



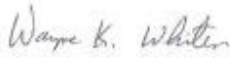
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|---|--|
| <b>INSURER NAME:</b>                              | Beazley Insurance Company, Inc.  |
| <b>INSURER ADDRESS:<br/>ADMINISTRATIVE OFFICE</b> | c/o The Loomis Company<br>850 N. Park Road<br>P.O. Box 7011<br>Wyomissing, PA 19610-6011 |
| <b>INSURER ADDRESS:<br/>NOTICE OF CLAIM</b>       | c/o The Loomis Company<br>850 N. Park Road<br>P.O. Box 7011<br>Wyomissing, PA 19610-6011 |

**CERTIFICATE OF INSURANCE**

Beazley Insurance Company, Inc. (We, Us, Our) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Schedule of Benefits page. The group Policy covers certain eligible persons as described in the Policy.

This Certificate describes the benefits and provisions of the group Policy. It becomes Your Certificate of Insurance only if: 1) You are eligible for the insurance; 2) You are Actively In Service on the date it is to take effect if You are a Member; and 3) You become insured and remain insured in accordance with the provisions of the Policy. The insurance is to be effective only if the required premium payments are made by You or on Your behalf to Us. No agent may change the Policy or waive any of its provisions.

IN WITNESS WHEREOF, We have caused this Certificate to take effect on the Certificate Effective Date.

  
Secretary

  
President

**GROUP LIMITED INDEMNITY CERTIFICATE**

**THIS IS A LIMITED BENEFIT CERTIFICATE. IT PROVIDES FIXED-PAYMENT BENEFITS. BENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL HOSPITAL OR OTHER MEDICAL EXPENSES.**

**THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.**

**If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.**

**FIFTEEN DAY RIGHT TO EXAMINE CERTIFICATE**

If You decide that You do not want this Certificate for any reason, You may return it to Us within fifteen (15) days after the date You receive it for a full refund of any premium paid. When it is returned, it will be considered void as though it were never issued.

**The Policy is a contract between the Policyholder and the Company.**

**This Certificate is renewable at the option of the Company. Please read the Termination of Insurance provision of this Certificate.**

**READ YOUR CERTIFICATE CAREFULLY.**

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE (“MINIMUM ESSENTIAL COVERAGE”) THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON’T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

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**TABLE OF CONTENTS**

|                                       |    |
|---------------------------------------|----|
| Schedule of Benefits.....             | 3  |
| Definitions .....                     | 5  |
| Eligibility and Effective Date.....   | 11 |
| Benefits .....                        | 12 |
| Limitations .....                     | 17 |
| Exclusions .....                      | 18 |
| Termination of Insurance .....        | 20 |
| Premium Calculation and Payment ..... | 21 |
| Claim Provisions.....                 | 22 |
| General Provisions .....              | 23 |

**SCHEDULE OF BENEFITS**

|                                    |                              |                             |                                   |
|------------------------------------|------------------------------|-----------------------------|-----------------------------------|
| <b>CERTIFICATE EFFECTIVE DATE:</b> | 10/01/2020                   | <b>PREMIUM DUE DATE:</b>    | 1 <sup>st</sup> day of each month |
| <b>POLICYHOLDER NAME:</b>          | Truckers Service Association | <b>POLICYHOLDER NUMBER:</b> | IB0165                            |

**ELIGIBILITY:** ALL PERMANENT MEMBERS, WORKING 20 HOURS OR MORE PER WEEK AND ACTIVELY IN SERVICE, AND SPOUSES OR DOMESTIC PARTNERS AND/OR DEPENDENT CHILD(REN) OF ELIGIBLE MEMBERS

**PRE-EXISTING CONDITION PERIOD:** None

| <b><u>BENEFIT(S)</u></b> | <b><u>BENEFIT AMOUNTS/MAXIMUMS</u></b> |
|--------------------------|--|
|--------------------------|--|

**HOSPITAL CONFINEMENT BENEFIT**

|                       |                              |
|-----------------------|------------------------------|
| Benefit Amount        | \$1,500 per Insured, per day |
| Calendar Year Maximum | 30 days per Insured          |

**HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT**

|                       |                              |
|-----------------------|------------------------------|
| Benefit Amount        | \$3,000 per Insured, per day |
| Calendar Year Maximum | 30 days per Insured          |

**HOSPITAL ADMISSION BENEFIT**

|                       |                              |
|-----------------------|------------------------------|
| Benefit Amount        | \$2,000 per Insured, per day |
| Calendar Year Maximum | 1 day per Insured            |

**INPATIENT SURGERY BENEFIT**

|                       |                              |
|-----------------------|------------------------------|
| Benefit Amount        | \$3,500 per Insured, per day |
| Calendar Year Maximum | 2 days per Insured           |

**OUTPATIENT MAJOR SURGERY BENEFIT**

|                       |                              |
|-----------------------|------------------------------|
| Benefit Amount        | \$1,500 per Insured, per day |
| Calendar Year Maximum | 2 days per Insured           |

**ANESTHESIA BENEFIT**

|                       |                              |
|-----------------------|------------------------------|
| Benefit Amount        | \$1,000 per Insured, per day |
| Calendar Year Maximum | 2 days per Insured           |

**PHYSICIAN OFFICE/URGENT CARE FACILITY BENEFIT**

|                       |                           |
|-----------------------|---------------------------|
| Benefit Amount        | \$85 per Insured, per day |
| Calendar Year Maximum | 6 days per Insured        |

**EMERGENCY ROOM - SICKNESS BENEFIT**

|                                    |                            |
|------------------------------------|----------------------------|
| Benefit Amount                     | \$150 per Insured, per day |
| Calendar Year Maximum for Sickness | 1 day per Insured          |

**EMERGENCY ROOM – INJURY BENEFIT**

|                                  |                            |
|----------------------------------|----------------------------|
| Benefit Amount                   | \$350 per Insured, per day |
| Calendar Year Maximum for Injury | 1 day per Insured          |

Treatment for an Injury sustained as a result of an Accident must be received within 72 hours of the Accident.

