

ACCIDENTAL INJURY INSURANCE for the Employees of Calhoun County

Offered by Life Insurance Company of North America

Eligibility	<p>You — If you are an active, full-time employee working at least 20 hours per week, you will be eligible to elect coverage for yourself and your dependents on the first of the month following 30 days of active service.</p> <p>Your Spouse* — Up to age 70 is eligible provided that you apply for and are approved for coverage yourself.</p> <p>Your Unmarried, Dependent Children — Under age 26 are eligible provided you apply for and are approved for coverage yourself.</p> <p>No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.</p>												
How Much Coverage Can You Buy?	<p>You — Select an Accidental Injury plan to cover You. Coverage amounts available are shown below. If you enroll, you can also purchase coverage for Your Spouse, and/or Your Dependent Children. Employee benefits are payable at 100% of the Benefit Amount shown for the Eligible Employee on the base plan.</p> <p>Your Spouse — You select Spouse coverage. All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.</p> <p>Your Children — You select Dependent Child(ren) coverage. All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.</p>												
Coverage Type	<p>This is a group accident 24-hour insurance policy. Benefits are paid when a covered injury results, directly and independently of all other causes, from a Covered Accident. A Covered Accident is a sudden, unforeseeable, external event that results directly in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy. Benefits provided are not intended to cover medical expenses.</p> <p>This is not a substitute for comprehensive health insurance.</p>												
How Much Your Coverage Will Cost	<p>Plan 1 Bi-Weekly Premium</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%;">Total</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td style="text-align: right;">\$4.45</td> </tr> <tr> <td>Employee + Spouse</td> <td style="text-align: right;">\$7.58</td> </tr> <tr> <td>Employee + Child(ren)</td> <td style="text-align: right;">\$7.44</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$10.57</td> </tr> </tbody> </table> <p><i>Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.</i></p>		Total	Employee	\$4.45	Employee + Spouse	\$7.58	Employee + Child(ren)	\$7.44	Family	\$10.57		
	Total												
Employee	\$4.45												
Employee + Spouse	\$7.58												
Employee + Child(ren)	\$7.44												
Family	\$10.57												
A Valuable Combination of Benefits	<p>We will pay benefits for a Covered Accident according to the Schedule of Benefits below:</p> <p>Employee Benefits – Plan 1</p> <p>Initial Care and Emergency Care Benefits</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Benefit Type</th> <th style="width: 20%;">Benefit Amount</th> </tr> </thead> <tbody> <tr> <td>Emergency Care Treatment – in a trauma center or special area of hospital equipped and staffed for emergency care on outpatient basis (not including a clinic or doctor's office) and within 30 days of accident. Payable 1 time per accident, up to 1 time per month.</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>Physician Office Visit – provided by a licensed health care provider within 90 days of accident. Does not include: routine health exams or immunizations for age 60 and older; mental or nervous disorder visits; visits by surgeon while confined to hospital. Payable 1 time per accident. Not payable with Emergency Care Treatment benefit.</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>Diagnostic Exam – covers x-rays or laboratory studies prescribed by a physician within 90 days of accident. Does not include CT or CAT Scans, MRI, PET, SPECT or other similar tests. Payable for 1 diagnostic exam per Covered Accident and payable up to 1 time per month.</td> <td style="text-align: center;">\$10</td> </tr> <tr> <td>Ground/Water Ambulance – transportation to the nearest Hospital that is able to provide appropriate care, or for transportation to the nearest Hospital or between Hospitals within 90 days of accident. Payable 1 time per accident, up to 1 time per month. Pays one benefit for ground, water, or air ambulance, whichever is greater.