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SCHEDULE

Policyholder: Louisiana State University and Agricultural & Mechanical College	
Description of Eligible Class(es): Employees of the Policyholder who are Actively at Work and who are in an Eligible Class: All Active Salaried Academic, Unclassified and Classified Employees working at 75% full-time employment or greater per pay period (average 30 hours per week) with an appointment of more than 120 days or one regular academic semester	
Employee Waiting Period: the first day of the month following the date he completes 30 days of continuous employment with the Policyholder	
Dependent Child Maximum Age: 26 years	
Insurance Funding Information: Contributory Insurance – You pay the entire premium	
Premium Rate Change: Your premium may change on any premium due date if rates for Your Class are changed under the Policy.	
Plan Coverage Type:	24 Hour Coverage for On Job and Off Job Injuries
Portability Portability Policy Age Limit	Included Age 75
Waiver of Premium	Included
Your Benefits and Benefit Amounts are those which You elect at the time You Enroll	
<u>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Accidental Death and Dismemberment:	
• Loss of life	\$30,000
• Loss of both hands or both feet	\$30,000
• Loss of one hand and one foot	\$30,000
• Loss of one hand or one foot	\$15,000
• Loss of two or more of fingers or toes	\$6,000
• Loss of one finger or one toe	\$3,000
	Dependent Child amount is 50% of the amount shown above for the applicable loss
Accidental Death Common Carrier Benefit	\$120,000 Dependent Child amount is 50% of the amount shown
<u>INITIAL CARE BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Ground Ambulance	\$300
Air Ambulance	\$1,800
Emergency Care Treatment	\$150
Physician Office / Urgent Care Center Visit	\$75
<u>HOSPITAL CARE BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Hospital Admission	\$1,000
Hospital Confinement	\$250
Hospital ICU Admission	\$3,000
Hospital ICU Confinement	\$750

SCHEDULE (continued)

<u>FOLLOW UP CARE BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Appliances:	
• Wheelchair	\$225
• Knee Scooter	\$225
• Knee Immobilizer	\$225
• Lumbar Spine Brace	\$225
• Walking Boot	\$150
• Walker	\$150
• Crutches	\$150
• Leg Brace	\$150
• Cervical Collar	\$150
• Cane	\$75
• Ankle Brace	\$75
• Ankle Boot	\$75
• Air Cast	\$75
Follow Up Physician Visit	\$75
Major Diagnostic Exam	\$250
Minor Diagnostic Exam	\$75
Prosthetic Device	
• One Device	\$750
• Two Devices	\$1,500
Rehabilitation Facility	\$150
Rehabilitation Therapy	\$30
<u>COMMON INJURIES BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Surgical Procedures:	
Abdominal/Thoracic Surgery	
• Surgery to repair	\$1,500
• Exploratory surgery without repair	\$150
Arthroscopic Surgery	\$300
Cranial Surgery	\$300
Eye Surgery:	
• Removal of foreign body	\$150
• Surgical Repair	\$300
Hernia Surgery	\$300
Non-Specific Surgery:	
• General Anesthesia	\$300
• Conscious Sedation	\$150
Tendon/Ligament/Shoulder Cartilage/Rotator Cuff/Knee Cartilage Surgery	
• Surgery to repair	\$600
• Surgery to repair more than one	\$1,200
• Exploratory surgery without repair	\$200
Blood/Plasma/Platelets	\$400

SCHEDULE (continued)

<u>COMMON INJURIES BENEFIT (continued)</u>	<u>MAXIMUM BENEFIT AMOUNT</u>	
Burns:		
• 2 nd degree burns (at least 36% of body surface)		\$750
• 3 rd degree burns (9 to 34 sq inches)		\$1,500
• 3 rd degree burns (35 or more sq inches)		\$12,000
Coma		\$15,000
Concussion		\$200
Dislocation (Separated Joint)	Open Reduction (Surgically Corrected)	Closed Reduction (Non- Surgically Corrected)
Type of Dislocation:		
• Ankle	\$640	\$320
• Collar Bone (Sternoclavicular)	\$640	\$320
• Collar Bone (Acromioclavicular separation)	\$320	\$160
• Elbow	\$800	\$400
• Finger	\$320	\$160
• Foot (except toes)	\$640	\$320
• Hand	\$640	\$320
• Hip	\$3,200	\$1,600
• Knee Cap (Patella)	\$640	\$320
• Lower Jaw	\$640	\$320
• Shoulder blade	\$640	\$320
• Toe	\$320	\$160
• Wrist	\$640	\$320
Emergency Dental Work		
• Crown		\$300
• Extraction		\$150
Family Child Daycare		\$45

SCHEDULE (continued)

<u>COMMON INJURIES BENEFIT (continued)</u>	<u>MAXIMUM BENEFIT AMOUNT</u>	
Fractures	Open Reduction (Surgically Corrected)	Closed Reduction (Non- Surgically Corrected)
Type of Fracture:		
• Skull (except bones of face or nose)		
• Depressed	\$4,000	\$2,000
• Simple	\$2,000	\$1,000
• Sternum	\$4,000	\$2,000
• Hip and Thigh (Femur)	\$4,000	\$2,000
• Vertebrae (body of)	\$2,000	\$1,000
• Pelvis (excluding coccyx)	\$2,000	\$1,000
• Leg (from top of tibia to ankle joint)	\$2,000	\$1,000
• Face or nose (except teeth)	\$1,000	\$500
• Upper Jaw (except Alveolar process)	\$1,000	\$500
• Upper Arm (Elbow to Shoulder)	\$1,000	\$500
• Lower Jaw (except Alveolar process)	\$800	\$400
• Shoulder Blade or Collarbone	\$800	\$400
• Forearm, hand, wrist (except fingers)	\$800	\$400
• Kneecap	\$800	\$400
• Foot (excluding toes)	\$800	\$400
• Ankle	\$800	\$400
• Coccyx	\$400	\$200
• Finger or toe	\$400	\$200
• Sacral/Sacrum	\$1,000	\$500
• Vertebral Process	\$800	\$400
Fractures (Chip/Avulsion)	25% of the Closed Reduction (Non-Surgically Corrected) Benefit Amount	
Laceration:		
• Laceration not requiring stitches, staple, or glue		\$45
• Less than 5 cm		\$75
• 5 cm -15 cm		\$300
• Greater than 15 cm		\$600
Lodging		\$225
Medical Supplies		\$20
Organized Sporting Activity		25%
Paralysis		
• Hemiplegia		\$7,500
• Paraplegia		\$7,500
• Quadriplegia		\$15,000
Ruptured/Herniated Disc		\$600
Skin Graft		
• Percentage of Amount Payable under the Burn Benefit		25%
Transportation		\$300

SCHEDULE (continued)

<u>ADDITIONAL BENEFITS</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Wellness	\$50

GENERAL DEFINITIONS

Accident/Accidental means an unforeseen event that:

1. occurs suddenly as a result of an external circumstance or trauma;
2. has specific and identifiable components, including date and time; and
3. results in Injury to the physical structure of the body or death or dismemberment.

Active Work or Actively at Work means You are performing all of the regular duties of Your occupation:

1. at Your usual place of employment or any other business location where You are required to travel;
2. for the entire normal workday; and
3. for at least the minimum number of hours per week, as shown in the Description of Eligible Class(es) in the Schedule.

You or Your Employer must provide Us satisfactory documentation that You are Actively at Work in accordance with the Proof of Claim provision.

Unless You are disabled or terminate Your employment on the prior workday or on a day of absence, We will consider You to be Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an approved or emergency leave of absence (except medical leave).

Age means Your age on Your last birthday.

Certificate or Certificate of Coverage means this document, which describes the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Change in Status means any of the following changes:

1. a change in marital status (marriage, divorce, legal separation, annulment);
2. a change in the number of Your dependents for tax purposes (birth, legal adoption of a child, placement of a child for adoption, or death of a dependent);
3. certain changes in employment status that affect Your or your dependent's benefits eligibility such as termination of employment, a strike or lockout, the start of or return from an unpaid leave of absence, a change in worksite, a change in work schedule (between full-time and part-time work, decrease or increase in hours);
4. a significant increase in the cost of insurance or a significant reduction of insurance under Your other insurance or Your spouse's insurance; or
5. the addition, elimination, or significant reduction of an insurance option.

