

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: 1100 East Woodfield Road, Two Woodfield Lake, Suite 437, Schaumburg, IL 60173

POLICYHOLDER: Escambia County School District
ADDRESS: 75 North Pace Blvd., Pensacola, FL. 32505

POLICY NUMBER: 09-0160-2022
MAXIMUM MEDICAL BENEFIT: \$25,000.00
POLICY EFFECTIVE DATE: August 10, 2021 (12:01 a.m. EST)
POLICY TERMINATION DATE: August 10, 2022 (12:00 a.m. EST)

JURISDICTION: Florida

The Company agrees to pay, subject to all provisions, conditions, exclusions and limitations of this Policy, the benefits provided for loss resulting from a cause covered by this Policy.

The Policy is issued in consideration of the statements and agreements contained in the Policyholder's application attached to this Policy and payment of the required premium when due. Coverage under this Policy with respect to Insureds will be effective in consideration of statements made in the individual applications or enrollment forms, if any, of such Insureds and the payment of premiums as required.

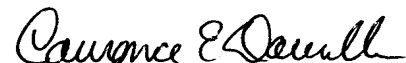
The provisions on the following pages are a part of this Policy as fully as if appearing over the signatures below. This Policy is subject to the laws of the jurisdiction noted above. Coverage issued under this Policy may be subject to further requirements of the jurisdiction in which a Member is located. If any requirements of the jurisdiction in which this Policy is issued conflict with the requirements of the jurisdiction in which a Member is located, the requirements of the Member's jurisdiction will prevail.

This Policy takes effect and expires at 12:01 A.M., Eastern Time at the address of the Policyholder. All periods of insurance under this Policy take effect and expire at 12:00 A.M., Eastern Time at each Member's respective addresses.

Signed for the Company



Vice President, Secretary, Deputy General Counsel



President

**Blanket Policy Providing
Non-Renewable
Accident Only Insurance
Excess Insurance Coverage**

TABLE OF CONTENTS

<u>Category</u>	<u>Part</u>	<u>Pages</u>
Schedule of Rates and Benefits		3-6
Eligibility and Termination Provisions	Part I	7
Definitions	Part II	8-10
Claims Provisions	Part III	11-12
Covered Accidents	Part IV	13
Accidental Death Benefit	Part V	14
Dismemberment & Loss of Sight Benefit	Part VI	15
Medical Expense	Part VII	16-23
Exclusions	Part VIII	24-25
General Provisions	Part IX	26-27
Endorsements	LRS-9010-0100-FL (EFF OF COV) LRS-9014-0100-FL (24 HOUR) LRS-9016-0100-FL (HOSP COV) LRS-9020-0100-FL (MED EXP) LRS-9013-0100-FL (Extended Dental) LRS-9179-0504-FL (IN HOSP SICKNESS)	

SCHEDULE OF BENEFITS

BASIC plan Benefits

RATES: School Time Accident Plan

Pre-K – 12 th grade	\$9.00		
Interscholastic Sports	\$NA	Extended Dental	\$ 8.00
24 Hour Accident Plan	\$65.00	In-Hospital Sickness Plan	\$45.00

Interscholastic Tackle Football Plans as sanctioned by the FHSAA:

FHSAA Try-outs, practices, games and FHSAA Spring practice: \$NA

FHSAA Spring/Summer: \$NA

MAXIMUM MEDICAL BENEFIT

Schoolltime Accident Plan	\$ 25,000.00
24 Hour Accident Plan	\$ 25,000.00
Interscholastic Sports	\$ NA
Motor Vehicle Accidents (Other than 2 or 3 wheeled)	\$ 25,000.00

In-Hospital Sickness Plan \$5,000.00 aggregate maximum per covered sickness @ \$500.00 per day of hospital confinement

MAXIMUM DENTAL ACCIDENT BENEFIT

Basic Dental Accident Plan	\$200.00 per injury
Extended Dental	\$25,000.00 per injury

MAXIMUM DISMEMBERMENT BENEFIT: \$ 20,000.00

ACCIDENTAL DEATH BENEFIT: \$ 10,000.00

DEDUCTIBLE AMOUNT: \$ 0.00

POLICY ENDORSEMENTS:

LRS-9010-0100-FL	(EFF OF COV)
LRS-9014-0100-FL	(24 HOUR)
LRS-9016-0100-FL	(HOSP COV)
LRS-9020-0100-FL	(MED EXP)
LRS-9013-0100-FL	(Extended Dental)
LRS-9179-0504-FL	(IN HOSP SICKNESS)

SCHEDULE OF BENEFITS
PLAN A Benefits

RATES: School Time Accident Plan

Pre-K – 12 th grade	\$12.00		
Interscholastic Sports	NA	Extended Dental	\$ 8.00
24 Hour Accident Plan	\$77.00	In-Hospital Sickness Plan	\$45.00

Interscholastic Tackle Football Plans as sanctioned by the FHSAA:

FHSAA Try-outs, practices, games and FHSAA Spring practice	\$NA
FHSAA Spring/Summer:	\$NA

MAXIMUM MEDICAL BENEFIT

Schooltime Accident Plan	\$ 25,000.00
24 Hour Accident Plan	\$ 25,000.00
24 Hour Accident Plan	\$ 25,000.00
Interscholastic Sports	NA
Motor Vehicle Accidents (Other than 2 or 3 wheeled)	\$ 25,000.00

MAXIMUM DENTAL ACCIDENT BENEFIT

Basic Dental Accident Plan	\$250.00 per injury
Extended Dental	\$25,000.00 per injury

In-Hospital Sickness Plan \$5,000.00 aggregate maximum per covered sickness @ \$500.00 per day of hospital confinement

MAXIMUM DISMEMBERMENT BENEFIT: \$ 20,000.00

ACCIDENTAL DEATH BENEFIT: \$ 10,000.00

DEDUCTIBLE AMOUNT: \$ 0.00

POLICY ENDORSEMENTS:

- LRS-9010-0100-FL (EFF OF COV)**
- LRS-9014-0100-FL (24 HOUR)**
- LRS-9016-0100-FL (HOSP COV)**
- LRS-9020-0100-FL (MED EXP)**
- LRS-9012-0100-FL (FOOTBALL)**
- LRS-9013-0100-FL (Extended Dental)**
- LRS-9179-0504-FL (IN HOSP SICKNESS)**

SCHEDULE OF BENEFITS
PLAN B Benefits

RATES: School Time Accident Plan

Pre-K – 12 th grade	\$29.00		
Interscholastic Sports	NA	Extended Dental	\$ 8.00
24 Hour Accident Plan	\$150.00	In-Hospital Sickness Plan	\$45.00

Interscholastic Tackle Football Plans as sanctioned by the FHSAA:

FHSAA Try-outs, practices, games and FHSAA Spring practice	\$NA
Spring/Summer:	\$NA

MAXIMUM MEDICAL BENEFIT

Schooltime Accident Plan	\$ 25,000.00
24 Hour Accident Plan	\$ 25,000.00
24 Hour Accident Plan	\$ 25,000.00
Interscholastic Sports (high school)	\$ NA
Motor Vehicle Accidents (Other than 2 or 3 wheeled)	\$ 25,000.00

MAXIMUM DENTAL ACCIDENT BENEFIT

Basic Dental Accident Plan	\$400.00 per injury
Extended Dental	\$25,000.00 per injury

In-Hospital Sickness Plan \$5,000.00 aggregate maximum per covered sickness @ \$500.00 per day of hospital confinement

MAXIMUM DISMEMBERMENT BENEFIT: \$ 20,000.00

ACCIDENTAL DEATH BENEFIT: \$ 10,000.00

DEDUCTIBLE AMOUNT: \$ 0.00

POLICY ENDORSEMENTS:

