



**GROUP ACCIDENT INSURANCE
CERTIFICATE OF COVERAGE**

**FOR
University of Arkansas**

POLICY NUMBER: 306521

EFFECTIVE DATE: January 1, 2026

**AR – UHIC/2024
Option A
(9-25)**

UnitedHealthcare Insurance Company

Home Office: 185 Asylum Street, Hartford, Connecticut 06103-3408
www.uhc.com

CERTIFICATE OF COVERAGE

Policyholder: University of Arkansas
Policy Effective Date: January 1, 2026
Policy Anniversary Date: January 1st of each year
Policy Number: 306521

UnitedHealthcare Insurance Company (We, Our, Us or the Company), has issued the Policy to the Policyholder shown above.

This Certificate replaces any other Certificate previously issued and is incorporated in and made part of the Policy on the Effective Date shown in the Policy's Incorporation Provision.

Capitalization in this Certificate: Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term or a specific provision herein.

Time Periods: All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

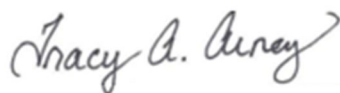
NOTICE TO CERTIFICATE HOLDER

Review this Certificate carefully. This is an Accident only Certificate and it does not pay benefits for loss from Sickness. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. If You have questions or need information about Your insurance, call 1-888-299-2070.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT

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

Signed for the Company by:



Tracy A. Arney, Secretary



Robert Hunter, President

GROUP ACCIDENT INSURANCE

Noninsurance Benefits: Noninsurance benefits are not part of Your Certificate and do not modify Your insurance benefits. We may offer or arrange for various entities or vendors to offer benefits or other considerations to You for the purpose of promoting Your general health and well-being. Noninsurance benefits may be modified or terminated at any time. Such modification or termination may be made based on availability of services or other reasons at Our discretion or at the discretion of the insurer or entity providing such services.

ARKANSAS INFORMATION NOTICE

Insurer Information Notice

Any questions regarding the Policy may be directed to:
UnitedHealthcare Insurance Company
Home Office
185 Asylum Street
Hartford, Connecticut 06103
1-866-615-8727

If the question is not resolved, you may contact the Arkansas Insurance Department:
Arkansas Insurance Department
1 Commerce Way
Suite 102
Little Rock, Arkansas 72202
Telephone: 1-800-852-5494
www.insurance.arkansas.gov

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID).

A complaint can be filed online at the AID website www.insurance.arkansas.gov.

You may also contact the AID to request a complaint form be mailed to You by calling the AID at (800) 852-5494 or (501) 371-2640 or request in writing for a complaint form be mailed to You.

Mail Your request to:

Arkansas Insurance Department
1 Commerce Way
Suite 102
Little Rock, AR 72202

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SCHEDULE

Policyholder: University Of Arkansas									
Description of Eligible Class(es): Employees of the Policyholder who are Actively at Work and who are in an Eligible Class: Full-time Employees working at least 20 hours per week									
Employee Eligibility Waiting Period: the first day of the month following the date the Employee begins continuous employment with the Policyholder, subject to the requirements shown in the Eligibility provision.									
Rehire Period: Within 31 days of the date Your employment ended									
Dependent Child Maximum Age: 26 years									
Insurance Funding Information: <ul style="list-style-type: none"> Contributory Insurance: You pay the entire premium 									
Premium Rate Change: Your premium may change on any premium due date if rates for Your Class are changed under the Policy.									
Plan Coverage Type	Coverage for Off Job Injury								
Portability Portability Policy Age Limit	Included None								
Waiver of Premium	Included								
Your benefits and Benefit Amounts are those which You elect at the time You Enroll.									
<u>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT</u>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Accidental Death and Dismemberment:</td> <td style="width: 40%;"></td> </tr> <tr> <td> <ul style="list-style-type: none"> Loss of life Loss of both hands or both feet Loss of one hand and one foot Loss of one hand or one foot Loss of two or more of fingers or toes Loss of one finger or one toe Loss of sight of both eyes Loss of hearing in both ears Loss of speech </td> <td> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;"> \$20,000 \$20,000 \$20,000 \$10,000 \$4,000 \$2,000 \$10,000 \$10,000 \$10,000 </div> </div> </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;">Dependent Child amount is 50% of the amount shown above for the applicable loss</td> </tr> <tr> <td>Accidental Death Common Carrier</td> <td> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;">\$40,000</div> </div> <div style="text-align: right; padding-top: 5px;">Dependent Child amount is 50% of the amount shown</div> </td> </tr> </table>		Accidental Death and Dismemberment:		<ul style="list-style-type: none"> Loss of life Loss of both hands or both feet Loss of one hand and one foot Loss of one hand or one foot Loss of two or more of fingers or toes Loss of one finger or one toe Loss of sight of both eyes Loss of hearing in both ears Loss of speech 	<div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;"> \$20,000 \$20,000 \$20,000 \$10,000 \$4,000 \$2,000 \$10,000 \$10,000 \$10,000 </div> </div>	Dependent Child amount is 50% of the amount shown above for the applicable loss		Accidental Death Common Carrier	<div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;">\$40,000</div> </div> <div style="text-align: right; padding-top: 5px;">Dependent Child amount is 50% of the amount shown</div>
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<u>INITIAL CARE BENEFIT</u>									
Air Ambulance	\$1,200								
Ground or Water Ambulance	\$200								
Emergency Room Treatment	\$100								
Physician Office/Telemedicine/Urgent Care Center Visit	\$100								

SCHEDULE (continued)

<u>HOSPITAL CARE BENEFIT</u>		<u>BENEFIT AMOUNT</u>
Hospital Admission		\$1,000
Hospital Confinement		\$175
Hospital Intensive Care Unit Admission		\$2,000
Hospital Intensive Care Unit Confinement		\$500
Step-Down/Intermediate Intensive Care Unit Confinement		\$300
Hospital Observation		
• Up to 20 hours		\$200
• Over 20 hours		\$1,000
<u>FOLLOW UP CARE BENEFITS</u>		<u>BENEFIT AMOUNT</u>
Chiropractic Care		\$25
Durable Medical Equipment		
• Air Cast		\$50
• Ankle Boot		\$50
• Ankle Brace		\$50
• Cane		\$25
• Cervical Collar		\$100
• Crutches		\$100
• Foot Brace/Sleeve		\$25
• Halo		\$100
• Hospital Bed		\$150
• Knee Immobilizer		\$150
• Knee Scooter		\$150
• Leg Brace		\$100
• Lumbar Spine Brace		\$150
• Shower Chair		\$50
• Walker		\$100
• Walking Boot		\$100
• Wheelchair		\$150
• Wrist Brace		\$25
Follow Up Physician Visit		\$50
Home Health Care		\$25
Major Diagnostic Exam		\$175
Minor Diagnostic Exam		\$50
Outpatient IV Infusion Therapy		\$25
Pain Management		\$75
Prosthetic Device		\$500
Rehabilitation Facility Confinement		\$100
Rehabilitation Therapy		\$25

SCHEDULE (continued)

<u>COMMON INJURIES BENEFITS</u>		<u>BENEFIT AMOUNT</u>
Bite/Sting		\$25
Blood/Plasma/Platelets		\$300
Burn (2 nd or 3 rd Degree):		
• Less than 10% of body surface		\$500
• 10-19% of body surface		\$1,000
• 20-29% of body surface		\$8,000
• 30-39% body surface		\$10,000
• 40% and greater body surface		\$15,000
Coma		\$10,000
Concussion		\$150
Dislocation (Separated Joint)	<u>Surgical Repair</u>	<u>Non-Surgical Repair</u>
Dislocation Site:		
• Ankle	\$1,500	\$750
• Collar Bone (Sternoclavicular)	\$900	\$450
• Collar Bone (Acromioclavicular)	\$500	\$250
• Elbow	\$900	\$450
• Finger	\$500	\$250
• Foot (except toes)	\$1,500	\$750
• Hand	\$900	\$450
• Hip	\$4,500	\$2,250
• Knee Cap (Patella)	\$2,250	\$1,125
• Lower Jaw	\$900	\$450
• Shoulder (glenohumeral)	\$1,500	\$750
• Toe	\$500	\$250
• Wrist	\$900	\$450
Partial Dislocation/Subluxation	25% of the Non-Surgical Repair Benefit Amount	
Emergency Dental Work		
• Crown		\$200
• Extraction		\$100

SCHEDULE (continued)