Child means Your Dependent Child who is under the Dependent Child Maximum Age shown in the Schedule and who is:

1. a natural Child;
2. a stepchild, legally adopted Child or Child placed for adoption;
3. a Child for whom legal guardianship has been awarded to You or Your spouse; or
4. a Child placed in Your home for adoption or following execution of an act of voluntary surrender in favor of You or Your legal representative;
5. Your grandchild who is in legal custody of and residing with You; or
6. a foster Child.

The Child will cease to be an eligible Dependent on the last day of the month following the date the Child reaches the Dependent Child Maximum Age unless the Child is an Incapacitated Child.

GENERAL DEFINITIONS (continued)

Coma means a state of prolonged unconsciousness. The Coma must be continuous for a period of at least 7 days and be:

1. characterized by the absence of eye opening, motor response, and verbal response; and
2. require intubation for respiratory assistance.

Confined or Confinement means being an inpatient in a Hospital or Rehabilitation Facility due to an Injury that resulted from a Covered Accident. There must be a charge for at least one full day of room and board for any day to be considered a day of Confinement. Successive periods of Confinement which are:

1. separated by less than 90 days; and
2. due to the same Covered Accident;

will be considered the same period of Confinement.

Contributory Insurance means insurance which You have elected and for which You have agreed to make the required premium contributions.

Covered Accident means an Accident that occurs while Your or Your Dependent's insurance is in force for an Off Job or On Job Injury (24 hour Coverage) subject to all the terms, limits, and exclusions of the Policy.

Covered Person means the Employee insured under the Policy and to whom this Certificate is issued.

Dependent means Your Spouse and Your Child. A Dependent must be a citizen or legal resident of the United States, Puerto Rico, Guam or any other locations where We may legally provide such insurance. No one can be insured as a Dependent of more than one Covered Person.

Emergency Room means a special, designated area in a Hospital that is supervised by Physicians and equipped and staffed to render immediate medical attention on an Outpatient basis, 24 hours a day, seven days a week for the sudden onset of symptoms related to an Injury or Sickness. An Emergency Room is not a clinic, an Urgent Care Center or Physician's office.

Employee means a person who works for the Employer on a regular basis:

1. in the normal business of the Employer;
2. is paid for services by the Employer;
3. who resides in the United States, its territories and protectorates; and
4. is Actively at Work for the Employer.

Employee does not include temporary, leased or seasonal Employees.

No director or officer of an Employer will be considered an Employee unless they work directly for and receive a salary from the Employer.

Employer means the Policyholder and:

1. may also include any division, subsidiary, or affiliated company named in the Schedule; and
2. does not include any employer who is not the Policyholder.

Enroll or Enrollment means a completed written request for enrollment or a change in insurance, for which You or Your Dependent are eligible and which is:

1. given to the Employer during an Enrollment Period, or within 31 days of a Change in Status; and
2. on a form furnished by Us for making such request.

CONTINUATION AND REINSTATEMENT PROVISIONS

Continuation of Insurance:

Insurance under the Policy may be continued beyond a date stated in the Covered Person Termination of Insurance provision, according to the Continuation Provisions. The amount of continued insurance applicable to You and Your Dependents will be the amount of insurance in effect on the date immediately before insurance would otherwise have ended. Insurance that is continued:

1. is subject to payment of premium;
2. may be continued up to the maximum time shown in the applicable provision(s); and
3. terminates if the Policy terminates.

The amount of insurance will not increase while insurance is continued under one or more of the following provisions.

Insurance under the following Continuation Provisions must be approved in writing by Your Employer.

Continuation Provisions

Family and Medical Leave: If You are granted a leave of absence, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your insurance (including Dependent insurance) may be continued for up to 12 weeks following the date Your leave commenced. Continuation may be a longer period if required by any other applicable state or local law. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Leave of Absence: If You are on a medical or non-medical leave of absence, other than Family and Medical Leave or Military Leave of Absence, all of Your insurance (including Dependent insurance) may be continued for up to:

1. 3 months from the date You stopped being Actively at Work, with respect to a medical leave of absence; or
2. 12 months from the date You stopped being Actively at Work, with respect to a non-medical leave of absence.

Continuation may be a longer period if required by law.

Layoff: If You are laid off by Your Employer Your insurance may be continued for up to 12 months from the date You stopped being Actively at Work or a longer period if required by law.

CONTINUATION AND REINSTATEMENT PROVISIONS (continued)

Reinstatement: If:

1. Your insurance ends because You are no longer employed by the Employer or no longer in Your Eligible Class; and
2. You are rehired or return to Your Eligible Class within 12 months of the date Your insurance ended;

then insurance for You and Your previously insured Dependents may be reinstated, provided You request such reinstatement within 30 days of the date You return to work or to an Eligible Class.

The reinstated insurance will be the lesser of:

1. the insurance amounts in force on the date insurance ended; or
2. the amount of insurance in Your new Eligible Class.

The reinstated insurance will:

1. not be subject to any Employee Waiting Period; and
2. be subject to all the other terms and provisions of the Policy.

We will not reinstate any amount of insurance which You or Your Dependents continued under the Portability provision unless You cancel such insurance.

PORTABILITY

Portability: You may elect to Port Your or Your Dependent's insurance if You have been insured by the Policy, or the one it replaced, for at least 6 consecutive months prior to the date Your insurance under the Policy ends.

You may not Port Your insurance if:

1. You fail to pay any required premium;
2. You are on an approved leave of absence;
3. the Policy terminates;
4. You are or become insured under another group accident policy;
5. You reside outside of the United States or its territories;
6. You reside in a state where the insurance is not available; or
7. You are actively in military service or entering active military service.

Electing Portability: To elect to continue Your and Your Dependent's insurance, You must:

1. submit a written request to Us; and
2. pay the first month's premium;

within 31 days of the date Your insurance ends.

The following combinations may be Ported:

1. You only;
2. You and Your Spouse only;
3. You and Your Children only; or
4. You and all Your Dependents.

No other combinations of Ported insurance amounts will be allowed. You must continue to pay the cost of Your and Your Dependent's Ported insurance.

Your surviving Dependents may Port their insurance if You die. However, Your surviving Spouse must Port in order for Your surviving Children to Port. If there is no surviving Spouse, no Children will be allowed to Port.

The Portability insurance will end on the earliest of:

1. the date You fail to pay the required premium;
2. the date You become insured under any other accident insurance policy; or
3. the date You attain any Portability Policy Age Limit shown in the Schedule.

If You are rehired after You Port Your insurance, You must cancel the Ported insurance to re-enroll as a Covered Person under the Policy.

Portability, Ported or Port means You and Your Dependents may continue insurance under the Policy that would otherwise terminate due to certain conditions.

Portability Premium Contribution: For the first 12 months of Portability, the rate will be the group's current rate for Your or Your Dependent's class. However, the required premium including any part previously paid by Your Employer must be paid.

After the first 12 months, the rate will change to a Portability rate which may be higher.

WAIVER OF PREMIUM BENEFIT

Waiver of Premium: If You become Totally Disabled, We will continue Your and Your Dependent's insurance in force without premium payment while You remain Totally Disabled if:

1. You become Totally Disabled as the result of a Covered Accident;
2. You remain Totally Disabled for 30 consecutive days; and
3. You give Us proof of Total Disability, as required.

We will:

1. waive Your and Your Dependent's insurance premium payments on a monthly basis, beginning the first day of the month after the month You have been Totally Disabled for 30 consecutive days; and
2. refund any premium paid for insurance on and after that day.

This Waiver of Premium only applies to Your insurance and it does not waive premium for the cost of Your Dependent's insurance, if any.

Total Disability or Totally Disabled: For purposes of this benefit, You will be considered Totally Disabled if, due to a Covered Accident, You are unable to perform each and every duty of:

1. Your occupation at Your usual place of employment ; and
2. any job suited to Your education, training or experience.

Successive and Concurrent Total Disability: After You have remained Totally Disabled for 30 consecutive days, concurrent periods of Total Disability, whether due to the same or a different Covered Accident, are considered part of the same period of Total Disability. Successive periods of Total Disability that start while Your insurance is in force, but before You have returned to Active Work for 90 consecutive days:

1. are considered part of the same period of Total Disability;
2. are not subject to a new 30 consecutive day period but will count toward the 6 month maximum waiver period.

