



**Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601**  
**1-800-544-9382**

**Policyholder Service Address: P. O. Box 1160 • Glenview, Illinois 60025-8160**

## **GROUP INSURANCE POLICY**

**POLICYHOLDER:**

**POLICY EFFECTIVE DATE:**

**POLICY ANNIVERSARY DATE:**

**PREMIUM DUE DATE:**

and each following  
and the of each thereafter

**RATE GUARANTEE DATE:**

**GOVERNING JURISDICTION:**

**ELIGIBLE CLASS(ES):**

### **COVERAGE TYPE:**

COMBINED INSURANCE COMPANY OF AMERICA (referred to as We, Us, Our, or the Company) will provide benefits under this Policy. We make this promise subject to all of this Policy's provisions.

The Policyholder should read this Policy carefully and contact Us promptly with any questions. This Policy is delivered in and is governed by the laws of the Governing Jurisdiction.

This Policy may be changed in whole or in part. Only an officer of the Company can approve a change. The approval must be in writing and endorsed on or attached to this Policy. No other person, including an agent, may change this Policy or waive any part of it.

Signed for the Company at its home office in Glenview, Illinois.

Brad Bennett, President

Rebecca L. Collins, Secretary

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## POLICYHOLDER PROVISIONS

### CLERICAL ERROR

Clerical error on the part of the Policyholder or Us will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an adjustment will be made in the premiums and/or benefits available. Complete proof must be supplied by the Policyholder documenting any clerical errors.

### EFFECTIVE DATE OF COVERAGE

The Policy becomes effective on the Policy Effective Date shown in the Policy Specifications. Coverage for each Covered Person begins on the Certificate Effective Date shown in the Certificate Specifications of each Individual Certificate.

### ENTIRE CONTRACT

The Entire Contract consists of:

1. This Policy;
2. The Policyholder's application;
3. Any amendments and attachments issued;
4. The Certificates of the Insureds; and
5. Enrollment data and any individual enrollment forms of the Insureds.

### INFORMATION REQUIRED FROM THE POLICYHOLDER

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under the Policy, information about Insureds, and any other information that may be reasonably required.

Policyholder records that have a bearing, in Our opinion, on the Policy will be available for review by Us at any reasonable time as determined by Us.

### LEGAL ACTION

No legal action can be brought to recover benefits under the Policy for at least 60 days after written Proof of Loss has been furnished to Us; nor after the expiration of the applicable statute of limitations from the date Proof of Loss is required.

## PREMIUM

**Payment of Premium:** The Policy is issued in consideration of the Policy application and payment of the first premium. The first premium is based on the initial rate(s) shown in the Rate Table. The first premium is due on the Premium Due Date shown in the Policy Specifications. The Policyholder must send all premiums to us on or before their respective Premium Due Dates.

**Grace Period:** After payment of the first premium, if a premium is not paid on or before the Premium Due Date, it may be paid during the next 31 days. These 31 days are called the Grace Period. If any premium is unpaid at the end of the Grace Period, coverage shall automatically terminate and this Policy will no longer be in force. This Grace Period does not apply if the Policyholder requested the Policy be terminated.

**Initial Rate Guarantee and Changes in Premium:** We have the right to adjust the premium for the Policy as determined necessary by Us. A change in premium will not take effect before the Rate Guarantee Date shown in Policy Specifications. However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to:

- 1) A change occurs in the Policy design;
- 2) The number of Insureds changes by                   %; or
- 3) A new law or a change in an existing law affecting premium taxes or premium-based fees or other fees or assessments affecting Us.

A premium adjustment will take effect on the next Policy Anniversary monthly anniversary of the Policy anniversary of each Certificate Effective Date following the adjustment. A change may take effect on an earlier date when both We and the Policyholder agree. Written notice of a premium adjustment will be delivered to the Policyholder and Insureds at least 45 days advance.

**Reinstatement of Policy:** If premium is not paid within the period specified and is subsequently accepted by Us without requiring an application for reinstatement, the Policy will be reinstated.

**Reinstatement of Individual Certificates:** If an Individual Certificate terminates for failure to pay premium, the Insured may apply for reinstatement subject to the reinstatement provision in the Individual Certificate.

## **POLICY RENEWAL**

The Policy shall automatically renew on each anniversary of the Policy Anniversary Date, subject to the Termination of Policy provision.

## **TIME LIMIT ON CERTAIN DEFENSES**

After two (2) years from the Policy Effective Date, no misstatements, except fraudulent misstatements, of the Policyholder can be used to void the Policy. After two (2) years from the Certificate Issue Date of an Individual Certificate, no misstatements, except fraudulent misstatements, of the Insured can be used to void coverage or deny a claim for loss incurred or Disability commencing after the expiration of the two (2) year period.

## **DEFINITIONS**

**Active Employee, Actively at Work** means the Insured is at work for pay on a permanent basis at least 17 ½ hours per week performing the normal duties of the Insured's job.

**Certificate** means the document that explains the parts of the Policy which apply to the Insured and defines benefits and provisions for each Covered Person. A certificate is provided to each Insured.

**Covered Person** means a person listed on the Certificate Specifications as covered under the Certificate, except no person who is on active duty in the military of any country.

**Eligible Class(es)** means the people who may apply for coverage. The Eligible Class(es) are shown in the Policyholder Specifications.

**Eligible Employee** means a person who is an Active Employee of the Policyholder.

**Eligible Dependent** means a person who is:

- 1) The Insured's Spouse/Eligible Domestic Partner/Civil Union;
- 2) The Insured's newborn child;
- 3) The Insured's unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the Insured, or stepchild under age 26; or
- 4) The Insured's unmarried grandchild under age 26 who is a dependent for federal income tax purposes.

**Insured** means the person covered by the Certificate and named as Insured in the Certificate Specifications.

**Loss** means an event for which a benefit may become payable under the Policy.

**Spouse** means the person to whom you are legally married or your Eligible Domestic Partner/Civil Union, as defined in the individual Certificates.

**We, Our, Us or the Company** means Combined Insurance Company of America.

## TERMINATION AND PORTABILITY PRIVILEGE

### TERMINATION OF POLICY

The Policy terminates on the date there are no longer any Insureds covered under it.

Coverage under the Policy may also be terminated:

- 1) By the Policyholder with at least 60 days advance written notice delivered or mailed to Us; or
- 2) By Us with at least 60 days advance written notice delivered to the Policyholder.

When both the We and Policyholder agree, the Policy can be canceled on an earlier date.

Coverage under the Policy may be modified by Us with at least 60 days advance written notice delivered to the Policyholder.

### TERMINATION OF COVERAGE UNDER THE POLICY

The Insured's coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The premium due date following the date We receive the Insured's written request to have the insurance terminated;
- 3) The date the Insured enters into active duty status for the military service of any country;
- 4) The date of the Insured's death; or
- 5) The date the Policy is cancelled, subject to the Portability Privilege Provision.

Dependent coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Issue Date following the date a Dependent ceases to be a Dependent as defined;
- 3) The date the Insured's coverage terminates, except as provided in the Dependent Conversion Provision;
- 4) The date Dependent enters into active duty status for the military service of any country; or
- 5) The monthly anniversary of the Certificate Issue Date following the date we receive the Insured's written request to terminate the Dependent coverage for the Insured's Spouse /Eligible Domestic Partner/Civil Union and/or Dependent child/children.

### PORTABILITY PRIVILEGE

If the Insured's coverage under the Policy terminated because the Policy was cancelled or the Insured was no longer eligible for payroll deduction, the Insured has the option to continue the Insurance. To continue coverage:

- 1) We must receive a written request and payment of the first premium for the portability coverage no later than 60 days after such termination; and
- 2) The written request is made on a form we furnish or approve for that purpose.

## CERTIFICATES

The Certificates designated in Appendix A, and any amendments thereto, are attached to and made part of the Policy. Any discrepancy or inconsistency between the attached Certificate(s) and any individual Certificate issued to an Insured is governed by the attached Certificate.

The Certificate(s) apply to Covered Persons in accordance with the coverages and benefits elected by the Policyholder in its application and accepted by Company.

**Individual Certificates:** An individual certificate of insurance which sets forth (a) a description of the benefits and coverages; and (b) exclusions or limitations that apply to such benefits and coverages shall be delivered available to the Policyholder for distribution to each Insured each Insured.

**APPENDIX A**

**CERTIFICATE OF COVERAGE**

<b>State</b>	<b>Form Number</b>
Florida	C14060



Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601  
1-800-544-9382

Policyholder Service Address: P. O. Box 1160 • Glenview, Illinois 60025-8160

## **ACCIDENT INSURANCE CERTIFICATE**

**THIS IS A LIMITED BENEFIT CERTIFICATE.  
PLEASE READ IT CAREFULLY.**

**THIS CERTIFICATE IS GUARANTEED RENEWABLE FOR LIFE. YOU MAY RENEW THIS CERTIFICATE BY PAYING EACH PREMIUM ON THE PREMIUM DUE DATE, SUBJECT TO THE GRACE PERIOD.**

This is Your Certificate while You are insured. This Certificate is in force as of the Certificate Effective Date. The Certificate Effective Date is shown in the Certificate Specifications.

The Policy alone constitutes the agreement under which payments are made. Benefit payment is governed by all the terms, conditions and limitations of the Policy. We will pay the benefits set forth in this Certificate. If the terms and provisions of the Certificate are different from the Policy, the Policy will govern.

This Certificate was issued on the basis that the information provided by the Policyholder was correct and complete. If any information is not correct or complete, write to Us within 10 days of receipt of this Certificate. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of this Certificate.