- LRS-9010-0100-FL (EFF OF COV)**
- LRS-9014-0100-FL (24 HOUR)**
- LRS-9016-0100-FL (HOSP COV)**
- LRS-9020-0100-FL (MED EXP)**
- LRS-9013-0100-FL (Extended Dental)**
- LRS-9179-0504-FL (IN HOSP SICKNESS)**

SCHEDULE OF BENEFITS
PLAN C Benefits

RATES: School Time Accident Plan

Pre-K – 12 th grade	\$45.00		
Interscholastic Sports	NA	Extended Dental	\$ 8.00
24 Hour Accident Plan	\$225.00	In-Hospital Sickness Plan	\$45.00

Interscholastic Tackle Football Plans as sanctioned by the FHSAA:

FHSAA Try-outs, practices, games and FHSAA Spring practice	\$ NA
Spring/Summer:	\$ NA

MAXIMUM MEDICAL BENEFIT

Schoolltime Accident Plan	\$ 25,000.00
24 Hour Accident Plan	\$ 25,000.00
24 Hour Accident Plan	\$ 25,000.00
Interscholastic Sports (high school)	\$ NA
Motor Vehicle Accidents (Other than 2 or 3 wheeled)	\$ 25,000.00

MAXIMUM DENTAL ACCIDENT BENEFIT

Basic Dental Accident Plan	\$600.00 per injury
Extended Dental	\$25,000.00 per injury

In-Hospital Sickness Plan \$5,000.00 aggregate maximum per covered sickness @ \$500.00 per day of hospital confinement

MAXIMUM DISMEMBERMENT BENEFIT: \$ 20,000.00

ACCIDENTAL DEATH BENEFIT: \$ 10,000.00

DEDUCTIBLE AMOUNT: \$ 0.00

POLICY ENDORSEMENTS:

- LRS-9010-0100-FL (EFF OF COV)**
- LRS-9014-0100-FL (24 HOUR)**
- LRS-9016-0100-FL (HOSP COV)**
- LRS-9020-0100-FL (MED EXP)**
- LRS-9013-0100-FL (Extended Dental)**
- LRS-9179-0504-FL (IN HOSP SICKNESS)**

PART I - ELIGIBILITY AND TERMINATION PROVISIONS

ELIGIBILITY: To be eligible for coverage under this Policy the Insured must be:

1. a student who is enrolled in grades kindergarten through 12 or early education classes; or
2. a full-time school employee such as a secretary, administrator, teacher, janitor, principal or superintendent; in a Member school.

We have the right to check the records of the Member school to verify that the Insured is eligible. If and when we discover that an Insured is not eligible for coverage, we only have to refund the premium which has been paid. We reserve the right to require evidence of insurability.

EFFECTIVE DATE: Coverage under the Policy is effective on the later of the following dates:

1. On the Member's Effective Date of coverage under this Policy; or
2. At 11:59 P.M. (EST.) on the date premium is received by us.

From time to time additional persons may be added to the group originally insured. This may be done by payment of the premium for such persons in full. Coverage will begin on the date the premium is paid to the Member and the person is properly recorded on the list of Insureds. Such premiums received by the Member must be sent to us together with the list of new Insureds within 30 days after the Member receives the premium.

TERMINATION DATE: Coverage under this Policy will continue to the end of the regular nine (9) month Member school term unless the Insured's coverage ends on the earliest of the following dates:

1. The date the Insured ceases to be eligible;
2. The last day of the period through which the premium is paid;
3. The date the Member fails to pay the required premium; or
4. The date the Policy terminates.

Coverage will continue while the Insured is attending a Member sponsored and Member supervised academic summer class provided that paid Member employees supervise such activity.

TRANSFER STUDENTS: Coverage will continue if the Insured transfers to other public or parochial day schools until the Member's expiration date. Coverage will not continue if the Insured transfers to a boarding school.

NON-INTERRUPTION OF COVERAGE: If the Insured would be eligible for a new term of insurance at the commencement of the new Member school term, he will be protected by the Policy without interruption of coverage to the earlier of:

1. Ten (10) days after the new term begins; or
2. The premium for the new term of insurance under the Policy is paid.

If premium for the new term of insurance is not paid within the 10-day period, as outlined in number 1, coverage will terminate on the date the Member's coverage under the Policy terminates.

PART II - DEFINITIONS

1. "*Beneficiary*" means the person named to receive the proceeds in the event of the Insured's death.
2. "*Covered Accident*" means bodily injury of the Insured which results directly and independently of all other causes from an accident. Self-inflicted injuries caused by prolonged over-exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under this Policy.
3. "*Covered Charges*" means reasonable charges which are:
 - a. Not in excess of usual and customary charges;
 - b. Not in excess of the maximum benefit amount payable per service as specified in Part VII, "*Medical Expense*";
 - c. Made for services and supplies not excluded from coverage;
 - d. Made for services and supplies which are a medical necessity;
 - e. In excess of the amount stated as a deductible, if any.

Covered medical expenses will be deemed "*incurred*" only:

- a. When the covered services are given; and
 - b. When a charge is made to the Insured for such services.
4. "*Deductible*" means the amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. This can be satisfied by the amounts payable by any other coverage.
 5. "*Dental Accident*" means an injury to the Insured's tooth or teeth caused by a physical trauma which is not the result of the normal function of the tooth or teeth.
 6. "*Each Accident*" means one (1) or more terms of impairment due to the same or related cause. Each term will end only when there is complete recovery from the impairment. The Insured's Physician will decide when there is complete recovery.
 7. "*Elective Surgery and Elective Treatment*" includes, but is not limited to, surgery and/or treatment for acne; acupuncture; allergy, including allergy testing; biofeedback-type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an injury for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; fertility tests; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant wart, moles and lesions; obesity and any condition resulting therefrom; hernia of any kind; premarital examinations; preventative medicine or vaccines or diet supplements; sexual reassignment surgery; skeletal irregularities of one (1) or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; temporomandibular joint dysfunction; tubal ligation; vasectomy; and weight reduction. Elective Surgery and Elective Treatment includes a service, treatment or supply that: (1) we deem to be research or experimental; or (2) are not recognized and generally accepted medical practices in the United States.
 8. "*Emergency Room*" means any emergency facility in a Hospital.

9. *"Hospital"* means a licensed or properly accredited general hospital which:
- Is open at all times;
 - Is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients;
 - Is under the supervision of a staff of one (1) or more legally qualified physicians available at all times;
 - Continuously gives 24-hour nursing service by Registered Nurses on duty or call;
 - Has organized facilities for diagnosis and surgery on the premises; and
 - Is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental and nervous disorders, alcoholics or drug addicts.

With respect to outpatient surgery or diagnostic testing, an ambulatory surgical center or a clinic will be considered as a hospital. Such facility must be properly accredited and where required by law, hold a license allowing the facility to operate as such.

If services specifically for the treatment of a physical disability are provided in a licensed Hospital which is accredited by the Joint Commission on the Accreditation of Health Care Organizations, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities, payment for these services will not be denied solely because such Hospital lacks major surgical facilities and is primarily of a rehabilitative nature. Recognition of these facilities does not expand the scope this Policy. It only expands the setting where covered services may be performed.

10. *"Hospital Confined/Hospital Confinement"* means confined in a Hospital for at least eighteen (18) hours by reason of a Covered Accident for which benefits are payable.
11. *"Medical Necessity"* means those services or supplies given or prescribed by a hospital or physician which are:
- Essential for the symptoms and diagnosis or treatment of the Injury;
 - Given for the diagnosis, or the direct care and treatment of the Injury;
 - In accordance with the standards of good medical practice;
 - Not primarily for the convenience of the Insured, or the Insured's Physician; and,
 - The most appropriate supply or level of service which can safely be given to the Insured.