Fracture Fracture Site:	<u>Surgical Repair</u>	<u>Non-Surgical Repair</u>
• Ankle (malleolus)	\$900	\$450
• Coccyx	\$700	\$350
• Collarbone (clavicle)	\$900	\$450
• Face or Nose (excludes teeth)	\$900	\$450
• Finger (phalangeal bone)	\$300	\$150
• Foot (including talus)	\$900	\$450
• Forearm (radius and/or ulna)	\$900	\$450
• Hand (metacarpal bones)	\$900	\$450
• Hip/Thigh (Acetabulum/Femur)	\$4,500	\$2,250
• Kneecap(patella)	\$900	\$450
• Leg (tibia and/or fibula)	\$2,500	\$1,250
• Lower Jaw, Mandible	\$900	\$450
• Pelvis (excluding coccyx and sacrum)	\$2,500	\$1,250
• Rib	\$700	\$350
• Sacral/Sacrum	\$900	\$450
• Shoulder Blade (scapula)	\$900	\$450
• Skull Simple (Linear)	\$2,500	\$1,250
• Skull Depressed	\$4,500	\$2,250
• Sternum	\$3,000	\$1,500
• Toe (phalangeal bone)	\$300	\$150
• Upper Arm between Elbow and Shoulder (humerus)	\$900	\$450
• Upper Jaw (Maxilla)	\$900	\$450
• Vertebrae, body of pedicle or lamina	\$2,500	\$1,250
• Vertebral Process (separate from the vertebral body, pedicle or lamina)	\$900	\$450
• Wrist (carpal bones)	\$900	\$450
Fracture (Chip/Avulsion)	25% of the Non-Surgical Repair Benefit Amount	
Internal Organ Injury	\$100	
Laceration:		
• Less than 2.6 cm	\$30	
• 2.6-7.5 cm	\$50	
• 7.6-20 cm	\$200	
• Greater than 20 cm	\$400	
Medically Induced Coma	\$2,500	
Paralysis:		
• 1 Limb	\$2,500	
• 2 Limbs	\$5,000	
• 3 Limbs	\$7,500	
• 4 Limbs	\$10,000	
Puncture Wound	\$25	
Ruptured/Herniated Disc (no surgical repair)	\$400	
Skin Graft		
• Percentage of Amount Payable under the Burn Benefit	25%	

SCHEDULE (continued)

<u>SURGERY BENEFITS</u>		<u>BENEFIT AMOUNT</u>
Abdominal/Thoracic Surgery		
• Surgery to repair		\$1,000
• Exploratory surgery without repair		\$100
Arthroscopic Surgery		\$200
Cranial Surgery		\$200
Eye Surgery:		
• Removal of foreign body		\$100
• Surgical Repair		\$200
Hernia Surgery		\$200
Joint Replacement Surgery		\$750
Non-Specific Surgery:		
• With General Anesthesia		\$200
• With Conscious Sedation		\$100
Ruptured/Herniated Disc Surgery		\$750
Tendon/Ligament/Cartilage Surgery		
• Surgery to repair		\$800
• Exploratory surgery without repair		\$150
<u>ADDITIONAL BENEFITS</u>		<u>BENEFIT AMOUNT</u>
Caregiver		\$50
Family Care		\$30
Lodging		\$150
Medical Supplies		\$25
Mental Health Condition/Post Traumatic Stress Disorder (PTSD)		\$100
Organized Sporting Activity		25%
Pet Boarding		\$25
Prescription Drug		\$25
Residence Modification		\$1,000
Service Dog		\$100
Transportation		\$200
Vehicle Modification		\$1,000
Wellness		\$50

GENERAL DEFINITIONS

Accident/Accidental means an unforeseen event that:

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

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

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

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

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

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

Acute means symptoms or signs begin and/or worsen suddenly.

Admission means to be accepted into a Hospital or other medical treatment facility as an inpatient under the care of a Physician and Confined.

Age means Your or Your Dependent's Age on Your last birthday.

Ambulatory Surgical Center means a specialized medical facility that provides Outpatient surgical care.

Burn means an Injury to flesh or skin caused by heat, electricity, chemicals, or friction. A Burn includes second and third degree Burns in which damage penetrates to or through the dermis (the underlying layers of the skin).

A Burn does not include:

1. a sunburn;
2. a first degree (superficial) burn of the epidermis (the outer layer of the skin); or
3. a burn resulting from radiation therapy.

Calendar Year means a one-year period between January 1 and December 31.

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

GENERAL DEFINITIONS (continued)

Change in Status means any of the following changes:

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

Child means:

1. a natural Child;
2. a stepchild, legally adopted Child or Child placed for adoption;
3. a Child for whom legal guardianship has been awarded to You or Your spouse; or
4. a foster Child, or any other Child who lives with You in a regular parent-child relationship, provided You claim such Child as a Dependent on Your most recent federal income tax return.

A Child will cease to be eligible for coverage on the last day of the month following the date the Child reaches the Dependent Child Maximum Age as shown in the Schedule unless the Child is an Incapacitated Child.

Confined or Confinement means assignment to a bed in a medical facility. There must be a charge for room and board for the Confinement, unless Confinement is in any government, military or veterans' facility.

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

Covered Accident means an Accident that:

1. occurs on or after Your or Your Dependent's Effective Date;
2. occurs while Your or Your Dependent's insurance is in force;
3. is an Off Job Injury; and
4. is subject to all the terms, limits, and exclusions of the Policy.

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

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

Dependent Parent means Your or Your Spouse's parent or grandparent:

1. for whom You or Your Spouse provide 51% or more of their financial support (including expenses for food, housing/lodging, clothing, entertainment and medical services or equipment); and
2. was claimed as a dependent by You or Your Spouse in the most recent income tax filing with the Internal Revenue Service (IRS).

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

GENERAL DEFINITIONS (continued)

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

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

Employee does not include temporary, leased or seasonal Employees.

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

Employer means the Policyholder and:

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

Enroll or Enrollment means a request for Enrollment or a change in insurance, for which You or Your Dependent(s) are eligible and:

1. made during an Enrollment Period, or within 31 days of a Change in Status; and
2. in a format approved by Us for making such request.

Enrollment Period means a period of time, determined by the Employer and Us, as described below:

1. **Initial Enrollment Period:** the period during which You may first Enroll for insurance;
2. **Re-Enrollment Period:** the period during which You may Enroll after You have let Your insurance end;
3. **Annual Enrollment Period:** the period of time before each Policy Anniversary Date, during which You may Enroll for insurance or change Your insurance;
4. **Open Enrollment Period:** the period during which You may Enroll for insurance or change Your insurance; or
5. **Modified Open Enrollment Period:** the period during which You may increase Your amount of insurance by one unit/increment.

Hospital means an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and Treatment of sick and injured persons on an inpatient basis;
3. operates facilities for medical and surgical diagnosis and Treatment by or under the supervision of a staff of legally qualified Physicians;
4. provides 24 hour a day nursing service;and
5. is accredited and located within the United States.

Hospital does not mean any institution or part thereof which is used primarily as:

1. a nursing home, or convalescent home, or skilled nursing facility;
2. a place for rest, custodial care, or for the aged;
3. a clinic; or
4. any other facility for the Treatment of mental health disorders, alcoholism, or drug addiction.

Hospital Intensive Care Unit means a unit in a Hospital providing care for critically ill or injured patients that is staffed by specially trained medical personnel and has equipment that allows for continuous monitoring and life support.

Immediate Family means Your spouse or domestic partner, child, parent or sibling; or Your spouse's or domestic partner's child, parent or sibling.

Incapacitated Child means a Child who is:

1. physically or mentally disabled;
2. unmarried; and
3. financially dependent upon You.

GENERAL DEFINITIONS (continued)

Injury means damage to the physical structure of the body or death or dismemberment that is the direct result of a Covered Accident.

Loss resulting from:

1. pregnancy, Sickness, illness, or disease, except for pyogenic infection through an Accidental wound; or
 2. medical or surgical Treatment of pregnancy, Sickness, illness or disease;
- is not considered the result of an Accident.

Laceration means a cut of the skin or mouth. A Laceration is not a Puncture Wound.

Lodging means an overnight accommodation for which a room charge is made in a hotel, motel, lodge, inn, or similar facility.

Off Job Injury means an Injury that is not due to an Accident that occurs while You or Your Dependent(s) are:

1. working for pay or profit, or while on an assignment for Your Employer;
2. during the normal course of duties; and
3. on the premises of the Employer during working hours.

Outpatient means Treatment or services received at a Hospital, Ambulatory Surgical Center, lab, medical clinic, Physician or medical professional's office/clinic, radiologic center or other licensed medical facility for which there is no Confinement.