If You have a new Covered Accident after the 90th consecutive day of Active Work, You may begin a new Waiver, subject to satisfaction of a new 30 consecutive day period, and all other terms and provisions of the Policy.

Benefits During Waiver of Premium: Benefits continued during the Waiver of Premium are based on the Schedule in force on the date Your Total Disability started. The Waiver will not apply to increases in insurance after the date Your Total Disability started.

Proof of Total Disability: You must give Us proof of Total Disability:

1. on forms We provide;
2. no later than 90 days after the date You became Totally Disabled; and
3. within 60 days of Our request.

We may require You to be examined, initially and periodically, at Our expense, by a Physician, other medical practitioner or vocational expert of Our choice.

Termination of Waiver of Premium Benefit: The Waiver of Premium terminates on the earliest of the following :

1. the date premium has been waived for 6 months;
2. the date You cease to be Totally Disabled and do not return to Active Work ;
3. the date the Policy terminates;
4. the date You cease to be eligible for insurance (except that this will not apply if You are ineligible solely because You are not Actively at Work due to Total Disability covered by this Waiver;)
5. the last day of the 60 day period following Our request for proof of Total Disability, if You do not give Us proof or refuse to take a medical exam.

If You are still eligible for insurance when the Waiver ends, Your insurance may be continued in force if premium payments are resumed.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment Benefit: We will pay the Maximum Benefit Amount shown for a Loss stated in the Schedule if:

1. You or Your Dependent sustain an Injury in a Covered Accident resulting in such Loss; and
2. the Loss occurs within 90 days of the date of the Covered Accident.

We will not pay more than the Maximum Benefit Amount shown next to the one Loss that would pay the largest benefit for all Losses sustained by You or Your Dependents as the result of any one Covered Accident.

Loss as used and defined in the Schedule means:

1. **Loss of life:** caused by a Covered Accident.
2. **Loss of finger or toe:** actual, complete and permanent severance through or above the metatarsophalangeal or metacarpophalangeal joints.
3. **Loss of hands or feet:** severance at or above the wrist or ankle.

Accidental Death Common Carrier Benefit: We will increase the Maximum Benefit Amount payable under the Accidental Death and Dismemberment Benefit if:

1. You or Your Dependent sustain an Injury on a Common Carrier as a fare paying passenger (not as a pilot or crew member);
2. the Injury results in Loss of life; and
3. the Loss of life occurs within 90 days of the Covered Accident that caused the Injury.

The combined total under both Benefit Amounts within this provision will not exceed two times Your or Your Dependent's Maximum Benefit Amount shown in the Schedule for the Accidental Death and Dismemberment Benefit.

Common Carrier means a common public passenger carrier that:

1. has a published schedule; and
2. is licensed for the transportation of passengers for hire.

However, Common Carrier does not include any mode of transportation which is:

1. a taxi or privately chartered vehicle;
2. used for a sport, game, contest, sightseeing, observatory or recreational activity;
3. an aircraft owned, operated, chartered or leased by or for the Policyholder; or
4. an aircraft operated by the United States Air Mobility Command (AMC) or similar transport service of any government or international authority.

INITIAL CARE BENEFIT

Ground Ambulance Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury which results in a ground transport by a licensed professional ambulance company or a Hospital owned ambulance service:

1. to or from a Hospital; or
2. between medical facilities;

for Treatment of Injuries received as the result of a Covered Accident.

Ground transport must occur within 90 days of the date of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

Air Ambulance Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury which results in an air transport by a licensed professional ambulance company or a Hospital owned ambulance service:

1. to or from a Hospital; or
2. between medical facilities;

for Treatment of Injuries received as the result of a Covered Accident.

Air transport must occur within 72 hours of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

Emergency Care Treatment Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent receive Treatment in an Emergency Room for an Injury as the result of a Covered Accident.

Treatment must be:

1. rendered by a Physician or a licensed health care professional under the supervision of a Physician; and
2. received within 72 hours of the Covered Accident causing Injury which requires Treatment on an emergency basis.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

Physician Office / Urgent Care Center Visit Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent visit a Physician's office or an Urgent Care Center for the Treatment of an Injury as the result of a Covered Accident.

The visit must occur within 60 days of the date of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

This benefit does not apply to care provided by a Physician in an Emergency Room or to care provided by a Physician in any other health care facility that does not include the Physician's office or that is not an Urgent Care Center. A Physician's visit does not include services or Treatment at, or by, a dental office, chiropractor, or occupational, physical, speech or mental health therapist.

HOSPITAL CARE BENEFIT

Hospital Admission Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for the first day You or Your Dependent are admitted and Confined to a Hospital as the result of an Injury due to a Covered Accident.

The admission must begin within 30 days of the date of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

If a benefit is payable under both this benefit and the Hospital Intensive Care Unit Admission Benefit, only the higher benefit will be paid.

Hospital Confinement Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for each day that You or Your Dependent are Confined in a Hospital as the result of an Injury due to a Covered Accident.

The Confinement must begin within 30 days of the date of the Covered Accident.

This benefit is payable for each day during Confinement in a Hospital up to a maximum of 365 days per Plan Year for You or Your Dependent.

If the Hospital Admission Benefit is also payable, this benefit pays for each day after the first day during a Confinement in a Hospital up to a maximum of 364 days.

This benefit is not payable for any day for which the Hospital Intensive Care Unit Confinement Benefit is payable.

Hospital Intensive Care Unit Admission Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for the first day You or Your Dependent are admitted and Confined in an Intensive Care Unit of a Hospital as the result of an Injury due to a Covered Accident.

The admission must begin within 30 days of the date of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

If a benefit is payable under both this benefit and the Hospital Admission Benefit for the same day, only the higher benefit will be paid.

Hospital Intensive Care Unit Confinement Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for each day that You or Your Dependent are Confined in an Intensive Care Unit of a Hospital as the result of an Injury due to a Covered Accident.

The Confinement must begin within 30 days of the date of the Covered Accident.

This benefit is payable for each day during a Confinement in an Intensive Care Unit up to a maximum of 30 days per Plan Year for You or Your Dependent.

If the Hospital Intensive Care Unit Admission Benefit is also payable, this benefit pays for each day after the first day during a Confinement in a Hospital up to a maximum of 29 days.

If a benefit is payable under both this benefit and the Hospital Confinement Benefit for the same day, only this benefit will be paid.

FOLLOW UP CARE BENEFIT

Appliance Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident for which a Physician prescribes a medical Appliance that aids in personal mobility.

The expense for the Appliance must be incurred within 90 days of the date of the Covered Accident that caused the Injury.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

For the purpose of this benefit, **Appliance means:** wheelchair, knee scooter, knee immobilizer, lumbar spine brace, walking boot, walker, crutches, leg brace, cervical collar, cane, ankle brace, ankle boot, or air cast.

Follow Up Physician Visit Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident for which:

1. benefits were payable under either the Emergency Care Treatment Benefit or the Physician Office/Urgent Care Visit Benefit;
2. follow up Treatment was recommended by a Physician;
3. the recommendation results in Your or Your Dependent's follow up Treatment visit to a Physician; and
4. You or Your Dependent are insured under the Policy at the time of the follow up Treatment visit.

The follow up visit(s) must occur within 90 days of the date of the Covered Accident.

This benefit is payable up to 1 visit per Covered Accident for You or Your Dependent.

Major Diagnostic Exam Benefit: For the purpose of diagnosis of an Injury due to a Covered Accident, We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent receive, on an Outpatient basis:

1. a Magnetic Resonance Imaging (MRI) scan;
2. a Computerized Tomography (CT) scan;
3. a Positron Emission Tomography (PET) scan;
4. an Electroencephalogram (EEG);
5. ImPACT or other similar cognitive studies; or
6. a Single-photon emission computed tomography (SPECT) scan.

The exam must be performed within 60 days of the date of the Covered Accident in which symptoms suggest an Injury has occurred.

This benefit is payable up to 1 exam per Plan Year for You or Your Dependent.

Minor Diagnostic Exam Benefit: For the purpose of diagnosis of an Injury due to a Covered Accident, We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent receive, on an Outpatient basis:

1. an X-ray; or
2. a laboratory test.

The exam must be performed within 60 days of the date of the Covered Accident, in which symptoms suggest an Injury has occurred.

This benefit is payable up to 1 exam per Plan Year for You or Your Dependent.