The Medical Necessity of being hospital confined means that:

- The Insured requires acute care as a bed patient; and
 - The Insured cannot receive safe and adequate care as an outpatient.
12. *"Member"* means an educational institution (school) that has agreed to participate under this Policy for the benefit of its students.
13. *"Member of the immediate family"* means any person related to an Insured within the third degree by the laws of consanguinity or affinity.
14. *"Miscellaneous Supplies"* includes but is not limited to ace bandages, sutures and suturing supplies, bandaids, injections, medications, oxygen, blood and blood plasma.
15. *"Other Valid and Collectible Insurance"* means:
- Any group plan, program or insurance policy;
 - Any other group hospital, surgical or medical benefit plan;
 - Union welfare plans; or
 - Group employer or employee benefit programs, HMO, PPO or similar pre-paid service programs.
16. *"Physician"* means either:

- a. A Doctor of Medicine (M.D.); or
- b. A Doctor of Osteopathy (D.O.); or
- c. A Doctor of Dentistry (D.M.D. or D.D.S.); or
- d. A Doctor of Chiropractic (D.C.); or
- e. A Doctor of Optometry (O.D.); or
- f. A Doctor of Podiatry (D.P.M.)
licensed to practice as such by the governmental authority having jurisdiction over licensing of such classification of doctor in the state where the service is rendered;
- g. Any duly licensed practitioner of the healing arts who we are required by law to recognize as a "Physician."

The term "*Physician*" does not mean an Audiologist; Speech Language Pathologist or Therapist; Social Worker; Sociologist; or any person who is a member of the Insured's immediate family.

- 17. "*Physiotherapy*" means any form of the following: physical, electrical, water, cold, heat, fusion or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation, adjustment or massage in any form; acupressure, acupuncture, strength measurement, exercise, testing or instructions.
- 18. "*Pre-existing Condition*":
 - a. An injury that occurs before the date that the Insured is covered under this Policy;
 - b. Any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior condition.
- 19. "*Prescription Drugs*" means:
 - a. Prescription legend drugs in tablet, capsule, injectable, elixir or any other form;
 - b. Compound medications of which at least one (1) ingredient is a prescription legend drug; and
 - c. Any other drugs which under the applicable state or federal laws may be dispensed only upon written prescription of a physician.
- 20. "*Registered Nurse*" means a licensed professional nurse (R.N.) who is not a member of the Insured's immediate family.
- 21. "*Residence*" means home residence building and its grounds.
- 22. "*Such injury*" means bodily injury caused directly by accident, independent of all other causes, sustained while coverage under the Policy is in force.
- 23. "*Usual and Customary Charges*" means a reasonable charge which is:
 - a. Usual and customary when compared with the charges made for similar services and supplies; and
 - b. Made to persons having similar medical conditions in the locality of the Member school. No payment will be made under this Policy for any expenses incurred which in our judgment are in excess of usual and customary charges.

PART III - CLAIMS PROVISIONS

NOTICE OF CLAIM: The Insured must give written notice of claim to us or our authorized agent. This must be done within twenty (20) days after the claim begins or as soon as possible. Notice given by or on the Insured's behalf with enough information to identify the Insured is notice to us.

If notice is not given to us within 20 days after a claim begins, we will not reduce or deny a claim if it can be shown that notice was given as soon as it was reasonably possible.

CLAIM FORMS: When we receive a notice of claim, we will furnish claim forms. If we do not do this within fifteen (15) days after we get written notice, the Insured can send us written proof of loss telling us of the occurrence, the character and extent of the loss for which claim is made.

PROOF OF LOSS: Proof of loss must describe the incident, extent and type of loss. For death claims, proof of loss means certified copies of the death certificate, autopsy (if performed), Coroner, Medical Examiner or Justice of the Peace reports. Police Motor Vehicle Accident Report or Police Incident Report, if applicable, are also proof of loss documents.

If the claim is for a continuing loss for which we make periodic payments, the Insured must give us written proof of loss within ninety (90) days after the end of each period that benefits are payable, or as soon as reasonably possible.

For any other loss, the Insured must give us or our authorized agent written proof of loss within ninety (90) days after the date of loss. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible. Proof of loss must be given within one (1) year of the date of the accident, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIM: We will pay all benefits due when we receive proof of loss.

PAYMENT OF CLAIMS: Benefits for loss of life will be paid to the beneficiary. If no beneficiary is named, benefits will be paid to the Insured's estate. Any other accrued benefits unpaid at the Insured's death may, at our option, be paid either to the beneficiary or to the Insured's estate. All other benefits will be paid to the Insured. If the Insured is a minor, benefits may be payable to his parent, guardian or other person actually supporting him. We may pay medical benefits (if any) directly to the provider of medical services. Any such payment by us in good faith will end our liability to the extent of such payment.

BENEFICIARY: Accidental death benefits, if any, will be paid to the beneficiary or beneficiaries as designated in writing and on file with the Plan Administrator. If no beneficiary has been named, benefits will be payable in the following order of preference:

1. To the Insured's spouse, if living; otherwise
2. Equally to the Insured's lawful children, if living; otherwise
3. Equally to the Insured's mother and father, if living; otherwise
4. To the Insured's estate.

BENEFICIARY DESIGNATION AND CHANGE: The Insured may choose one (1) or more beneficiaries. We will give forms for this use. Such forms must be filed with the Plan Administrator. The beneficiary may be changed at any time. The beneficiary's consent is not required unless an irrevocable beneficiary has been named. The change will be effective only upon receipt by the Plan Administrator. The change will take effect on the date it is signed. Any payment we make in good faith before we receive any beneficiary change will end our liability to the extent of such payment.

PHYSICAL EXAMINATION AND AUTOPSY: As a part of Proof of Loss, we, at our own expense, have the right:

1. To examine the Insured when and as often as we may reasonably require while a claim is pending; and
2. To have an autopsy made in case of death where it is not forbidden by law.

With regard to Medical Expense benefits, we have the right to get a physician's opinion about treatment or hospitalization. If the Insured does not show up for an exam when we request it, we may:

1. Withhold payment of Covered Medical Expenses until the exam is done and the physician's report is received; and
2. Deduct from benefits the amount we had to pay the physician who was to make the exam. The deductible will have the same effect as the deductible in the Schedule of Benefits.

LEGAL ACTIONS: No legal action can be brought to recover on the Policy prior to the end of sixty (60) days after written proofs of loss have been given. No such action can be brought after the period of time considered the applicable statute of limitations.

RIGHT OF RECOVERY: We can recover payments we make which are more than the Covered Medical Expenses (after allowance for deductible and coinsurance clauses, if any) payable under the Policy. We can recover these from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations.

PART IV - COVERED ACCIDENTS

The benefits provided in Part V, "*Accidental Death Benefit*"; Part VI, "*Dismemberment and Loss of Sight Benefit*"; and Part VII, "*Medical Expense*," are payable only in the event the Covered Accident causing "*such injury*" occurs while the Insured is:

1. In attendance at the Member school during the hours and on the days that school is in session.
2. Participating in Member school classes and Member school activities, except as a spectator, which are exclusively school funded, sponsored, directly supervised and scheduled by the Member school on or away from school premises, during or after school hours or school sponsored religious instructions.
3. Traveling directly and without interruption to or from the Insured's residence and the Member school for regular school sessions, for such travel time as is required. Such travel time is not to exceed one (1) hour before regular school classes begin and not more than one (1) hour after school is dismissed. If additional travel time on the school bus is required, coverage will extend for such additional travel time that might be necessary. Motor vehicle related injury medical expense benefits are limited to schedule of benefits.
4. Traveling in a Member school organized group in a Member school authorized commercial vehicle, bus or van (operated by a licensed driver over age 21) directly and without interruption between a covered Member school event site and the Member school premises to attend activities which are exclusively Member school funded, sponsored, supervised and scheduled by the Member school and held when school is not in session. Motor vehicle related injury medical expense benefits are limited to schedule of benefits.