### **NOTICE OF THIRTY DAY RIGHT TO CANCEL THIS CERTIFICATE**

If You are not satisfied with this Certificate, You can return it to Us at the Policyholder Service Address above within 30 days after you receive it. At that time, You should ask Us in writing to cancel it. This Certificate will be cancelled and any premium paid will be refunded.

### **PREMIUM ADJUSTMENT**

We have the right to adjust the premium for this Certificate as determined necessary by Us. A premium adjustment will take effect on an anniversary following the adjustment. Written notice of an adjustment will be mailed to You at least 45 days in advance. When a Covered Person's coverage ends, any resulting change in premium will be made on the next monthly anniversary of the Certificate Effective Date.

Please write or call our Customer Service Department at our Home Office listed above if you have: 1) any inquiries; 2) need to obtain information about coverage; or 3) need assistance in resolving any complaint.
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Brad Bennett, President

Rebecca L. Collins, Secretary

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# **CERTIFICATE SPECIFICATIONS**

OWNER: JOHN DOE

CERTIFICATE NUMBER: SAMPLE

CERTIFICATE EFFECTIVE  
DATE: 05/01/2018

PREMIUM AMOUNT: \$XX.XX

PREMIUM MODE: Twice-monthly

INSURED ISSUE AGE: 40

COVERAGE TYPE: Family  
PLATINUM PLAN  
24 Hour

COVERED PERSONS: INSURED: JOHN DOE  
SPOUSE: JANE DOE  
CHILDREN: COVERED

POLICYHOLDER: SUWANNEE COUNTY BOARD OF  
PUBLIC SCHOOLS

GOVERNING  
JURISDICTION: FL

## **SCHEDULE OF BENEFITS**

	Insured	Spouse	Child
<b>ABDOMINAL AND THORACIC SURGERY BENEFIT</b>	\$3,000	\$3,000	\$3,000
<b>ACCIDENT FIRST OCCURRENCE</b>	\$100 amount paid upon receipt of the first claim for a Covered Accident only one per Certificate		
<b>ACCIDENTAL DEATH BENEFIT</b>	\$100,000	\$100,000	\$20,000
<b>ACCIDENTAL DEATH COMMON CARRIER BENEFIT</b>	\$200,000	\$200,000	\$0
<b>ACCIDENT FOLLOW-UP TREATMENT BENEFIT</b>			
Per visit	\$100	\$100	\$100
Maximum visits	1	1	1
<b>AIR AMBULANCE BENEFIT</b>	\$4,000	\$4,000	\$4,000
<b>AMBULANCE BENEFIT</b>	\$400	\$400	\$400
<b>APPLIANCE BENEFIT</b>	\$200	\$200	\$200
<b>BLOOD, PLASMA, PLATELETS BENEFIT</b>	\$600	\$600	\$600
<b>BURN BENEFIT</b>			
Third-degree burns that cover 35 or more square inches of body surface	\$20,000	\$20,000	\$20,000
Third-degree burns that cover at least 9 square inches of body surface but less than 35 square inches of body surface	\$4,000	\$4,000	\$4,000
Second-degree burns that cover at least 36% of body surface	\$2,000	\$2,000	\$2,000
<b>CATASTROPHIC ACCIDENT BENEFIT</b>			
Catastrophic Accident Benefit prior to age 70	\$25,000	\$25,000	\$12,500
Catastrophic Accident Benefit on or after age 70	\$12,500	\$12,500	\$6,250
Elimination Period	365 Days	365 Days	365 Days
<b>CHIROPRACTIC TREATMENT BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)</b>			
Chiropractic Treatment Benefit	\$25	\$25	\$25
Maximum visits per accident	3	3	3
Maximum visits per calendar year	6	6	6

## SCHEDULE OF BENEFITS (CONTINUED)

	Insured	Spouse	Child
<b>COMA INJURY BENEFIT</b>	\$20,000	\$20,000	\$20,000
<b>CONCUSSION BENEFIT</b>	\$200	\$200	\$200
<b>DISLOCATION BENEFIT - OPEN REDUCTION WITH ANESTHESIA</b>			
Ankle or foot (other than toes)	\$3,520	\$3,520	\$3,520
Bone or bones of the hand (other than fingers)	\$1,320	\$1,320	\$1,320
Collarbone (acromioclavicular and separation)	\$440	\$440	\$440
Collarbone (sternoclavicular)	\$2,200	\$2,200	\$2,200
Elbow	\$1,200	\$1,200	\$1,200
Hip	\$8,800	\$8,800	\$8,800
Knee (except patella)	\$4,400	\$4,400	\$4,400
Lower jaw	\$1,200	\$1,200	\$1,200
One toe or finger	\$520	\$520	\$520
Shoulder (glenohumeral)	\$1,440	\$1,440	\$1,440
Wrist	\$1,320	\$1,320	\$1,320
<b>DISLOCATION BENEFIT - CLOSED REDUCTION WITH ANESTHESIA</b>			
Ankle or foot (other than toes)	\$1,760	\$1,760	\$1,760
Bone or bones of the hand (other than fingers)	\$660	\$660	\$660
Collarbone (acromioclavicular and separation)	\$220	\$220	\$220
Collarbone (sternoclavicular)	\$1,100	\$1,100	\$1,100
Elbow	\$600	\$600	\$600
Hip	\$4,400	\$4,400	\$4,400
Knee (except patella)	\$2,200	\$2,200	\$2,200
Lower jaw	\$600	\$600	\$600
One toe or finger	\$260	\$260	\$260
Shoulder (glenohumeral)	\$720	\$720	\$720
Wrist	\$660	\$660	\$660
Benefit amount without anesthesia or for Incomplete Dislocation is 25% of applicable Closed Reduction Benefit.			
<b>EMERGENCY DENTAL BENEFIT</b>			
Crown	\$600	\$600	\$600
Extraction	\$150	\$150	\$150
<b>EMERGENCY ROOM TREATMENT BENEFIT</b>	\$150	\$150	\$150
<b>EYE INJURY BENEFIT</b>	\$500	\$500	\$500
<b>FAMILY CARE BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)</b>			
Family Care Benefit	\$25	\$25	\$0
Maximum Days	30	30	0
<b>FRACTURE BENEFIT - OPEN REDUCTION</b>			
Ankle (medial or lateral malleolus)	\$1,440	\$1,440	\$1,440
Body of vertebrae	\$3,300	\$3,300	\$3,300
Bones of face (except mandible or maxilla)	\$1,540	\$1,540	\$1,540
Bones of nose	\$1,700	\$1,700	\$1,700
Coccyx	\$800	\$800	\$800
Finger, toe	\$440	\$440	\$440
Foot (except toes)	\$1,440	\$1,440	\$1,440
Forearm (radius and/or ulna)	\$1,440	\$1,440	\$1,440
Hand, Wrist (except fingers)	\$1,320	\$1,320	\$1,320
Hip	\$7,200	\$7,200	\$7,200

## SCHEDULE OF BENEFITS (CONTINUED)

	Insured	Spouse	Child
<b>FRACTURE BENEFIT - OPEN REDUCTION (CONTINUED)</b>			
Kneecap (patella)	\$1,440	\$1,440	\$1,440
Leg (tibia and/or fibula)	\$3,600	\$3,600	\$3,600
Lower jaw, mandible (except alveolar process)	\$1,200	\$1,200	\$1,200
Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx)	\$3,200	\$3,200	\$3,200
Rib	\$1,100	\$1,100	\$1,100
Shoulder blade (scapula), collarbone (clavicle), sternum	\$1,200	\$1,200	\$1,200
Skull (except bones of face or nose) depressed skull fracture	\$12,000	\$12,000	\$12,000
Skull (except bones of face or nose) simple non-depressed skull fracture	\$4,000	\$4,000	\$4,000
Thigh (femur)	\$7,200	\$7,200	\$7,200
Upper arm between elbow and shoulder (humerus)	\$1,700	\$1,700	\$1,700
Upper jaw, maxilla (except alveolar process)	\$1,400	\$1,400	\$1,400
Vertebral processes	\$1,320	\$1,320	\$1,320
<b>FRACTURE BENEFIT - CLOSED REDUCTION</b>			
Ankle (medial or lateral malleolus)	\$720	\$720	\$720
Body of vertebrae (excluding mandible or maxilla)	\$1,650	\$1,650	\$1,650
Bones of face (except mandible or maxilla)	\$770	\$770	\$770
Bones of nose	\$850	\$850	\$850
Coccyx	\$400	\$400	\$400
Finger, toe	\$220	\$220	\$220
Foot (except toes)	\$720	\$720	\$720
Forearm (radius and/or ulna),	\$720	\$720	\$720
Hand, Wrist (except fingers)	\$660	\$660	\$660
Hip (femur)	\$3,600	\$3,600	\$3,600
Kneecap (patella)	\$720	\$720	\$720
Leg (tibia and/or fibula)	\$1,800	\$1,800	\$1,800
Lower jaw, mandible (except alveolar process)	\$600	\$600	\$600
Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx)	\$1,600	\$1,600	\$1,600
Rib	\$550	\$550	\$550
Shoulder blade (scapula), collarbone (clavicle), sternum	\$600	\$600	\$600
Skull (except bones of face or nose) depressed skull fracture	\$6,000	\$6,000	\$6,000
Skull (except bones of face or nose) simple non-depressed skull fracture	\$2,000	\$2,000	\$2,000
Thigh (femur)	\$3,600	\$3,600	\$3,600
Upper arm between elbow and shoulder (humerus)	\$850	\$850	\$850
Upper jaw, maxilla (except alveolar process)	\$700	\$700	\$700
Vertebral processes	\$660	\$660	\$660

Benefit amount for a Chip or Avulsion Fracture is 25% of the applicable Closed Reduction Benefit.