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**BENEFIT(S)**  
**(Continued)**

**BENEFIT AMOUNTS/MAXIMUMS**

**OUTPATIENT DIAGNOSTIC LAB BENEFIT**

Benefit Amount \$100 per Insured, per day  
Calendar Year Maximum 3 days per Insured

**OUTPATIENT X-RAY BENEFIT**

Benefit Amount \$100 per Insured, per day  
Calendar Year Maximum for Injury 3 days per Insured

**OUTPATIENT MAJOR DIAGNOSTIC TESTING BENEFIT**

Benefit Amount \$400 per Insured, per day  
Calendar Year Maximum for Injury 2 days per Insured

**WELLNESS BENEFIT**

Benefit Amount for ages 6 days to 18 years \$150 per Insured, per day  
Benefit Amount for ages 18 years and over \$150 per Insured, per day  
Calendar Year Maximum 2 days per Insured

**SKILLED NURSING CARE FACILITY BENEFIT**

Benefit Amount \$400 per Insured, per day  
Calendar Year Maximum 30 days per Insured

**MENTAL OR NERVOUS DISORDERS CONFINEMENT BENEFIT**

Benefit Amount \$400 per Insured, per day  
Per Confinement Maximum 30 days per Insured  
Calendar Year Maximum 1 Confinement per Insured

**SUBSTANCE ABUSE CONFINEMENT BENEFIT**

Benefit Amount \$400 per Insured, per day  
Per Confinement Maximum 30 days per Insured  
Calendar Year Maximum 1 Confinement per Insured

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## DEFINITIONS

**ACCIDENT** means an event occurring by chance or unintentionally, independent of any Sickness.

**ACTIVELY IN SERVICE** means that You are:

- (1) performing in the usual manner, all of the Material and Substantial Duties of Your employment for the regularly scheduled number of hours on a scheduled work day; and
- (2) the Material and Substantial Duties are being performed at one of the places of business where You normally perform such duties or at some location to which Your employment sends You.

You will be said to be Actively in Service on a day that is not a scheduled work day only if You are able to perform in the usual manner all of the regular duties of Your employment if it were a scheduled work day.

**CALENDAR YEAR** means the period beginning on the Certificate Effective Date shown on the Schedule of Benefits and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

**CERTIFICATE** means the individual Certificate issued to You. It describes Your coverage under the Policy.

**CERTIFICATE EFFECTIVE DATE** means the date shown on the Schedule of Benefits. The Certificate Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder. If a Member is not Actively in Service on the date coverage would otherwise become effective, the Certificate Effective Date will be the date on which the Member is first thereafter Actively in Service.

**COMPLICATIONS OF PREGNANCY** means any of the following:

- (1) a condition that, while affected by pregnancy, is still classified by accepted medical standards as a Sickness apart from the normal bodily changes that accompany pregnancy;
- (2) a non-elective Caesarean section;
- (3) an extra-uterine or ectopic pregnancy; or
- (4) a spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy do not include: false labor, premature labor, high risk pregnancy or delivery, occasional spotting, Physician-prescribed rest, morning sickness or similar conditions that occur in a difficult pregnancy.

**CONFINED OR CONFINEMENT** means the assignment to a bed as a resident inpatient in a Hospital, or Confinement in an Observation Unit within a Hospital for a period of 23 or more continuous hours, on the advice of a Physician. Confined or Confinement also includes the assignment to a bed as a resident of a Skilled Nursing Care Facility, Mental or Nervous Disorders Treatment Facility, or a Substance Abuse Treatment Facility.

**CPT (CURRENT PROCEDURAL TERMINOLOGY) CODE** means the set of codes published by the American Medical Association and used by providers to report medical, surgical and diagnostic procedures.

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**DEPENDENT CHILD(REN)** means all of Your children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to Us within 31 days following the Child's 26th birthday, and not more frequently than annually beginning 2 years after such Child attains the specified limiting age.

Child(ren) means Your biological children, stepchildren, adopted children, foster children or any child for whom You are required by a court or administrative order to provide health coverage.

**DOMESTIC PARTNER** means a person of the same or opposite sex who:

- (1) is at least 18 years old and legally capable to enter into a contract;
- (2) is not related by blood to You more closely than is permissible for marriage in the state of residence;
- (3) is not married or legally separated;
- (4) has not been party to an action or proceeding for divorce or annulment within the last 6 months, or has been a party to such an action or proceeding and at least 6 months have elapsed since the date of the judgment terminating the marriage;
- (5) is not currently in a domestic partnership with a different domestic partner and has not been in such a relationship for at least 6 months;
- (6) occupies the same residence as You;
- (7) has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature; and
- (8) has entered into a Domestic Partnership Agreement with You.

**DOMESTIC PARTNERSHIP AGREEMENT** means an arrangement between You and another person of the same or opposite sex that includes 3 of the following:

- (1) joint lease, mortgage or deed;
- (2) joint ownership of a vehicle;
- (3) joint ownership of a checking account or credit account;
- (4) designation of the Domestic Partner as the beneficiary of Your life insurance or retirement benefits;
- (5) designation of the Domestic Partner as the beneficiary of Your will;
- (6) designation of the Domestic Partner as holding power of attorney for health care; and
- (7) shared household expenses.

**EMERGENCY ROOM** means a facility located on the premises of, or physically part of, a Hospital that provides initial Treatment to patients with Sickness or for Injury due to an Accident requiring immediate attention. An Emergency Room is specially equipped and staffed to provide emergency care.

**HOSPITAL** means a general acute care facility that meets all of the following:

- (1) it is licensed as a Hospital pursuant to applicable law;
- (2) it has organized facilities for the care and treatment to sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery;
- (3) it is managed under the supervision of a staff of one or more licensed Physicians; and

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- (4) it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.) on duty or call.

Hospital does not include any convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, drug addict or alcoholic, even though the facilities are operated as a separate institution by a Hospital.

**HOSPITAL INTENSIVE CARE UNIT** means a place which:

- (1) is a specifically designated area of the Hospital called an intensive care unit that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and care;
- (2) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- (3) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and
- (4) is under close observation by trained and qualified personnel whose duties are primarily confined to the part of the Hospital for which an additional charge is made.

A Hospital Intensive Care Unit that meets the definition above may include hospital units with the following names:

- (1) Intensive Care Unit;
- (2) Coronary Care Unit;
- (3) Neonatal Intensive Care Unit;
- (4) Pulmonary Care Unit;
- (5) Burn Unit; or
- (6) Transplant Unit.

A Hospital Intensive Care Unit is not any of the following step-down units:

- (1) a progressive care unit;
- (2) an intermediate care unit;
- (3) a private monitored room;
- (4) sub-acute intensive care unit;
- (5) an observation unit; or
- (6) any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this Certificate.

**INJURY** means bodily injury due to an Accident sustained directly and independently of all other Accidents or Sickness. It includes all complications of and all Injuries from the same Accident.

**INPATIENT SURGERY** means a surgical procedure performed on an Insured who is Confined as a registered bed patient in a Hospital or other medical facility.

**INSURED(S)** means You, Your Spouse or Domestic Partner and/or Your Dependent Child(ren) as indicated in the Schedule of Benefits.

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**INVESTIGATIONAL OR EXPERIMENTAL** means care, treatment, services or supplies not approved or recognized for the treatment of Injury or Sickness by any of the following:

- (1) The American Medical Association;
- (2) The United States Surgeon General;
- (3) The United States Department of Public Health;
- (4) The National Institute of Health; or
- (5) Medicare.

Drugs are considered investigational or experimental if they are not:

- (1) commercially available for purchase; and
- (2) approved by the Food and Drug Administration for general use.

**MATERIAL AND SUBSTANTIAL DUTIES** means the duties that:

- (1) are normally required for the performance of Your employment; and
- (2) cannot be reasonably omitted or modified.

