

Accident Injury (AI960765)

SCHEDULE OF BENEFITS

The Schedule of Benefits provides a brief outline of the coverage and benefits including the maximum benefit amount, benefit periods, and any limitations applicable to benefits provided in this Policy for each Covered Person, unless otherwise indicated.

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Policy provisions carefully.

Covered Classes:

Class 1 All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week or Employees in a contracted position for less than 30 hours per week but at least 50% of a full time position, who are United States citizens or permanent resident aliens regularly working and residing in the United States and their United States citizen Spouse and Dependent Children who are residing in the United States or Employees lawfully working and residing in the United States under an appropriate visa or work authorization and their Spouse and Dependent Children who are residing in the United States.

The following pages contain a Schedule of Benefits for each class of eligible Employees. For an explanation of these benefits, please see the *Description of Benefits* section.

SCHEDULE OF BENEFITS FOR CLASS 1

Subscriber: School Board of Seminole County

Effective Date of Subscriber: January 01, 2019

Minimum Subscriber Participation Requirements:

None

Eligibility Waiting Period:

After 89 days of Active Service. Credit will be given for the period of time of Active Service before the Policy effective date.

Rehire:

If the Employee's employment contract ends at the end of one school year and He is rehired within the start of the first week of the next school year, the Eligibility Waiting Period will not apply. All other Policy provisions apply.

Waiting Period: 0 days unless otherwise specified

BENEFIT AMOUNTS PAYABLE

All Employee benefits are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

ACCIDENT INDEMNITY BENEFITS

EMPLOYEE BENEFITS

PLAN 2

INITIAL CARE AND EMERGENCY CARE BENEFITS

<u>Benefit Type</u>	<u>Benefit Amount</u>
Emergency Care Treatment Benefit Amount	\$200
Physician Office Visit Benefit Amount	\$100
Diagnostic Exam Benefit Amount	\$50
Ground Ambulance Benefit Amount	\$400
Water Ambulance Benefit Amount	\$400
Air Ambulance Benefit Amount	\$1,600

FRACTURES BENEFIT

Benefit Type

FRACTURES

Must be diagnosed and treated by a physician within 90 days of a Covered Accident

	<u>Non-Surgical/Closed</u>	<u>Surgical/Open</u>
	<u>Benefit Amount</u>	<u>Benefit Amount</u>
Skull Pays for non-depressed or depressed skull fractures but not bones of face	\$4,000	\$8,000
Hip or Thigh	\$4,000	\$8,000
Vertebrae or Pelvis Pays for vertebrae, body of vertebrae, or pelvis fracture Will not pay for Coccyx, leg, or vertebral processes fractures	\$4,000	\$8,000
Upper Arm Pays for arm fractures located between elbow and shoulder Will not pay for Shoulder, Lower Arm, or Elbow fractures	\$1,000	\$2,000
Shoulder or Collarbone Pays for shoulder or collarbone fractures only Will not pay for Upper Arm fractures	\$1,000	\$2,000
Leg Will not pay for Thigh, knee, or ankle fractures	\$1,000	\$2,000
Ankle Will not pay for leg, foot, or heel fractures	\$800	\$1,600
Kneecap Will not pay for leg fractures	\$800	\$1,600
Lower Arm Pays for arm fractures located to the elbow and below the elbow Will not pay for Upper Arm or Bones of Wrist fractures	\$800	\$1,600

Foot Will not pay for toe, ankle, or heel fractures	\$800	\$1,600
Hand or Wrist Will not pay for lower Arm or finger fractures	\$800	\$1,600
Upper Jaw Will not pay for lower jaw, teeth, or bones of face fractures	\$600	\$1,200
Lower Jaw Will not pay for Upper Jaw, Teeth, or Bones of face fractures	\$600	\$1,200
Bones of Face or Nose Will not pay for Upper Jaw, Lower Jaw, or Teeth fractures	\$600	\$1,200
Vertebral Processes	\$600	\$1,200
Rib More than 1 rib fracture pays 2 times the Benefit Amount	\$200	\$400
Coccyx We will not pay for Vertebrae or Pelvis fractures	\$200	\$400
Finger More than 1 finger pays 2 times the Benefit Amount. We will not pay for fractures to Hand or Wrist.	\$100	\$200
Toe More than 1 toe fracture pays 2 times the Benefit Amount shown on schedule. We will not pay for Foot, Heel or Ankle fractures.	\$100	\$200
Sternum	\$100	\$200
Heel We will not pay for Foot, Toe, or Ankle fractures	\$100	\$200
Chip Fracture We will not pay in addition to Closed fracture benefit	25% of Closed fracture benefit	Not Applicable
Multiple Fractures We will not pay multiple fracture benefit in addition to single fracture benefits	200% of the single fracture benefit for multiple fractures to the same bone	Not Applicable

DISLOCATIONS BENEFITS

Benefit Type

DISLOCATIONS:

Must be diagnosed and treated by a doctor within 90 days of a Covered Accident

	Non-Surgical/Closed	Surgical/Open
	<u>Benefit Amount</u>	<u>Benefit Amount</u>
Hip Joint	\$3,000	\$6,000
Knee Joint	\$3,000	\$6,000
Bones of Foot	\$3,000	\$6,000
Ankle	\$1,000	\$2,000
We will not pay for Bones of Foot or Toes		
Wrist	\$800	\$1,600
Elbow	\$600	\$1,200
Shoulder	\$400	\$800
Hand	\$400	\$800
Collarbone	\$400	\$800
Lower Jaw	\$400	\$800
Finger or Toe	\$100	\$200
More than 1 finger or toe pays 2 times the benefit		

FOLLOW UP CARE

Benefit Type

Benefit Amount

Follow up Physician Office Visit	\$120
Benefit is limited to 10 treatments per Accident	
Follow up Physical Therapy Visits	\$50
Benefit is limited to 10 treatments per Accident	

OPTIONAL BENEFITS

ENHANCED ACCIDENT BENEFITS RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS

PLAN 2

<u>Benefit Type</u>	<u>Benefit Amount</u>
Small Burns (2 nd or 3 rd degree – 20% or less of body)	\$300
Large Burns (2 nd degree – More than 20% of body)	\$1,000
Large Burns (3rd degree – More than 20% of body)	\$10,000
Skin-Graft Benefit	50% of the applicable Benefit amount for Small Burns or Large Burns
Small Lacerations	\$100
Large Lacerations	\$600
General Anesthesia Benefit	\$100
Medicine Benefit	\$10
Medical Supply Benefit	\$10
Abdominal or Thoracic Surgery	\$1,250
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair	\$400
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory	\$150
Ruptured Disc Surgery - repair	\$750
Eye Injury Surgery	\$400
Eye Injury - Removal of Foreign Object	\$200
Emergency Dental - Extraction	\$150
Emergency Dental - Broken Tooth	\$75
Concussion	\$150
Coma	\$10,000
Diagnostic Advanced	\$150
Appliance	\$150
Prosthesis	\$1,000
Paralysis - Paraplegia	\$5,000
Paralysis - Quadriplegia	\$10,000
Blood, plasma, platelets	\$200
Transportation	\$400
Family Lodging	\$150 per day

Continuation Options

Applicable Coverage(s)	Accident Indemnity Benefits and Optional Benefits for Employee, His Spouse and Dependent Child
For Family Medical Leave Maximum Benefit Period	the later of the period of the approved FMLA leave or the leave period required by law in the state in which the Employee is employed
For Leave of Absence Maximum Benefit Period	up to 24 months

PORTABILITY

Portable Period	Coverage continues to age 100
Amount of Portable Insurance	100%
Coverage(s) that may be ported	Employee, Spouse, Dependent Child
Benefits that may be ported	All
Maximum Age	70

CONTINUATION OF INSURANCE PROVISIONS

If an Employee is no longer in Active Service, He may be eligible to continue insurance. The following provisions explain the continuation options available under this Policy. Please see the *Schedule of Benefits*, to determine the applicability of these benefits on a class level.

Notwithstanding any other provision of this Policy, if an Employee's Active Service ends due to termination of employment, or any other termination of the employment relationship, insurance will terminate and Continuation of Insurance under this section will not apply.

Continuation for Leave of Absence or Family Medical Leave

If an Employee's Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), coverage will continue up to the later of the end of the period of His approved FMLA leave or the end of the leave period required by law in the state in which He is employed. Premiums are required for this insurance and are to be remitted directly to the Subscriber.

If an Employee's Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date the Employee ceases work, coverage will continue up to the Maximum Benefit Period as shown in the *Schedule of Benefits*. Premiums are required for this insurance and are to be remitted directly to the Subscriber. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

PORTABILITY PROVISIONS

NOTICE: Portability is not available to the Employee if the Employee resides outside the United States.

Insurance provided by this Policy is portable, except as provided for specific benefits or coverages, for an Employee for whom all eligibility ends under this Policy as shown in the *Schedule of Benefits* and satisfies all of the conditions below.

Whose Insurance is Portable

A covered Employee who:

1. has not attained the Maximum Age for Portability shown in the *Schedule of Benefits*;
 2. applies and agrees to pay required premiums,
- may remain covered under this Policy for the Portable Period shown in the *Schedule of Benefits*.

Any Spouse or Dependent Child insurance provided under the covered Employee's Certificate is portable when the Employee ports His coverage.

Amount of Portable Insurance

The amount of portable insurance is shown in the *Schedule of Benefits*. Any additional coverages and benefits for which the Covered Person was insured are portable only if shown in the *Schedule of Benefits*.

Effective Date of Ported Insurance

Ported insurance will become effective under this section on the date the Covered Person's insurance under the Policy would otherwise have terminated, as described above, if the Covered Person has applied and agreed to pay required premiums within 31 days of the date He would otherwise have ceased to be eligible. The Covered Person need not show Us that He is insurable.

Termination of Ported Insurance

Insurance will end on the earliest of the following dates:

1. the day after the end of the last period for which premiums are paid;
2. the end of the Portable Period.
3. the date the Covered Person reaches the Maximum Age for Portability shown in the *Schedule of Benefits*.
4. the date the Employee's ported coverage terminates.