FOLLOW UP CARE BENEFIT (continued)

Prosthetic Device Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which results in an incurred expense for a Prosthesis.

The Prosthesis must be prescribed by a Physician for functional use due to loss of a hand, foot or sight of an eye.

The expense for the Prosthesis must be incurred within 365 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

Prosthetic Device means an artificial limb or eye. It does not include:

1. hearing aids;
2. dental aids including false teeth;
3. eye-glasses;
4. artificial joints; or
5. cosmetic prostheses such as hair wigs.

Rehabilitation Facility Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for each day that You or Your Dependent are Confined in a Rehabilitation Facility and receive Treatment for an Injury due to a Covered Accident.

Rehabilitation therapy services are limited to:

1. physical therapy;
2. occupational therapy; and
3. speech therapy.

Rehabilitation therapy services must be performed by a:

1. Physician;
2. certified athletic trainer or physical therapy assistant;
3. licensed physical therapist;
4. licensed occupational therapist; or
5. licensed speech therapist.

The Rehabilitation Facility Confinement must occur within 30 days after a Hospital Confinement that is covered under the Hospital Care Benefit and within 90 days of the date of the Covered Accident.

This benefit is payable up to 30 days per Covered Accident for You or Your Dependent.

This benefit will not be paid on a day the Hospital Intensive Care Unit Confinement Benefit, the Hospital Confinement Benefit or the Rehabilitation Therapy Benefit is paid.

FOLLOW UP CARE BENEFIT (continued)

Rehabilitation Therapy Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent receive Treatment, on an Outpatient basis, for rehabilitation therapy services for Injuries due to a Covered Accident.

Rehabilitation therapy services are limited to:

1. physical therapy;
2. occupational therapy; and
3. speech therapy.

Therapy services must occur within 365 days of the date of the Covered Accident.

This benefit is payable 10 days per Covered Accident for You or Your Dependent.

Rehabilitation therapy services must be performed by a:

1. Physician;
2. certified athletic trainer or physical therapy assistant;
3. licensed physical therapist;
4. licensed occupational therapist; or
5. licensed speech therapist.

Benefits include rehabilitation therapy services provided:

1. in a Physician's office; or
2. on an Outpatient basis at a Hospital or Rehabilitation Facility.

This benefit will not be payable for the same visit as the Follow Up Physician Visit Benefit or the Rehabilitation Facility Benefit.

COMMON INJURIES BENEFIT

Abdominal / Thoracic Surgery Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which results in open abdominal or thoracic surgery and:

1. the surgery is performed to repair internal injuries received as the result of a Covered Accident; and
2. the surgery occurs within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent. This benefit does not cover surgery related to a hernia. Two or more surgical procedures through the same incision or entry point are considered one surgery.

Arthroscopic Surgery Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent require non-repair Arthroscopic Surgery as a result of Injuries due to a Covered Accident.

The Arthroscopic Surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

Cranial Surgery Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent require Cranial Surgery as a result of Injuries due to a Covered Accident.

The Cranial Surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

Eye Surgery Benefit: We will pay the Maximum Benefit Amount that applies as shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident that requires a Physician to:

1. perform surgery; or
2. remove a foreign object from the eye.

The surgery or removal is received from the Physician within 90 days of the date of the Covered Accident.

This benefit is not paid for examination with anesthesia which:

1. does not involve surgery for removal of a foreign object; or
2. involves only the moveable fold of skin and muscle that covers the eye (the eyelid).

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

Hernia Surgery Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent require Hernia Surgery as a result of Injuries due to a Covered Accident.

The Hernia Surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

Non-Specific Surgery Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent require a surgery as a result of Injuries due to a Covered Accident and the surgery required is not covered by any other surgical benefit provided in this Policy.

The surgery must be performed within 180 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

COMMON INJURIES BENEFIT (continued)

Tendon/Ligament/Shoulder Cartilage/Rotator Cuff/Knee Cartilage Surgery Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if Your or Your Dependent's Injury, due to a Covered Accident, results in surgery to repair:

1. a tendon;
2. ligament;
3. shoulder cartilage;
4. rotator cuff; or
5. knee cartilage.

The applicable repair surgery must be performed within 180 days of the date of the Covered Accident.

If You or Your Dependent sustain more than one Injury that is payable under this benefit, the total amount that We will pay as the result of any one Covered Accident will be the lesser of:

1. the total amount payable for all; or
2. an amount that will not exceed two times the amount determined to be payable for the one Injury payable under this benefit that would pay the largest benefit.

We will pay the reduced amount shown for this benefit if such surgery is exploratory and without repair.

This benefit will not be paid concurrently with the Fracture Benefit or Dislocation Benefit. Of the three benefits, only the one benefit that pays the highest amount will be paid, and not more than once for all Injuries as the result of any one Covered Accident.

Blood/Plasma/Platelets Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which results in:

1. a transfusion; or
2. the administration, cross matching, typing and processing of blood plasma or blood platelets.

The transfusion must occur within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

Burn Benefit: We will pay the Maximum Benefit Amount that applies as shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which results in a burn to a percentage/size of body surface area.

Treatment must be received from a Physician within 72 hours of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent. The Maximum Benefit Amount that applies is based on percentage of burn of the body surface area. If more than one level of burn is sustained as the result of any one Covered Accident, only the one level that pays the highest amount will be paid. First degree burns are not covered.

COMMON INJURIES BENEFIT (continued)

Coma Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if:

1. You or Your Dependent sustain an Injury due to a Covered Accident which results in a Coma; and
2. the Coma:
 - a. begins while You or Your Dependent's insurance is in force; and
 - b. is diagnosed by a Physician as having commenced within 90 days of the date of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

The Coma diagnosis must be supported by:

1. a Glasgow Coma Scale Score of eight or below throughout the time period stated in the definition of Coma; and
2. an Electroencephalogram (EEG).

The term Coma will not include any medically induced Coma.

Concussion Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which results in a concussion. A Physician must diagnose the concussion within 72 hours of the Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

Dislocation/Separated Joint Benefit: We will pay the Maximum Benefit Amount that applies as shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident:

1. which results in Your or Your Dependent's dislocation of a complete separated joint; and
2. for which a Physician treats the dislocation/separated joint either:
 - a. surgically; or
 - b. non surgically;within 90 days of the date of the Covered Accident

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

The total amount that We will pay under this benefit and under the Fracture Benefit for all Dislocations and Fractures sustained as the result of any one Covered Accident will be the lesser of:

1. the total amount payable for all; or
2. an amount that will not exceed two times the amount determined to be payable for the one Dislocation or Fracture that pays the largest benefit.

Emergency Dental Work Benefit: We will pay the Maximum Benefit Amount that applies as shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which causes damage to a Sound Natural Tooth(or Teeth) and a Physician:

1. extracts; or
2. repairs the tooth by placement of a crown.

The extraction or placement of a crown must be performed within 90 days of the date of the Covered Accident.

The total amount that We will pay for:

1. all teeth extracted due to any one Covered Accident will not exceed the Maximum Benefit stated in the Schedule per extraction for 1 extraction; and
2. all teeth repaired by a crown as the result of any one Covered Accident will not exceed the Maximum Benefit stated in the Schedule per crown for 1 crown.

This benefit will not be paid for Injury caused by biting or chewing.

For this benefit, **Sound Natural Tooth (or Teeth)** means a tooth that has no active decay, has at least 50% bony support, has no filling on more than two surfaces, has no root canal treatment, is not an implant, is not in need of treatment except as a result of the Injury, and functions normally in chewing and speech. Crowns, bridges, and dentures are not considered sound natural teeth.

COMMON INJURIES BENEFIT (continued)

Family Child Daycare Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for each day that Your Dependent receives child care if:

1. You sustain an Injury due to a Covered Accident which results in Your Confinement to a Hospital; and
2. the Confinement begins:
 - a. within 30 days of a Covered Accident which caused the Injury; and
 - b. while Your insurance is in force;
3. an expense is charged for a day of care by a child care provider who is licensed to provide such services in the jurisdiction in which the services are provided; and
4. the day of child care coincides with a day of Hospital Confinement which is covered under the Policy.

We will not pay this benefit for any day of child care that extends beyond a maximum payment period of 30 days. The Child receiving child care does not need to be a Dependent, but must:

1. qualify as a Child, as defined, except that such Child must be under age 14; or
2. qualify as an Incapacitated Child.