**MEDICALLY NECESSARY** means any services, tests, office visits, drugs, or supplies:

- (1) needed to diagnose, treat symptoms or medical conditions, or provide preventative care in a manner generally accepted by the medical community;
- (2) ordered, prescribed, recommended, or approved by a Physician to diagnose or treat symptoms or a specific medical condition;
- (3) not simply for the convenience of Physician or patient; and
- (4) not used for Investigational or Experimental Treatment.

**MEMBER** means a person who is Actively in Service and a member of the Policyholder.

**MENTAL OR NERVOUS DISORDERS** means any diagnosed condition listed in the Diagnostic and Statistical Manual of Mental Disorders most recent edition, revised (DSM) for which treatment is commonly sought from a psychiatrist or mental health provider. Diagnoses described in the DSM will be considered mental illness, regardless of etiology.

**MENTAL OR NERVOUS DISORDERS TREATMENT FACILITY** means a facility that provides inpatient Treatment for Mental or Nervous Disorders and which:

- (1) is established and operated pursuant to applicable state laws;
- (2) provides the following basic services:
  - (a) room and board;
  - (b) evaluation and diagnosis;
  - (c) counseling; and
- (3) has or maintains a written, specific, and detailed regimen requiring full-time residence and full-time participation by the Insured.



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A Mental or Nervous Disorders Treatment Facility does not include a unit or wing within a Hospital, a half-way house, a group home, a recovery farm, or any similar facility.

**OBSERVATION UNIT** means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored following Outpatient Surgery or Treatment in the Emergency Room by a Physician, and which:

- (1) is under the direct supervision of a Physician or registered nurse;
- (2) is staffed by nurses assigned specifically to that unit; and
- (3) provides care seven days per week, 24 hours per day.

**OUTPATIENT MAJOR SURGERY** means a surgical procedure performed on an Insured who is not Confined, but who utilizes a Hospital, Outpatient Surgical Center or other similar medical facility for the surgery.

**OUTPATIENT SURGICAL CENTER** means a licensed surgical center that operates exclusively for the purpose of providing surgical services and that has permanent facilities and equipment to perform surgical procedures on an outpatient basis. An Outpatient Surgical Center may be a freestanding facility or a distinct unit of a Hospital. An Outpatient Surgical Center does not have Inpatient accommodations.

**PHYSICIAN** means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Insured.

**POLICY** means the Policy issued to the Policyholder that covers the Insured.

**POLICYHOLDER** means the employer, association or other organization that holds the Policy.

**PRE-EXISTING CONDITION** means any sickness, disease, or physical condition that existed within the Pre-Existing Condition Period prior to the Insured's Certificate Effective Date. The sickness, disease or physical condition must have resulted in the Insured's receiving advice, diagnosis or Treatment from a Physician during this preceding time period. The Pre-Existing Condition Period is shown on the Schedule of Benefits.

**SCHEDULE OF BENEFITS** means the benefit schedule set forth in the Certificate.

**SICKNESS** means an illness or disease that starts while the Insured's coverage is in force. Sickness includes pregnancy and Complications of Pregnancy.

**SKILLED NURSING CARE FACILITY** means a place where an Insured goes to recover from a Sickness or Injury and that:

- (1) is a legally operated facility that can be part of a hospital;

- 
- (2) operates 24 hours a day and will accept inpatients on an overnight basis;
  - (3) is supervised by a Physician;
  - (4) has a 24-hour a day nursing staff which is supervised by a registered nurse; and
  - (5) keeps written daily records for each patient.

Notwithstanding the above, a Skilled Nursing Care Facility is not:

- (1) a rest home or a home for the aged;
- (2) a place that provides mostly custodial care; or
- (3) a place for alcoholics or drug addicts.

**SPOUSE** means the person recognized as Your spouse under the laws of the state in which You reside.

**SUBSTANCE ABUSE** means the psychological or physical dependence on or addiction to alcohol, drugs and other controlled substances.

**SUBSTANCE ABUSE TREATMENT FACILITY** means a facility that provides inpatient Treatment for Substance Abuse and is a place which:

- (1) is established and operated pursuant to applicable state laws;
- (2) provides the following basic services:
  - (a) room and board;
  - (b) evaluation and diagnosis;
  - (c) counseling; and
- (3) has or maintains a written, specific, and detailed regimen requiring full-time residence and full-time participation by the Insured.

A Substance Abuse Treatment Facility does not include a unit or wing within a Hospital, a half-way house, a group home, a recovery farm, or any similar facility.

**TREATMENT** means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

**URGENT CARE FACILITY** means a free-standing facility that is engaged primarily in providing minor emergency and episodic, medical care. A Physician, a registered nurse and a registered x-ray technician must be in attendance at all times that the facility is open. It must be licensed as an Urgent Care Facility, if required by law.

**YOU, YOUR** means the insured Member as shown on the Schedule of Benefits.

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## **ELIGIBILITY AND EFFECTIVE DATE**

### **ELIGIBILITY**

All:

- (1) Members who meet the definition of Actively in Service; or
  - (2) Members, eligible Spouse or Domestic Partner, and/or Dependent Children who meet the definition of Eligibility as stated on the Schedule of Benefits,
- are eligible to be insured under the Policy. Evidence of insurability acceptable to Us may be required.

### **ELIGIBILITY OF DEPENDENTS**

An eligible Member may enroll his or her Spouse or Domestic Partner and/or Dependent Child(ren). An individual cannot be covered as a Member and a Spouse or Domestic Partner at the same time. A Dependent Child may only be covered by one Member if both parents are Members and covered separately under the Policy.

### **EFFECTIVE DATE**

The Certificate Effective Date for a Member is shown on the Schedule of Benefits.

The Certificate Effective Date for a Spouse or Domestic Partner and/or Dependent Child(ren) is the date shown on the Schedule of Benefits subject to the following:

- (1) The Spouse or Domestic Partner and/or Dependent Child(ren) have applied for coverage and premium is paid;
- (2) The Spouse or Domestic Partner and/or Dependent Child(ren) are not hospital confined. If the Spouse or Domestic Partner and/or Dependent Child(ren) are hospital confined, coverage is effective at 12:00 a.m. Standard Time, on the day the Spouse or Domestic Partner and/or Dependent Child(ren) are no longer hospital confined if otherwise eligible for coverage on the date Your coverage became effective.
- (3) For a dependent eligible on or first acquired after Your Certificate Effective Date:
  - (a) For newborn children and newborn adopted children, the Certificate Effective Date is the moment of birth. We must receive notification of birth within 31 days after the date of birth for coverage to continue for the newborn beyond the 31 day period. For newborn adopted children, a decree of adoption must be entered, unless extended by order of the court, and custody must continue pursuant to the decree of the court.
  - (b) For other adopted children and foster children, the Certificate Effective Date is the date of placement in Your home. For adopted children, a decree of adoption must be entered, and You must continue to have custody pursuant to the decree of the court. We must receive notification of newly adopted children and foster children within 31 days from the date of placement into Your home for coverage to continue for the adopted children and foster children beyond the 31 day period.
  - (c) For a Spouse or Domestic Partner or any other dependent eligible on or first acquired after Your Certificate Effective Date, the Certificate Effective Date is the date We assign after approving that enrollment form for his or her coverage.