<b>HERNIATED DISC BENEFIT</b>	\$1,000	\$1,000	\$1,000
<b>HOSPITAL ADMISSION BENEFIT</b>	\$3,250	\$3,250	\$3,250
<b>HOSPITAL ADMISSION ICU BENEFIT</b>	\$6,500	\$6,500	\$6,500
<b>HOSPITAL CONFINEMENT BENEFIT</b>			
Per day	\$500	\$500	\$500
Maximum Benefit Period	365	365	365
<b>HOSPITAL CONFINEMENT ICU BENEFIT</b>			
Per day	\$1,000	\$1,000	\$1,000
Maximum Benefit Period	30	30	30

**SCHEDULE OF BENEFITS (CONTINUED)**

	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
<b>INITIAL DOCTOR'S OFFICE VISIT</b>	\$200	\$200	\$200
<b>INTERNAL ORGAN LOSS BENEFIT</b>	\$5,000	\$5,000	\$5,000
<b>KNEE CARTILAGE TORN BENEFIT</b>			
Repaired with surgery	\$1,000	\$1,000	\$1,000
Exploratory arthroscopic surgery performed with no repair, or cartilage that is shaved (debridement)	\$400	\$400	\$400
<b>LACERATION BENEFIT - Total of all Lacerations are:</b>			
Over 15 centimeters long and repaired by stitches	\$800	\$800	\$800
Greater than 5 centimeters but not more than 15 centimeters and repaired by stitches	\$400	\$400	\$400
Not more than 5 centimeters and repaired by stitches	\$120	\$120	\$120
Laceration not requiring stitches	\$60	\$60	\$60
<b>LODGING BENEFIT</b>			
Per night	\$250	\$250	\$250
Maximum Benefit Period	30 Nights	30 Nights	30 Nights
<b>LOSS OF FINGER, TOE, HAND, FOOT, OR SIGHT BENEFIT</b>			
Loss of both hands or both feet or sight of both eyes or any combination of two or more	\$28,000	\$28,000	\$28,000
Loss of one hand or one foot or sight of one eye	\$14,000	\$14,000	\$14,000
Loss of two or more fingers or two or more toes or any combination of two or more fingers or toes	\$3,000	\$3,000	\$3,000
Loss of one finger or one toe	\$1,500	\$1,500	\$1,500
<b>MAJOR DIAGNOSTIC EXAM BENEFIT</b>	\$300	\$300	\$300
<b>NON-OCCUPATIONAL ACCIDENTAL DISABILITY BENEFIT</b> (Disability beginning prior to age 72)			
Monthly Benefit Amount	\$0	\$0	\$0
Maximum Benefit Period	0	0	0
Elimination Period	0	0	0
<b>OUTPATIENT SURGERY FACILITY BENEFIT</b> (PART OF THE SPECIALTY BENEFIT PACKAGE)	\$25	\$25	\$25
<b>PHYSICAL THERAPY BENEFIT</b>			
Per visit	\$100	\$100	\$100
Maximum visits	6	6	6
<b>PROSTHETIC DEVICE OR ARTIFICIAL LIMB BENEFIT</b>			
More than one prosthetic device or artificial limb	\$4,000	\$4,000	\$4,000
One prosthetic device or artificial limb	\$2,000	\$2,000	\$2,000
<b>REHABILITATION ADMISSION BENEFIT</b>	\$3,250	\$3,250	\$3,250
<b>RECOVERY BENEFIT</b>			
Per day	\$0	\$0	\$0
Maximum Benefit Period	7	7	7

## SCHEDULE OF BENEFITS (CONTINUED)

	Insured	Spouse	Child
<b>REHABILITATION UNIT BENEFIT</b>			
Per day	\$300	\$300	\$300
Maximum Benefit Period	30 Days	30 Days	30 Days
<b>SKIN GRAFT BENEFIT</b>	25% of applicable Burn Benefit Amount		
<b>SPECIALTY BENEFIT PACKAGE</b>			
See: Chiropractic Treatment Benefit			
Family Care Benefit			
Outpatient Surgery Facility Benefit			
<b>SPORTS PACKAGE BENEFIT</b>	25% of amount paid for the Covered Accident, limited to \$1,000 in any 12 month period regardless of the number of Covered Accidents		
<b>TENDON, LIGAMENT, ROTATOR CUFF BENEFIT</b>			
Repair of more than one	\$1,500	\$1,500	\$1,500
Repair of one	\$1,000	\$1,000	\$1,000
Exploratory arthroscopic surgery without repair	\$400	\$400	\$400
<b>TRANSPORTATION BENEFIT</b>			
Per round trip	\$1,000	\$1,000	\$1,000
Maximum trips	3	3	3
<b>URGENT CARE BENEFIT</b>	\$75	\$75	\$75
<b>WELLNESS BENEFIT</b>	\$100	\$100	\$100
<b>X-RAY BENEFIT</b>	\$60	\$60	\$60

## **BENEFITS**

Refer to the Schedule of Benefits for benefit amounts and Maximum Benefit Periods. If the amount shown for a benefit is zero, such benefit is not covered under this Certificate. All covered benefits are paid only once per Covered Person per Covered Accident unless otherwise noted. Capitalized terms are defined in the Definitions provision of this Certificate.

### **ABDOMINAL AND THORACIC SURGERY BENEFIT**

We will pay this benefit if a Covered Person undergoes open abdominal or thoracic surgery within 72 hours after the Covered Accident to repair internal Injuries received as a result of a Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

### **ACCIDENT FIRST OCCURRENCE**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit upon receipt of the first claim for a Benefit for a Covered Accident. Only one Accident First Occurrence benefit shall be paid per Certificate.

### **ACCIDENTAL DEATH BENEFIT**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit if a Covered Person dies within 90 days of a Covered Accident as a result of Injuries received from that Covered Accident. We will not pay the Accidental Death Benefit and the Accidental Death Common Carrier Benefit for the same Covered Person.

Any Accidental Death Benefit that is payable due to the Insured's death will be paid to the beneficiary named in Your enrollment form or later changed by You. Any Accidental Death Benefit that is payable due to the death of any other Covered Person is payable to You.

Death will be presumed if the Covered Person disappears and the disappearance:

- 1) Is caused solely and directly by a Covered Accident that occurred while the Covered Person was a fare paying passenger on a Common Carrier that reasonably could have caused loss of life;
- 2) Occurs independently of all other causes; and
- 3) Continues for a period of 365 days after the date of the Covered Accident, despite reasonable search efforts.

We will subtract from the Accidental Death Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as a result of injury to the same Covered Person from the same Covered Accident.

### **ACCIDENTAL DEATH COMMON CARRIER BENEFIT**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit if a Covered Person dies within 90 days of a Covered Accident as a result of Injuries received from that Covered Accident while a fare paying passenger on a Common Carrier. We will not pay the Accidental Death Benefit and the Accidental Death Common Carrier Benefit for the same Covered Person.

Any Accidental Death Common Carrier Benefit that is payable due to the Insured's death will be paid to the beneficiary named in Your enrollment form or later changed by You. Any Accidental Death Common Carrier Benefit that is payable due to the death of any other Covered Person is payable to You.

Death will be presumed if the Covered Person disappears and the disappearance:

- 1) Is caused solely and directly by a Covered Accident that occurred while the Covered Person was a fare paying passenger on a Common Carrier that reasonably could have caused loss of life;
- 2) Occurs independently of all other causes; and
- 3) Continues for a period of 365 days after the date of the Covered Accident, despite reasonable search efforts.

We will subtract from the Accidental Death Common Carrier Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as a result of injury to the same Covered Person from the same Covered Accident.

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT**

We will pay this benefit for each Covered Person who receives follow-up treatment that is prescribed by a Physician. Follow-up treatment must:

- 1) Be due to Injuries sustained as the result of a Covered Accident;
- 2) Be within 90 days after the Covered Accident;
- 3) Occur after initial treatment by a Physician in a Physician's office, Urgent Care Facility or Hospital;
- 4) Occur on an outpatient basis; and
- 5) Not be for routine examinations or preventive testing.

We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum visits listed in the Schedule of Benefits. We will not pay both the Accident Follow-Up Treatment Benefit and the Physical Therapy Benefit for the same visit.

**AIR AMBULANCE BENEFIT**

We will pay this benefit if a licensed professional air ambulance company transports by air a Covered Person to or from a Hospital or between medical facilities where treatment for Injuries is received as the result of a Covered Accident. The air ambulance transportation must be within 48 hours after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**AMBULANCE BENEFIT**

We will pay this benefit if a professional or volunteer ambulance company transports a Covered Person by ground transportation to or from a Hospital or between medical facilities where treatment for Injuries is received as the result of a Covered Accident. The ambulance transportation must be within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**APPLIANCE BENEFIT**

We will pay this benefit if a Covered Person is Injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility as a result of Injuries sustained in the Covered Accident. Crutches and wheelchairs are examples of medical appliances. The use of an appliance must begin within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**BLOOD, PLASMA, PLATELETS BENEFIT**

We will pay this benefit if a Covered Person is Injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of Injuries sustained in the Covered Accident. The blood, blood plasma and/or platelets must be administered within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**BURN BENEFIT**

We will pay this benefit if a Covered Person sustains burns as the result of a Covered Accident. The Covered Person must be treated by a Physician within 72 hours after the Covered Accident. If the Covered Person meets more than one of the burn classifications shown in the Schedule of Benefits, We will pay the higher amount. We will pay only one of the classification amounts per Covered Person per Covered Accident.