Fracture Benefit: We will pay the Maximum Benefit Amount that applies as shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident:

1. which results in a Fracture; and
 2. for which a Physician treats the Fracture either:
 - a. surgically; or
 - b. non surgically;
- within 90 days of the date of the Covered Accident.

Fracture means a broken bone which can be seen by x-ray or other similar diagnostic imaging and is a result of a serious Injury. Fracture does not include stress fractures, which are tiny cracks in a bone that can arise by the repetitive application of force, or from normal use of a weakened bone. Benefits are not payable for stress fractures.

Chip/Avulsion Fracture means a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

The total amount that We will pay under this benefit for multiple Fractures sustained as the result of any one Covered Accident will be the lesser of:

1. the total amount payable for all; or
2. an amount that will not exceed two times the amount determined to be payable for the Fracture that pays the largest benefit.

Laceration Benefit: We will pay the Maximum Benefit Amount that applies as shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which results in a Laceration that is treated by a Physician within 72 hours of a Covered Accident.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

Laceration means a cut.

COMMON INJURIES BENEFIT (continued)

Lodging Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for each day of a companion's Lodging if You or Your Dependent sustain an Injury due to a Covered Accident and:

1. due to an Injury, requires a Confinement that is more than 100 miles one-way from Your or Your Dependent's principal residence;
2. the Confinement occurs within 90 days from the date of the Covered Accident;
3. a person who is a companion accompanies You or Your Dependent and such companion incurs Lodging expense for the day;
4. the day coincides with a day the Confinement is covered under the Policy; and
5. Treatment is prescribed by a Physician.

This benefit is payable up to 30 days per Covered Accident for Your or Your Dependent's companion. The Lodging cannot be owned by the companion, You, or Your Immediate Family.

Lodging when used for this benefit means an overnight accommodation:

1. for which a room charge is made; and
2. in a hotel, motel, lodge, inn, or similar facility.

Medical Supplies Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule for Your or Your Dependent's purchase of over-the-counter medical supplies for an Injury due to a Covered Accident.

The purchase of the over-the-counter medical supplies must be within 90 days of the date of the Covered Accident.

This benefit is payable up to 1 time per Plan Year for You or Your Dependent.

Medical Supplies mean supplies used to alleviate or treat the Injury due to a Covered Accident. These supplies cannot be cosmetic in nature or only beneficial to Your general health.

Organized Sporting Activity Benefit: If You or Your Dependent sustain an Injury due to a Covered Accident that occurs while participating in an Organized Sporting Activity, We will increase the amounts payable under:

1. the other benefits which are stated in the Common Injury Benefit; and
2. the benefits which are stated in the Follow Up Care Benefit;

by the percentage shown in the Schedule for this benefit.

This benefit will not increase the amounts payable under:

1. the Accidental Death and Dismemberment Benefit;
2. the Initial Care Benefit; or
3. any other benefits not specifically stated under the Common Injuries or Follow Up Care Benefits.

This benefit is payable up to 1 time per Covered Accident for You or Your Dependent.

The **Organized Sporting Activity** must be:

1. a competition; or
2. practice for a competition;

for amateurs only.

The competition must be:

1. governed by a set of written rules;
2. supervised by an adult that has completed all training required by the organization, and
3. overseen by a legal entity such as a public school system or sports association that is governed by a board of directors.

COMMON INJURIES BENEFIT (continued)

Paralysis Benefit: We will pay the Maximum Benefit Amount shown for the applicable benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident which results in:

1. **Hemiplegia:** total and permanent Paralysis of one upper and one lower limb on opposite sides of the body;
2. **Paraplegia:** total and permanent Paralysis of both lower limbs; or
3. **Quadriplegia:** total and permanent Paralysis of both upper and lower limbs.

The Paralysis must:

1. be confirmed by a Physician;
2. be based on documented evidence that the Paralysis was caused by an Injury due to a Covered Accident; and
3. commence within 90 days of the date of the Covered Accident.

This benefit is payable for 1 Paralysis up to 1 times per Covered Accident for You or Your Dependent.

Ruptured/Herniated Disc Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident:

1. which results in a Ruptured or Herniated Disc of the spine that is a direct result of the Covered Accident; and
2. for which Treatment is received from a Physician within 90 days of the date of the Covered Accident.

This benefit is payable up to 3 times per Covered Accident for You or Your Dependent.

Ruptured or Herniated Disc means the center of the spinal disc (nucleus pulposus) has ruptured, pushed or protruded outside its normal space and through the surrounding outer ring of cartilage (annulus fibrosus). The center nucleus has to go through the outer edge of the disc.

Skin Grafts Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if You or Your Dependent sustain an Injury due to a Covered Accident:

1. which results in a skin graft; and
2. the skin graft is for a burn that is payable under the Burn Benefit.

This benefit is payable up to 3 times per Covered Accident for You or Your Dependent.

COMMON INJURIES BENEFIT (continued)

Transportation Benefit: We will pay the Maximum Benefit Amount shown for this benefit in the Schedule if:

1. You or Your Dependent sustain an Injury due to a Covered Accident;
2. the Injury requires Special Treatment; and
3. the first trip to the Special Treatment occurs within 90 days of the date of the Covered Accident.

This benefit is not payable for :

1. transport by ambulance if the Ground or Air Ambulance Benefit is also payable; or
2. any later transport if the initial transport to the Special Treatment occurred more than 90 days from the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You or Your Dependent.

Special Treatment means Treatment that is prescribed by a Physician and that is not available within 100 miles of Your or Your Dependent's residence.

ADDITIONAL BENEFITS

Wellness Benefit: We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule for up to 1 Health Screening Test performed for each person insured under this benefit. per Plan Year.

Health Screening Test is defined as:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine level of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography
- Virtual Colonoscopy

This benefit will be paid as long as the Policy is in force and You or Your Spouse remain insured under this benefit of the Policy. The benefit will be paid regardless of the results of the test. The Wellness Benefit is paid in addition to any other payments You and/or Your Spouse receive under the Policy.

Interaction with Wellness Benefit: If You have purchased this Wellness Benefit under more than one policy issued by UnitedHealthcare Insurance Company, the Wellness Benefit for any Health Screening Test is payable only once per Plan Year for each person insured under this benefit, regardless of any other such benefit. Another Wellness Benefit is only payable if it is for a different Health Screening Test issued under a separate policy.

GENERAL LIMITATIONS AND EXCLUSIONS

General Limitations and Exclusions: We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless administered on the advice of by a Physician;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule; or
15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

CLAIM PROVISIONS

Notice of Claim: You, the person who has the right to claim benefits or Your authorized representative, must give Us, written notice of a claim, at Our Home Office, within 30 days after:

1. the date of death; or
2. the date of loss.

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address, and the Policy Number.

The claim form is available from Your Employer, or can be requested from Us. If the form is not received from Us within 20 days of a request, written Proof of Claim should be sent to Us without waiting for the form. Written proof must fully describe the nature and extent of the claim.

Proof of Claim: Written Proof of Claim must be filed within 90 days of the loss. However, if it is not possible to give proof within 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of Claim may include the following:

1. a completed claim form;
2. a certified copy of the death certificate (if applicable);
3. Your Enrollment form;
4. Your Beneficiary designation (if applicable);
5. all medical information, including reports of diagnostic testing and photocopies of medical records, including histories,
6. physical, mental or diagnostic examinations and treatment notes;
7. the names and addresses of all:
 - a. Physicians or other qualified medical professionals You have consulted;
 - b. hospitals or other medical facilities in which You have been treated; and
 - c. pharmacies which have filled Your prescriptions within the past three years;
8. Your signed authorization for Us to obtain and release medical, employment, and financial information (if applicable);
9. documentation of Your hours worked;
10. proof of any Employer approved Leave of Absence; or
11. any additional information required by Us to adjudicate the claim.

All proof submitted must be satisfactory to Us.

You and Your Employer must fill out the applicable designated section of the claim form and then give it to Your attending Physician. The Physician should fill out their section of the form and send it directly to Us.

In some cases, You will be required to give Us authorization to obtain additional medical information, and to provide non-medical information as part of Your Proof of Claim. We will deny Your claim or stop making Your payments if the appropriate information is not submitted.