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## **BENEFITS**

This section describes the benefits provided by the Policy. Benefits are subject to the terms, conditions, limitations, exclusions, and maximums in the Policy and Certificate, and shown on the Schedule of Benefits. Benefits are not payable for any Sickness or Injury that occurs, or Confinement that begins, prior to the Certificate Effective Date.

### **HOSPITAL CONFINEMENT BENEFIT**

We will pay the benefit shown on the Schedule of Benefits if an Insured is Confined and receiving Treatment in a Hospital due to Sickness or Injury. Confinement in a Hospital must begin while this coverage is in force.

The Benefit Amount payable per day will not exceed the Hospital Confinement Benefit Amount for each day the Insured is Confined, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

The Hospital Confinement Benefit will not be paid for:

- (1) Emergency Room Treatment;
- (2) outpatient Treatment; or
- (3) Confinement of less than 23 hours in an observation unit.

We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Confinement Benefit, Skilled Nursing Care Facility Benefit, Mental or Nervous Disorders Confinement Benefit or Substance Abuse Confinement Benefit concurrently.

### **HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT**

We will pay the benefit shown on the Schedule of Benefits if any Insured incurs charges for and is Confined to a Hospital Intensive Care Unit due to Sickness or Injury. Confinement in a Hospital Intensive Care Unit must begin while this coverage is in force.

The Benefit Amount payable per day will not exceed the Hospital Intensive Care Unit Benefit Amount subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

If an Insured is Confined to a Hospital care unit that does not meet this Certificate's definition of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit Amount shown on the Schedule of Benefits for each day the Insured is Confined, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

We will not pay the Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit, Mental or Nervous Disorders Confinement Benefit, Substance Abuse Confinement Benefit or Skilled Nursing Care Facility Benefit concurrently.

If the maximum number of days shown on the Schedule of Benefits has been met under the Hospital Confinement Intensive Care Unit Benefit, any additional days of Hospital Intensive Care Unit Confinement will be paid under the Hospital Confinement Benefit. However, We will not pay more than the Calendar Year Maximum as shown on the Schedule of Benefits for Hospital Confinement.

### **HOSPITAL ADMISSION BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured is admitted and Confined to a Hospital due to Sickness or Injury.

The Benefit Amount payable per day will not exceed the Hospital Admission Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

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### **INPATIENT SURGERY BENEFIT**

We will pay the benefit shown on the Schedule of Benefits when an Insured incurs charges for Inpatient Surgery due to Sickness or Injury.

The procedure must be performed by a Physician using anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA).

The Benefit Amount payable per day will not exceed the Inpatient Surgery Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits. If an Insured has more than one surgical procedure performed on the same day, We will pay only one Inpatient Surgery Benefit Amount, even if caused by more than one Injury or Sickness. We will not pay the Inpatient Surgery Benefit and the Outpatient Major Surgery Benefit concurrently.

### **OUTPATIENT MAJOR SURGERY BENEFIT**

We will pay the benefit shown on the Schedule of Benefits when an Insured incurs charges for Outpatient Major Surgery due to Sickness or Injury.

The procedure must be performed by a Physician using anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA).

The Benefit Amount payable per day will not exceed the Outpatient Major Surgery Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits. If an Insured has more than one surgical procedure performed on the same day, We will pay only one Outpatient Major Surgery Benefit Amount, even if caused by more than one Injury or Sickness. We will not pay the Outpatient Major Surgery Benefit and the Inpatient Surgery Benefit concurrently.

### **ANESTHESIA BENEFIT**

We will pay the benefit shown on the Schedule of Benefits if an Insured incurs charges for and receives general anesthesia administered by an anesthesiologist or a Certified Registered Nurse Anesthetist (CRNA) during Inpatient Surgery or Outpatient Major Surgery and for which a benefit is payable under the Policy.

If more than one surgical procedure is performed at the same time, We will pay only one Anesthesia Benefit.

The Benefit Amount payable per day will not exceed the Anesthesia Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

### **PHYSICIAN OFFICE/URGENT CARE FACILITY BENEFIT**

We will pay the benefit shown on the Schedule of Benefits when an Insured incurs charges for and requires services rendered by a Physician at a Physician's office or Urgent Care Facility due to Sickness or Injury.

The Physician Office/Urgent Care Facility Benefit Amount is not payable for services rendered by a Physician while an Insured is Confined to a Hospital or receiving Treatment in an Emergency Room.

The Benefit Amount payable per day will not exceed the Physician Office/Urgent Care Facility Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

### **EMERGENCY ROOM – SICKNESS BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits when an Insured incurs charges for and receives Treatment rendered in an Emergency Room due to Sickness.

The Benefit Amount payable per day will not exceed the Emergency Room–Sickness Benefit Amount,

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subject to the maximum number of days per Calendar Year for Sickness shown on the Schedule of Benefits.

#### **EMERGENCY ROOM – INJURY BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits when an Insured incurs charges for and receives Treatment rendered in an Emergency Room for Injury due to an Accident. Treatment for an Injury sustained as a result of the Accident must be received within 24 hours of the Accident.

The Benefit Amount payable per day will not exceed the Emergency Room-Injury Benefit Amount, subject to the maximum number of days per Calendar Year for an Injury shown on the Schedule of Benefits.

#### **OUTPATIENT DIAGNOSTIC LAB BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured incurs charges for and undergoes any type of outpatient diagnostic laboratory testing that is ordered by a Physician

The diagnostic lab test(s) must be performed on an outpatient basis:

- (1) while the coverage is in force; and
- (2) in a Hospital, Physician's office, Urgent Care Facility, Emergency Room, or other appropriately licensed stand-alone healthcare facility that provides diagnostic services.

The Benefit Amount payable per day will not exceed the Outpatient Diagnostic Lab Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

This benefit is not payable for diagnostic laboratory tests received while an Insured is Confined to a Hospital, or received in any facility other than specifically described above.

#### **OUTPATIENT X-RAY BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured incurs charges for and undergoes outpatient X-rays that are ordered by a Physician.

The X-rays must be performed on an outpatient basis:

- (1) while the coverage is in force; and
- (2) in a Hospital, Physician's office, Urgent Care Facility, Emergency Room, or other appropriately licensed stand-alone healthcare facility that provides diagnostic services.

The Benefit Amount payable per day will not exceed the Outpatient X-Ray Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

This benefit is not payable for X-rays received while an Insured is Confined to a Hospital, or received in any facility other than specifically described above.