**CATASTROPHIC ACCIDENT BENEFIT**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit at the end of the Elimination Period if a Covered Person:

- 1) Sustains a Catastrophic Loss as the result of a Covered Accident;
- 2) Is under the appropriate care of a Physician during the Elimination Period; and
- 3) Remains alive at the end of the Elimination Period.

We will pay this benefit once per lifetime per Covered Person. We will subtract from the Catastrophic Accident Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as a result of Injury to the same Covered Person from the same Covered Accident.

**CHIROPRACTIC TREATMENT BENEFIT**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit if a Covered Person suffers a structural imbalance as a result of Injuries sustained in a Covered Accident and receives Chiropractic Care Services by a chiropractor in a chiropractor's office. Treatment must begin within 60 days after the Covered Accident and must be completed within 180 days after the Covered Accident. We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum Visits listed in the Schedule of Benefits.

**COMA INJURY BENEFIT**

We will pay this benefit if a Covered Person is diagnosed and treated by a Physician for a coma resulting from Injuries sustained in a Covered Accident. Such coma must have: 1) begun within 30 days after the Covered Accident; 2) lasted for a period of at least seven consecutive days; and 3) required intubation for respiratory assistance. We will pay this benefit only once per Covered Person per Covered Accident.

**CONCUSSION BENEFIT**

We will pay this benefit if a Covered Person sustains a concussion as the result of a Covered Accident and is diagnosed by a Physician within 72 hours after the date of the Covered Accident using any type of medical imaging procedure such as an X-ray, CT (computerized tomography) scan, or MRI (magnetic resonance imaging).

We will pay this benefit only once per Covered Person per Covered Accident. We will pay this benefit only once per Covered Person in a twelve (12) month period.

**DISLOCATION BENEFIT**

We will pay this benefit if a Covered Person sustains a Dislocation as the result of Injuries sustained in a Covered Accident. A Dislocation must:

- 1) Be diagnosed as a Dislocation by a Physician within 90 days after the Covered Accident;
- 2) Require correction by a Physician; and
- 3) Be corrected by a Physician by open (surgical) or closed (non-surgical) reduction within 90 days after the date of diagnosis.

If a Covered Person sustains more than one Dislocation in a Covered Accident, and requires open or closed reduction, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone or joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of either the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit.

We will pay this benefit only once per joint. Subsequent Dislocations of the same joint will not be covered.

**EMERGENCY DENTAL BENEFIT**

We will pay this benefit for each Covered Person who requires a dental extraction and/or crown as the result of Injuries sustained in a Covered Accident.

The treatment must be within 60 days after the date of the Covered Accident and the services provided must not be for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident, regardless of the number of teeth involved. If a Covered Person requires dental work including both extraction(s) and crown(s) for the same Covered Accident, We will pay only one benefit, which will be the larger of the extraction or crown benefit amounts shown in the Schedule of Benefits.

**EMERGENCY ROOM TREATMENT BENEFIT**

We will pay this benefit if a Covered Person requires examination and treatment by a Physician in a Hospital Emergency Room as the result of Injuries sustained in a Covered Accident. The examination and treatment must occur within 72 hours after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident. Follow-up treatment prescribed by a Physician will be paid under the Accident Follow-Up Treatment Benefit.



**EYE INJURY BENEFIT**

We will pay this benefit if a Covered Person sustains an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. An examination with anesthesia is not considered surgery. We will pay this benefit only once per Covered Person per Covered Accident.

**FAMILY CARE BENEFIT**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit if a Covered Person is Confined in a Hospital or Rehabilitation Unit as a result of Injuries sustained in a Covered Accident and the Covered Person has a child or children attending a Child Care Center. We will pay this benefit for each child attending a Child Care Center on any given day the Covered Person is Confined, up to the Maximum Days shown in the Schedule of Benefits. The child attending a Child Care Center does not need to be a Covered Person for this benefit to be payable but must meet the definition of Eligible Dependent.

**FRACTURE BENEFIT**

We will pay this benefit if a Covered Person sustains a Fracture Injury as the result of a Covered Accident. The Fracture must:

- 1) Be diagnosed by a Physician within 90 days after the Covered Accident;
- 2) Require correction by a Physician; and
- 3) Be corrected by a Physician by open (surgical) or closed (non-surgical) reduction within 90 days after the date of diagnosis.

If a Covered Person sustains more than one Fracture in a Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone involved that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone or joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the higher of the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit.

**HERNIATED DISC BENEFIT**

We will pay this benefit if a Covered Person sustains a herniated disc Injury in the spine as the result of a Covered Accident. The herniated disc must be treated by a Physician within 60 days after the Covered Accident and must be repaired through surgery by a Physician within 365 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**HOSPITAL ADMISSION BENEFIT**

The Hospital Admission Benefit is payable for each Covered Person Confined to a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined to a Hospital within six (6) months after the Covered Accident. We will not pay this benefit for:

- 1) Emergency Room treatment;
- 2) Outpatient treatment; or
- 3) A stay of less than 20 hours in an Observation Unit.

We will pay this amount only once per Covered Person per Covered Accident. We will not pay the Hospital Admission Benefit and the Hospital Admission ICU Benefit for the same Covered Accident.

**HOSPITAL ADMISSION ICU BENEFIT**

The Hospital Admission ICU Benefit is payable for each Covered Person admitted directly to a Hospital Intensive Care Unit and Confined to a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined to a Hospital Intensive Care Unit within 30 days after the Covered Accident. We will not pay this benefit for:

- 1) Emergency Room treatment;
- 2) Outpatient treatment; or
- 3) A stay of less than 20 hours in an Observation Unit.

We will pay this amount only once per Covered Person per Covered Accident. We will not pay the Hospital Admission Benefit and the Hospital Admission ICU Benefit for the same Covered Accident.

#### **HOSPITAL CONFINEMENT BENEFIT**

We will pay this benefit for each Covered Person Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown in the Schedule of Benefits. This benefit is payable only for Confinement in a Hospital or Hospital Sub-Acute Intensive Care Unit that begins within six (6) months after the date of the Covered Accident. We will pay benefits for only one Confinement at a time even if it is caused by more than one Covered Accident.

If a Covered Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit, and is Confined again within 90 days for Injuries received in the same Covered Accident or for a related condition, We will treat this Confinement for a continuation of the prior Confinement.

We will not pay this benefit for:

- 1) Emergency Room treatment;
- 2) Outpatient treatment;
- 3) Confinement of less than 20 hours in an Observation Unit; or
- 4) Confinement in a Rehabilitation Unit.

We will not pay the Hospital Confinement Benefit and the Hospital Confinement ICU Benefit for the same day of Confinement.

#### **HOSPITAL CONFINEMENT ICU BENEFIT**

We will pay this benefit for each Covered Person Confined in a Hospital Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown in the Schedule of Benefits. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined in a Hospital Intensive Care Unit once again within 90 days for Injuries received in the same Covered Accident or for a related condition, We will treat this Confinement as a continuation of the prior Confinement.

If a Covered Person is Confined in a Hospital Intensive Care Unit beyond the Maximum Benefit Period, the Covered Person will be eligible for the Hospital Confinement Benefit. The Hospital Confinement Benefit will begin the first day following the expiration of the Maximum Benefit Period for Hospital Confinement ICU Benefit.

If the unit to which a Covered Person is Confined does not meet the definition of Hospital Intensive Care Unit in this Certificate, We will pay the Hospital Confinement Benefit, if applicable.

We will not pay the Hospital Confinement Benefit and the Hospital Confinement ICU Benefit for the same day of Confinement.

#### **INITIAL DOCTOR'S OFFICE VISIT BENEFIT**

We will pay this benefit if a Covered Person receives initial treatment and/or advice by a Physician in a Physician's office for Injuries sustained in a Covered Accident. The treatment must be within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident.

Follow-up treatment prescribed by a Physician will be paid under the Accident Follow-Up Treatment Benefit.

#### **INTERNAL ORGAN LOSS BENEFIT**

We will pay this benefit if, within 90 days after a Covered Accident, a Covered Person sustains the removal of at least 50% of a covered organ as a result of Injury sustained in the Covered Accident. Only the following are covered organs: bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid and uterus. We will pay this benefit only once per Covered Person per Covered Accident.

**KNEE CARTILAGE TORN BENEFIT**

We will pay this benefit if a Covered Person sustains torn knee cartilage (meniscus) Injury as the result of a Covered Accident. In order for this benefit to be payable, the torn knee cartilage must be treated by a Physician within 60 days after the Covered Accident; and

- 1) Repaired through surgery by a Physician within six (6) months after the Covered Accident, or
- 2) If exploratory arthroscopic surgery is performed within six (6) months after the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay the applicable benefit amount listed in the Schedule of Benefits.

**LACERATION BENEFIT**

We will pay this benefit if a Covered Person sustains a Laceration Injury as the result of a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay will be based on the total length of all Lacerations received in any one Covered Accident that require repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a Laceration repaired with stitches.

**LODGING BENEFIT**

We will pay this benefit for the hotel/motel or similar paid lodging stay of one companion to accompany a Covered Person who is Confined in a Hospital as the result of Injuries sustained in a Covered Accident when the Hospital is located more than 100 miles from the Covered Person's residence.

We will pay this benefit for as long as:

- 1) The companion accompanies the Covered Person; and
- 2) The Covered Person remains Confined in such Hospital; but
- 3) Not beyond the Maximum Benefit Period.

**LOSS OF FINGER, TOE, HAND, FOOT, OR SIGHT BENEFIT**

We will pay this benefit for a Covered Person for loss of a finger, toe, hand, or foot or the sight of an eye as the result of Injuries sustained in a Covered Accident and which occurs within 90 days after the Covered Accident.

Loss of finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.