CLAIM PROVISIONS (continued)

Time of Claim Payment: We will pay a claim for a covered loss within 30 days after We receive Proof of Claim. However, if special circumstances require an extension, We will provide You or Your authorized representative with:

1. a description of any further proof needed to complete the claim; and
2. an explanation of why such material is needed.

Benefits for a covered loss will then be paid upon receipt of all proper Proof of Claim.

Payment of Claims: Payment of Claim for Loss of life will be paid in accordance with the Beneficiary provision. All other benefits under the Policy are paid to You.

If a benefit is payable to Your estate, to a minor or to someone who is not competent to give a valid release, We have the right to pay up to \$1,000 to any relatives whom We consider entitled. Any amount We pay in good faith releases Us from further liability, but only for the amount paid.

Overpayment of Claim: We have the right to recover any overpayments due to:

1. fraud; and
2. any error that You, Your Dependent, We or the plan administrator make in processing a claim.

You must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from Your Beneficiary or Your spouse if living, otherwise children under the age of 26 or Your estate.

Legal Action: You may not bring suit to recover under this provision until 60 days after You have given Us written Proof of Claim. No suit may be brought more than three years after the date of loss.

Beneficiary means the person(s) You name in writing to receive any amount of insurance payable due to Your death. You may name or change a Beneficiary by giving written notice to the Administrator. The Beneficiary notice will be effective on the date made, subject to any payment We may have made before the notice was received. For Beneficiary notices, Administrator means the Employer.

If You name more than one Beneficiary, those who survive will share equally unless You specify otherwise. If there is no named Beneficiary living at the time of Your death, We will pay any amount due in the following order:

1. to Your legal spouse;
2. to Your natural or legally adopted children in equal shares; or
3. to Your estate.

If Your named primary beneficiaries die before You, their share will be payable in equal shares to any other named primary beneficiaries who survive You. If You have named a contingent beneficiary, the contingent beneficiary will only be paid if all primary beneficiaries die before You. If You have not named a primary or contingent beneficiary, or if all the person(s) You have named as primary or contingent beneficiaries die before You, payment will be made as follows:

1. to Your legal spouse,
2. if there is no spouse, in equal shares to Your children.
3. if there is no spouse; or children, to Your parents, equally or to the survivor.
4. if there is no spouse; children, or parents, in equal shares to Your brothers and sisters.
5. if none of the above survives, to Your executors or administrators.

Physical Examination and Autopsy: We have the right to have You examined by a Physician of Our choice as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Conformity with State or Federal Statutes: If any provision of Your Certificate conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

CLAIM PROVISIONS (continued)

Fraud: We will use all means necessary to support fraud detection, investigation, and prosecution. Submission of false or misleading information may result in denial of Your or Your Dependent's claim, and may be subject to prosecution and punishment to the full extent under state and/or federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

Misstatement of Age: If Your or Your Dependent's age has been misstated, premiums will be adjusted. If the amount of the benefit is based on age, the benefit will be adjusted based upon Your or Your Dependent's correct age

Assignment: Your insurance as provided by the Policy may be assigned as an absolute assignment only. In making an assignment, You must transfer all Your present and future ownership rights to the person to whom You assigned the insurance. This includes the right to change the Beneficiary. You may not make a collateral or partial assignment of Your insurance.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME
MEDICARE BENEFITS**

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

√ Check the coverage in **all** health insurance policies you already have.

√ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

√ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program SHIP.

CERTIFICATE MODIFICATIONS RIDER

Certificate Modification(s) to the Certificate

Policyholder: Louisiana State University and Agricultural & Mechanical College

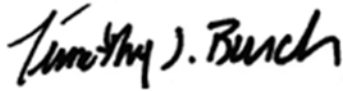
Policy Number: 303972

It is agreed that the Certificate is amended as follows:

Effective January 1, 2021, with respect to residents of the states as shown on the subsequent pages, the following provisions amend, replace or are added, when applicable, to the Certificate:

**UnitedHealthcare Insurance Company
Hartford, Connecticut**

Signed for the Company by:



Timothy J Burch, Secretary



William John Golden, President

STATUTORY PROVISIONS

ALASKA

Residents of the state of Alaska, the following provisions are included to bring your Certificate into conformity with Alaska state law:

General Definitions

When dependent coverage is included and **Domestic Partner** is described, it is amended so that any references to gender (i.e., “of the opposite or same sex” or “of the same sex”) in the Domestic Partner definition is deleted, and do not apply to you.

General Limitations and Exclusions

The hazardous activities exclusion in this section is amended, to remove any reference to off-road vehicles.

The travel/flight exclusion in this section is amended with regard to charter flights, by deleting the phrase “seating 15 or more people”.

Overpayment of Claim

The Overpayment of Claim provision, in the Claim Provisions section, is amended to add the following: We have the right to recover any overpayments within 180 days of payment of a benefit.

ARKANSAS

Residents of the state of Arkansas, the following provisions are included to bring your Certificate into conformity with Arkansas state law:

Insurer Information Notice

Any questions regarding the Policy may be directed to:

UnitedHealthcare Insurance Company

Administrative Offices

9700 Health Care Lane – 8th Floor

Minnetonka, MN 55343

1-866-615-8727

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department

1 Commerce Way, Suite 102

Little Rock, Arkansas 72202

Continuation of an Incapacitated Child:

When dependent coverage is included, Continuation of an Incapacitated Child, in the Eligibility, Effective Date and Termination Provisions section, is amended to remove the 31 day notice requirement. All other conditions apply.

FLORIDA

Residents of the state of Florida:

The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida

The following provisions are included to bring your Certificate into conformity with Florida state law:

General Definitions

When dependent coverage is included, the definition of **Child** is amended to include foster child(ren).

When dependent coverage is included and **Domestic Partner** is described, it is amended to remove any specific living arrangements and affiliated time period requirements. All other conditions apply.

When dependent coverage is included, the definition of **Incapacitated Child** is amended to not include any requirement that the Child be unmarried. All other conditions apply.

Newborn Child Provision

When dependent coverage is included, the Newborn Child Provision, in the Eligibility, Effective Date and Termination Provisions section, is replaced with the following:

Newborn/Adopted Child Provision: Your newborn or adopted Child will become insured by the Policy from the moment of live birth or the date the Child was placed with You for adoption. The newborn or adopted Child will be insured for Injury only, and have the same Benefit Amount that applies to Your other Children insured under the Policy. If You have no other Children insured, then the lowest amount available to Children under the Policy applies until You notify Us of an election of another Benefit Amount that is available for Children. The newborn or adopted Child's insurance will cease on the 60th day next following their effective date unless:

1. We receive written request and any required premium to continue insurance for the Child before that date; or
2. Your other Children are insured, and We received written request and any required premium for the Child within 60 days of the day We first deny a claim on the basis that the newborn or adopted Child is not enrolled.

Insurance for the newborn/adopted Child may end on the date You request such termination of insurance.

Legal Actions

Legal Actions, in the Claim Provisions section, is amended to state that no suit may be brought more than five years after the date of loss.

IDAHO

Residents of the state of Idaho, the following provisions are included to bring your Certificate into conformity with Idaho state law:

Insurer Information Notice

Any questions regarding the Policy may be directed to:
UnitedHealthcare Insurance Company
Administrative Offices
9900 Bren Road East
Minnetonka, MN 55343
1-888-299-2070

If the question is not resolved, you may contact the Idaho Department of Insurance:
Idaho Department of Insurance
Consumer Affairs
700 W State Street, 3rd Floor
PO Box 83720
Boise ID 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

General Definitions

When dependent coverage is included, the definition of **Child** is amended to include: a Child for whom legal guardianship has been awarded to you or your spouse, Domestic Partner, partner in a Civil Union. When dependent coverage is included, the definition of **Dependent** is amended to include Domestic Partners, and partners in a Civil Union. When the definition of **Hospital** is included, it has been amended to include: an institute which operates either on its premises or in facilities available to the hospital on a prearranged basis.

The **Enrolling for Your Insurance and Your Dependent's Insurance Under the Policy** definition has been amended to include a 60 day Change in Status for enrollment of Dependent insurance for a newborn or newly adopted child.

Newborn Child Provision

When dependent coverage is included, the Newborn Child Provision, in the Eligibility, Effective Date and Termination Provisions section, is replaced with the following:

Newborn and Newly Adopted Child Provision: Your newborn Child including adopted newborn Children that are Placed with You within 60 days of the adopted Child's date of birth, will become covered by the Policy from the moment of live birth.