Paralysis means the total and permanent functional loss of a limb. Paralysis must be:

1. the result of an Injury to the brain, spinal cord, or brachial plexus; and
2. without the severance of a limb.

Physician means a person who is:

1. a doctor of medicine, osteopathy, psychology, or other legally qualified healthcare practitioner;
2. licensed to practice in the jurisdiction where care is being given; and
3. practicing within the scope of that license.

The term Physician does not include You or members of Your Immediate Family.

Policy means the legal contract between the Policyholder and Us. It may be changed or discontinued without Your or Your Beneficiary's consent. The Policy may be reviewed upon request to the Policyholder.

Puncture Wound means an Injury caused by an object penetrating the skin. A Puncture Wound is not a Laceration.

Rehabilitation Facility is a licensed facility providing therapy and training for rehabilitation. A Rehabilitation Facility is not:

1. a nursing home;
2. an extended care facility;
3. a skilled nursing facility;
4. a rest home or home for the aged;
5. a hospice care facility;
6. a place for the care of drug addicts or alcoholics; or
7. an assisted living facility.

Ruptured/Herniated Disc means the center of the spinal disc (nucleus pulposus) has ruptured, pushed or protruded outside its normal space and through the surrounding outer ring of cartilage (annulus fibrosus). A Ruptured/Herniated Disc does not include a bulging disc.

GENERAL DEFINITIONS (continued)

Sickness means

1. illness, infection, disease or any other abnormal physical condition which is not an Injury and not caused by an Accident;
2. pregnancy;
3. infection (except for pyogenic infection through an Accidental wound); and
4. any other abnormal physical condition which is not caused by an Accident.

Spouse means Your Spouse who:

1. is lawfully married to You; and
2. is not legally separated or divorced from You.

Step-Down/Intermediate Intensive Care Unit means a unit in a Hospital providing an intermediate level of care between the Intensive Care Unit (ICU) and the general medical/surgical wards.

Step-Down/Intermediate Intensive Care Unit is not a Hospital Intensive Care Unit.

Transport or Transportation means movement of a person from place to place.

Treatment means any services, consultation, advice, tests, attendance or observation, procedures, surgeries, supplies or equipment including prescriptions or use of prescription drugs or medications.

United States means the United States of America, its territories and protectorates.

Urgent Care Center means a specialized medical facility that provides Treatment for Acute illnesses and injuries.

We, Our, Us or the Company means UnitedHealthcare Insurance Company, and its administrators and representatives.

You or Your means the Employee insured under the Policy and to whom this Certificate is issued.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person Eligibility: You will become eligible for insurance on the latest of:

1. the Effective Date of the Policy;
2. the date You complete the required Employee Eligibility Waiting Period shown in the Schedule;
3. the date the Policy is changed to include Your Class; or
4. the date You enter a Class eligible for insurance, shown in the Schedule.

Dependent Eligibility: Dependents are eligible for insurance on the latest of the following dates:

1. the date a person becomes a Dependent;
2. the date You become eligible for Dependent insurance; or
3. the date Your Class becomes eligible for Dependent insurance under the Policy.

Your Dependents will not be eligible for Dependent insurance if they:

1. are eligible for insurance under the Policy as a Covered Person; or
2. are a member of the armed forces on active duty, except for duty of 30 days or less for training in the Reserves or National Guard.

Dependents will not be insured until You are insured.

Enrolling for Your and Your Dependent's Insurance Under the Policy:

For Contributory Insurance: You must complete Your Employer's Enrollment process for You and Your Dependent(s). If You do not Enroll for Your and/or Your Dependent's insurance within 31 days after becoming eligible under the Policy, You may Enroll only:

1. during an Annual Enrollment Period;
2. during an Open Enrollment Period; or
3. within 31 days of the date You have a Change in Status.

During an Annual Enrollment Period or Open Enrollment Period, if You do not request changes or re-enroll for insurance, You will continue to be insured for the same insurance amount.

Covered Person Effective Date of Insurance or Change in Insurance:

If Your insurance is Contributory, Your insurance will start on the latest of:

1. the date You become eligible if You Enroll on or before that date;
2. the first day of the month on or next following the last day of the Annual Enrollment Period, if You Enroll during an Annual Enrollment Period; or
3. the date You Enroll, if You do so within 31 days from the date You are eligible or have a Change in Status.

All Effective Dates of insurance are subject to the Deferred Effective Date provision.

Dependent Effective Date of Insurance or Change in Insurance:

If Dependent insurance is Non-Contributory, insurance will start on the date Your Dependent becomes eligible.

If Dependent insurance is Contributory, insurance will start on the latest of:

1. the date Your Dependent became eligible, if You Enroll Your Dependent on or before that date; or
2. the date You Enroll Your Dependent, if You do so within 31 days from the date Your Dependent is eligible, or You have a Change in Status.

All Effective Dates of insurance are subject to the Deferred Effective Date provision.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS (continued)

Dependent Child Provision: Your newborn Child, newly adopted Child, or a Child placed with You for adoption will become covered by the Policy from the moment of live birth or the date the Child was adopted or placed with You for adoption provided We receive notification within 90 days.

The Child's insurance will cease on the 91st day next following their effective date unless:

1. You are adding coverage for Dependent Children for the first time, and We receive a request to Enroll the Child and any required premium to continue insurance for the Child before that date; or
2. Your other Children are currently covered, and We receive a request to add the Child within 90 days of that date.

Deferred Effective Date: If You are not Actively at Work on the date Your insurance is scheduled to take effect, it will take effect on the date You return to Active Work. If Your insurance is scheduled to take effect on a non-working day, Your Actively at Work status will be based on the last working day before the scheduled Effective Date of Your insurance.

Your Dependent's insurance, (other than for a newborn Child, newly adopted Child or a Child placed with You for adoption) will not take effect on any day they are Confined in a Hospital. Insurance will take effect on the day following Your Dependent's discharge from the Hospital.

Covered Person Termination of Insurance: Your insurance will terminate on the earliest of the following dates:

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

Termination of coverage will not affect a claim that was incurred while coverage was in force under the Policy.

Dependent Termination of Insurance: Your Dependent's insurance will terminate on the earliest of the following dates:

1. the date Your insurance ends;
2. the date Your Dependent no longer meets the definition of a Dependent;
3. the date You are no longer eligible for Dependent insurance;
4. the date Your Dependent becomes a member of the armed forces on active duty, except for duty of 30 days or less for training in the Reserves or National Guard;
5. the date Your premiums are waived under the Waiver of Premium Benefit;
6. the last day of the period the required premium is due but not paid, subject to the Grace Period; or
7. the date the Policy terminates, or the Dependent is no longer eligible for any further benefits.

Termination of coverage will not affect a claim that was incurred while coverage was in force under the Policy.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS (continued)

Continuation of Dependent Coverage for an Incapacitated Child: If, on the date a Child reaches the Dependent Child Maximum Age, they are an Incapacitated Child; insurance will not terminate solely due to Age.

The Child's insurance will continue as long as:

1. the Child qualifies as an Incapacitated Child; and
2. the required premium is paid.

We may initially and periodically require proof of continued incapacity and dependency at the Company's expense. After the first two years, We cannot require proof more than once each year.

Grace Period: A Grace Period of 31 days will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will continue in effect provided the premium is paid by the Policyholder before the end of the Grace Period. The Grace Period will not continue the insurance beyond a date shown in the Termination of Insurance provision.

CONTINUATION AND REINSTATEMENT PROVISIONS

Continuation of Insurance:

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

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

The amount of insurance will not increase while insurance is continued under the Continuation Provision(s).

Continuation Provision(s): Your insurance may be continued as governed by Your Employer's policy on such leave(s).

Continuation Provision(s):

1. leaves of absence must be approved in writing by Your Employer; and
2. when combined, will not extend longer than 12 months from the date You were last Actively at Work.

All other terms of Your and Your Dependent's insurance under the Policy remain unchanged.

If Your insurance does not continue during an approved Continuation Provision, when You return to Active Work You will not have to meet a new Employee Eligibility Waiting Period.

Reinstatement: If:

1. Your insurance ends because You are no longer employed by the Employer or no longer in Your Eligible Class; and
2. You are rehired or return to Your Eligible Class within the Rehire Period shown in the Schedule;

then insurance for You and Your Dependent(s) may be reinstated, provided You request such reinstatement within 31 days of the date You return to work or to an Eligible Class.

The reinstated insurance will be the lesser of:

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

The reinstated insurance will:

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

PORTABILITY

Portability: If Your employment with the Employer ends, You may elect to Port Your and Your Dependent's insurance if You or Your Dependent(s) have been insured by the Policy, or the one it replaced prior to the date Your insurance under the Policy ends.