PART V - ACCIDENTAL DEATH BENEFIT

In the event "*such injury*" due to a Covered Accident results in the Insured's death within one hundred eighty (180) days from the date of said accident, we, on receipt of due proof, will pay an amount equal to the Accidental Death Benefit shown in the Schedule of Benefits. Benefits will be payable under this Part and under Part VII, if applicable.

PART VI – DISMEMBERMENT AND LOSS OF SIGHT BENEFIT

In the event "*such injury*" due to a Covered Accident results, within one hundred eighty (180) days from the date of the said accident in a loss shown below, we, on receipt of due proof will pay the benefit stated in this Part. Only one (1) benefit (the greatest) specified in this Part will be paid as the result of any one (1) Covered Accident. If, as the result of any one (1) Covered Accident, benefits would be payable under this Part and Part VII, we will pay only under that one (1) Part which pays the larger benefit.

For loss of both hands or both feet	\$ 20,000.00
For loss of both eyes	\$ 20,000.00
For loss of one hand and one foot	\$ 20,000.00
For loss of one hand and one eye	\$ 20,000.00
For loss of one foot and one eye	\$ 20,000.00
For loss of one hand or one foot	\$ 10,000.00
For loss of one arm or one leg	\$ 10,000.00
For loss of one eye	\$ 10,000.00

With regard to hands and feet, loss shall mean actual severance through or above the wrist or ankle joints. Loss with regard to eyes means the entire and irrecoverable loss of sight.

PART VII - MEDICAL EXPENSE
PLAN Basic Benefits

Section (a): On receipt of due proof we will pay the amount of the "Covered Charges" described below which exceed the deductible amount shown on the Schedule of Benefits. The total amount payable as a result of any one (1) Covered Accident will not exceed the Maximum Medical Benefit shown in the Schedule of Benefits for each Covered Accident.

Section (b): The Insured must receive treatment within ninety (90) days of the date of the Covered Accident and such treatment must be rendered within the United States. The Medical Expense charged as a result of any one (1) Covered Accident may not exceed the usual and customary charge normally made for such services and treatment in the area in which the Member school is located. Medical Expense consists of the necessary expenses actually incurred by "such injury" for the following services and treatments rendered or furnished within one (1) year of the date of the Covered Accident, to the extent prescribed by the attending physician:

1. Medical and surgical treatment performed within the scope of their license by a physician for the necessary treatment of "such injury" performed within three hundred sixty-five (365) days following the date of the Covered Accident. The benefit for non-surgical treatment, consultations and interpretations will not exceed a total limit of \$35.00 for the first day of treatment in office or hospital visit and \$35.00 for each subsequent day of non-surgical treatment, consultations or interpretation expense. For reduction of fractures or dislocations and for surgical procedures, the benefit shall not exceed one hundred percent (100%) of the usual and customary charge normally made for such eligible treatment or service in the geographic area in which the Member school district is located and shall not exceed a total maximum of \$750.00. The usual and customary charge referred to above shall not exceed the usual and customary fees as set forth in the 1974 California revised relative value studies with a surgical factor of 75. The total benefit for assistant surgeon and/or anesthesiologist fees shall be limited to 25% of the surgical benefits.
2. Diathermy, mechanical fusion in any form, heat treatment in any form, strength measurement or testing in any form, massage, physiotherapy, acupuncture, manipulation or adjustment in any form, and/or office visit connected therewith. No more than \$35.00 for the initial treatment and \$35.00 for each follow-up visit, with a total maximum of 10 visits as a result of any one (1) Covered Accident.
3. Repair and/or replacement of damaged teeth that were whole, sound and natural teeth prior to the Covered Accident, by a legally qualified and licensed dentist. Dental benefits will not exceed \$200.00 as a result of any one (1) Covered Accident, with a total maximum of \$200.00.
4. Benefits will not exceed the usual and customary charge for each x-ray, MRI, CAT Scan or similar radiological procedure including interpretation and service, with a total maximum of (refer to endorsement LRS-9020-0100) when not confined to a hospital as a resident bed patient; or we will pay up to (refer to endorsement LRS-9020-0100) for such radiological procedure when reduction of fractures or dislocations or cutting operation is performed.
5. Care and treatment furnished by a hospital in semi-private or ward accommodations plus all necessary miscellaneous hospital extras including, but not limited to, operating room, recovery room, radiology, MRI, CAT Scan, physical therapy, lab, supplies, orthopedic equipment, and drugs, provided such care and treatment is furnished during a period of hospital confinement which commenced within three hundred sixty-five (365) days of the date of the Covered Accident. Such care and treatment will not exceed (refer to endorsement LRS-9016-0100) total per day of hospital confinement as an overnight bed patient. For Same Day Surgical procedures not requiring an overnight hospital stay for reduction of fractures or dislocations, or cutting operations, the maximum benefit for all hospital charges shall not exceed a total maximum benefit of (refer to endorsement LRS-9016-0100.)

6. Care and treatment furnished by a hospital when hospital confinement is not required, except for same day major surgery procedures, benefits shall not exceed (Refer to endorsement LRS-9016-0100.) for the use of the facility, miscellaneous supplies and administered medications for any one (1) Covered Accident. Benefits payable for x-rays and physician's first day treatment, if any, shall be payable and subject to paragraphs (1) and (4) above.
7. Transportation by professional licensed ground ambulance service to and from the hospital. No more than \$350.00 will be payable as a result of any one (1) Covered Accident.
8. Replacement of broken frames, or broken lenses resulting from a Covered Accident payable only in conjunction with an injury requiring medical or surgical treatment other than routine refractions or routine eye examination. Benefit will not exceed \$200.00.
9. Crutches, braces, splints, casts or orthopedic appliances not to exceed \$200.00 for any one (1) Covered Accident when prescribed by a Physician. A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: (a) is primarily and customarily used to serve a medical, rehabilitative purpose; (b) can withstand repeated use; and (c) generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of purchase price or for braces or appliances used as protective devices during participation in sports or to continue participation in sports.
10. If the physician has ordered medically necessary private duty nursing care by a registered nurse while the Insured is hospital confined, benefits will not exceed the usual and customary charge for private duty nursing care, with a total maximum of \$25,000.00. General nursing care given by the hospital is not covered under this benefit.
11. Plastic, reconstructive or reimplantation, transplantation and experimental surgery and/or treatment for cosmetic purposes will not exceed a maximum benefit of \$NA in total for all medical, surgical, hospital and dental expenses incurred as a result of any one (1) Covered Accident.
12. Prescription Drugs not to exceed \$25,000 that are usual customary and reasonable for any one covered accident.

Section (c): The Insured shall have free choice of a physician or hospital for treatment. If, however, an Insured has other valid coverage through another insurance plan and does not choose a physician or hospital through the other plan; we will pay benefits as if the other plan's guidelines had been followed. This Policy only pays for services, procedures and supplies which in our judgement are a Medical Necessity. No benefits will be paid for expenses which are not a Medical Necessity, including any or all days of Hospital Confinement.

PART VII - MEDICAL EXPENSE

PLAN A Benefits

Section (a): On receipt of due proof we will pay the amount of the "Covered Charges" described below which exceed the deductible amount shown on the Schedule of Benefits. The total amount payable as a result of any one (1) Covered Accident will not exceed the Maximum Medical Benefit shown in the Schedule of Benefits for each Covered Accident.