#### **OUTPATIENT MAJOR DIAGNOSTIC TESTING BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured incurs charges for and undergoes an outpatient major diagnostic test that is ordered by a Physician. For purposes of this benefit, outpatient major diagnostic test is an MRI (magnetic resonance imaging), an MRA (magnetic resonance angiogram), a CT (computed tomography) scan, or a PET (positron emission tomography) scan.

The diagnostic testing must be performed:

- (1) while the coverage is in force; and
- (2) in a Hospital, Physician's office, Urgent Care Facility, Emergency Room, or other appropriately licensed stand-alone healthcare facility that provides diagnostic services.

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The Benefit Amount payable per day will not exceed the Outpatient Major Diagnostic Testing Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

This benefit is not payable for major diagnostic testing received while an Insured is Confined to a Hospital, or received in any facility other than specifically described above.

### **WELLNESS BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured incurs charges for a Physician's office visit for wellness.

For purposes of this benefit, wellness for Dependent Child(ren) ages 6 days to 18 years includes:

- (1) Physician office visits for routine physical exams, including health screenings and preventive care for children and adolescents in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- (2) Routine immunizations for use in children and adolescents that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

Wellness care for an Insured age 18 and older includes:

- (1) prostate cancer screenings;
- (2) colorectal screenings;
- (3) pap smears;
- (4) mammograms; and
- (5) Physician office visits for routine physical exams.

The Benefit Amount payable per day will not exceed the Wellness Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

### **SKILLED NURSING CARE FACILITY BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits for each day an Insured is Confined to and incurs charges for Confinement in a Skilled Nursing Care Facility due to Sickness or Injury. Confinement must begin while the coverage is in force and within 14 days following a Hospital Confinement of at least 3 days.

The Benefit Amount payable per day will not exceed the Skilled Nursing Care Facility Benefit Amount, subject to the maximum number of days per Calendar Year shown on the Schedule of Benefits.

We will not pay the Skilled Nursing Care Facility Benefit Amount for:

- (1) Emergency Room Treatment;
- (2) outpatient Treatment; or
- (3) Confinement of less than 23 hours in an Observation Unit.

We will not pay the Skilled Nursing Care Facility Benefit and the Hospital Confinement Benefit, Hospital Intensive Care Unit Confinement Benefit, Mental or Nervous Disorders Confinement Benefit or Substance Abuse Confinement concurrently.

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### **MENTAL OR NERVOUS DISORDERS CONFINEMENT BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured is Confined and receiving Treatment for Mental or Nervous Disorders in a Mental or Nervous Treatment Facility. Confinement in a Mental or Nervous Disorders Treatment Facility must begin while this coverage is in force.

We will not pay the Mental or Nervous Disorders Confinement Benefit Amount for:

- (1) any Treatment provided in a Hospital, an Emergency Room, or an Observation Unit; or
- (2) Outpatient Treatment.

The Benefit Amount payable per day will not exceed the Mental or Nervous Disorders Confinement Benefit Amount, subject to the maximum number of days per Confinement and the maximum number of Confinements per Calendar Year shown on the Schedule of Benefits.

We will not pay the Mental or Nervous Disorders Confinement Benefit and the Hospital Confinement Benefit, Hospital Intensive Care Unit Confinement Benefit, the Skilled Nursing Care Facility Benefit or the Substance Abuse Confinement Benefit concurrently.

### **SUBSTANCE ABUSE CONFINEMENT BENEFIT**

We will pay the Benefit Amount shown on the Schedule of Benefits if an Insured is Confined and receiving Treatment for Substance Abuse in a Substance Abuse Treatment Facility. Confinement in a Substance Abuse Treatment Facility must begin while this coverage is in force.

We will not pay Substance Abuse Confinement for:

- (1) any Treatment provided in a Hospital, an Emergency Room, or an Observation Unit; or
- (2) Outpatient Treatment.

The Benefit Amount payable per day will not exceed the Substance Abuse Confinement Benefit Amount, subject to the maximum number of days per Confinement and the maximum number of Confinements per Calendar Year shown on the Schedule of Benefits.

We will not pay the Substance Abuse Confinement Benefit and Hospital Confinement Benefit, Hospital Intensive Care Unit Confinement Benefit, Skilled Nursing Care Facility Benefit or the Mental or Nervous Disorders Confinement Benefit concurrently.



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## **LIMITATIONS**

### **PRE-EXISTING CONDITION LIMITATION**

We will not pay benefits for charges, services, or supplies incurred as a result of a Pre-Existing Condition within the Pre-Existing Condition Period stated on the Schedule of Benefits.

A claim for benefits diagnosed after the Pre-Existing Condition Period will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

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## EXCLUSIONS

The Policy does not provide any benefits for the following:

- (1) services or supplies that are not Medically Necessary, even if prescribed, recommended, or approved by a Physician;
- (2) intentionally self-inflicted Injury or suicide attempt while sane;
- (3) voluntary abortion except, with respect to You or Your Dependent Spouse or Domestic Partner:
  - (a) where You or Your Dependent Spouse's or Domestic Partner's life would be endangered if the fetus were carried to term, or
  - (b) where medical complications have arisen from abortion;
- (4) procedures, services, or drugs related to artificial insemination, in vitro or test tube fertilization, including any related testing;
- (5) procedures, services, or drugs for exogenous obesity or weight control;
- (6) services for purchase and fitting of hearing aids;
- (7) services and supplies related to smoking cessation;
- (8) charges for food, food supplements, or vitamins;
- (9) charges related to marriage, family, child, career, social adjustment, pastoral, or financial counseling;
- (10) services related to therapy, supplies, treatment or counseling for sexual dysfunction or inadequacies that do not have a physiological or organic basis; The policy does provide benefits for Medically Necessary treatment, drugs, services or supplies related to gender transition (including gender dysphoria), medically appropriate gender-specific services, and other related dysfunctions;
- (11) procedures, services, or drugs for the reversal of a tubal ligation or a vasectomy;
- (12) charges for rental or purchase of durable medical equipment;
- (13) Injury or Sickness resulting from
  - (a) an act of war, declared or undeclared;
  - (b) active participation in a riot, civil commotion, civil disobedience or unlawful assembly;
  - (c) committing a felony;
  - (d) participation in a contest of speed in a power driven vehicle, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes;
  - (e) air travel, except as a fare-paying passenger on a commercial airline; or
  - (f) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician;
- (14) cosmetic surgery or elective surgery except organ donation or Medically Necessary gender reassignment, including any expenses related to Hospital Confinement, unless due to a covered Injury or Sickness;
- (15) any Treatment, drugs, or surgery considered Investigational or Experimental by the American Medical Association, the Health Care Finance Administration, or the Federal Drug Administration;
- (16) any Injury or Sickness occurring while the Insured is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. When the Insured provides Us notice of entering the Armed Forces, We will return to the Insured pro rata any premium paid, less any benefits paid, for any period during which the Insured is in such service;
- (17) an Injury or Sickness for which the Insured receives benefits under Workers' Compensation or similar coverage or for which the Insured would receive benefits under Workers' Compensation if the employer had enrolled the Insured for such coverage and the Insured and employer had cooperated in filing a claim under that coverage;
- (18) dental or vision services, including but not limited to treatment, surgery, extractions or x-rays, unless:

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- (a) resulting from an Injury occurring while the Insured's coverage is in force and if performed within 12 months of the date of such Injury;
  - (b) due to congenital disease or anomaly of a newborn Dependent Child; or
  - (c) dental services or oral surgery due to excision of impacted third molars, closed or open reduction of fractures, or dislocation of the jaw.
- (19) any charges incurred prior to the Certificate Effective Date or in excess of the Calendar Year Maximums shown on the Schedule of Benefits;
  - (20) pregnancy of a Dependent Child, except Complications of Pregnancy;
  - (21) routine newborn care and nursery charges, including charges incurred for routine Hospital Confinement;
  - (22) treatment for Mental or Nervous Disorders, unless specifically stated in the Schedule of Benefits;  
or
  - (23) treatment for Substance Abuse, unless specifically stated in the Schedule of Benefits.

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## **TERMINATION OF INSURANCE**

Your coverage will terminate on the earliest of:

- (1) the date the Policy is terminated;
- (2) the end of the last period for which premium has been paid in accordance with the Grace Period;
- (3) on the date You cease to be Actively in Service if You are a Member, as defined in the Policy;
- (4) on the date You no longer meet the requirements for eligibility.

Coverage for an insured Spouse or Domestic Partner and/or Dependent Child(ren) will terminate the earliest of:

- (1) the date the Policy is terminated;
- (2) the date Your coverage is terminated;
- (3) the end of the last period for which premium has been paid in accordance with the Grace Period;
- (4) the premium due date following the date the Spouse or Domestic Partner and/or Dependent Child(ren) ceases to meet the definition of Spouse or Domestic Partner and/or Dependent Child(ren);
- (5) the premium due date following the date We receive Your written request to terminate coverage for Your Spouse or Domestic Partner and/or Dependent Child(ren).

Termination of Insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

We or the Policyholder may terminate the Policy on any date by written notice mailed or delivered. If We terminate the Policy for a reason other than non-payment of premium, the termination becomes effective on the later of the date stated in the notice or 45 days after We mail or deliver the written notice of such termination. However, We will not terminate the Policy prior to the first anniversary date of the Certificate Effective Date, except due to non-payment of premium. If any portion of the premium due is not paid, the Policy will terminate in accordance with the Grace Period provision. If the Policyholder terminates the Policy, the termination becomes effective on the later of the date stated in the notice or the date We receive the written notice of such termination. If the Policy is terminated, We will promptly refund any unearned premium, or the Policyholder will promptly pay any earned premium which has not yet been paid. Any unearned and earned premium will be calculated on a pro-rata basis.

Termination of the Policy will be without prejudice to the rights of any Insured as respects any claim arising during the period the Policy is in force.

The Policyholder has the sole responsibility to notify You of such termination.

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## **PREMIUM CALCULATION AND PAYMENT**

The Policyholder is responsible for paying all premiums. However, the premiums may be paid by any other party according to a mutual agreement among the other party, the Policyholder and Us.

The first premium is due on the Certificate Effective Date. Premiums after the first are due at the end of the period for which the preceding premium was paid. The due date for any additional premium for a dependent eligible on or first acquired after Your Certificate Effective Date will be 31 days after coverage for that dependent is required to begin.

Premiums may be paid to:

- (1) Our Administrative Office; or
- (2) Our authorized agent.

Payment of premium for a period before it is due will not guarantee that the coverage will remain in effect for that period.

We may change rates, subject to the Policy's Premium Rate Changes provision, not more frequently than once every 12 months. No such change in premium will be made unless 60 days prior notice is given to the Policyholder.

### **GRACE PERIOD**

A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will remain in effect during the grace period. The coverage under the Policy will terminate as of the last day of the grace period if the premium has not been paid. The Policyholder must still pay all unpaid premium. This includes the premium due for the grace period. No grace period is provided after the Policyholder has given notice of intent to end the Policy.

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## **CLAIM PROVISIONS**

**NOTICE OF CLAIM:** Written notice of claim must be given to Us at the address listed on the first page of the Policy, or to Our designee. Such notice should be made within 30 days after any claim covered by the Policy. Failure to give notice within such time will not invalidate nor reduce any claim if it was not reasonably possible to give notice within the time required, provided written notice of claim is given as soon as reasonably possible.

**CLAIM FORMS:** Claim forms should be used for filing proof of loss. They will be sent to the Insured within 15 days of receipt of notice of claim. If claim forms are not supplied within 15 days, the Insured can give proof as follows:

- (1) in writing;
- (2) setting forth the nature and extent of the claim, including the Physician's diagnosis; and
- (3) within the time stated in the Proof of Loss Provision.

**PROOF OF LOSS:** Proof of loss must be given to Us within 180 days after the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if:

- (1) it was not reasonably possible to give proof in that time; and
- (2) the proof is given within one year from the date proof is otherwise required. This one year limit will not apply in the absence of legal capacity.

**TIME OF PAYMENT OF CLAIMS:** Benefits payable under the Policy will be paid promptly upon receipt of acceptable Proof of Loss, but in no event later than 30 days after receipt of Proof of Loss.

**PAYMENT OF CLAIMS:** All benefits will be payable to You unless assigned. Any accrued benefit unpaid at Your death may be paid to Your estate.

**ASSIGNMENT OF BENEFITS:** Benefits under the Policy may be assigned.

**PHYSICAL EXAMINATION:** We have the right to have the Insured examined as often as is reasonably necessary while a claim is pending. We will pay for such examination.

**REIMBURSEMENT OF OVERPAYMENT:** The Insured will be responsible for reimbursing Us for any payment of benefits in excess of the Calendar Year Maximums listed on the Schedule of Benefits. The Company will have 12 months from the date of payment to recover benefits in excess of the Calendar Year Maximums listed on the Schedule of Benefits.

The Insured will also be responsible for reimbursing Us for any overpayment resulting from fraud or an error in claim processing made by the Insured, Us or the plan administrator.

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## **GENERAL PROVISIONS**

**ENTIRE CONTRACT-CHANGES:** The entire contract shall include:

- (1) the Policy;
- (2) the application of the Policyholder;
- (3) the Certificates;
- (4) Your enrollment form, if any, attached to the Certificate; and
- (5) all riders, endorsements and amendments.

The terms of the Policy can be changed only by rider, endorsement or amendment signed by an executive officer of the Company. Any amendment that reduces or eliminates coverage must be requested in writing or signed by the Policyholder. No agent may change the Policy or waive its provisions.

All statements made by an Insured to obtain coverage under the Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the written instrument containing the statement is, or has been, furnished to the Insured. In the event of an Insured's death or incapacity, his or her beneficiary or applicable representative shall be given a copy.