You may not Port Your insurance if:

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

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

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

within 31 days of the date Your insurance ends.

Dependent Coverage can only be Ported if You Port Your Coverage.

The following combinations may be Ported:

1. You only;
2. You and Your Spouse only;
3. You and Your Children only; or
4. You and all Your Dependent(s).

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

Your surviving Dependent(s) may Port their insurance, if You die, for a period of 24 months from the date they Port. However, Your surviving Spouse must Port in order for Your surviving Children to Port. If there is no surviving Spouse, no Children will be allowed to Port.

The Portability insurance will end on the earliest of:

1. the date You fail to pay the required premium;
2. the date You become insured under any other accident insurance policy;
3. the date You no longer reside in the United States.

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

Portability, Ported or Port means You and Your Dependent(s) may continue insurance under the Policy that would otherwise terminate due to certain circumstances.

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

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

WAIVER OF PREMIUM

Waiver of Premium: If You are unable to work due to an Injury sustained in a Covered Accident for which benefits are paid under the Policy, We will continue Your and Your Dependent's insurance in force under this Policy without premium payment once the Elimination Period is met. You must provide documentation from Your Physician supporting Your inability to work.

Beginning the first day of the month following the end of the Elimination Period We will:

1. waive Your and Your Dependent's insurance premium payments due under the Policy on a monthly basis, and
2. refund any premium paid during the Elimination Period.

Benefits During Waiver of Premium: Benefits continued during the Waiver of Premium are based on the Schedule in force on the date You or Your Dependent(s) sustain an Injury in the Covered Accident. The Waiver will not apply to increases in insurance after the date Your or Your Dependent's Waiver of Premium started.

Termination of Waiver of Premium Benefit: The Waiver of Premium will terminate on the earliest of the following:

1. the date premium has been waived for 6 months;
2. the date You return to Active Work;
3. the date the Policy terminates; or
4. the date You cease to be eligible for insurance.

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

Elimination Period means the 90 days beginning the first day of continuous absence from Active Work due to an Injury sustained in a Covered Accident. Intermittent leave is not considered continuous absence from Active Work.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment Benefit: We will pay the applicable Benefit Amount shown in the Schedule if:

1. an Injury sustained in a Covered Accident results in such Loss; and
2. the Loss occurs within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If multiple Losses are sustained due to the same Covered Accident, the 2 Losses with the highest applicable Benefit Amounts are payable for that Covered Accident.

Loss as used in the Schedule means:

1. **Loss of life;**
2. **Loss of hands or feet:** severance at or above the wrist or ankle;
3. **Loss of finger or toe:** actual, complete and permanent severance through or above the metatarsophalangeal or metacarpophalangeal joints;
4. **Loss of sight:** the total and irrecoverable loss of sight;
5. **Loss of hearing:** the total and irrecoverable loss of hearing; and
6. **Loss of speech:** the total and irrecoverable loss of speech.

Accidental Death Common Carrier Benefit: We will pay the Benefit Amount shown in the Schedule if:

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

The combined total under both the Accidental Death and Dismemberment Benefit and the Accidental Death Common Carrier Benefit will not exceed two times Your and Your Dependent's Benefit Amount shown in the Schedule for the Loss of life benefit under the Accidental Death and Dismemberment Benefit.

Common Carrier means a common public passenger carrier that:

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

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

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

INITIAL CARE BENEFIT

Air Ambulance Benefit: We will pay the Benefit Amount shown in the Schedule for an air Transport by a licensed professional ambulance company or a Hospital owned ambulance service:

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

for Treatment due to an Injury sustained in a Covered Accident.

Air ambulance Transport must occur within 3 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Ground or Water Ambulance Benefit: We will pay the Benefit Amount shown in the Schedule for a ground or water Transport by a licensed professional ambulance company or a Hospital owned ambulance service:

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

for Treatment due to an Injury sustained in a Covered Accident.

Ground or water ambulance Transport must occur within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Emergency Room Treatment Benefit: We will pay the Benefit Amount shown in the Schedule for an Emergency Room Treatment due to an Injury sustained in a Covered Accident.

Treatment must be:

1. rendered by a Physician or a licensed health care professional under the supervision of a Physician; and
2. received within 3 days of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Physician Office/Telemedicine/Urgent Care Center Visit Benefit: We will pay the Benefit Amount shown in the Schedule for a Physician's office, a telemedicine, or an Urgent Care Center visit due to an Injury sustained in a Covered Accident.

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

A Physician Office/Telemedicine/Urgent Care Center Visit Benefit does not include a visit for:

1. acupuncture;
2. chiropractic care; or
3. rehabilitation therapy.

HOSPITAL CARE BENEFIT

Hospital Admission Benefit: We will pay the Benefit Amount shown in the Schedule for an Admission to a Hospital for Treatment due to an Injury sustained in a Covered Accident.

The Admission must result in Confinement and occur within 30 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If the following are payable on the same day, only the highest Benefit Amount shown in the Schedule will be paid:

1. Hospital Confinement Benefit;
2. Hospital Intensive Care Unit Admission Benefit;
3. Hospital Intensive Care Unit Confinement Benefit;
4. Step-Down/Intermediate Intensive Care Unit Confinement Benefit;
5. Hospital Observation Benefit;
6. Rehabilitation Facility Confinement Benefit.

Hospital Confinement Benefit: We will pay the Benefit Amount shown in the Schedule for a Confinement in a Hospital for Treatment due to an Injury sustained in a Covered Accident.

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

This benefit is payable up to 365 times per Covered Accident for You and Your Dependent(s).

If a subsequent Confinement begins within 90 days for an Injury related to the same Covered Accident, an additional Admission benefit is not payable.

If the following are payable on the same day, only the highest Benefit Amount shown in the Schedule will be paid:

1. Hospital Admission Benefit;
2. Hospital Intensive Care Unit Admission Benefit;
3. Hospital Intensive Care Unit Confinement Benefit;
4. Step-Down/Intermediate Intensive Care Unit Confinement Benefit;
5. Hospital Observation Benefit;
6. Rehabilitation Facility Confinement Benefit.

Hospital Intensive Care Unit Admission Benefit: We will pay the Benefit Amount shown in the Schedule for an Admission to an Intensive Care Unit for Treatment due to an Injury sustained in a Covered Accident.

The Admission must result in Confinement and occur within 30 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If the following are payable on the same day, only the highest Benefit Amount shown in the Schedule will be paid:

1. Hospital Admission Benefit;
2. Hospital Confinement Benefit;
3. Hospital Intensive Care Unit Confinement Benefit;
4. Step-Down/Intermediate Intensive Care Unit Confinement Benefit;
5. Hospital Observation Benefit;
6. Rehabilitation Facility Confinement Benefit.

HOSPITAL CARE BENEFIT (continued)

Hospital Intensive Care Unit Confinement Benefit: We will pay the Benefit Amount shown in the Schedule for a Confinement to an Intensive Care Unit for Treatment due to an Injury sustained in a Covered Accident.

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

This benefit is payable up to 30 times per Covered Accident for You and Your Dependent(s).

If a subsequent Confinement begins within 90 days for an Injury related to the same Covered Accident, an additional Admission benefit is not payable.

If the following are payable on the same day, only the highest Benefit Amount shown in the Schedule will be paid:

1. Hospital Admission Benefit;
2. Hospital Confinement Benefit;
3. Hospital Intensive Care Unit Admission Benefit;
4. Step-Down/Intermediate Intensive Care Unit Confinement Benefit;
5. Hospital Observation Benefit;
6. Rehabilitation Facility Confinement Benefit.

Step-Down/Intermediate Intensive Care Unit Confinement Benefit: We will pay the Benefit Amount shown in the Schedule for a Confinement to a Step-Down/Intermediate Intensive Care Unit for Treatment due to an Injury sustained in a Covered Accident.

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

This benefit is payable up to 30 times per Covered Accident for You and Your Dependent(s).

If a subsequent Confinement begins within 90 days related to the same Covered Accident, an additional Admission benefit is not payable.

If the following are payable on the same day, only the highest Benefit Amount shown in the Schedule will be paid:

1. Hospital Admission Benefit;
2. Hospital Confinement Benefit;
3. Hospital Intensive Care Unit Admission Benefit;
4. Hospital Intensive Care Unit Confinement Benefit;
5. Hospital Observation Benefit;
6. Rehabilitation Facility Confinement Benefit.

Hospital Observation Benefit: We will pay the applicable Benefit Amount shown in the Schedule for a Hospital Observation due to an Injury sustained in a Covered Accident.