Section (b): The Insured must receive treatment within ninety (90) days of the date of the Covered Accident and such treatment must be rendered within the United States. The Medical Expense charged as a result of any one (1) Covered Accident may not exceed the usual and customary charge normally made for such services and treatment in the area in which the Member school is located. Medical Expense consists of the necessary expenses actually incurred by "such injury" for the following services and treatments rendered or furnished within one (1) year of the date of the Covered Accident, to the extent prescribed by the attending physician:

1. Medical and surgical treatment performed within the scope of their license by a physician for the necessary treatment of "such injury" performed within three hundred sixty-five (365) days following the date of the Covered Accident. The benefit for non-surgical treatment, consultations and interpretations will not exceed a total limit of \$50.00 for the first day of treatment in office or hospital visit and \$50.00 for each subsequent day of non-surgical treatment, consultations or interpretation expense. For reduction of fractures or dislocations and for surgical procedures, the benefit shall not exceed one hundred percent (100%) of the usual and customary charge normally made for such eligible treatment or service in the geographic area in which the Member school district is located and shall not exceed a total maximum of \$1,500.00. The usual and customary charge referred to above shall not exceed the usual and customary fees as set forth in the 1974 California revised relative value studies with a surgical factor of 75. The total benefit for assistant surgeon and/or anesthesiologist fees shall be limited to 25% of the surgical benefits.
2. Diathermy, mechanical fusion in any form, heat treatment in any form, strength measurement or testing in any form, massage, physiotherapy, acupuncture, manipulation or adjustment in any form, and/or office visit connected therewith. No more than \$50.00 for the initial treatment and \$50.00 for each follow-up visit, with a total maximum of 10 visits as a result of any one (1) Covered Accident.
3. Repair and/or replacement of damaged teeth that were whole, sound and natural teeth prior to the Covered Accident, by a legally qualified and licensed dentist. Dental benefits will not exceed \$250.00 as a result of any one (1) Covered Accident, with a total maximum of \$250.00.
4. Benefits will not exceed the usual and customary charge for each x-ray, MRI, CAT Scan or similar radiological procedure including interpretation and service, with a total maximum of (refer to endorsement LRS-9020-0100) when not confined to a hospital as a resident bed patient; or we will pay up to (refer to endorsement LRS-9020-0100) for such radiological procedure when reduction of fractures or dislocations or cutting operation is performed.
5. Care and treatment furnished by a hospital in semi-private or ward accommodations plus all necessary miscellaneous hospital extras including, but not limited to, operating room, recovery room, radiology, MRI, CAT Scan, physical therapy, lab, supplies, orthopedic equipment, and drugs, provided such care and treatment is furnished during a period of hospital confinement which commenced within three hundred sixty-five (365) days of the date of the Covered Accident. Such care and treatment will not exceed (refer to endorsement LRS-9016-0100) total per day of hospital confinement as an overnight bed patient. For Same Day Surgical procedures not requiring an overnight hospital stay for reduction of fractures or dislocations, or cutting operations, the maximum benefit for all hospital charges shall not exceed a total maximum benefit of (refer to endorsement LRS-9016-0100.)

6. Care and treatment furnished by a hospital when hospital confinement is not required, except for same day major surgery procedures, benefits shall not exceed (Refer to endorsement LRS-9016-0100.) for the use of the facility, miscellaneous supplies and administered medications for any one (1) Covered Accident. Benefits payable for x-rays and physician's first day treatment, if any, shall be payable and subject to paragraphs (1) and (4) above.
7. Transportation by professional licensed ground ambulance service to and from the hospital. No more than \$500.00 will be payable as a result of any one (1) Covered Accident.
8. Replacement of broken frames, or broken lenses resulting from a Covered Accident payable only in conjunction with an injury requiring medical or surgical treatment other than routine refractions or routine eye examination. Benefit will not exceed \$250.00.
9. Crutches, braces, splints, casts or orthopedic appliances not to exceed \$250.00 for any one (1) Covered Accident when prescribed by a Physician. A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: (a) is primarily and customarily used to serve a medical, rehabilitative purpose; (b) can withstand repeated use; and (c) generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of purchase price or for braces or appliances used as protective devices during participation in sports or to continue participation in sports.
10. If the physician has ordered medically necessary private duty nursing care by a registered nurse while the Insured is hospital confined, benefits will not exceed the usual and customary charge for private duty nursing care, with a total maximum of \$25,000.00. General nursing care given by the hospital is not covered under this benefit.
11. Plastic, reconstructive or reimplantation, transplantation and experimental surgery and/or treatment for cosmetic purposes will not exceed a maximum benefit of \$NA in total for all medical, surgical, hospital and dental expenses incurred as a result of any one (1) Covered Accident.
12. Prescription Drugs not to exceed \$25,000 that are usual customary and reasonable for any one covered accident.

Section (c): The Insured shall have free choice of a physician or hospital for treatment. If, however, an Insured has other valid coverage through another insurance plan and does not choose a physician or hospital through the other plan; we will pay benefits as if the other plan's guidelines had been followed. This Policy only pays for services, procedures and supplies which in our judgement are a Medical Necessity. No benefits will be paid for expenses which are not a Medical Necessity, including any or all days of Hospital Confinement.

PART VII - MEDICAL EXPENSE

PLAN B Benefits

Section (a): On receipt of due proof we will pay the amount of the "Covered Charges" described below which exceed the deductible amount shown on the Schedule of Benefits. The total amount payable as a result of any one (1) Covered Accident will not exceed the Maximum Medical Benefit shown in the Schedule of Benefits for each Covered Accident.

Section (b): The Insured must receive treatment within ninety (90) days of the date of the Covered Accident and such treatment must be rendered within the United States. The Medical Expense charged as a result of any one (1) Covered Accident may not exceed the usual and customary charge normally made for such services and treatment in the area in which the Member school is located. Medical Expense consists of the necessary expenses actually incurred by "such injury" for the following services and treatments rendered or furnished within one (1) year of the date of the Covered Accident, to the extent prescribed by the attending physician:

1. Medical and surgical treatment performed within the scope of their license by a physician for the necessary treatment of "such injury" performed within three hundred sixty-five (365) days following the date of the Covered Accident. The benefit for non-surgical treatment, consultations and interpretations will not exceed a total limit of \$100.00 for the first day of treatment in office or hospital visit and \$100.00 for each subsequent day of non-surgical treatment, consultations or interpretation expense. For reduction of fractures or dislocations and for surgical procedures, the benefit shall not exceed one hundred percent (100%) of the usual and customary charge normally made for such eligible treatment or service in the geographic area in which the Member school district is located and shall not exceed a total maximum of \$3,000.00. The usual and customary charge referred to above shall not exceed the usual and customary fees as set forth in the 1974 California revised relative value studies with a surgical factor of 75. The total benefit for assistant surgeon and/or anesthesiologist fees shall be limited to 25% of the surgical benefits.
2. Diathermy, mechanical fusion in any form, heat treatment in any form, strength measurement or testing in any form, massage, physiotherapy, acupuncture, manipulation or adjustment in any form, and/or office visit connected therewith. No more than \$100.00 for the initial treatment and \$100.00 for each follow-up visit, with a total maximum of 10 visits as a result of any one (1) Covered Accident.
3. Repair and/or replacement of damaged teeth that were whole, sound and natural teeth prior to the Covered Accident, by a legally qualified and licensed dentist. Dental benefits will not exceed \$400.00 as a result of any one (1) Covered Accident, with a total maximum of \$400.00.
4. Benefits will not exceed the usual and customary charge for each x-ray, MRI, CAT Scan or similar radiological procedure including interpretation and service, with a total maximum of (refer to endorsement LRS-9020-0100) when not confined to a hospital as a resident bed patient; or we will pay up to (refer to endorsement LRS-9020-0100) for such radiological procedure when reduction of fractures or dislocations or cutting operation is performed.
5. Care and treatment furnished by a hospital in semi-private or ward accommodations plus all necessary miscellaneous hospital extras including, but not limited to, operating room, recovery room, radiology, MRI, CAT Scan, physical therapy, lab, supplies, orthopedic equipment, and drugs, provided such care and treatment is furnished during a period of hospital confinement which commenced within three hundred sixty-five (365) days of the date of the Covered Accident. Such care and treatment will not exceed (refer to endorsement LRS-9016-0100) total per day of hospital confinement as an overnight bed patient. For Same Day Surgical procedures not requiring an overnight hospital stay for reduction of fractures or dislocations, or cutting operations, the maximum benefit for all hospital charges shall not exceed a total maximum benefit of (refer to endorsement LRS-9016-0100.)