Loss of toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of sight of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

If a Covered Person loses a finger or toe and within 90 days thereafter loses a hand or foot on the same side of the body as the result of the same Covered Accident, We will pay for loss of hand or foot, less the amount We paid for the loss of a finger or toe.

If a Covered Person loses one finger or toe and within 90 days thereafter loses another finger or toe as a result of the same Covered Accident, We will pay the amount shown in the Schedule of Benefits for "loss of two or more fingers or two or more toes or any combination of two or more," less the amount We paid for the loss of the first finger or toe.

If a Covered Person loses one hand or one foot or the sight of one eye and within 90 days thereafter loses another hand or foot or sight of an eye, We will pay the amount shown in the Schedule of Benefits for "loss of both hands or both feet or sight of both eyes or any combination of two or more," less the amount We paid for the loss of the first hand or foot or sight of an eye.

If a Covered Person receives a Laceration on a finger, toe, hand, foot, or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

#### **MAJOR DIAGNOSTIC EXAM BENEFIT**

We will pay this benefit if a Covered Person requires one of the following exams for Injuries sustained as the result of a Covered Accident:

- 1) CT or CAT (computerized tomography) scan;
- 2) DTI (diffusion tensor imaging) scan;
- 3) EEG (electroencephalogram);
- 4) Joint imaging scan;
- 5) MRA (magnetic resonance angiogram) scan;
- 6) MRI (magnetic resonance imaging);
- 7) PET (positron emission tomography) scan; or
- 8) SPECT (spectroscopy).

These exams must be ordered by a Physician and performed in a medical facility within 180 days after the Covered Accident.

We will pay this benefit only once per Covered Person per Covered Accident and only once per twelve (12) month period.

#### **NON-OCCUPATIONAL ACCIDENTAL DISABILITY BENEFIT**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay the Monthly Benefit Amount if the Insured becomes Totally Disabled prior to the Certificate anniversary on which the Insured attains age 72 as a result of a Non-Occupational Injury received in a Covered Accident and remains Totally Disabled longer than the Elimination Period.

We will pay this benefit as long as the Insured remains Totally Disabled, up to the Maximum Benefit Period shown in the Schedule of Benefits. If benefits are payable for less than a full month, We will calculate benefits on a daily basis. The daily amount is one-thirtieth (1/30) of the Monthly Benefit Amount.

If the Insured becomes Totally Disabled due to the same or a different Covered Accident within six (6) months after the end of a previous Disability, it will be considered a continuation of the previous Disability and subject to the same Elimination Period and Maximum Benefit Period.

To keep this Certificate in force, You must continue to pay premiums as due after the Insured becomes Totally Disabled. However, if the Insured becomes Totally Disabled due to injuries sustained in a Covered Accident for a continuous period of at least 30 days, We will waive the payment of premiums for this Certificate effective with the monthly anniversary of the Certificate Effective Date following the end of such 30 day period, and We will refund to You any premium paid for a period beyond that monthly anniversary. We will continue to waive premium payments on a monthly basis for as long as the Insured's Total Disability continues until the earlier of (a) the monthly anniversary of the Certificate Effective Date following the end of the Insured's Total Disability; or (b) until the end of the Maximum Benefit Period shown in the Schedule of Benefits.

You must advise Us when the Insured's Total Disability ends. After the Insured's Total Disability ends, or after the end of the Maximum Benefit Period, whichever is earlier, You must resume the payment of premiums by paying the next premium due to keep this Certificate in force. Thereafter, premiums will be due and payable as provided in this Certificate.

This benefit will terminate when the Insured attains age 72. Termination of this benefit will not affect an otherwise valid claim arising from the Insured's Total Disability which began before such termination.

#### **OUTPATIENT SURGERY FACILITY SERVICE BENEFIT**

If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit for each Covered Person who has surgery for the Injuries specified below in a surgical center licensed for the treatment of Injuries sustained as a result of a Covered Accident. This does not include surgery received in the Emergency Room or while Confined.

The following specified Injuries must be treated by a Physician within 60 days from the date of the Covered Accident and the specified surgery must be performed within the specified time listed below:

- 1) Knee Cartilage – One year after the Covered Accident;
- 2) Ruptured Disc – One year after the Covered Accident;
- 3) Tendon, Ligament, Rotator Cuff – 180 days after the Covered Accident;
- 4) Eye Injury – 90 days after the Covered Accident;
- 5) Hernia – 60 days after the Covered Accident.

#### **PHYSICAL THERAPY BENEFIT**

We will pay this benefit for each Covered Person who requires physical therapy treatment as the result of Injuries sustained in a Covered Accident. Therapy must:

- 1) Begin within 60 days after the Covered Accident;
- 2) Be prescribed by a Physician;
- 3) Be rendered by a Physical Therapist;
- 4) Be performed on an inpatient or outpatient basis; and
- 5) Be completed within six (6) months after the date of first treatment.

We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum visits listed in the Schedule of Benefits.

We will not pay both the Accident Follow-Up Treatment Benefit and the Physical Therapy Benefit for the same visit.

#### **PROSTHETIC DEVICE OR ARTIFICIAL LIMB BENEFIT**

We will pay this benefit if a Covered Person requires a prosthetic device or artificial limb that is prescribed by a Physician due to the Loss of Hand, Foot, or Sight of an Eye as a result of Injuries sustained in a Covered Accident. The prosthetic device/artificial limb must be received within one year after the date of the Covered Accident.

If a Covered Person receives one prosthetic device or artificial limb and later receives another prosthetic device or artificial limb as a result of Injuries sustained in the same Covered Accident, we will pay the amount shown in the Schedule of Benefits for "more than one prosthetic device or artificial limb," less the amount We paid for the receipt of the first prosthetic device or artificial limb.

We will not pay this benefit for hearing aids; dental aids, including false teeth; eye glasses; contact lenses; cosmetic prosthesis such as hair wigs; or joint replacement such as an artificial hip or knee.

#### **RECOVERY BENEFIT**

We will pay this benefit if a Covered Person is Totally Disabled immediately preceded by Confinement in a Hospital as a result of Injuries sustained in a Covered Accident. This benefit is payable for each day of Total Disability up to the Maximum Benefit Period shown in the Schedule of Benefits.

We will not pay the Recovery Benefit, the Hospital Confinement Benefit or Rehabilitation Unit Benefit for the same day. We will pay the largest of the three benefits for that day.

We will not pay both the Recovery Benefit and the Rehabilitation Unit Benefit for the same Covered Person. We will pay the largest of the two (2) for the same Covered Accident.

#### **REHABILITATION ADMISSION BENEFIT**

We will pay this benefit for each Covered Person Confined in a Rehabilitation Unit immediately preceded by Confinement in a Hospital as a result of Injuries received in a Covered Accident. We will not pay this benefit for outpatient treatment or for a stay of less than 20 hours.

We will pay this benefit only once per Covered Person per Covered Accident. We will not pay the Rehabilitation Admission Benefit and the Recovery Benefit for the same Covered Person. We will pay the largest of the two (2) for that Covered Accident.

**REHABILITATION UNIT BENEFIT**

We will pay this benefit if a Covered Person is Confined in a Rehabilitation Unit for physical, occupational or speech therapy for treatment of Injuries sustained in a Covered Accident. We will pay this benefit for each day of Confinement in a Rehabilitation Unit up to the Maximum Benefit Period shown in the Schedule of Benefits.

We will not pay this benefit unless the Rehabilitation Unit Confinement was immediately preceded by Confinement in a Hospital.

We will not pay the Rehabilitation Unit Benefit and the Hospital Confinement Benefit for the same day. We will pay the larger of the two (2) benefits for that day.

**SKIN GRAFT BENEFIT**

We will pay this benefit for each Covered Person who receives a skin graft as a result of Injuries sustained in a Covered Accident and for which We paid a Burn Benefit. The skin graft must be received within one year after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**SPORTS PACKAGE BENEFIT**

We will pay this benefit if a Covered Person sustains Injuries as the result of a Covered Accident while participating in an Organized Sporting Activity. This benefit is not applicable to the Accidental Death Benefit, Common Carrier Death Benefit, or Catastrophic Accident Benefit.

**TENDON, LIGAMENT, ROTATOR CUFF BENEFIT**

We will pay this benefit if a Covered Person sustains an Injury to a tendon, ligament, or rotator cuff as the result of a Covered Accident.

The tendon, ligament, or rotator cuff must be:

- 1) Torn, ruptured or severed; and
- 2) Repaired through surgery by a Physician within 60 days after the Covered Accident.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of either the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**TRANSPORTATION BENEFIT**

We will pay this benefit per round trip if a Covered Person must travel more than 100 miles each way from the Covered Person's residence to receive special treatment and Confinement in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not be available within a 100-mile radius of the Covered Person's residence. This benefit is payable for the Maximum Trips listed in the Schedule of Benefits per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

**URGENT CARE BENEFIT**

We will pay this benefit if a Covered Person receives initial treatment in an Urgent Care Facility for Injuries sustained in a Covered Accident. The treatment must be within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident.

Follow-up treatment prescribed by a Physician will be paid under the Accident Follow-Up Treatment Benefit.

**WELLNESS BENEFIT**

We will pay this benefit if a Covered Person undergoes one of the following health screening tests or procedures more than 90 days after the date of enrollment.

Wellness Tests are:

Blood test for triglycerides	Hemocult stool analysis
Bone marrow aspiration or biopsy	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA-125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
Carotid Doppler	Serum cholesterol test to determine HDL and LDL levels

Chest x-ray	Serum protein electrophoresis (blood test for myeloma)
Colonoscopy	Skin cancer biopsy
Echocardiogram	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography
Fasting plasma glucose (FPG)	Thin prep pap test
Hemoglobin A1C(HbA1c)	Two hour post-load plasma glucose
Flexible sigmoidoscopy	Virtual colonoscopy.