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If the following are payable on the same day, only the highest Benefit Amount shown in the Schedule will be paid:

1. Emergency Room Treatment Benefit;
2. Hospital Admission Benefit;
3. Hospital Confinement Benefit;
4. Hospital Intensive Care Unit Admission Benefit;
5. Hospital Intensive Care Unit Confinement Benefit;
6. Step-Down/Intermediate Intensive Care Unit Confinement Benefit;
7. Rehabilitation Facility Confinement Benefit.

Hospital Observation means care, monitoring or evaluation of patients without Admission or Confinement to a Hospital.

FOLLOW UP CARE BENEFIT

Chiropractic Care Benefit: We will pay the Benefit Amount shown in the Schedule if chiropractic care is received for Treatment of an Injury sustained in a Covered Accident.

Chiropractic care must be performed within 90 days of the date of the Covered Accident.

This benefit is payable up to 5 times per Covered Accident for You and Your Dependent(s).

Chiropractic care does not include massage therapy, care for chronic conditions or other conditions not related to a Covered Accident.

Durable Medical Equipment Benefit: We will pay the Benefit Amount shown in the Schedule, if a Physician prescribes any of the Durable Medical Equipment shown in the Schedule, due to an Injury sustained in a Covered Accident.

The expense for the Durable Medical Equipment must occur within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If multiple devices are prescribed due to the same Covered Accident, the 2 devices with the highest applicable Benefit Amounts are payable for that Covered Accident.

Follow Up Physician Visit Benefit: We will pay the Benefit Amount shown in the Schedule if:

1. benefits were payable under either the Emergency Room Treatment Benefit, or the Physician Office/Telemedicine/Urgent Care Center Visit Benefit; and
2. a subsequent Physician office, telemedicine, or Urgent Care Center visit occurs for Treatment of an Injury sustained in a Covered Accident.

The follow up visit(s) must occur within 90 days of the date of the Covered Accident. This benefit is payable up to 5 times per Covered Accident for You and Your Dependent(s).

A Follow Up Physician Visit Benefit does not include a visit for:

1. acupuncture;
2. chiropractic care; or
3. rehabilitation therapy.

Home Health Care Benefit: We will pay the Benefit Amount shown in the Schedule for Home Health Care services due to an Injury sustained in a Covered Accident that are:

1. prescribed by a Physician following a Confinement; and
2. received within 90 days of the date of the Covered Accident.

This benefit is payable up to 5 times per Covered Accident for You and Your Dependent(s).

Home Health Care means medical services prescribed by a Physician and provided at a place of residence.

Home Health Care does not include hospice care.

FOLLOW UP CARE BENEFIT (continued)

Major Diagnostic Exam Benefit: We will pay the Benefit Amount shown in the Schedule for:

1. a Magnetic Resonance Imaging (MRI) scan;
 2. a Magnetic Resonance Angiography (MRA) scan;
 3. a Computed Tomography (CT) scan;
 4. a Positron Emission Tomography (PET) scan;
 5. an Electroencephalogram (EEG);
 6. an Evoked Response Test (ERT);
 7. ImPACT or other similar cognitive studies;
 8. Neuropsychological Testing;
 9. A Nuclear Bone Scan; or
 10. a Single-photon emission computed tomography (SPECT) scan;
- for diagnosis of an injury sustained in a Covered Accident.

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Minor Diagnostic Exam Benefit: We will pay the Benefit Amount shown in the Schedule for:

1. a laboratory test;
 2. joint imaging;
 3. an ultrasound; or
 4. an X-ray;
- for diagnosis of an Injury sustained in a Covered Accident.

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Outpatient IV Infusion Therapy Benefit: We will pay the Benefit Amount shown in the Schedule for medication delivered via IV infusion therapy for Treatment of an Injury sustained in a Covered Accident if administered:

1. by a Physician on an Outpatient basis;
2. for follow up Treatment; and
3. within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

This benefit is not payable for the purposes of pain management or for an IV administered during a surgical procedure or during a Confinement.

Pain Management Benefit: We will pay the Benefit Amount shown in the Schedule if intravenous, intramuscular or epidural pain medication is administered for Treatment of an Injury sustained in a Covered Accident. Treatment must be:

1. by a Physician on an Outpatient basis;
2. for follow up Treatment; and
3. within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

This benefit is not payable for pain management administered during a surgical procedure or during a Confinement.

FOLLOW UP CARE BENEFIT (continued)

Prosthetic Device Benefit: We will pay the Benefit Amount shown in the Schedule if an Injury sustained in a Covered Accident results in an incurred expense for a Prosthetic Device.

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

This benefit is also payable for repair or replacement of an existing Prosthetic Device that is damaged in a Covered Accident.

The expense for the Prosthetic Device must be incurred within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If multiple Prosthetic Devices are prescribed due to the same Covered Accident, a benefit for 2 prosthetics are payable for that Covered Accident.

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

1. hearing aids;
2. dental aids including false teeth;
3. eyeglasses;
4. artificial joints; or
5. cosmetic prostheses.

Rehabilitation Facility Confinement Benefit: We will pay the Benefit Amount shown in the Schedule for a Confinement to a Rehabilitation Facility due to an Injury sustained in a Covered Accident.

The Rehabilitation Facility Confinement must begin within 30 days following discharge after a covered Confinement.

This benefit is payable up to 30 times per Covered Accident for You and Your Dependent(s).

If the following benefits are payable on the same day, only the highest Benefit Amount shown in the Schedule will be payable:

1. Hospital Admission Benefit;
2. Hospital Confinement Benefit;
3. Hospital Intensive Care Unit Admission Benefit;
4. Hospital Intensive Care Unit Confinement Benefit;
5. Step-Down/Intermediate Intensive Care Unit Confinement Benefit;
6. Hospital Observation Benefit.

FOLLOW UP CARE BENEFIT (continued)

Rehabilitation Therapy Benefit: We will pay the Benefit Amount shown in the Schedule for Rehabilitation Therapy for Treatment of an Injury sustained in a Covered Accident.

Rehabilitation Therapy must begin within 90 days of the date of the Covered Accident.

This benefit is payable up to 10 times per Covered Accident for You and Your Dependent(s).

Rehabilitation Therapy services are limited to:

1. physical therapy;
2. respiratory therapy;
3. occupational therapy; and
4. speech/cognitive therapy.

Rehabilitation Therapy services must be performed by a:

1. Physician;
2. licensed physical therapy assistant;
3. licensed physical therapist;
4. licensed occupational therapist;
5. licensed respiratory therapist; or
6. licensed speech therapist.

A Rehabilitation Therapy Benefit does not include a visit for:

1. acupuncture; or
2. chiropractic care.

COMMON INJURIES BENEFIT

Bite/Sting Benefit: We will pay the Benefit Amount shown in the Schedule if a bite/sting is sustained in a Covered Accident and the bite/sting requires Treatment.

Treatment must occur within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

A bite/sting is not payable as a Laceration or a Puncture wound.

Blood/Plasma/Platelets Benefit: We will pay the Benefit Amount shown in the Schedule if due to an Injury sustained in a Covered Accident:

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

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Burn Benefit: We will pay the Benefit Amount shown in the Schedule if a Burn is sustained in a Covered Accident and the Burn requires Treatment.

Treatment must be received from a Physician within 3 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

The Benefit Amount payable is based on total percentage of Burn of the body surface area as shown in the Schedule.

First degree Burns are not covered.

Coma Benefit: We will pay the Benefit Amount shown in the Schedule for a Coma due to a Covered Accident for which the Coma lasts for a period of at least 14 consecutive days.

A Physician must diagnose the Coma within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Coma means a state of prolonged unconsciousness. Coma does not mean Medically Induced Coma.

Concussion Benefit: We will pay the Benefit Amount shown in the Schedule for a Concussion sustained in a Covered Accident.

A Physician must diagnose the Concussion within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Concussion means an Injury to the brain that results in temporary loss of normal brain function, without structural damage to the brain, as indicated by imaging.

COMMON INJURIES BENEFIT (continued)

Dislocation (Separated Joint) Benefit: We will pay the applicable Benefit Amount shown in the Schedule for a Dislocation sustained in a Covered Accident.

Treatment must be received from a Physician within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If multiple Dislocations are sustained due to the same Covered Accident, the 2 Dislocations with the highest applicable Benefit Amounts are payable for that Covered Accident.

Dislocation means a complete separation of two bones where they meet at a joint.

Partial Dislocation /Subluxation means an incomplete separation of two bones where they meet at a joint.