6. Care and treatment furnished by a hospital when hospital confinement is not required, except for same day major surgery procedures, benefits shall not exceed (Refer to endorsement LRS-9016-0100.) for the use of the facility, miscellaneous supplies and administered medications for any one (1) Covered Accident. Benefits payable for x-rays and physician's first day treatment, if any, shall be payable and subject to paragraphs (1) and (4) above.
7. Transportation by professional licensed ground ambulance service to and from the hospital. No more than \$1,000.00 will be payable as a result of any one (1) Covered Accident.
8. Replacement of broken frames, or broken lenses resulting from a Covered Accident payable only in conjunction with an injury requiring medical or surgical treatment other than routine refractions or routine eye examination. Benefit will not exceed \$400.00.
9. Crutches, braces, splints, casts or orthopedic appliances not to exceed \$400.00 for any one (1) Covered Accident when prescribed by a Physician. A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: (a) is primarily and customarily used to serve a medical, rehabilitative purpose; (b) can withstand repeated use; and (c) generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of purchase price or for braces or appliances used as protective devices during participation in sports or to continue participation in sports.
10. If the physician has ordered medically necessary private duty nursing care by a registered nurse while the Insured is hospital confined, benefits will not exceed the usual and customary charge for private duty nursing care, with a total maximum of \$25,000.00. General nursing care given by the hospital is not covered under this benefit.
11. Plastic, reconstructive or reimplantation, transplantation and experimental surgery and/or treatment for cosmetic purposes will not exceed a maximum benefit of \$NA in total for all medical, surgical, hospital and dental expenses incurred as a result of any one (1) Covered Accident.
12. Prescription Drugs not to exceed \$25,000 that are usual customary and reasonable for any one covered accident.

Section (c): The Insured shall have free choice of a physician or hospital for treatment. If, however, an Insured has other valid coverage through another insurance plan and does not choose a physician or hospital through the other plan; we will pay benefits as if the other plan's guidelines had been followed. This Policy only pays for services, procedures and supplies which in our judgement are a Medical Necessity. No benefits will be paid for expenses which are not a Medical Necessity, including any or all days of Hospital Confinement.

PART VII - MEDICAL EXPENSE

PLAN C Benefits

Section (a): On receipt of due proof we will pay the amount of the "Covered Charges" described below which exceed the deductible amount shown on the Schedule of Benefits. The total amount payable as a result of any one (1) Covered Accident will not exceed the Maximum Medical Benefit shown in the Schedule of Benefits for each Covered Accident.

Section (b): The Insured must receive treatment within ninety (90) days of the date of the Covered Accident and such treatment must be rendered within the United States. The Medical Expense charged as a result of any one (1) Covered Accident may not exceed the usual and customary charge normally made for such services and treatment in the area in which the Member school is located. Medical Expense consists of the necessary expenses actually incurred by "such injury" for the following services and treatments rendered or furnished within one (1) year of the date of the Covered Accident, to the extent prescribed by the attending physician:

1. Medical and surgical treatment performed within the scope of their license by a physician for the necessary treatment of "such injury" performed within three hundred sixty-five (365) days following the date of the Covered Accident. The benefit for non-surgical treatment, consultations and interpretations will not exceed a total limit of \$150.00 for the first day of treatment in office or hospital visit and \$150.00 for each subsequent day of non-surgical treatment, consultations or interpretation expense. For reduction of fractures or dislocations and for surgical procedures, the benefit shall not exceed one hundred percent (100%) of the usual and customary charge normally made for such eligible treatment or service in the geographic area in which the Member school district is located and shall not exceed a total maximum of \$4,500.00. The usual and customary charge referred to above shall not exceed the usual and customary fees as set forth in the 1974 California revised relative value studies with a surgical factor of 75. The total benefit for assistant surgeon and/or anesthesiologist fees shall be limited to 25% of the surgical benefits.
2. Diathermy, mechanical fusion in any form, heat treatment in any form, strength measurement or testing in any form, massage, physiotherapy, acupuncture, manipulation or adjustment in any form, and/or office visit connected therewith. No more than \$150.00 for the initial treatment and \$150.00 for each follow-up visit, with a total maximum of 10 visits as a result of any one (1) Covered Accident.
3. Repair and/or replacement of damaged teeth that were whole, sound and natural teeth prior to the Covered Accident, by a legally qualified and licensed dentist. Dental benefits will not exceed \$600.00 as a result of any one (1) Covered Accident, with a total maximum of \$600.00.
4. Benefits will not exceed the usual and customary charge for each x-ray, MRI, CAT Scan or similar radiological procedure including interpretation and service, with a total maximum of (refer to endorsement LRS-9020-0100) when not confined to a hospital as a resident bed patient; or we will pay up to (refer to endorsement LRS-9020-0100) for such radiological procedure when reduction of fractures or dislocations or cutting operation is performed.
5. Care and treatment furnished by a hospital in semi-private or ward accommodations plus all necessary miscellaneous hospital extras including, but not limited to, operating room, recovery room, radiology, MRI, CAT Scan, physical therapy, lab, supplies, orthopedic equipment, and drugs, provided such care and treatment is furnished during a period of hospital confinement which commenced within three hundred sixty-five (365) days of the date of the Covered Accident. Such care and treatment will not exceed (refer to endorsement LRS-9016-0100) total per day of hospital confinement as an overnight bed patient. For Same Day Surgical procedures not requiring an overnight hospital stay for reduction of fractures or dislocations, or cutting operations, the maximum benefit for all hospital charges shall not exceed a total maximum benefit of (refer to endorsement LRS-9016-0100.)

6. Care and treatment furnished by a hospital when hospital confinement is not required, except for same day major surgery procedures, benefits shall not exceed (Refer to endorsement LRS-9016-0100.) for the use of the facility, miscellaneous supplies and administered medications for any one (1) Covered Accident. Benefits payable for x-rays and physician's first day treatment, if any, shall be payable and subject to paragraphs (1) and (4) above.
7. Transportation by professional licensed ground ambulance service to and from the hospital. No more than \$1,500.00 will be payable as a result of any one (1) Covered Accident.
8. Replacement of broken frames, or broken lenses resulting from a Covered Accident payable only in conjunction with an injury requiring medical or surgical treatment other than routine refractions or routine eye examination. Benefit will not exceed \$600.00.
9. Crutches, braces, splints, casts or orthopedic appliances not to exceed \$600.00 for any one (1) Covered Accident when prescribed by a Physician. A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: (a) is primarily and customarily used to serve a medical, rehabilitative purpose; (b) can withstand repeated use; and (c) generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of purchase price or for braces or appliances used as protective devices during participation in sports or to continue participation in sports.
10. If the physician has ordered medically necessary private duty nursing care by a registered nurse while the Insured is hospital confined, benefits will not exceed the usual and customary charge for private duty nursing care, with a total maximum of \$25,000.00. General nursing care given by the hospital is not covered under this benefit.
11. Plastic, reconstructive or reimplantation, transplantation and experimental surgery and/or treatment for cosmetic purposes will not exceed a maximum benefit of \$NA in total for all medical, surgical, hospital and dental expenses incurred as a result of any one (1) Covered Accident.
12. Prescription Drugs not to exceed \$25,000 that are usual customary and reasonable for any one covered accident.

Section (c): The Insured shall have free choice of a physician or hospital for treatment. If, however, an Insured has other valid coverage through another insurance plan and does not choose a physician or hospital through the other plan; we will pay benefits as if the other plan's guidelines had been followed. This Policy only pays for services, procedures and supplies which in our judgement are a Medical Necessity. No benefits will be paid for expenses which are not a Medical Necessity, including any or all days of Hospital Confinement.