</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>Air Ambulance – transportation to nearest hospital that is able to provide appropriate care; or for transportation to the nearest Hospital or between Hospitals within 90 days of accident. Payable 1 time per accident, up to 1 time per month. Pays one benefit for ground, water, or air ambulance, whichever is greater.</td> <td style="text-align: center;">\$300</td> </tr> </tbody> </table> <p>Hospitalization Benefits Hospital meets all of the following: Licensed as hospital pursuant to law; Provides medical care and treatment; under supervision of medical doctor staff; 24-hour nursing services by or under supervision of Registered Nurse (R.N.); Major surgical facilities available on premises or prearranged basis; Charges for services (includes VA hospitals without service charges).</p>	Benefit Type	Benefit Amount	Emergency Care Treatment – in a trauma center or special area of hospital equipped and staffed for emergency care on outpatient basis (not including a clinic or doctor's office) and within 30 days of accident. Payable 1 time per accident, up to 1 time per month.	\$100	Physician Office Visit – provided by a licensed health care provider within 90 days of accident. Does not include: routine health exams or immunizations for age 60 and older; mental or nervous disorder visits; visits by surgeon while confined to hospital. Payable 1 time per accident. Not payable with Emergency Care Treatment benefit.	\$50	Diagnostic Exam – covers x-rays or laboratory studies prescribed by a physician within 90 days of accident. Does not include CT or CAT Scans, MRI, PET, SPECT or other similar tests. Payable for 1 diagnostic exam per Covered Accident and payable up to 1 time per month.	\$10	Ground/Water Ambulance – transportation to the nearest Hospital that is able to provide appropriate care, or for transportation to the nearest Hospital or between Hospitals within 90 days of accident. Payable 1 time per accident, up to 1 time per month. Pays one benefit for ground, water, or air ambulance, whichever is greater.	\$100	Air Ambulance – transportation to nearest hospital that is able to provide appropriate care; or for transportation to the nearest Hospital or between Hospitals within 90 days of accident. Payable 1 time per accident, up to 1 time per month. Pays one benefit for ground, water, or air ambulance, whichever is greater.	\$300
Benefit Type	Benefit Amount												
Emergency Care Treatment – in a trauma center or special area of hospital equipped and staffed for emergency care on outpatient basis (not including a clinic or doctor's office) and within 30 days of accident. Payable 1 time per accident, up to 1 time per month.	\$100												
Physician Office Visit – provided by a licensed health care provider within 90 days of accident. Does not include: routine health exams or immunizations for age 60 and older; mental or nervous disorder visits; visits by surgeon while confined to hospital. Payable 1 time per accident. Not payable with Emergency Care Treatment benefit.	\$50												
Diagnostic Exam – covers x-rays or laboratory studies prescribed by a physician within 90 days of accident. Does not include CT or CAT Scans, MRI, PET, SPECT or other similar tests. Payable for 1 diagnostic exam per Covered Accident and payable up to 1 time per month.	\$10												
Ground/Water Ambulance – transportation to the nearest Hospital that is able to provide appropriate care, or for transportation to the nearest Hospital or between Hospitals within 90 days of accident. Payable 1 time per accident, up to 1 time per month. Pays one benefit for ground, water, or air ambulance, whichever is greater.	\$100												
Air Ambulance – transportation to nearest hospital that is able to provide appropriate care; or for transportation to the nearest Hospital or between Hospitals within 90 days of accident. Payable 1 time per accident, up to 1 time per month. Pays one benefit for ground, water, or air ambulance, whichever is greater.	\$300												