**CERTIFICATES:** An individual Certificate will be issued for delivery to You. The Certificate will describe:

- (1) the benefits under the Policy;
- (2) to whom benefits will be paid; and
- (3) the limitations and terms of the Policy.

If more than one Certificate is issued under the Policy to You, only the last one issued will be in effect.

If there is a conflict between the Policy and the Certificate, the Policy will control.

**ADDITIONAL COVERAGE WITH US:** If an Insured is covered by more than one of Our Limited Medical Indemnity Policies or Certificates, We will only pay benefits for covered charges under one Limited Medical Indemnity Certificate. An Insured may choose which Certificate they wish to keep in force by sending Us written notice of their choice. We will return the premiums paid for any of the Insured's other Limited Medical Indemnity Certificates during the period there was more than one Policy or Certificate in force.

**LEGAL ACTION:** No legal action may be brought to recover under the Policy:

- (1) within 60 days after written Proof of Loss has been furnished as required; or
- (2) more than 3 years from the time written Proof of Loss is required to be furnished.

**INCONTESTABILITY:**

After two years from an Insured's Certificate Effective Date, no such statement will be used to contest the coverage or deny a claim for loss incurred commencing after the expiration of such two year period except in the case of fraud.

**CLERICAL ERROR:** A clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

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**MISSTATEMENT OF AGE:** If an age has been misstated on the enrollment form, the benefits will be those the premium paid would have purchased at the correct age.

**EXAMINATION OF THE POLICY:** The Policy will be available for inspection at the Policyholder's office during regular business hours.





## CRITICAL ILLNESS BENEFIT RIDER

This Rider is attached to and made part of the Certificate effective October 1, 2020. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

### CRITICAL ILLNESS SCHEDULE OF BENEFITS:

|                            |          |
|----------------------------|----------|
| Employee                   | \$10,000 |
| Spouse or Domestic Partner | \$10,000 |
| Dependent Child(ren)       | \$2,500  |

### COVERED CRITICAL ILLNESS

|                        | % PAYABLE |
|------------------------|-----------|
| Invasive Cancer        | 100%      |
| Heart Attack           | 100%      |
| Stroke                 | 100%      |
| Major Organ Transplant | 100%      |
| Renal Failure          | 100%      |
| Coma                   | 100%      |
| Paralysis              | 100%      |
| Severe Burns           | 100%      |

### REDUCED BENEFIT SCHEDULE

|                      |     |
|----------------------|-----|
| Reduction Amount:    | 50% |
| Reduced Benefit Age: | 70  |

### ADDITIONAL OCCURRENCE BENEFIT

|                                      |           |
|--------------------------------------|-----------|
| % of Critical Illness Benefit Amount | 10%       |
| Occurrence Separation Period         | 12 Months |

## BENEFITS

### CRITICAL ILLNESS BENEFIT

We will pay the Benefit Amount shown above if an Insured is diagnosed with one of the Covered Critical Illnesses and:

- (1) The Date of Diagnosis is while the Certificate is in force; and
- (2) It is not excluded by name or specific description in the Certificate.

Benefits payable will equal the Critical Illness Benefit Amount applicable to the Insured multiplied by the % Payable for the diagnosed Critical Illness.

### ADDITIONAL OCCURRENCE BENEFIT

We will pay an additional Benefit Amount shown above if an Insured is diagnosed with a different Critical Illness for which benefits have not previously been paid. The diagnosis must be separated from any other Critical Illness diagnosis by the number of months stated above.

**AGE REDUCTION:** If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Critical Illness Benefit Amount in effect on the Date of Diagnosis.



## DEFINITIONS

For purposes of this rider, the following definitions apply:

**CLINICAL DIAGNOSIS** means a diagnosis of Cancer based on the study of the symptoms. A Clinical Diagnosis will be accepted as evidence that Cancer exists in an Insured only when:

- (1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- (2) there is medical evidence to support the diagnosis; and
- (3) a Physician is treating the Insured for Cancer.

**COMA** means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and must last for 14 consecutive days.

The Date of Diagnosis for Coma is the date the diagnosis, consistent with this definition, is established by a Physician based on clinical and/or laboratory findings as supported by the Insured's medical records.

**CRITICAL ILLNESS** means the conditions covered under this Rider and defined in this Rider. If more than one Critical Illness is diagnosed at the same time, only one benefit amount will be paid. Once benefits have been paid for a covered Critical Illness, no additional benefits are payable for a subsequent diagnosis of that same Critical Illness.

**HEART ATTACK** means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or Injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

- (1) New and serial Electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used;
- (3) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms; and
- (4) Chest Pain.

The Date of Diagnosis for Heart Attack is the date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed above.

**INVASIVE CANCER** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia and Lymphoma. Invasive Cancer does not include:

- (1) Benign tumors or polyps;
- (2) Pre-malignant tumors or polyps;
- (3) Carcinoma in Situ (non-invasive);
- (4) Stage 1 Hodgkin's Disease and Stage A Prostate Cancer;
- (5) Any skin cancers except invasive malignant melanoma or skin malignancies that have become metastatic;
- (6) Basal cell carcinoma and squamous cell carcinoma of the skin; and
- (7) Melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.77mm.



Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis.

The Date of Diagnosis for Cancer is the day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of Cancer is based.

**MAJOR ORGAN TRANSPLANT** means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas. Major Organ Transplant also includes a bone marrow transplant.

The Date of Diagnosis for Major Organ Transplant is the date the procedure occurs for covered transplants the date the Insured is placed on the UNOS transplant list.

**PARALYSIS** means complete and permanent loss of function of two or more limbs for a continuous period of at least 90 days. Paralysis excludes loss of function following a Stroke.

The Date of Diagnosis for Paralysis is the date the diagnosis, consistent with this definition, is established by a Physician based on clinical and/or laboratory findings as supported by the Insured's medical records.

**PATHOLOGICAL DIAGNOSIS** means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a pathologist or Physician whose diagnosis of malignancy conforms to the standards set by the American Board of Pathology.

**RENAL FAILURE** means the end stage Renal Failure presenting as chronic, irreversible failure of both kidneys to function. The Renal Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or result in kidney transplantation. Renal Failure caused by a traumatic event, including surgical traumas, is excluded from coverage.

The Date of Diagnosis for Renal Failure is the date that a Physician recommends that an Insured begin renal dialysis.

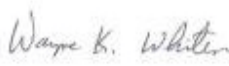
**SEVERE BURNS** means third degree burns covering at least 20% of the surface area of the body.

The Date of Diagnosis for Severe Burns is the date the diagnosis, consistent with this definition, is established by a Physician based on clinical and/or laboratory findings as supported by the Insured's medical records.

**STROKE** means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident. Stroke does not include head injury, Transient Ischemic Attacks, chronic cerebrovascular insufficiency or attacks of Vertebrobasilar Ischemia.