PART VIII - EXCLUSIONS

No benefits will be paid under the Policy to cover any expense or loss not caused exclusively by "*such injury*" or any expense or any loss resulting from, or for:

1. The practice or play of tackle football, including travel to or from such practice or play.
2. The practice or play of school sports unless the required additional premium is paid.
3. Contact lenses or hearing aids;
4. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedures and services. Treatment for injury or function of tooth caused either by decay, infection, or the breakdown of a dental restoration.
5. Pathological fractures, stress fractures, boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
6. Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions.
7. Any form of fighting or brawling, or criminal or felonious assault or the Insured being engaged in an illegal occupation.
8. Services or treatment rendered as a part of the Member school service by a hospital, physician, or person employed or retained by the Member, or by a person related to the Insured by blood or marriage.
9. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle. Eligible medical expenses not collectible from other valid coverage will be payable up to \$1,500.00 in total.
10. Intentionally self-inflicted injury.
11. War or any act of war; (raids by air, land or sea shall be deemed an act of war), civil disobedience, riots or insurrection.
12. Injuries sustained by the Insured for which benefits are paid or received under any Workmen's Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member.
13. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.

14. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all terrain vehicle or two (2) or three (3) wheeled motor vehicle.
15. The use of or while under the influence of drugs unless administered as prescribed by a physician.
16. The existence or aggravation of physical or mental infirmity, condition, or disease, whether infectious, congenital, secondary, or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date.
17. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
18. Snow skiing, snow tubing, snowboarding, skate boarding, water skiing, wake boarding, surfboarding, hydro-sliding, or jet skiing or using any "personal watercraft" as defined by Florida Statutes, not to exceed \$0 per Covered Accident.
19. Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing or weapons training unless the organized program is exclusively sponsored, funded, and scheduled by the Member school district Board of Education to which the Policy is issued, and directly supervised by a Member school employee.
20. Any expense for which a benefit is not listed.

PART IX - GENERAL PROVISIONS

ENTIRE CONTRACT, CHANGES: This Policy, including any attached endorsements and the application of the Policyholder make up the entire contract between the parties. All statements made by the Member or by the persons insured are deemed representations and not warranties. No agent has authority to change this Policy or to waive any of its provisions. No change in this Policy is valid until approved by an executive officer of ours and unless such approval is endorsed hereon or attached hereto. Such an endorsement or attachment shall be effective without the consent of the Insured but shall be without prejudice to any claim arising prior to its Effective Date.

INCONTESTABILITY: In the absence of fraud, the validity of this Policy shall not be contested except for nonpayment of premiums. No statement, except a fraudulent misstatement, made by any Insured relating to his insurability will be used to contest the validity of his insurance with respect to which such statement was made after his insurance has been in force for two years during such Insured's lifetime nor unless it is contained in a written instrument signed by him.

POLICY TERMINATION: We reserve the right to terminate the Policy with 31 days prior written notice to the Policyholder and all Members. We will not terminate this Policy with respect to any Member during a Benefits Period for which the premium has been paid in advance. Termination by Us will be without prejudice to any claim originating prior to the date of termination.

PAYMENT OF PREMIUM: All premiums are payable in advance in accordance with our premium rates. The full premium must be paid even if the correct premium is received after the Member's Effective Date. There is no pro-rata or reduced premium payment for late enrollees. There will be no refunds for Insureds who cancel coverage under this Policy, unless the Insured enters the Armed Forces. Optional coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment. Dependents are eligible to purchase only those optional coverages purchased by the Insured. Coverage must be the same for all family members.

Premium adjustments involving return of unearned premiums will be limited to a period of twelve (12) months immediately preceding the date of receipt by us of evidence that adjustments should be made. Premiums are payable to us or our authorized agent.

GRACE PERIOD: A grace period of 31 days will be granted to each Member for the payment of any premium due. This Policy will continue in effect during the grace period. If the premium is not paid by the end of the grace period, all insurance that pertains to that Member's coverage under this Policy will end on the last day of the grace period. The Member will owe us the pro rata premium for the time that Member's coverage continued in force.

CHANGES IN PREMIUM RATES: We have the right to change any of the premium rates for any of the insurance included in this Policy. We will not change the premium rates with respect to any Member during a Benefits Period for which the premium has been paid in advance. We will give the Policyholder written notice at least 30 days before any premium rate change.

EXAMINATION OF RECORDS: We have the right to examine all of the books and records relating to the insurance under this Policy at any time up to the later of:

1. two (2) years after the expiration of the term of insurance under this Policy; and
2. the date of final adjustment and settlement of all claims under this Policy, with respect to such term of insurance.

COVERAGE UNDER MORE THAN ONE POLICY: Coverage in effect at any one time on an Insured under a like policy or policies with us is limited to coverage under the one such policy. The Insured, his beneficiary or his estate, as the case may be, can elect the coverage. All other coverage will be null and void. We will return all premiums paid for all other such coverage.

CLERICAL ERROR: A clerical error by the Company, Policyholder, Plan Administrator or Member will not terminate insurance under this Policy otherwise validly in force, nor will it continue insurance under this Policy otherwise validly terminated.

WORKERS' COMPENSATION: The Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation.

WAIVER OF RIGHTS: If we fail to enforce any provision of this Policy, this will not affect our right to do so at a later date. It also will not affect our right to enforce any other provision of this Policy.

SUMMARY BROCHURE OR CERTIFICATES: Each student who becomes insured under this Policy will receive a brochure which summarizes the important features, benefits, exclusions and limitations of this Policy. When required by law, students who become insured under this Policy will receive a certificate of insurance.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which is in conflict with the laws of any jurisdiction to which it is subject, is amended to meet those laws.

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: 1100 East Woodfield Road, Two Woodfield Lake, Suite 437, Schaumburg, IL 60173

ENDORSEMENT

It is hereby understood and agreed that the Policy is amended as follows:

EFFECTS OF OTHER COVERAGE

Applicable to all claims

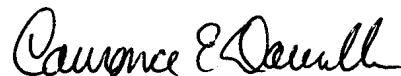
If the total claim expense exceeds \$1.00, and if there is other valid coverage not with this Company, providing benefits for the same loss on a provision of service basis or on an expense incurred basis, benefits shall be paid first by such other company or service plan. If "*other valid coverage*", not with this Company, has a non-duplication of benefits provision, the Policy will provide the lesser of the following benefits: (a) the eligible benefits specified in the Policy; or (b) eligible medical expense not collectible from "*other valid coverage*" in the absence of coverage under the Policy or any other plan agreement, contract or policy.

Other valid coverage shall include, but not be limited to the following: group insurance; coverage provided by hospital or medical service organizations; union welfare or trust plans; employer or employee benefit organizations; self-administered ERISA plans; Medicare; Blue Cross/Blue Shield; or similar pre-paid medical service organizations.

This endorsement takes effect and expires with the Policy to which it is attached and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Vice President, Secretary, Deputy General Counsel



President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: 1100 East Woodfield Road, Two Woodfield Lake, Suite 437, Schaumburg, IL 60173

ENDORSEMENT

In consideration of the premium paid, the Policy is amended as follows:

TWENTY-FOUR HOUR A DAY ACCIDENT COVERAGE

Policy Section Part IV entitled "*Covered Accidents*" is amended and the following is added:

1. If the additional premium is paid for "24 Hour" coverage, coverage will extend to twenty-four (24) hours of the day (excluding interscholastic, grades 9,10,11,12th, football practices and competition).
2. Maximum Benefit - in no event will payment exceed \$25,000.00 in total for all medical, surgical, hospital, nurse and dental expense incurred as a result of any one Covered Accident.

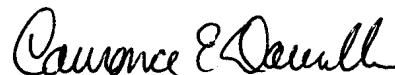
The coverage will end on the first official opening day for scheduled Member school classes resuming the next fall school session, or August 10, 2022, whichever is the earlier date.