Does not include clinic, facility, or unit of hospital for: Rehabilitation, convalescent, custodial, educational or nursing care; Aged, drug addicts or alcoholics.

Benefit Type	Benefit Amount
Hospital Admission Benefit Waiting Period 0 days Within 90 days of accident; inpatient hospital stay required; first admission for accident. Payable on day 0 for 1 accident, up to 1 admission per month. Not payable for treatment only given in emergency room, outpatient; or re-admission from same accident.	\$500
Hospital Stay Benefit Waiting Period 0 days Maximum Benefit Period 365 days Stay must begin within 90 days of accident and admitted for at least 23 hours and/or on an inpatient basis. Payable on day 0 for up to 1 time per month. If payable under Hospital Stay and Intensive Care Unit Stay benefits, only 1 benefit is payable for same accident, whichever is greater. Re-hospitalization within 90 days for same accident is one stay. Re-hospitalization after 90 days for same accident counts as different stay.	\$100/day
Intensive Care Unit Stay Benefit Waiting Period 0 days Maximum Benefit Period up to 365 days Stay must begin within 90 days of accident and admitted for at least 23 hours and/or on an inpatient basis in a special area of hospital for treatment of patients in acute, critical condition; furnished with emergency life-saving equipment and supplies; staffed 24 hours a day by ICU nurses; can monitor patient's vital signs around-the-clock. Not a recovery room or area used for post-operative or post-anesthesia care. Not payable for hospital re-admission for same accident. Payable on day 0 for up to 1 time per month. If benefit is payable under Hospital Stay and Initial Intensive Care Unit benefits, only 1 benefit paid for same accident, whichever is greater. If readmitted within 90 days for same accident, it counts as one stay. If released for at least 90 days and returns for same accident, it counts as different stay.	\$200/day

Fracture Benefits

Bone broken, within 90 days of accident, as diagnosed by physician and corrected by open (Surgical) or closed (Non-Surgical) reduction. If more than one fracture, we pay one benefit, whichever is greater.

Benefit Type	Non-Surgical Benefit Amount	Surgical Benefit Amount
Skull – Non-depressed or depressed skull. Not Bones of Face	\$1,000	\$2,000
Hip or Thigh	\$1,000	\$2,000
Vertebrae or Pelvis - Vertebrae, body of vertebrae, or pelvis fracture. Not for Coccyx, Leg or Vertebral Processes.	\$1,000	\$2,000
Upper Arm - Between elbows and shoulder. Not for Shoulder, Lower Arm or Elbow.	\$500	\$1,000
Shoulder or Collarbone – Not for Upper Arm fractures	\$500	\$1,000
Leg – Not for Thigh, Knee or Ankle	\$500	\$1,000
Ankle – Not for Leg, Foot or Heel	\$400	\$800
Kneecap – Not for Leg	\$400	\$800
Lower Arm – To elbow and below elbow. Not for Upper Arm or Bones of Wrist.	\$400	\$800
Foot – Not for Toe, Ankle or Heel	\$400	\$800
Hand or Wrist – Not for Lower Arm or Finger	\$400	\$800
Upper Jaw – Not for Lower Jaw, teeth or Bones of the Face	\$300	\$600
Lower Jaw – Not for Upper Jaw, teeth or Bones of the Face	\$300	\$600
Bones of Face or Nose – Not for Upper Jaw, Lower Jaw or teeth	\$300	\$600
Vertebral Processes	\$300	\$600
Rib - (More than 1 rib fracture pays 2 times)	\$100	\$200
Coccyx – Not for Vertebrae or Pelvis	\$100	\$200
Finger – Not for fractures to Hand or Wrist (More than 1 finger pays 2 times)	\$50	\$100
Toe – Not for Foot, Heel or Ankle (More than 1 toe fracture pays 2 times)	\$50	\$100

Sternum	\$50	\$100
Heel – Not for Foot, Toe or Ankle	\$50	\$100
Chip Fracture – Fragment of bone is broken off. <i>*Benefit is a percentage of the Closed Fracture benefit, not payable in addition to Closed Fracture.</i>	25%*	N/A
Multiple Fractures – Not payable in addition to Closed Fracture <i>*Benefit is a percentage of the single fracture benefit for multiple fractures to the same bone.</i>	200%*	N/A

Dislocation Benefits

Completely separated joint, within 90 days of accident, that can be corrected by open or closed reduction. Partial Dislocation is an incomplete separated joint. If more than one dislocation, we pay one benefit, whichever is greater.