Dislocations or Partial Dislocations/Subluxations of the spinal vertebrae are not covered under this Policy, unless associated with a vertebral fracture.

Emergency Dental Work Benefit: We will pay the Benefit Amount shown in the Schedule if due to an Injury sustained in a Covered Accident, a Tooth (or Teeth) requires:

1. extraction; or
2. placement of a crown.

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If multiple teeth are damaged due to the same Covered Accident, the 2 procedures with the highest applicable Benefit Amounts are payable for that Covered Accident.

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

Fracture Benefit: We will pay the applicable Benefit Amount shown in the Schedule if a Fracture is sustained in a Covered Accident.

Treatment must be received from a Physician within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If multiple Fractures are sustained due to the same Covered Accident, the 2 Fractures with the highest applicable Benefit Amounts are payable for that Covered Accident.

Fracture means a broken bone which can be seen by x-ray or other diagnostic imaging.

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

COMMON INJURIES BENEFIT (continued)

Internal Organ Injury Benefit: We will pay the Benefit Amount shown in the Schedule if a Covered Accident results in an Injury to an internal organ within the abdomen or thorax that does not require surgery.

The internal organ Injury must be:

1. documented by imaging, clinical evidence of internal organ bleeding or other test results that indicate Acute Injury to an abdominal or thoracic organ; or
2. diagnosed by a Physician as an Acute internal organ Injury within the abdomen or thorax, supported by imaging, clinical evidence of internal organ bleeding or other test results that indicate Acute Injury to an abdominal or thoracic organ;

within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Laceration Benefit: We will pay the applicable Benefit Amount shown in the Schedule if a Laceration is sustained in a Covered Accident.

Treatment must be received from a Physician within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

The Benefit Amount payable is based on the total combined length of all Lacerations.

This benefit is not payable for any intentional or self-inflicted Laceration.

Medically Induced Coma Benefit: We will pay the Benefit Amount shown in the Schedule for placement in a Medically Induced Coma for a period of at least 5 consecutive days due to an Injury sustained in a Covered Accident.

A Physician must induce the Coma within 3 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Medically Induced Coma means a temporary state of unconsciousness brought on by a controlled dose of medicine administered by a Physician at a Hospital. Medically Induced Coma does not include general anesthesia administered for purposes of surgery.

Paralysis Benefit: We will pay the applicable Benefit Amount shown in the Schedule if an Injury sustained in a Covered Accident results in Paralysis.

Paralysis must:

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Puncture Wound Benefit: We will pay the Benefit Amount shown in the Schedule if a Puncture Wound is sustained in a Covered Accident.

Treatment must be received from a Physician within 3 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

This benefit is not payable for any intentional self-inflicted Puncture Wound.

COMMON INJURIES BENEFIT (continued)

Ruptured/Herniated Disc Benefit (no surgical repair): We will pay the Benefit Amount shown in the Schedule if a ruptured or herniated disc is sustained in a Covered Accident.

Treatment must be received from a Physician within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Skin Graft Benefit: We will pay the Benefit Amount shown in the Schedule if an Injury sustained in a Covered Accident:

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

The skin graft must be performed within 365 days of the date of the Covered Accident

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

SURGERY BENEFITS

Abdominal/Thoracic Surgery Benefit: We will pay the Benefit Amount shown in the Schedule due to an Injury sustained in a Covered Accident for:

1. open abdominal surgery;
2. open thoracic surgery;
3. laparoscopic surgery; or
4. thorascopic surgery.

The abdominal/thoracic surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Arthroscopic Surgery Benefit: We will pay the Benefit Amount shown in the Schedule for arthroscopic surgery due to an Injury sustained in a Covered Accident.

The arthroscopic surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Cranial Surgery Benefit: We will pay the Benefit Amount shown in the Schedule for cranial surgery due to an Injury sustained in a Covered Accident.

The cranial surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Eye Surgery Benefit: We will pay the applicable Benefit Amount shown in the Schedule due to an Injury sustained in a Covered Accident for:

1. surgery of the eye; or
2. removal of a foreign object from the eye.

The surgery or removal of the foreign object must be performed by a Physician within 90 days of the date of the Covered Accident.

This benefit is not paid for examination with anesthesia which:

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If both eyes require a procedure due to the same Covered Accident, a benefit is payable for the highest applicable Benefit Amount for one eye.

Hernia Surgery Benefit: We will pay the Benefit Amount shown in the Schedule for hernia surgery due to an Injury sustained in a Covered Accident.

The hernia surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

SURGERY BENEFITS (continued)

Joint Replacement Surgery Benefit: We will pay the Benefit Amount shown in the Schedule for joint replacement surgery due to an Injury sustained in a Covered Accident.

The joint replacement surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Non-Specific Surgery Benefit: We will pay the applicable Benefit Amount shown in the Schedule for surgery due to an Injury sustained in a Covered Accident and the surgery required is not a specifically named surgical benefit shown in the Schedule.

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

This benefit is payable in addition to any other Surgery Benefits payable for the same Covered Accident.

Ruptured/Herniated Disc Surgery Benefit: We will pay the Benefit Amount shown in the Schedule for ruptured/herniated disc surgery due to an Injury sustained in a Covered Accident.

The ruptured/herniated disc surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

If the Ruptured/Herniated Disc Benefit is also payable due to the same Covered Accident, only the highest applicable Benefit Amount shown in the Schedule will be payable.

Tendon/Ligament/Cartilage Surgery Benefit: We will pay the applicable Benefit Amount shown in the Schedule for tendon/ligament/cartilage surgery due to an Injury sustained in a Covered Accident.

The applicable surgery must be performed within 90 days of the date of the Covered Accident.

This benefit is payable up to 2 times per Covered Accident for You and Your Dependent(s).

ADDITIONAL BENEFITS

Caregiver Benefit: We will pay the Benefit Amount shown in the Schedule for Personal Care received following a Covered Accident for which a Surgical or Confinement Benefit is payable.

Personal Care must begin within 90 days of the date of the surgery or Confinement.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Personal Care means non-professional:

1. assistance with bathing, dressing and personal hygiene, feeding, wound care, monitoring of vital signs, body positioning, basic exercise, medication administration, or supervision for safety;
2. food shopping and/or meal preparation, household chores, medication management, or bill paying; and
3. Transportation to medical professional services or rehabilitative care outside of the home.

Family Care Benefit: We will pay the Benefit Amount shown in the Schedule if Your or Your Spouse's child(ren) or Dependent Parent receives care:

1. on the same day You or Your Spouse receive a benefit for Confinement to a Hospital or Rehabilitation Facility due to an Injury sustained in a Covered Accident; and
2. an expense is incurred from a provider who is licensed to provide such services in the jurisdiction in which the services are provided within 90 days of the date of the Covered Accident.

The person receiving care is not required to be a covered dependent, but must be:

1. under Age 18; or
2. an Incapacitated Child; or
3. a Dependent Parent.

This benefit is payable up to 30 times per Covered Accident for You and Your Spouse.

If family care is required for more than 1 child, a benefit for 2 children is payable.

For the purposes of this benefit, **Dependent Parent** means Your or Your Spouse's parent or grandparent:

1. for whom You or Your Spouse provide 51% or more of their financial support (including expenses for food, housing/lodging, clothing, entertainment and medical services or equipment); and
2. who was claimed as a dependent by You or Your Spouse in the most recent income tax filing with the Internal Revenue Service (IRS).

For the purposes of this benefit, an **Incapacitated Child** means a child who is:

1. physically or mentally disabled;
2. unmarried; and
3. financially dependent upon You.

Lodging Benefit: We will pay the Benefit Amount shown in the Schedule if Lodging is required on the same day You or Your Dependent(s) receive Treatment due to an Injury sustained in a Covered Accident and:

1. the Treatment is received by a provider or in a facility more than 100 miles one-way from Your or Your Dependent's current legal residence;
2. a benefit is payable for that Treatment; and
3. an expense is incurred for Lodging within 90 days of the date of the Covered Accident.

The place of Lodging cannot be owned by You or Your Immediate Family.

This benefit is payable up to 30 times per Covered Accident for You and Your Dependent(s).

Proof of the expense incurred for the Lodging must be submitted with the claim. Mileage is measured as the distance from Your or Your Dependent's current legal residence to the facility at which the Confinement occurs.

ADDITIONAL BENEFITS (continued)

Medical Supplies Benefit: We will pay the Benefit Amount shown in the Schedule for the purchase of over-the-counter Medical Supplies for Treatment of an Injury sustained in a Covered Accident.