This endorsement shall apply only to those Insureds who have paid the required premium for "24 Hour" coverage.

This endorsement takes effect and expires with the Policy to which it is attached and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Vice President, Secretary, Deputy General Counsel



President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: 1100 East Woodfield Road, Two Woodfield Lake, Suite 437, Schaumburg, IL 60173

ENDORSEMENT

In consideration of the premium paid, the Policy is amended as follows:

HOSPITAL COVERAGE

Items 5 and 6 of section (b) **PART VII, - MEDICAL EXPENSE** as shown in the Policy are hereby deleted, and replaced by the following:

5. Inpatient Hospital Care and Service: For confinement as a resident patient for at least 18 hours beginning within 365 days after the date of the accident-causing injury, we will pay:

Hospital daily Room and Board: **Basic Plan pays up to \$750.00 per day;**
Plan A pays up to \$1500.00 per day.
Plan B pays up to \$3,000.00 per day;
Plan C pays up to \$4,500.00 per day.

Miscellaneous hospital expenses: **Basic Plan pays up to \$750.00 per day;**
Plan A pays up to \$1500.00 per day.
Plan B pays up to \$3,000.00 per day;
Plan C pays up to \$4,500.00 per day.

6. Outpatient Hospital Care, Service and Supplies, per one (1) covered accident, in an amount not to exceed:

Hospital Outpatient Services: **Basic Plan pays up to \$750.00 if major surgery is performed;**
Basic Plan pays up to \$100.00 if minor or no surgery is performed;
Plan A pays up to \$1,500.00 if major surgery is performed;
Plan A pays up to \$200.00 if minor or no surgery is performed
Plan B pays up to \$3,000.00 if major surgery is performed;
Plan B pays up to \$400.00 if minor or no surgery is performed;
Plan C pays up to \$4,500.00 if major surgery is performed;
Plan C pays up to \$600.00 if minor or no surgery is performed

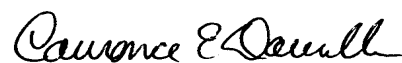
Outpatient Licensed Surgical Facility: **Basic Plan pays up to \$750.00 if major surgery is performed;**
Basic Plan pays up to \$100.00 if minor or no surgery is performed;
Plan A pays up to \$1,500.00 if major surgery is performed;
Plan A pays up to \$200.00 if minor or no surgery is performed
Plan B pays up to \$3,000.00 if major surgery is performed;
Plan B pays up to \$400.00 if minor or no surgery is performed;
Plan C pays up to \$4,500.00 if major surgery is performed;
Plan C pays up to \$600.00 if minor or no surgery is performed.

This endorsement takes effect and expires with the Policy to which it is attached and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Vice President, Secretary, Deputy General Counsel

LRS-9016-0100-FL



President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: 1100 East Woodfield Road, Two Woodfield Lake, Suite 437, Schaumburg, IL 60173

ENDORSEMENT

It is hereby understood and agreed that the Policy is amended as follows:

MEDICAL EXPENSE BENEFITS

Item 4 of **PART VII**, "*MEDICAL EXPENSE*" as shown in the Policy is hereby deleted, and replaced by the following:


The insured will be entitled to receive one or more of the following benefits:

1. BASIC PLAN Benefits will not exceed the usual and customary charge for each x-ray, or similar radiological procedure including interpretation and service, with a maximum policy benefit of \$200.00 when not hospital confined as a resident bed patient.
2. BASIC PLAN Benefits will not exceed the usual and customary charge for MRI, Cat scan including interpretation and service, with a maximum benefit of \$400.00 in the aggregate.
3. PLAN A Benefits will not exceed the usual and customary charge for each x-ray, or similar radiological procedure including interpretation and service, with a maximum policy benefit of \$250.00 when not hospital confined as a resident bed patient.
4. PLAN A Benefits will not exceed the usual and customary charge for MRI, Cat scan including interpretation and service, with a maximum benefit of \$500.00 in the aggregate.
5. PLAN B Benefits will not exceed the usual and customary charge for each x-ray, or similar radiological procedure including interpretation and service, with a maximum policy benefit of \$400.00 when not hospital confined as a resident bed patient.
6. PLAN B Benefits will not exceed the usual and customary charge for MRI, Cat scan including interpretation and service, with a maximum benefit of \$800.00 in the aggregate.
7. PLAN C Benefits will not exceed the usual and customary charge for each x-ray, or similar radiological procedure including interpretation and service, with a maximum policy benefit of \$600.00 when not hospital confined as a resident bed patient.
8. PLAN C Benefits will not exceed the usual and customary charge for MRI, Cat scan including interpretation and service, with a maximum benefit of \$1,200.00 in the aggregate.

This endorsement takes effect and expires with the Policy to which it is attached and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Vice President, Secretary, Deputy General Counsel



President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: 1100 East Woodfield Road, Two Woodfield Lake, Suite 437, Schaumburg, IL 60173

ENDORSEMENT

In consideration of the premium paid, the Policy is amended as follows:

EXTENDED DENTAL BENEFITS

Item 3 of the Part VII, "*Medical Expense*" as shown in the Policy is hereby deleted, and replaced by the following:

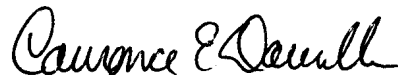
3. Dental repair or replacement to whole, sound and natural teeth by a legally qualified and licensed dentist not to exceed a total maximum benefit of \$25,000.00 as a result of any one (1) Covered Accident. The time period for incurring eligible dental expense is not to exceed one (1) year from the original date of the Covered Accident. Orthodontic procedures and services are expressly excluded.

This endorsement shall apply only to those Insureds covered by this endorsement.

This endorsement takes effect and expires with the Policy to which it is attached and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Vice President, Secretary, Deputy General Counsel



President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: 1100 East Woodfield Road, Two Woodfield Lake, Suite 437, Schaumburg, IL 60173

HOSPITAL CONFINEMENT FOR SICKNESS ONLY ENDORSEMENT

SCHEDULE OF BENEFITS

HOSPITAL CONFINEMENT BENEFIT: This is designed to pay a daily benefit for Hospital Confinement due to Sickness (this Endorsement does not provide benefits for expenses resulting from injuries or for outpatient care and treatment).

INDEMNITY AMOUNT:	AMOUNT WE PAY:
Per Day of Hospital Confinement	\$ 500.00
Period of Confinement Maximum	\$ 5,000.00

DEFINITIONS

Pre-existing Condition means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition, or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the Policy.

Sickness means an illness or disease for which symptoms first originate and for which medical treatment is rendered by a physician while this Endorsement is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness.

INDEMNITY BENEFITS

We will pay this benefit when the Insured is Hospital Confined as an inpatient.

HOSPITAL CONFINEMENT BENEFIT: We will pay this benefit when confinement:

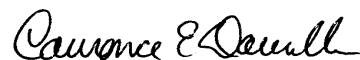
1. Begins while coverage under this Endorsement is in force; and
2. Is Medically Necessary for the Sickness causing the confinement; and
3. Is at the direction of and under the supervision of the treating physician.

Benefits will be paid as shown in the Schedule of Benefits above.

The following exclusions apply to this benefit only and are in addition to the **PART VIII – EXCLUSIONS** section in the Policy. We will not pay benefits when confinement results from:

1. Pregnancy, child birth or abortion;
2. Drug or alcohol intoxication or addiction;
3. Any treatment for injury or secondary complications arising from the injury;
4. Mental illness, emotional disorders or psychiatric care;
5. Dental examinations or dental care required for any cause, including TMJ;
6. Any outpatient visits or treatment.

This endorsement takes effect and expires with the Policy to which it is attached and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Vice President, Secretary, Deputy General Counsel

President

LRS-9179-0504-FL