Benefit Type	Non-Surgical Benefit Amount	Surgical Benefit Amount
Hip Joint	\$1,000	\$2,000
Knee Joint	\$500	\$1,000
Bones of Foot	\$500	\$1,000
Ankle – Not for Bones of Foot or Toe	\$500	\$1,000
Wrist	\$400	\$800
Elbow	\$300	\$600
Shoulder	\$200	\$400
Hand	\$200	\$400
Collarbone	\$200	\$400
Lower Jaw	\$200	\$400
Finger or Toe – (More than 1 finger or toe pays 2 times)	\$50	\$100

Follow-up Care

Benefit Type	Benefit Amount
Follow up Physician Office Visit 10 treatments per accident Exam or treatment by a licensed health care provider within 90 days and completed within 365 days of accident. Payable up to 1 accident per month.	\$50
Follow up Physical Therapy Visits 10 treatments per accident Begin within 90 days and completed within 365 days of accident. Payable for 1 accident per month. Recommendation by physician is required.	\$25

Enhanced Accident Benefits

Expands coverage of Accidental Injury plan and pays in addition to the base plan.

Benefit Type	Benefit Amount
Small Burns – 2nd or 3rd degree burn covering 20% or less of body surface and within 90 days of accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same accident and burned area is not payable. Payable 1 time per accident. Not payable for burns caused from sunburn or if Large Burns benefit is payable.	\$100
Large Burns - 2nd or 3rd degree burn covering more than 20% of body surface and within 90 days of accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same accident and burned area is not payable. Payable 1 time per accident. Not payable for burns caused from sunburn.	\$300
Skin-Graft Benefit - Small Burns or Large Burns benefit must be paid and within 90 days of accident. Payable 1 time per accident. <i>*Benefit is a percentage of the applicable Benefit amount for Small Burns or Large Burns</i>	50%*
Small Lacerations – one or more lacerations, less than or equal to 6 inches long and requires 2 or more sutures and within 90 days of accident. Multiple lacerations pay maximum 2 times. Payable 1 time per accident.	\$50
Large Lacerations - one or more lacerations, more than 6 inches long and requires 2 or more sutures and within 90 days of accident. Multiple lacerations pay maximum 2 times. Payable 1 time per accident.	\$100

General Anesthesia Benefit - administered by nurse, anesthetist or physician and Surgery must occur within 90 days of accident. Payable 1 time per accident.	\$100
Medicine Benefit - over-the-counter medications purchased due to injury from accident and purchased within 90 days of accident. Payable 1 time per accident.	\$5
Medical Supply Benefit - over-the-counter medical supplies purchased due to injury from accident and purchased within 90 days of accident. Will not pay for Durable Medical Equipment. Payable 1 time per accident.	\$5
Abdominal or Thoracic Surgery – performed by a physician within 90 days of accident. Payable 1 time per accident. If paid, we will not pay for any other surgical benefit.	\$1,000
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Repair - torn, ruptured, or severed and performed by a physician within 90 days of accident. Payable 1 time per accident. Not payable if exploratory surgery is performed with no repair.	\$200
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Exploratory - performed by a physician within 90 days of accident. Payable 1 time per accident.	\$100
Ruptured Disc Surgery – Repair - performed by a physician within 90 days of accident. Payable 1 time per accident.	\$500
Eye Injury Surgery - performed by a physician within 90 of accident. Payable 1 time per accident.	\$200
Eye Injury - Removal of Foreign Object - performed by a physician within 90 days of accident. Payable 1 time per accident. Not payable if Eye Injury Surgery benefit is paid.	\$100
Emergency Dental – Extraction - performed by licensed dentist within 90 days of accident. More than one tooth pays 2 times the benefit.	\$100
Emergency Dental - Broken Tooth - performed by licensed dentist within 90 days of the accident. More than one tooth pays 2 times the benefit. Not payable if Dental Extraction is paid for same tooth during same procedure.	\$50
Concussion - diagnosed within 90 days of accident. Payable 1 time per accident.	\$100
Coma – unconsciousness lasting 7 days with no response to external stimuli and requiring artificial respiratory or life support assistance, as diagnosed by a physician. Payable 1 time per accident. Not payable if medically induced.	\$5,000
Diagnostic Advanced - CT or CAT Scans, MRI, PET, SPECT, or other similar tests and within 90 days of accident. Does not include x-rays or laboratory studies (blood chemistries, urinalysis, or other similar microscopic study of human blood, fluids, or bodily tissues). Payable 1 time per accident.	\$50
Appliance – artificial device prescribed by a physician within 90 days of accident and meets the following criteria: able to withstand repeated use by more than one person; serve a medical purpose; not useful in absence of injury or sickness; appropriate for use in home; not disposable. Includes but not limited to: crutches, hospital beds, respirators, wheel chairs, and dialysis machines. Not payable for prescribed or non-prescribed hearing aids, dentures, eye glasses, cosmetic devices such as wigs, or artificial joint replacements. If more than 1 appliance is required, we pay 2 times the benefit. Payable 1 time per accident.	\$100
Prosthesis - prescribed within 90 days of accident. Payable only for loss of arm, leg, hand, foot or eye under Accidental Dismemberment benefit. Not payable for hearing aids, dentures, eye glasses, cosmetic devices such as wigs, or artificial joint replacements. If more than one prosthesis is required, we pay 2 times the benefit. Payable 1 time per accident.	\$200
Paralysis – Paraplegia - spinal cord injury resulting in complete and total loss of use of 2 or 3 limbs and within 90 days of accident. Paralysis must last for 30 days or more. Not payable if Paralysis – Quadriplegia benefit is paid.	\$1,000
Paralysis – Quadriplegia - spinal cord injury resulting in complete and total loss of use of 4 limbs and within 90 days of accident. Paralysis must last for 30 or more days. If more than one Paralysis benefit is payable, we will pay the largest benefit.	\$2,000
Blood, plasma, platelets - transfusion must occur within 90 days of accident. Payable 1 time per accident.	\$100
Transportation – for treatment unavailable locally and received more than 100 miles one-way from principal residence and within 90 days of accident. Requires hospital stay. Payable 1 time per accident per 12 month period. Not payable if Ground Ambulance or Air Ambulance benefit is payable.	\$100
Family Lodging - temporary lodging of immediate family member or caregiver if treatment is not available locally. Must occur more than 100 miles one-way from primary residence. Requires hospital stay and treatment within 90 days of accident. Payable 1 time per accident per 12 month period for one immediate family member. Payable up to 30 days.	\$50 per day