Over time, We may add covered Wellness Tests at our option to adjust to medical technology.

We will pay this benefit only once per Covered Person per Certificate year. The first Certificate Year begins on the Certificate Effective Date, continues for a twelve (12) month period, and ends at 11:59 p.m. of the day immediately prior to the annual anniversary of the Certificate Effective Date. Subsequent Certificate years begin on the annual anniversary of the Certificate Effective Date, continue for a twelve (12) month period, and end at 11:59 p.m. of the day immediately prior to the next annual anniversary.

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

We will pay this benefit if a Covered Person requires an X-ray within 30 days after a Covered Accident for Injuries sustained as the result of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident.

### **DEFINITIONS**

**Active Employee, Actively at Work** means the Insured is at work for pay on a permanent basis at least 17 ½ hours per week performing the normal duties of the Insured's job.

**Catastrophic Loss** means an Injury that within 365 days after the Covered Accident results in total and irrecoverable:

- 1) Loss of both hands or both feet; or
- 2) Loss of use of both arms or both legs; or
- 3) Loss of one hand and one foot; or
- 4) Loss of use of one arm and one leg; or
- 5) Loss of the sight of both eyes; or
- 6) Loss of the hearing in both ears; or
- 7) Loss of the ability to speak.

**With respect to Catastrophic Loss only:**

- 1) Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.
- 2) Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.
- 3) Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand.
- 4) Loss of use of a leg means the loss of function of the entire leg from the hip to the foot.
- 5) Loss of sight means both eyes are totally blind and that no sight can be restored.
- 6) Loss of hearing means complete deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device.
- 7) Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid, or device.

**Certificate Effective Date** means the date coverage under this Certificate becomes effective. The Certificate Effective Date is shown on the Certificate Specifications. This date will be used to determine Certificate years, months, and anniversaries. While Interim Coverage is in effect, all references to the Certificate Effective Date, except the reference under premium provisions, shall mean the date of Your enrollment.

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

**Child Care Center** means a facility that is licensed as such by the state; provides non-medical care and supervision for children in a group setting; and is not operated by a Covered Person or an Immediate Family member.

**Chiropractic Care Services** means spinal manipulation services conducted by a licensed chiropractor to correct a structural imbalance caused by a Covered Accident. Benefits will not be paid for massage therapy or for treatment of chronic conditions or other injuries not related to structural imbalance.

**Common Carrier** means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

**Confined or Confinement** means the assignment to a bed as a resident inpatient in a Hospital or Rehabilitation Unit on the advice of a Physician or confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

**Covered Accident** means an unintended and unforeseen injurious occurrence causing Injury that:

- 1) Occurs after the Certificate Effective Date; and
- 2) Occurs while this Certificate is in force; and
- 3) Is not excluded by name or specific description in this Certificate.

If the Coverage Type (shown in the Certificate Specifications) is "Non-Occupational Injury", a Covered Accident does not include any Injury that occurs while a Covered Person is working for pay or profit.

**Covered Person** means a person listed in the Certificate Specifications as covered under this Certificate, (except no person who is in active duty status for the military service of any country may be covered under this Certificate).

**Dependent** means:

- 1) The Insured's Eligible Dependent whose coverage is in force; and
- 2) The Insured's Eligible Dependent child or grandchild for whom coverage is continued under the Continuation for Incapacitated Children provision of this Certificate.

**Disability, Disabled, Total Disability, Totally Disabled**, means the Insured is:

- 1) Unable to perform the material and substantial duties of the Insured's regular occupation at the time the Disability began; and
- 2) Not, in fact, working at any job for pay or benefits; and
- 3) Being cared for on a regular basis by a Physician for the Injury causing such Total Disability.

**Dislocation** means the complete disruption of the normal relationship of the two bones which form a joint such that the dislocated bone is no longer in its normal position. For the purposes of this Certificate, Dislocation does not include subluxation.

**Eligible Domestic Partner/Civil Union** means a person who resides with and is financially interdependent with the Insured.

**Eligible Dependent** means a person who is:

- 1) The Insured's Spouse;
- 2) The Insured's newborn child;
- 3) The Insured's natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the Insured, or step-child; provided that such child is unmarried and under age 27; or
- 4) The Insured's unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

**Eligible Employee** means a person who is an Active Employee of the Policyholder.



**Elimination Period** means the period of time after the date of a Covered Accident for which no benefits are payable. The Elimination Period is shown in the Schedule of Benefits for each benefit that has an Elimination Period.

**Emergency Room** means a specified area within or affiliated with a Hospital that is designed for the emergency care of accidental Injuries. It must:

- 1) Be staffed and equipped to handle trauma;
- 2) Be supervised and provide treatment by Physicians; and
- 3) Provide care seven days per week, 24 hours per day.

**Fracture** means a break in a bone that is confirmed by X-ray or CT scan.

**Hospital** is an institution in the United States or Canada which meets all of the following requirements:

- 1) operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
- 2) operates primarily for the care and treatment of sick or injured persons as Inpatients;
- 3) provides 24 hour nursing service;
- 4) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
- 5) has a staff of at least one licensed Physician available at all times.

**Hospital** does not include rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitation facilities, including rehabilitation hospitals.

**Hospital Intensive Care Unit** means a place that:

- 1) Is a specially designated area of the Hospital called an intensive care unit that provides the highest level of medical care and 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 life saving equipment for the care of the critically ill or injured;
- 4) Is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis; and
- 5) Has a Physician assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care Unit is not a progressive care unit, an intermediate care unit, a private monitored room, Hospital Sub-Acute Intensive Care Unit, an Observation Unit or any facility not meeting the definition of a Hospital Intensive Care Unit as defined above.

**Hospital Sub-Acute Intensive Care Unit** means a place that:

- 1) Is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- 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 life saving equipment for the care of the critically ill or injured; and
- 4) Is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to as progressive care, intermediate care, or a step-down unit, but is not a regular private or semi-private room, or ward with or without monitoring equipment.

**Immediate Family** means:

- 1) The Insured or the Insured's Spouse; or
- 2) Any of the Insured's, or the Insured's Spouse's children, parents, grandparents, grandchildren, brothers, sisters, or their respective spouses.

**Incomplete Dislocation** means a Dislocation in which the joint is not completely separated.

**Injured, Injury, or Injuries** means an accidental bodily injury that resulted from a Covered Accident. They do not include sickness, disease or bodily infirmity. Overuse syndromes, typically due to repetitive or recurrent activities, such as osteoarthritis, Carpal Tunnel Syndrome or tendonitis, are considered to be a sickness and not an Injury for purposes of this Certificate. See also the "Exclusions" provision of this Certificate.

**Insured** means the person covered by this Certificate, as named in the Certificate Specifications.

**Laceration** means a cut.

**Loss** means an event for which a benefit may become payable under this Certificate.

**Loss of Finger, Toe, Hand, Foot, or Sight of an Eye:**

- 1) Loss of finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- 2) Loss of toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.
- 3) Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.
- 4) Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.
- 5) Loss of sight of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

**Maximum Benefit Period** means the longest period of time for which a benefit will be paid. The durations are shown in the Certificate Specifications and Schedule of Benefits for each benefit that has a Maximum Benefit Period.

**Non-Occupational Injury** means an Injury that did not occur while the Covered Person was working for pay or profit.

**Observation Unit** means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician following outpatient surgery or treatment in the Emergency Room that:

- 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.

**Organized Sporting Activity** means a competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis.

**Owner** means the Insured, unless a different Owner is named in the Certificate Specifications, or the Owner is later changed as provided in this Certificate. If the Owner and Insured are different, then upon the Owner's death, the Insured will become the Owner. The Owner has the right to renew, cancel or reinstate coverage, and all other rights the Certificate provides, including the right to name and change the beneficiary.

**Physical Therapist** is a person, other than the Insured or an Immediate Family member, who:

- 1) Is licensed to practice physical therapy by the state in which the services are performed;
- 2) Performs services which are within the scope of his or her license;
- 3) Performs services for which benefits are provided by this Certificate; and
- 4) Practices according to the Code of Ethics of the American Physical Therapy Association.

**Physician** means a person performing tasks that are within the limits of his or her medical license and is:

- 1) Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- 2) A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be the Insured or a member of the Insured's Immediate Family, the Insured's business or professional partner, or any person who has a financial affiliation or business interest with the Insured.

**Policyholder** means the entity to whom the Policy is issued. The Policyholder is shown in the Certificate Specifications.

**Rehabilitation Unit** means a designated area or free-standing facility of a Hospital that provides physical, occupational or speech therapy on a short term basis.

**Spouse** means the person to whom the Insured is legally married or the Insured's Eligible Domestic Partner/Civil Union, as defined under this Certificate.

**Urgent Care Facility** means a free-standing facility that is not part of a Hospital or Emergency Room, which provides care on an urgent basis and is duly licensed by the agency responsible for licensing such facilities.

**We, Our, Us or the Company** means Combined Insurance Company of America.

**You or Your** means the Owner named in the Certificate Specifications.

## **EXCLUSIONS**

No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

- 1) Being intoxicated under state limits, or under the influence of any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- 2) Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- 3) Committing or attempting to commit suicide or intentionally injuring himself or herself;
- 4) Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;
- 5) Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or
- 6) Participation in any contest using any type of motorized vehicle.