The Date of Diagnosis for Stroke is the date a Stroke occurred based on documented neurological deficits and neuroimaging studies.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

  
Secretary

  
President



**ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT RIDER**

This Rider is attached to and made part of the Certificate effective October 1, 2020. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

**PRINCIPAL SUM:**

|                                       |          |
|---------------------------------------|----------|
| Employee                              | \$25,000 |
| Employee's Spouse or Domestic Partner | \$12,500 |
| Employee's Dependent Child(ren)       | \$6,250  |

**ACCIDENTAL DEATH AND DISMEMBERMENT SCHEDULE OF BENEFITS**

We will pay the Benefit Amount for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if an Insured suffers a Covered Loss within the applicable time period specified in the Schedule of Benefits.

If an Insured sustains more than one Covered Loss as a result of the same Accident, the total of Benefits We will pay will not exceed the Principal Sum.

Loss must occur within 180 days of the Accident

| <b>COVERED LOSS</b>                             | <b>BENEFIT AMOUNT</b>     |
|---|---------------------------|
| Loss of Life                                    | 100% of the Principal Sum |
| Loss of Both Hands or Both Feet                 | 100% of the Principal Sum |
| Loss of Use of Both Hands or Both Feet          | 50% of the Principal Sum  |
| Loss of Sight of Both Eyes                      | 100% of the Principal Sum |
| Loss of Speech and Hearing (in Both Ears)       | 100% of the Principal Sum |
| Loss of One Hand or Foot AND Sight in One Eye   | 100% of the Principal Sum |
| Quadriplegia                                    | 100% of the Principal Sum |
| Paraplegia                                      | 50% of the Principal Sum  |
| Hemiplegia                                      | 50% of the Principal Sum  |
| Uniplegia                                       | 25% of the Principal Sum  |
| Coma  | 100% of the Principal Sum |
| Brain Death                                     | 100% of the Principal Sum |
| Loss of One Arm or One Leg                      | 50% of the Principal Sum  |
| Loss of One Hand or Foot                        | 50% of the Principal Sum  |
| Loss of Use of One Hand or Foot                 | 25% of the Principal Sum  |
| Loss of Sight in One Eye                        | 50% of the Principal Sum  |
| Severance and Reattachment of One Hand or Foot  | 50% of the Principal Sum  |
| Loss of Speech                                  | 50% of the Principal Sum  |
| Loss of Hearing in Both Ears                    | 50% of the Principal Sum  |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum  |
| Loss of Two Fingers or Toes (any combination)   | 10% of the Principal Sum  |
| Loss of all Four Fingers of the Same Hand       | 50% of the Principal Sum  |
| Loss of all the Toes of the Same Foot           | 25% of the Principal Sum  |
| Loss of One Finger or One Toe                   | 10% of the Principal Sum  |
| Loss of Thumb                                   | 25% of the Principal Sum  |
| Loss of Hearing in One Ear                      | 25% of the Principal Sum  |



Seat Belt/Helmet Benefit  
Default Benefit

Additional 20% of Principal Sum  
\$500

## CONDITIONS OF COVERAGE

### **24-HOUR COVERAGE**

We will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when an Insured suffers a Covered Loss that occurs any time while insured by this Policy.

## BENEFICIARY

The beneficiary is the person or persons the Insured names or changes on a form executed by the Insured. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Insured executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Administrative Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Insured has specified otherwise. The share of any beneficiary who does not survive the Insured will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary or if the Insured dies while benefits are payable, We may make direct payment to the first surviving class of the following classes of persons:

- (1) Spouse;
- (2) child or children;
- (3) parents;
- (4) siblings;
- (5) the estate of the Insured.

## DEFINITIONS

For purposes of this Rider, the following definitions apply:

**BRAIN DEATH** means irreversible unconsciousness, resulting from a Covered Loss, manifested by both total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.

**COMA** means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and the Coma must last for 14 consecutive days.



**COMMON CARRIER** means regularly scheduled airlines, passenger trains and inter-city buses operating between definitely established terminals.

**COVERED LOSS** means a loss which results from an Injury and for which benefits are payable under the Policy.

**HELMET** means a protective head covering made of a hard material to resist impact and which is approved by the American National Safety Institute (ANSI) and/or the Snell Foundation.

**HEMIPLEGIA** means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.

**LIMB** means entire arm or entire leg.

**LOSS OF A HAND OR FOOT** means complete Severance through or above the wrist or ankle joint.

**LOSS OF USE OF A HAND OR FOOT** means total loss of all ability to move the hand or foot, that continues for 12 months and is expected to continue for the remainder of the Insured's lifetime.

**LOSS OF SIGHT** means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

**LOSS OF SPEECH** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

**LOSS OF HEARING** means total and permanent loss of ability to hear any sound in an ear which is irrecoverable by natural, surgical or artificial means.

**LOSS OF A THUMB OR FINGER** means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

**LOSS OF TOES** means complete Severance through the metatarsophalangeal joint.

**PARALYSIS/PARALYZED** means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the accident causing Paralysis or the date of the diagnosis.

**PARAPLEGIA** means the complete and irreversible Paralysis of both lower limbs or both upper limbs.

**QUADRIPLEGIA** means the complete and irreversible Paralysis of both upper and lower limbs.

**SEAT BELT** means:

- (1) Any child restraint device that meets the definition under state law.
- (2) Any other restraint device that:
  - (a) Meets published federal safety standards.
  - (b) Has been installed by the car manufacturer.
  - (c) Has not been altered after such installation.



**SEVERANCE** means complete separation and dismemberment of the part from the body.

**UNIPLEGIA** means the complete and irreversible Paralysis of one limb.

### **BENEFITS**

#### **SEAT BELT/HELMET BENEFIT**

We will pay the additional death benefit shown in the Schedule of Benefits if a Covered Person dies due to a Covered Accident in an Automobile or Motorcycle in which

1. The Covered Person was wearing a Seat Belt in an Automobile, or
2. The Covered Person was wearing a Helmet on a Motorcycle.

Verification of proper use of the Seatbelt/Helmet at the time of the Accident must be a part of an official police report of the Accident or be certified, in writing, by the investigating officer(s) and submitted with the claim to the Company. If such certification or police report is not available or it is unclear whether the Insured was wearing a Seatbelt/Helmet, the Company will pay a default benefit shown in the Schedule of Benefits.

Individual benefit payments are limited to the respective death benefit limitations found in the Schedule of Benefits.

### **EXCLUSIONS**

This Rider does not provide benefits for the following:

- (1) Sickness or its medical or surgical treatment, including diagnosis;
- (2) bacterial infection except through a wound accidentally sustained;
- (3) voluntary inhalation of gas or carbon monoxide; or
- (4) poison voluntarily taken, administered or inhaled.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

  
Secretary

  
President

**IMPORTANT NOTICE TO PERSONS ON MEDICARE**  
**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**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 the Missouri Department of Insurance, Financial Institutions and Professional Registration (1-800-726-7390) or C.L.A.I.M. (Community Leaders Assisting the Insured of Missouri) at 1-800-390-3330.