Accidental Death and Dismemberment

Expands coverage of Accidental Injury plan for death or dismemberment in addition to the base plan.

Benefit Type	Benefit Amount
Accidental Death Benefits	
Death must occur within 365 days of accident.	
Loss of Life - reduced by any paid or payable Accidental Dismemberment or Catastrophic Dismemberment Loss benefit. If Accidental Dismemberment benefit equals or exceeds Loss of Life benefit, no additional benefit is paid. Not payable if death occurs from Automobile or Common Carrier accident.	\$25,000
Automobile - payable if: Covered Person wore and properly used seatbelt during accident; automobile is equipped with Air Bag System installed as original equipment by manufacturer; seated in the driver's or passenger's seating position and Air Bag System deployed. Not payable if Covered Person is driver and does not hold a valid driver's license.	\$50,000
Common Carrier - death occurs while riding as fare-paying passenger in, or struck by, a Common Carrier within 365 days of accident. Riding includes getting into and out of Common Carrier. Not payable if Covered Person is operator of public conveyance or Common Carrier.	\$75,000
Catastrophic Dismemberment Loss	
Within 365 days of accident	
If a Dismemberment benefit is payable, no benefit will be payable under Catastrophic Dismemberment Loss benefit for the same loss. Total benefit payable cannot exceed Accidental Death benefit.	
Sight in Both Eyes - Total, permanent loss of all vision, irrecoverable by natural, surgical or artificial means.	\$20,000
Both Hands or Arms - Loss of hand is complete severance of at least four fingers or above the wrist. Loss of Arm is complete or partial severance above the elbow.	\$20,000
Both Feet or Legs - Loss of a Foot is complete severance through or above ankle joint. Loss of Leg is complete or partial severance above knee.	\$20,000
Speech and Hearing in Both Ears - Loss of Speech is total and permanent loss of audible communication, irrecoverable by natural, surgical or artificial means. Loss of hearing is total and permanent loss of ability to hear any sound and is irrecoverable by natural, surgical or artificial means.	\$20,000
Speech or Hearing in Both Ears	\$10,000
One Hand or Arm and One Foot or Leg	\$10,000
One Hand, Arm, Foot, Leg, or Sight in one Eye	\$10,000
Dismemberment Loss	
Within 365 days of accident	
If Catastrophic Dismemberment benefit is payable, no benefit will be payable under the Dismemberment Loss benefit for the same loss. Total benefit payable cannot exceed the Loss of Life Accidental Death benefit.	
Finger - Complete or partial severance through the joint of one or more fingers.	\$1,000
Toe - Complete or partial severance through metatarsalphalangeal joint of one or more toes.	\$1,000