If Your Coverage Type (shown in the Certificate Specifications) is Non-Occupational, no benefits will be paid for an Injury incurred while working for pay or profit.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

## **ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF COVERAGE, AND PORTABILITY PRIVILEGE**

### **ELIGIBILITY FOR COVERAGE**

The Insured is eligible for coverage under this Certificate if:

- 1) The Insured's enrollment form is approved by Us; and
- 2) The Insured is an Eligible Employee on the Certificate Effective Date.

An Eligible Dependent is eligible for coverage on the later of:

- 1) The date the Insured is eligible for insurance; or
- 2) The date the Insured acquires the Dependent.

An Eligible Dependent is deemed to be acquired as follows:

- (a) Spouse: On the date of the marriage or the date the Eligible Dependent becomes the Insured's Eligible Domestic Partner/Civil Union.
- (b) Natural Child: On the date of birth.
- (c) Adopted Child: On the date the child is placed in the Insured's custody pursuant to an interim or permanent court order of adoption.
- (d) Stepchild: On the date of the Insured's marriage to the child's parent.
- (e) Grandchild: On the date the child is dependent on the Insured or the Insured's Spouse for Federal Income Tax purposes.

### **EFFECTIVE DATE**

The Insured's coverage will start on the Certificate Effective Date shown in the Certificate Specifications. While Interim Coverage is in effect, all references to the Certificate Effective Date shall mean the date of Your enrollment.

### **INTERIM COVERAGE**

This Certificate will be in force from the date of the Your enrollment for coverage to the Certificate Effective Date if:

- 1) A payroll deduction authorization or request for electronic funds transfer (EFT) payment is executed on the date of Your enrollment; and
- 2) The proposed Covered Persons are insurable for insurance according to Our rules and practices in effect on the date of Your enrollment.

### **ADDITION OF ELIGIBLE DEPENDENTS**

- 1) Newborns: Coverage for a newborn is effective from the moment of birth provided that We receive written notice of the newborn within 45 days after birth, and You pay all required premiums within 31 days after receiving a notice of amount due. If notification of a newborn is received more than 45 days after birth, coverage will be effective on the date written notification is received by Us, provided You pay all required premiums within 31 days after receiving a notice of amount due.
- 2) Newly Adopted Children: Coverage for an adopted child is effective from the date of an interim or permanent court order of placement. For coverage to continue, We must receive written notice of the adoption within 30 days after the date of the interim or permanent court order; and the Insured must pay all required premiums within 60 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If notification of the interim or permanent court order of adoption is received more than 30 days after the date of the interim or permanent court order, coverage will be effective on the date written notification is received by Us, provided You pay all required premiums within 30 days after receiving a notice of amount due.
- 3) Other than a Newborn or Newly Adopted Child: The Insured must complete and sign an enrollment form that includes the Insured's Dependents. If approved by Us, the additional coverage will be effective on the monthly anniversary of the Certificate Effective Date following approval.

### **TERMINATION OF COVERAGE**

The Insured's coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to have the Insured's insurance terminated;
- 3) The date the Insured enters into active duty status for the military service of any country;
- 4) The date of the Insured's death; or
- 5) The date the Policy is cancelled subject to the Portability Privilege provision.

Dependent coverage will terminate at the earliest of:

- 1) The end of the period for which premium is paid, subject to the Grace Period;
- 2) The monthly anniversary of the Certificate Effective Date following the date a Dependent ceases to be a Dependent as defined;
- 3) The date the Insured's coverage terminates, except as provided in the Dependent Conversion provision;
- 4) The date the Dependent enters into active duty status for the military service of any country; or
- 5) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to terminate Dependent coverage for the Insured's Spouse and/or Dependent child(ren).

#### **CONTINUATION FOR INCAPACITATED CHILDREN**

Dependent children insured hereunder who are incapable of self-sustaining employment due to mental illness, developmental disability, or mental retardation or physical handicap, and who became incapacitated prior to the age at which Dependent coverage would otherwise terminate and who are chiefly dependent on the Insured for support and maintenance, may continue to be covered regardless of age.

You must claim incapacitated status within 31 days of such child attaining the age at which coverage for the Dependent would otherwise terminate. We will require proof of incapacity as often as necessary, but not more than once a year. We have the right to examine the Dependent but not more than once a year. Coverage for an incapacitated Dependent child will end on the earliest of:

- 1) The date the Dependent marries;
- 2) The date the Dependent obtains self-sustaining employment;
- 3) The date the Dependent ceases to be incapacitated;
- 4) The date the Dependent ceases to be chiefly dependent upon the Insured for support and maintenance;
- 5) Sixty (60) days after a written request for proof of incapacity, if proof is not provided within such 60 days;
- 6) The date the Insured or Dependent refuses to allow Us to examine the Dependent; or
- 7) The monthly anniversary of the Certificate Effective Date following the date We receive Your written request to terminate Dependent coverage for the Insured's Dependent child(ren).

#### **DEPENDENT CONVERSION**

If coverage of the Spouse listed in the Certificate Specifications terminates due to the death of the Insured or the divorce or annulment of the marriage to the Insured, or termination of the Eligible Domestic Partner/Civil Union with the Insured, the Spouse may purchase an individual certificate of accident insurance. The Spouse may elect to include coverage for Dependent children under the new certificate if coverage for Dependent children is terminated under this Certificate due to the death of the Insured or by request of the Owner at the time of the divorce, annulment, or termination of the Eligible Domestic Partner/Civil Union.

The Spouse must enroll for conversion within 60 days after the death, divorce, annulment or termination of the Eligible Domestic Partner/Civil Union and pay the premium for the continued coverage within 31 days after enrollment is made. No evidence of insurability will be required.

The effective date of the new certificate will be the effective date of the termination of coverage under this Certificate. The benefits provided in the new certificate shall be substantially the same as the benefits provided under this certificate. The premium for the new certificate will be that applicable to the attained age of the Spouse and the form and amount of insurance issued. The class of risk under the new certificate will be the same as the class of risk under this Certificate, or the most comparable class available.

#### **PORTABILITY PRIVILEGE**

We will provide Accident Insurance portability coverage subject to these provisions.

Such coverage will not be available for a Covered Person unless:

- 1) The Insured's Accident Insurance under the Policy terminated because the Policy was cancelled or the Insured is no longer eligible for payroll deduction; and
- 2) We receive a written request and payment of the first premium for the portability coverage no later than 60 days after such termination; and
- 3) The request is made on a form we furnish or approve for that purpose.

No portability coverage will be provided if Your Accident Insurance terminated due to failure to pay premium.

**COVERAGE**

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy for Accident Insurance when Your insurance terminated. Portability coverage may include any Covered Persons. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

Portability Coverage will be effective on the day after Accident Insurance under the Policy terminates.

**CLAIM PROVISIONS****NOTICE OF CLAIM**

Written notice of claim must be given to Us at Our address shown on the first page of this Certificate or as otherwise designated in writing by Us within 20 days after Loss covered by this Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us. The notice should include Your name, address, telephone number, and Certificate Number as shown in the Certificate Specifications.

**CLAIM FORMS**

When We receive the notice of claim, We will send the claimant forms for filing Proof of Loss. If these forms are not sent to the claimant within 15 days of our receipt of the notice of claim, the claimant will meet the Proof of Loss requirement by giving Us a written statement of the nature and extent of the Loss within the time limit stated in the Proof of Loss provision below.

**PROOF OF LOSS**

Proof of Loss means the written claim form and other information requested by Us substantiating the nature and extent of the Loss. Proof of Loss must be completed and returned to Us within 120 days after the covered loss begins, or as soon as reasonably possible. Verification of continued Disability, when requested, must be provided within 90 days after the end of each monthly benefit period in which the Insured is Totally Disabled or as soon as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after one year from the date Proof of Loss is otherwise required. You must give us the information We need to determine the reasonableness of any delay, if a benefit is payable, and how much the benefit should be.

**TIME OF PAYMENT OF CLAIMS**

Benefits payable under this Certificate will be paid immediately upon Our receipt of written Proof of Loss that is satisfactory to Us.

We will notify the insured within 45 days after receipt of due written proof of the status of the claim.

If We contests the claim the Insured will be told, in writing, the reasons for contesting it. Upon receipt of any requested additional information We will pay or deny the contested claim within 60 days.

All claims will be paid or denied no later than 120 days after receiving the claim.

If We fail to pay the benefits due the Insured after the receipt of due written proof of loss, We will pay simple interest on the benefits due at the rate of 10% per year for all overdue payments.

**PAYMENT OF CLAIMS**

After We receive written Proof of Loss and process Your claim, We will pay any benefits due. Benefits will be paid to You, except that accidental death benefits payable as a result of the death of the Insured will be paid to the Beneficiary designated under the Certificate (see "Beneficiary" provision). Any accrued benefits unpaid at the Insured's death will also be paid to the Beneficiary. If You did not name a Beneficiary, or if no Beneficiary survives the Insured, any benefits due will be paid to the Insured's estate. If benefits are payable to an estate or to a person who cannot give a valid release, We may in our discretion pay up to \$3,000 to someone related to the Insured or Beneficiary by blood or marriage. We will be discharged from all liability for any such payment made in good faith.

**UNPAID PREMIUM**

On payment of a claim under this Certificate, any premium then due and unpaid will be deducted from Your claim payment.

**REFUND OF PREMIUM AT DEATH**

Upon notice of the Insured's death, We will refund to the Beneficiary the portion of any premium that applies to a period beyond the end of the Certificate month in which death occurred.