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

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

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

Mental Health Condition/Post Traumatic Stress Disorder (PTSD) Benefit: We will pay the Benefit Amount shown in the Schedule for a diagnosis of a Mental Health Condition/Post Traumatic Stress Disorder (PTSD) due to a Covered Accident.

A Mental Health Condition or PTSD due to a Covered Accident in the absence of a physical Injury would also be covered.

A Physician must:

1. diagnose the Mental Health Condition or PTSD within 90 days of the date of the Covered Accident; and
2. recommend Treatment of the Mental Health Condition or PTSD within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Mental Health Condition for the purpose of this benefit means an Acute condition that affects a person's thinking, feeling, behavior or mood that meets the criteria in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). For purposes of this benefit, a Mental Health Condition is not a Sickness and does not include substance use disorders.

Post-Traumatic Stress Disorder (PTSD) means a Mental Health Condition triggered by a Covered Accident .

Psychiatrist means a Physician who specializes in the diagnosis and Treatment of mental disorders.

Psychologist means a licensed mental health professional who provides psychological analysis and counseling.

Organized Sporting Activity Benefit: We will increase benefits payable by the Benefit Amount shown in Schedule if an Injury is sustained in a Covered Accident while participating in an Organized Sporting Activity.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Organized Sporting Activity means an athletic event occurring on a sports field or at a sports venue, including scheduled practices, games and related events that are:

1. associated with organized school programs; or
2. governed by an organization or association for which formal registration is required to participate and/or formal rules are established; and
3. participants engage without remuneration or payment.

This definition does not include:

1. any unscheduled activity, such as unstructured/spontaneous play or pick-up games; or
2. any athletic event or activity for which payment is provided for participation.

ADDITIONAL BENEFITS (continued)

Pet Boarding Benefit: We will pay the Benefit Amount shown in the Schedule due to an Injury sustained in a Covered Accident if pet boarding is required:

1. on the same day a benefit is payable for Confinement to a Hospital or Rehabilitation Facility; and
2. an expense is incurred from a licensed pet boarding facility or professional pet boarding service.

This benefit is payable up to 30 times per Covered Accident for You and Your Dependent(s).

If pet boarding is required for more than 1 pet, a benefit for up to 2 pets are payable.

Prescription Drug Benefit: We will pay the Benefit Amount shown in the Schedule if drugs are prescribed on an Outpatient basis for Treatment of an Injury sustained in a Covered Accident.

The prescription drugs must be:

1. prescribed by a Physician; and
2. dispensed by a licensed pharmacy;

within 90 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Residence Modification Benefit: We will pay the Benefit Amount shown in the Schedule if a permanent structural residence modification is required due to an Injury sustained in a Covered Accident.

The modification must be deemed medically necessary by a Physician and the expense for the modification must be incurred within 365 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Service Dog Benefit: We will pay the Benefit Amount shown in the Schedule if a Service Dog is required due to an Injury sustained in a Covered Accident.

The Service Dog must be deemed medically necessary by a Physician and the expense for placement of the Service Dog must be incurred within 365 days of the date of the Covered Accident. Coverage must be in force on the date of placement.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Service Dog means a dog with specialized training to perform quantifiable tasks to aid a human. A Service Dog is not an emotional support or comfort dog or pet.

Transportation Benefit: We will pay the Benefit Amount shown in the Schedule if Transportation is required on the same day You or Your Dependent(s) receive Treatment or Confinement due to an Injury sustained in a Covered Accident and:

1. the Treatment or Confinement is received by a provider or in a facility more than 100 miles one-way from Your or Your Dependent's current legal residence;
2. a benefit is payable for that Treatment or Confinement; and
3. an expense is incurred for Transportation within 90 days of the date of the Covered Accident.

This benefit is payable up to 3 times per Covered Accident for You and Your Dependent(s).

If the following are payable on the same day, only the highest Benefit Amount shown in the Schedule will be payable:

1. Air Ambulance Benefit; or
2. Ground or Water Ambulance Benefit.

Proof of the expense incurred for the Transportation must be submitted with the claim. Mileage is measured as the distance from Your or Your Dependent's current legal residence to the facility at which the Treatment or Confinement occurs.

ADDITIONAL BENEFITS (continued)

Vehicle Modification Benefit: We will pay the Benefit Amount shown in the Schedule if a permanent structural vehicle modification or the purchase of a modified vehicle is required due to an Injury sustained in a Covered Accident.

The modification must be deemed medically necessary by a Physician and the expense for the modification, or the purchase must be incurred within 365 days of the date of the Covered Accident.

This benefit is payable 1 time per Covered Accident for You and Your Dependent(s).

Wellness Benefit: We will pay the Benefit Amount shown in Schedule for completion of a Health Screening Test while coverage is in force.

This benefit is payable 1 time per Calendar Year for You and Your Dependent(s).

Health Screening Test means:

<ul style="list-style-type: none">• Antibody or Serology testing• At-Home Screening tests for Colon Cancer (such tests must be approved by the Food and Drug Administration)• Biopsy• Blood Test for Cholesterol• Blood test for triglycerides• Biometric Screenings• Bone Density scans• Bone marrow testing• Breast ultrasound• Breast MRI• CA 15-3 (blood test for breast cancer)• CA 125 (blood test for ovarian cancer)• CEA (blood test for colon cancer)• Chest X-ray• Colonoscopy• Complete Blood Count• Doppler screening for carotids• Doppler screening for peripheral vascular disease• Doppler Screening for abdominal aorta• Echocardiogram• Electrocardiogram• Endoscopy• Fasting blood glucose test• Fasting plasma glucose (FPG)• Flexible sigmoidoscopy• Hemoccult stool analysis• Hemoglobin A1C(HbA1c)	<ul style="list-style-type: none">• HPV Testing• Lipid Panel• Mammography• Monoclonal Antibody Therapy• Pap smear• PSA (blood test for prostate cancer)• Serum Protein Electrophoresis (blood test for myeloma)• Stress test on a bicycle or treadmill• Thinprep pap test• Thermography• Routine Physicals (through Age 18)• Serum cholesterol test to determine level of HDL and LDL• Virtual Colonoscopy• Well Child Exam (through Age 18)• Wellness Fair Screening• Whole Body Skin Cancer Screening
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The benefit will be paid regardless of the results of the test. The Wellness Benefit is paid in addition to any other payments You and Your Dependent(s) receive under the Policy.

EXCLUSIONS

Exclusions: We will not pay a benefit for a loss that occurs prior to the coverage effective date, or as a result of:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide, attempted suicide, or intentionally self-inflicted Injury;
3. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
4. taking part in the commission of an assault or being engaged in an illegal activity;
5. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
6. Intoxication or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You or Your Dependent(s) by a Physician and taken as prescribed;
7. engaging in skydiving, hang gliding, auto racing, mountaineering (using ropes and/or other technical equipment), parachuting, Russian Roulette, bungee jumping, or base jumping;
8. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
9. aviation, except flight as a pilot or fare-paying passenger on a commercial or chartered aircraft;
10. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
11. Sickness; This exclusion does not apply to the Mental Health Condition/Post Traumatic Stress Disorder (PTSD) Benefit if covered under the Policy;
12. an Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury for which You or Your Dependent(s) are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule; or
13. loss sustained while on active duty as a member of the armed forces of any nation except during any time period insurance is extended under the Continuation Provision(s).

For the purpose of these exclusions, **Intoxication** means being under the influence as defined by applicable state law as determined by:

1. the blood alcohol content; or
2. the results of other means of testing blood alcohol content or the content of other substances.

CLAIM PROVISIONS

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

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

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

The claim form is available from Your Employer, or can be requested from Us. If the form is not received from Us within 15 days of a request, written Proof of Claim should be sent to Us without waiting for the form. Written proof must fully describe the nature and extent of the claim.

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

Proof of Claim may include the following:

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

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

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

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

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

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

CLAIM PROVISIONS (continued)

Payment of Claims: Payment of Claim for Loss of life will be paid in accordance with the Beneficiary provision. All other benefits under the Policy are paid to You. All benefits are payable in United States dollars (USD).

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

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

1. fraud; and
2. any error that You or Your Dependent(s), We or the plan administrator make during the claims process.

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

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

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

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

1. to Your legal spouse;
2. to Your natural or legally adopted children in equal shares;
3. to Your parents;
4. to Your brothers and sisters; or
5. to Your estate.

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

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

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

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

CLAIM PROVISIONS (continued)

Rights of Authority: When making a benefit determination under the Policy, We have the sole discretionary authority:

1. to determine eligibility, for benefits;
2. to interpret the terms, conditions, limitations, and exclusions of the Policy; and
3. to interpret all other provisions of the Policy including the Certificate and any riders, endorsements or amendments.

