to travel commercially (plane, train or bus) if accompanying a covered Dependent Child who requires medical treatment due to an Injury sustained in an Accident.

Lodging Benefit

The Lodging Benefit is payable if a companion accompanies a Covered Person who is admitted for a Hospital Confinement for the treatment of an Injury and requires overnight lodging. This benefit is payable only for the same period of time the injured Covered Person is confined to the Hospital. The Hospital and lodge motel/hotel must be more than 50 miles from the residence of the Covered Person. This benefit is limited to one lodge room per night and is payable up to 30 days per covered Accident. The companion must incur an expense for the lodging.

For the purposes of this benefit, **Lodging** means an establishment licensed under the laws where it is located, such as a motel, hotel or other facility that provides sleeping accommodations to the general public in exchange for a fee.

Accidental Death and Dismemberment Benefits

Accidental Death Benefit

The Accidental Death Benefit is payable if a Covered Person dies within 90 days of the date of an Accident as a result of Injuries received from that Accident. If We pay this benefit for a Covered Person, we will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

Accidental Death Common Carrier Benefit

The Accidental Death Common Carrier Benefit is payable if a Covered Person dies within 90 days of the date of an Accident as a result of Injuries received from that Accident, while a fare paying passenger on a Common Carrier.

A **Common Carrier** means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points. A Common Carrier operates under a license to transport passengers for hire. A Common Carrier does not include private, on demand, or chartered transportation in which a Covered Person is a passenger at the time of the Accident.
If We pay this benefit for a Covered Person, We will not pay the Accidental Death Benefit for the same Covered person.

Accidental Dismemberment Benefit

The Accidental Dismemberment Benefit is payable if a Covered Person suffers a loss listed in the Schedule of Benefits due to Injuries sustained in an Accident. The loss must occur within 90 days of the Accident. We will pay only one loss and the highest single benefit per Covered Person for Dismemberment. Benefits will be paid only once per Covered Person, per Accident. If death and Dismemberment result from the same Accident, We will pay only the applicable Accidental Death Benefit.