**GENERAL PROVISIONS****ENTIRE CONTRACT**

This Certificate is a legal contract between You and Us. The entire contract consists of the Policy, the Certificate, and any enrollment forms, endorsements, riders or amendments. No change in this Certificate will be effective until approved by the President, a Vice President, or the Secretary of our Company. This approval must be noted on or attached to this Certificate. No agent or broker has the authority to change this Certificate or to waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES**

After two (2) years from the Certificate Effective Date, We cannot use misstatements, except fraudulent misstatements, in Your enrollment form to void coverage or deny a claim for loss incurred or Disability commencing after the expiration of the two (2) year period.

**LEGAL ACTIONS**

You cannot bring a legal action to recover benefits under Your Certificate for at least 60 days after You have given Us written Proof of Loss. You cannot start such an action after the expiration of the applicable statute of limitations from the date Proof of Loss is required.

**PAYMENT OF PREMIUM**

This Certificate is issued in consideration of the Certificate enrollment form, information provided by the Policyholder and payment of the first premium. The first premium is due on the Certificate Effective Date. Subsequent premiums are due and payable in advance. If you do not pay the premiums when due, this Certificate will terminate subject to the Grace Period. The amount and frequency of premium payments are shown in the Certificate Specifications.

All premiums are payable to Us or as otherwise designated in writing by Us. Premiums are payable while coverage continues. Premiums may be paid annually, semi-annually, quarterly, monthly or, subject to Company rules. The Owner may change the frequency of premium payments by filing a written request in a form satisfactory to the Company.

**GRACE PERIOD**

After You pay the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. Coverage shall remain in force during the Grace Period. If any premium is unpaid at the end of the Grace Period, coverage shall automatically terminate and this Certificate will no longer be in force. This Grace Period does not apply if You request termination of this Certificate.

**REINSTATEMENT**

If coverage ends for failure to pay premium, You may apply for reinstatement by submitting an enrollment form and the required premium. Such enrollment form must be submitted within 90 days from the date coverage ended. If We approve the enrollment form, this Certificate will be reinstated on the date of approval of such enrollment form. If We do not notify You that We have approved or disapproved the reinstatement enrollment form, this Certificate will be reinstated on the 45th day after We receive Your completed reinstatement enrollment form and the required premium has been paid to Us.

The reinstated Certificate will cover only Losses that result from Injuries received in a Covered Accident that occurs after the date the Certificate is reinstated.

In all other respects, the rights of all parties will remain the same, subject to any provisions noted on or attached to the reinstated Certificate. The statements in Your enrollment form for the reinstated Certificate will be measured from the date of reinstatement with respect to the time periods stated in Time Limit on Certain Defenses provision.

**MISSTATEMENT OF AGE**

If a Covered Person's age has not been stated correctly, an adjustment in premium, coverage, or both, will be made. The adjustment will correct the coverage to what the premium paid would have bought at the Covered Person's true age. This change will be based on our rates in effect on the Certificate Effective Date.

**BENEFICIARY**

The Beneficiary for benefits payable upon the Insured's death will be the Beneficiary named in the Certificate enrollment form, unless You have changed the Beneficiary designation. Unless specifically designated as irrevocable, You may change the Beneficiary designation while the Insured is living by written notice satisfactory to Us. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the written notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Certificate, or to make any other changes in this Certificate.

If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other designated Beneficiaries according to their respective interests. If more than one Beneficiary is designated in a class, each Beneficiary who survives the Insured will receive an equal portion of any benefits payable unless otherwise set forth in the Beneficiary designation.

**ASSIGNMENT**

You can assign any rights You have under this Certificate, however, if You have designated an irrevocable Beneficiary, the consent of such Beneficiary is required to assign any rights. No assignment is binding on Us until We receive a copy of it. Each assignment will be subject to any payments made or action taken by Us before We received such assignment. We are not responsible for the validity of any assignment.

**PHYSICAL EXAMINATION AND AUTOPSY**

We have the right to have a Covered Person examined when and as often as is reasonable during the handling of a claim and do an autopsy where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

**NOTICE**

If there are any questions about this Certificate or if anyone seeks to replace this Certificate, please contact a Combined Insurance Company of America agent or the Home Office of the Company. All inquiries should be in writing, stating the Certificate Number.



## APPENDIX B

### RATES

State	Form Number
7	C14060

**Accident Champion**

Group Name	Suwannee
Group #	New
Date	3/19/2018
AE/BDM	BDM- Wes Moss
Quote # or Plan Type	Custom
Plans Offered	Custom Platinum
# of Plans	1
24 Hour Coverage/Non-Occupational	24 Hour
Under 50/Over 50	N/A
# of Lives	850
Pay Mode	Monthly
Group Type (employee or member)	EE

<b>Rate Level Weekly</b>	Gold - Plan 1	Platinum - Plan 2	Diamond - Plan 3
Ee - Employee		\$4.00	
Es - Employee + Spouse		\$6.18	
Ec - Employee + Child		\$9.64	
Ef - Employee + Family		\$11.70	

<b>Rate Level Bi Weekly</b>	Gold - Plan 1	Platinum - Plan 2	Diamond - Plan 3
Ee - Employee		\$8.00	
Es - Employee + Spouse		\$12.36	
Ec - Employee + Child		\$19.28	
Ef - Employee + Family		\$23.40	

<b>Rate Level Semi-Monthly</b>	Gold - Plan 1	Platinum - Plan 2	Diamond - Plan 3
Ee - Employee		\$8.66	
Es - Employee + Spouse		\$13.40	
Ec - Employee + Child		\$20.87	
Ef - Employee + Family		\$25.35	

<b>Rate Level- Monthly</b>	Gold - Plan 1	Platinum - Plan 2	Diamond - Plan 3
Ee - Employee		\$17.32	
Es - Employee + Spouse		\$26.80	
Ec - Employee + Child		\$41.74	
Ef - Employee + Family		\$50.70	

Wellness:			\$0
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Combined Insurance Company of America  
("The Company")

Group Policyholder Application

Home Office: 111 East Wacker Drive, Suite 700, Chicago, IL 60601  
Administrative Office: 17 Church St., Keene, NH 03431

Name of Entity/Policyholder: Suwannee County Board of Public Instruction	Policy Number:
Address (No., Street, City, State & ZIP Code): 1729 Walker Avenue, SW, Suite 200, Live Oak, FL	Policy Effective Date: 5/1/2018
Contact Name, Phone # and Fax #: Teri Jones Phone: (386) 647-4616 teresa.jones@suwannee.k12.fl.us	

The Entity/Policyholder requests to participate in the Lifetime Benefit Term Group Policy offered by The Company and authorizes The Company, its authorized agents or enrollers, to offer Eligible Classes the opportunity to purchase The Company's products. The Entity/Policyholder must:

- Allow agents or enrollers to conduct an annual enrollment of all Eligible Classes, as shown in the Policy Schedule. Eligible Classes are:
  - Eligible Employees, who must be actively at work, as determined by The Company's underwriting rules, on the date the enrollment form is signed.
  - their Eligible Spouses; and
  - their Eligible Dependents.
- Provide The Company with employment census data in order that The Company may, under its rules, determine proper enrollment eligibility.
- For On-Site Enrollments, provide The Company's authorized agents or enrollers direct access to its Eligible Classes to solicit enrollment forms through means mutually agreed upon by both the Policyholder and The Company. The Company reserves the right to withdraw from the enrollment and withdraw any applications already solicited should these conditions not be satisfied.
- Honor all Deduction Authorization forms signed by its employees, if any, for payment of the premium to The Company when due. Bills will normally be sent once each month for any premiums due and the Policyholder shall forward all deductions to the Insurer within 15 days of the receipt of the monthly billing. The Policyholder shall maintain records of all premiums withheld on behalf of its employees. The Policyholder will communicate any deduction or billing changes to The Company. These records shall always remain open to inspection and audit by The Company during normal business hours and for one year after The Policy has been terminated. In the event of any misappropriation by the Policyholder, its employees or agents, of funds owed to The Company, the Policyholder shall reimburse The Company for The Company's entire loss including attorney fees and expenses incurred in collection.

5. Indicate selection of Policy and Riders that may be made available to Eligible Classes, subject to state and/or underwriting approvals:

	Accept	Decline
Group Lifetime Benefit Term Insurance Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accidental Death Benefit Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver of Premium Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Payor Waiver of Premium Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dependent Child Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level Term Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accelerated Death Benefit for Terminal Illness Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guaranteed Insurance Option Benefit Rider	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accelerated Death Benefit for Qualified Long Term Care Insurance Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extended Acceleration for Death Benefit for Qualified Long Term Care Insurance Rider <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Restoration Rider <input type="checkbox"/> 25% <input checked="" type="checkbox"/> 50%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Election of Nonforfeiture Option to be provided to Eligible Classes:

☐ Paid Up Benefit ☒ None

The insurance being applied for will be effective as of the enrollment date, provided the person(s) to be insured is (are) found acceptable for Coverage as applied for.

Will the Policyholder pay for any of the premium for the coverage elected? ☐ Yes ☒ No

Will the Policyholder pay for the entire premium for the coverage elected? ☐ Yes ☒ No

Enrollment Period: from \_\_\_\_\_ to \_\_\_\_\_.

Any person who knowingly and with the intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Officer/Representative: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any Proposed Insured? (If Yes, complete appropriate State replacement forms)..... ☐ Yes ☒ No

Agent: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any Proposed Insured? (If Yes, complete appropriate State replacement forms) ..... ☐ Yes ☐ No

Executed on this 19<sup>th</sup> day of March, 2018.

Vickie M. DePratter, Chief Financial Officer

Print Name and Title of Officer/Representative

*Vickie M. DePratter*  
Signature of Officer/Representative

Print Name of Licensed Resident Agent

Signature of Licensed Agent, if required by State

License Identification Number (as Required)

Please complete, sign, date and return this document to The Company at the Administrative Office above. Keep a photocopy for your records.