Your adopted newborn Child Placed with You more than 60 days after the birth of the adopted Child shall be covered by the Policy from and after the date the Child is so Placed.

For the purposes of this provision, Placed means physical placement in the care of the adopting Covered Person. If physical placement is prevented due to the medical needs of the child, "placed" means the date the adopting Covered Person signs an agreement for adoption of the child and assumes financial responsibility for the child.

In order for coverage to continue, We must receive notification of newborn and newly adopted Children and Children Placed for adoption within 60 days next following the date of birth, adoption or placement for adoption. The appropriate premium, if any, is received by Us for the newborn or newly adopted Children, within 31 days of the date the monthly premium invoice is received by the Policyholder and a notice of premium, if any, is provided to You by the Policyholder.

The Child's coverage will cease unless We receive written request and any required premium to continue coverage for the Child as stated above.

The newborn or newly adopted Child and children Placed for adoption will be covered for the Accident Insurance amount that applies to Your other Children covered under the Policy. If You do not have other Children covered, then the lowest amount available to Children under the Policy applies.

A Congenital Anomaly refers to a condition existing at or from birth that is a Significant Deviation from the common form or function of the body. Congenital Anomaly is often caused by a hereditary or developmental defect or disease.

Significant Deviation means a deviation which impairs the function of the body and includes, but is not limited to, the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

General Limitations and Exclusions are replaced with the following:

We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. actively committing a felony, or actively participating in a felony;
5. an act of war, declared or undeclared, whether civil or international;
6. alcoholism or drug addiction;
7. engaging as a professional in the following hazardous activities, including skydiving, hang gliding, mountain climbing, bungee jumping, or base jumping;
8. Riding in or driving as a professional any;
 - a) motorized dirt bike, off-road vehicle; or
 - b) motor-driven vehicle in a race, stunt show or speed test;
9. operating any aircraft;
10. practicing for or participating in any professional competitive athletic contests for which any type of compensation or remuneration is received; or
11. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule. NOTE: This coverage under this certificate is not to be construed to provide benefits required by Worker's Compensation laws.
12. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

The following Outline of Coverage is included:

ACCIDENT ONLY COVERAGE

THIS CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE for UHI-ACC-POL-ID (2018) and UHI-ACC-CERT-ID (2018)

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People With Medicare available from the company

1. *Read your Certificate Carefully* - This outline of coverage provides a very brief description of some important features of your coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **Read Your Certificate Carefully!**

2. Accident-only coverage is designed to provide coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for medical expenses.
3. *Amount and Duration of Benefits* – The coverage pays you or your Dependent (if applicable) the Maximum Benefit Amount for each Benefit shown on the Certificate Schedule, subject to all the terms, limits, and exclusions of the policy.

Refer to the Certificate Schedule for:

- a. Maximum Benefit Amount; and
- b. Any Additional Benefits that apply

4. *Exceptions, Reductions and Limitations* - We will not pay a benefit for a loss contributed to or caused by:
 1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
 2. suicide or intentionally self-inflicted Injury;
 3. active participation in a riot;
 4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
 5. taking part in the commission of an assault or being engaged in an illegal activity;
 6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
 7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless administered on the advice of a Physician;
 8. driving or in physical control of a Motor Vehicle while Intoxicated;
 9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
 10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
 11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
 12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
 13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
 14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule; or
 15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

Renewability - Your insurance will terminate on the earliest of the following dates:

1. the last day of the period the required premium is due but not paid, subject to the Grace Period provision;
2. the last day of the month during which You cease to be a member of a class eligible for insurance;
3. the date the Policy terminates, or a specific benefit terminates;
4. the date You are no longer Actively at Work due to a labor dispute, including but not limited to strike, work slowdown or lock out; or
5. the last day of the month during which You are no longer Actively at Work for any other reason, unless insurance is continued in accordance with the Continuation of Insurance Provisions.

NORTH CAROLINA

Residents of the state of North Carolina, the following provisions are included to bring your Certificate into conformity with North Carolina state law:

The following disclosure is added:

Important Cancellation Information — Please Read the Provision Entitled, **Covered Person Termination of Insurance.**

General Definitions

The **Change in Status** definition is amended as follows:

a change in the number of Dependents (birth, legal adoption of a Child, placement of a Child with the Covered Person for adoption, placement of a Child in a foster home or death of a Dependent);

When Dependent coverage is included, the definition of **Child** is amended to include the following: a non-custodial Child; a foster Child from the date they are placed in a foster home; or a Child for whom You are required to provide insurance due to a court or administrative order.

The following is also added to the definition of **Child**: An adopted Child's insurance is effective from the date of placement for the purpose of adoption and continues unless placement is disrupted prior to legal adoption and the child is removed from placement

The definition of **Hospital**, is amended to include the following:

In North Carolina, Hospital also means a duly licensed State tax-supported institution which may be a specialty facility for one particular type of illness or one that may not have an operating room and related equipment for surgery. State tax-supported institutions includes community mental health centers and other health clinics which are certified as Medicaid providers.

Newborn Child Provision

When dependent coverage is included, the Newborn Child Provision, in the Eligibility, Effective Date and Termination Provisions section, is replaced with the following:

Newborn/Adopted/Foster Child Provision: Your Newborn, Adopted or Foster Child will become covered by the Policy from the moment of live birth with respect to Your natural Newborn Child and on the date the Child is placed in Your home for adoption or foster care. The Newborn, Adopted or Foster, Child will be covered for Injury only, and have the same Benefit Amount that applies to Your other Children covered under the Policy. If You have no other Children covered, then the lowest amount available to Children under the Policy applies. The Newborn, Adopted or Foster Child's insurance will cease on the 31st day next following their effective date unless:

1. We receive written request and any required premium to continue insurance for the Child before that date, if You have no other Children insured; or
2. Your other Children are covered, and We receive any required premium due for the Child within 31 days of the day We first deny a claim on the basis that the Newborn, Adopted or Foster Child is not enrolled.

Continuation of an Incapacitated Child:

The Continuation of an Incapacitated Child provision, in the Eligibility, Effective Date and Termination Provisions section, is amended to not require proof of continued incapacity more than once per year.

General Limitations and Exclusions

The exclusion regarding Injury arising out of or in the course of any occupation or employment for pay or profit, is amended as follows:

On Job Injury or any Injury arising out of or in the course of any occupation or employment for pay or profit, services or supplies for the treatment of an occupational injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. This exclusion does not apply if this insurance is issued on a 24 hour basis as shown in the Schedule.

Notice of Claim

The **Notice of Claim** provision in the Claim Provisions section, is amended to allow that written notice of a claim may be given to at our Home Office or to Our authorized agent.

Proof of Claim

The **Proof of Claim** provision, in this section, is amended to allow the timeframe in which written proof of claim must be filed, to 180 days. All other conditions of this of this provision apply.

Waiver of Premium

When the Waiver of Premium Benefit is included, the timeframe to give Us proof, is amended to: give Us proof as soon as possible, but no later than 180 days after the date of his Total Disability. The change of 180 days also applies to: giving Us proof, after Our request, when the Total Disability continues. All other conditions of this of this provision apply.

OKLAHOMA

Residents of the state of Oklahoma, the following provisions are included to bring your Certificate into conformity with Oklahoma state law:

The following disclosures are included:

Certificates delivered in the state of Oklahoma are subject to the terms and conditions of the Certificate and not the Policy. This Certificate is issued in and governed by the laws of the state of Oklahoma.

FRAUD WARNING

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Newborn Child Provision

When dependent coverage is included, the Newborn Child Provision, in the Eligibility, Effective Date and Termination Provisions section, is replaced with the following:

Newborn Child: Your newborn child will become covered under the Policy from the moment of birth. The child will be covered for Injury only, and have the same benefits as applies to Your other Children covered under the Policy. If the Primary Covered Person has no children covered under the Policy, the newborn will have the same benefits as You, except that any benefit payable under the Policy at a reduced percentage for Dependent Children, will also be at the reduced percentage for the newborn. You must notify Us that he has a newborn child within 31 days of the child's birth. The newborn's coverage will cease on the later of:

1. the Premium Due Date; or
2. the 31st day;

next following the child's birth unless the child is Enrolled and required Premium paid on or before that date.