We may delegate this discretionary authority to other entities or persons who provide services in regard to the administration of the Policy.

This provision:

1. does not prevent Your rights to bring legal action as stated in the Legal Action provision; and
2. does not serve to deprive any insurance department of its statutory rights and obligations.

Fraud: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison..

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

Contestability: We may not contest the validity of Your or Your Dependent(s) insurance, except for the non-payment of premiums, after it has been in force for two years from its date of issue. Statements made in any signed application relating to such insurability will not be used to contest the validity of the insurance after such insurance has been in force for two years from its date of issue. In the event insurance is rescinded, We will refund premiums paid for the periods such insurance is void.

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

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

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

This insurance duplicates Medicare benefits when it pays:

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

Medicare generally pays for most or all of these expenses.

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

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

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

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program SHIP.

CERTIFICATE MODIFICATIONS RIDER

Modification(s) to the Certificate

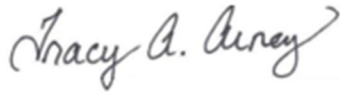
Policyholder: University of Arkansas

Policy Number: 306521

It is agreed that the Certificate is amended as follows:

Effective January 1, 2026, with respect to residents of the states as shown on the subsequent pages, the following provisions amend, replace or are added, when applicable, to the Certificate, and all other conditions apply.

Signed for UnitedHealthcare Insurance Company by:



Tracy A. Arney, Secretary



Robert Hunter, President

**UnitedHealthcare Insurance Company
Hartford, Connecticut 06103-3408**

CERTIFICATE MODIFICATIONS RIDER

STATUTORY PROVISIONS

ALASKA

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

General Definitions

If Dependent coverage is included and **Domestic Partner** is defined, it is amended so that any references to gender (i.e., "of the opposite or same sex" or "of the same sex") are removed.

Claim Provisions

Overpayment of Claim is amended to advise that we have the right to recover any overpayments within 180 days of payment of a benefit.

ARKANSAS

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

Insurer Information Notice

Any questions regarding the Policy may be directed to:

UnitedHealthcare Insurance Company
Administrative Offices
9700 Health Care Lane – 8th Floor
Minnetonka, MN 55343
1-866-615-8727

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

Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, Arkansas 77202

Eligibility, Effective Date, and Termination

If Dependent coverage is included, **Continuation of an Incapacitated Child** is amended to remove the 31 day notice requirement of the incapacity.

CERTIFICATE MODIFICATIONS RIDER

FLORIDA

Residents of the state of Florida:

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

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

General Definitions

If Dependent coverage is included, the definition of **Child** is amended to include foster Child(ren).

If Dependent coverage is included and **Domestic Partnership** is defined, it is amended to remove any specific living arrangements and affiliated time period requirements.

If Dependent coverage is included, the definition of **Incapacitated Child** is amended to remove any requirement that the Child be unmarried.

Eligibility, Effective Date and Termination Provisions

If Dependent coverage is included, **Newborn Child Provision** is amended to include an adopted Child. The adopted Child will become insured on the date the Child was placed with You for adoption at the same Benefit Amount that applies to Your other Children. If no other Children are insured, then the lowest amount available to Children under the Policy applies until We are notified of another amount that is available for Children. The timeframe for notification of, and premium payment for, a newborn or adopted Child is extended to 60 days; and insurance for the newborn/adopted Child may end on the date You request.

Claim Provisions

Time of Claim Payment is amended to advise that if an extension is required, We must provide within 45 days of receipt of initial proof, a description of any further proof needed and an explanation of why such material is needed.

Legal Actions is amended to extend the timeframe in which no suit may be brought from three years after the date of loss to five years.

MINNESOTA

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

General Definitions

If Dependent coverage is included, the definition of **Child** is amended to include a grandchild of either the Covered Person or the Covered Person's Spouse who is financially dependent upon and who resides with the Covered Person or the Covered Person's Spouse.

General Limitations and Exclusions

The use of alcohol exclusion is replaced with "use of narcotics, unless administered on the advice of a Physician."

The riding in or driving any motor-driven vehicle exclusion is replaced with "riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test."

CERTIFICATE MODIFICATIONS RIDER

NORTH CAROLINA

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

The following disclosure is added:

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

General Definitions

The “change in the number of dependents” item in the **Change in Status** definition is amended to remove the requirement that it be for tax purposes. This item is also amended to include placement of a Child in a foster home.

If Dependent coverage is included, the definition of **Child** is amended to include the following: a non-custodial Child; a foster Child from the date they are placed in a foster home; or a Child for whom You are required to provide insurance due to a court or administrative order. An adopted Child’s insurance is effective from the date of placement for the purpose of adoption and continues unless placement is disrupted prior to legal adoption and the child is removed from placement.

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

Eligibility, Effective Date and Termination Provisions

If Dependent coverage is included, the **Newborn Child Provision** includes Adopted and Foster Children.

Continuation of an Incapacitated Child is amended to require proof of continued incapacity not more than once per year.

Claim Provisions

Notice of Claim is amended to allow that written notice of a claim may also be given to Our authorized agent.

Proof of Claim is amended to extend the timeframe in which written proof of claim must be filed, to 180 days.

NORTH DAKOTA

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

The Covered Person will have 10 days to review this Certificate. If the Covered Person is not satisfied for any reason, he may send the Certificate back to Us within 10 days of its delivery. In that event, We will consider it void and refund all premium paid by the Covered Person.

General Definitions

If Dependent coverage is included, the definition of **Child** includes a child of a Dependent.

If Dependent coverage is included and **Eligible Student** is defined, the restriction of not being in the armed forces is removed.

CERTIFICATE MODIFICATIONS RIDER

OKLAHOMA

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

The following disclosures are included:

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

FRAUD WARNING

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

Eligibility, Effective Date, Termination

If Dependent coverage is included, the **Newborn Child Provision** is replaced with the following:

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

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

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

General Limitations and Exclusions

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

CERTIFICATE MODIFICATIONS RIDER

TEXAS

Residents of the state of Texas, the following provision is included to bring your Certificate into conformity with Texas state law:

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

UnitedHealthcare Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: UnitedHealthcare Insurance Company

Toll-free: 1-866-615-8727

Mail: United HealthCare Insurance Company Home Office

185 Asylum Street, Hartford, Connecticut 06103-3408

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance,
P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

UnitedHealthcare Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: UnitedHealthcare Insurance Company

Teléfono gratuito: 1-866-615-8727

Dirección postal: United HealthCare Insurance Company Home Office

185 Asylum Street, Hartford, Connecticut 06103-3408

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC: CO-CP,
Texas Department of Insurance,
P.O. Box 12030, Austin, TX 78711-2030

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CERTIFICATE MODIFICATIONS RIDER

The following disclosure is included:

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

VERMONT

Residents of the state of Vermont, the following provision is included to bring your Certificate into conformity with Vermont state law:

Vermont Mandatory Civil Union

Purpose: Vermont law requires coverage for parties to a civil union equivalent to that provided married persons. If any terms of the Policy would not be equivalent, the terms are hereby amended to comply. As used in this Notice, Civil Union means one established according to Vermont law.

Definitions, Terms, Conditions and Provisions: In Vermont, the word Spouse, as used in the Policy includes a person with whom the Covered Person has received a Certificate of Civil Union under Vermont law. Any terms that refer to a marital relationship such as "marriage," "spouse," "relative," "beneficiary," "survivor," "immediate family," and any other such terms includes the relationship created by a Civil Union.

Terms that refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree," "termination of marriage," and any other such terms include the inception or dissolution of a Civil Union.

Terms that refer to a family relationship arising from a marriage such as "family," "immediate family," "dependent," "children," "relative," "beneficiary," "survivor" and any other such terms include the family relationship created by a Civil Union. A child born or brought to a Civil Union will be a Child under the Policy if he meets all other Policy criteria to qualify under the definition of Child.

CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE: Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a Civil Union. For example, under federal law, the Employee Income Retirement Security Act of 1974 known as "ERISA," controls the employer /employee relationship with regard to determining eligibility for enrollment in private employer health insurance plans. Because of ERISA, Act 91 of Vermont state law does not state requirements pertaining to a private employer's enrollment of a party to a civil union in an ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a party to a Civil Union if the public employer provides such coverage to the dependents of married persons. Federal law also controls group health insurance continuation rights under "COBRA" for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, parties to a Civil Union and their families may or may not have access to certain benefits under a Policy or Certificate that derive from federal law. You are advised to seek expert advice to determine your rights under the Policy.

UHCAC-CIVUNION-VT