General Limitations and Exclusions

The act or accident of war exclusion is amended to include: when serving in the military or an auxiliary unit.

Overpayment of Claim

The **Overpayment of Claim** provision in this Claim Provisions section is amended to include the following: Except in the case of fraud, We will not exercise this right more than 24 months after the date that the overpayment was made.

Type of Coverage: Group Accident Insurance Coverage. This is an Accident only Certificate and it does not pay benefits for loss from Sickness. This certificate does NOT provide general health insurance.

<u>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Accidental Death and Dismemberment: <ul style="list-style-type: none"> • Loss of life • Loss of both hands or both feet • Loss of one hand and one foot • Loss of one hand or one foot • Loss of two or more of fingers or toes • Loss of one finger or one toe 	\$30,000 \$30,000 \$30,000 \$15,000 \$6,000 \$3,000 Dependent Child amount is 50% of the amount shown above for the applicable loss
Accidental Death Common Carrier Benefit	\$120,000 Dependent Child amount is 50% of the amount shown
<u>INITIAL CARE BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Ground Ambulance	\$300
Air Ambulance	\$1,800
Emergency Care Treatment	\$150
Physician Office / Urgent Care Center Visit	\$75
<u>HOSPITAL CARE BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Hospital Admission	\$1,000
Hospital Confinement	\$250
Hospital ICU Admission	\$3,000
Hospital ICU Confinement	\$750

<u>FOLLOW UP CARE BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Appliances:	
• Wheelchair	\$225
• Knee Scooter	\$225
• Knee Immobilizer	\$225
• Lumbar Spine Brace	\$225
• Walking Boot	\$150
• Walker	\$150
• Crutches	\$150
• Leg Brace	\$150
• Cervical Collar	\$150
• Cane	\$75
• Ankle Brace	\$75
• Ankle Boot	\$75
• Air Cast	\$75
Follow Up Physician Visit	\$75
Major Diagnostic Exam	\$250
Minor Diagnostic Exam	\$75
Prosthetic Device	
• One Device	\$750
• Two Devices	\$1,500
Rehabilitation Facility	\$150
Rehabilitation Therapy	\$30
<u>COMMON INJURIES BENEFIT</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Surgical Procedures:	
Abdominal/Thoracic Surgery	
• Surgery to repair	\$1,500
• Exploratory surgery without repair	\$150
Arthroscopic Surgery	\$300
Cranial Surgery	\$300
Eye Surgery:	
• Removal of foreign body	\$150
• Surgical Repair	\$300
Hernia Surgery	\$300
Non-Specific Surgery:	
• General Anesthesia	\$300
• Conscious Sedation	\$150
Tendon/Ligament/Shoulder Cartilage/Rotator Cuff/Knee Cartilage Surgery	
• Surgery to repair	\$600
• Surgery to repair more than one	\$1,200
• Exploratory surgery without repair	\$200
Blood/Plasma/Platelets	\$400

<u>COMMON INJURIES BENEFIT (continued)</u>	<u>MAXIMUM BENEFIT AMOUNT</u>	
Burns:		
• 2 nd degree burns (at least 36% of body surface)		\$750
• 3 rd degree burns (9 to 34 sq inches)		\$1,500
• 3 rd degree burns (35 or more sq inches)		\$12,000
Coma		\$15,000
Concussion		\$200
Dislocation (Separated Joint)	Open Reduction (Surgically Corrected)	Closed Reduction (Non- Surgically Corrected)
Type of Dislocation:		
• Ankle	\$640	\$320
• Collar Bone (Sternoclavicular)	\$640	\$320
• Collar Bone (Acromioclavicular separation)	\$320	\$160
• Elbow	\$800	\$400
• Finger	\$320	\$160
• Foot (except toes)	\$640	\$320
• Hand	\$640	\$320
• Hip	\$3,200	\$1,600
• Knee Cap (Patella)	\$640	\$320
• Lower Jaw	\$640	\$320
• Shoulder blade	\$640	\$320
• Toe	\$320	\$160
• Wrist	\$640	\$320
Emergency Dental Work		
• Crown		\$300
• Extraction		\$150
Family Child Daycare		\$45

<u>COMMON INJURIES BENEFIT (continued)</u>	<u>MAXIMUM BENEFIT AMOUNT</u>	
Fractures	Open Reduction (Surgically Corrected)	Closed Reduction (Non- Surgically Corrected)
Type of Fracture:		
<ul style="list-style-type: none"> • Skull (except bones of face or nose) <ul style="list-style-type: none"> • Depressed • Simple • Sternum • Hip and Thigh (Femur) • Vertebrae (body of) • Pelvis (excluding coccyx) • Leg (from top of tibia to ankle joint) • Face or nose (except teeth) • Upper Jaw (except Alveolar process) • Upper Arm (Elbow to Shoulder) • Lower Jaw (except Alveolar process) • Shoulder Blade or Collarbone • Forearm, hand, wrist (except fingers) • Kneecap • Foot (excluding toes) • Ankle • Coccyx • Finger or toe • Sacral/Sacrum • Vertebral Process 	<ul style="list-style-type: none"> \$4,000 \$2,000 \$4,000 \$4,000 \$2,000 \$2,000 \$2,000 \$1,000 \$1,000 \$1,000 \$800 \$800 \$800 \$800 \$800 \$800 \$800 \$800 \$400 \$400 \$1,000 \$800 	<ul style="list-style-type: none"> \$2,000 \$1,000 \$2,000 \$2,000 \$1,000 \$1,000 \$1,000 \$500 \$500 \$500 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$200 \$200 \$500 \$400
Fractures (Chip/Avulsion)	25% of the Closed Reduction (Non-Surgically Corrected) Benefit Amount	
Laceration:		
<ul style="list-style-type: none"> • Laceration not requiring stitches, staple, or glue • Less than 5 cm • 5 cm -15 cm • Greater than 15 cm 		<ul style="list-style-type: none"> \$45 \$75 \$300 \$600
Lodging		\$225
Medical Supplies		\$20
Organized Sporting Activity		25%
Paralysis		
<ul style="list-style-type: none"> • Hemiplegia • Paraplegia • Quadriplegia 		<ul style="list-style-type: none"> \$7,500 \$7,500 \$15,000
Ruptured/Herniated Disc		\$600
Skin Graft		
<ul style="list-style-type: none"> • Percentage of Amount Payable under the Burn Benefit 		25%
Transportation		\$300

<u>ADDITIONAL BENEFITS</u>	<u>MAXIMUM BENEFIT AMOUNT</u>
Wellness	\$50

Benefit Trigger: The coverage pays You or Your Dependent (if applicable) the Maximum Benefit Amount for each Benefit shown on the Certificate Schedule, subject to all the terms, limits, and exclusions of the policy. No Benefit Waiting Period is required.

Duration of Coverage: Your insurance will terminate on the earliest of the following dates:

1. the last day of the period the required premium is due but not paid, subject to the Grace Period provision;
2. the last day of the month during which You cease to be a member of a class eligible for insurance;
3. the date the Policy terminates, or a specific benefit terminates;
4. the date You are no longer Actively at Work due to a labor dispute, including but not limited to strike, work slowdown or lock out; or
5. the last day of the month during which You are no longer Actively at Work for any other reason, unless insurance is continued in accordance with the Continuation of Insurance Provisions.

In certain cases insurance may be continued as stated in the section of the Certificate titled **CONTINUATION AND REINSTATEMENT PROVISIONS**.

Renewability of Coverage: The Policy will continue in force until it is canceled by either the Policyholder or UnitedHealthcare Insurance Company.

Policy provisions that exclude, eliminate, restrict, limit, delay, or in any other manner operate to qualify payment of the benefits described above include the following:

We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless administered on the advice of a Physician;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;

Additional Benefits

- Automobile Modification Benefit - The expense for the automobile modification must occur within 365 days of the date of the Covered Accident.
- Catastrophic Accident Benefit - the Loss occurs within 365 days of the date of a Covered Accident; and must be treated for the Injury by a Physician within 365 days of the Covered Accident.
- Medical Expense Benefit - the expenses are incurred for Treatment received within 365 days of the Covered Accident.
- Occupational Human Immunodeficiency Virus (HIV) Benefit - a follow-up confirmatory antibody HIV test is taken within 365 days after the Injury and the result is positive.