Wellness, Health Screen Test and Preventive Care Benefit

Expands coverage of Accidental Injury plan by paying a fixed amount for one service for either Wellness Visits, Health Screening Tests, or Preventive Care, provided by a physician, up to a maximum specified in the schedule below.

Benefit Type	Benefit Amount
Wellness Benefit for Office Visit and Preventive Care	\$50 per visit
Benefit Waiting Period 30 days	
WELLNESS VISITS	1 visit per year
<ul style="list-style-type: none"> - Well Child Care - Visits, Labs and Immunizations - Osteoporosis screenings - Routine gynecological exams - Routine prostate exams - General health exams - Colorectal cancer screening - Lead poisoning screening - Cancer screenings - Adult immunizations 	
HEALTH SCREENING TESTS	

	<ul style="list-style-type: none"> - Mammography - Pap Smear for women over Age 18 - Flexible Sigmoidoscopy - Hemocult Stool Specimen - Colonoscopy - Prostate Specific Antigen (for prostate cancer) - Stress test on a bicycle or treadmill - Fasting blood glucose test - Blood test for triglycerides - Serum cholesterol test to determine levels of HDL and LDL - Bone marrow testing - Breast ultrasound - CA 15-3 (blood test for breast cancer) - CA125 (blood test for ovarian cancer) - CEA (blood test for colon cancer) - Chest X-ray - Serum Protein Electrophoresis (blood test for myeloma) - Thermography <p>PREVENTIVE CARE</p> <p>Patient Protection and Affordable Care Act (PPACA) required preventive health services for the following preventive care services (detailed information is available at: www.healthcare.gov/center/regulations/prevention/recommendations.html)</p> <ol style="list-style-type: none"> 1. evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force; 2. immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved; 3. for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; 4. for women, such additional preventive care and screenings not described in paragraph. 	
<p>Exclusions and Limitations</p>	<p>If the Benefits under a Rider would duplicate Benefits payable under the Policy as a result of a Covered Accident, then such Benefits will only be payable under the Policy and not under the Rider</p> <p>In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which directly is caused by or results from any of the following unless coverage is specifically provided for by name in the <i>Description of Benefits</i> section:</p> <ul style="list-style-type: none"> • Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • Covered Loss that results from active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; • Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; or • Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred. • Bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface: <ol style="list-style-type: none"> a. except as a fare-paying passenger on a regularly scheduled commercial airline; b. being flown by the Covered Person or in which the Covered Person is a member of the crew; c. being used for: <ol style="list-style-type: none"> i. crop dusting, spraying or seeding, giving and receiving flying instruction, firefighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or 	

	<ul style="list-style-type: none"> ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on); d. designed for flight above or beyond the earth's atmosphere; e. an ultra-light or glider; f. being used for the purpose of parachuting or skydiving; g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent; <ul style="list-style-type: none"> • Travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates; • In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: <ul style="list-style-type: none"> a. employed or retained by the Subscriber; b. providing homeopathic, aroma-therapeutic or herbal therapeutic services; c. living in the Covered Person's household; d. a parent, sibling, spouse or child of the Covered Person • Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
When Your Coverage Begins and Ends	<p>Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospitalized or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.</p> <p>30 Day Right To Examine Certificate If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.</p> <p>Portability Feature – This plan allows you to continue all of your in force voluntary coverage at the time you leave your employer. Spouse and Dependent Child coverage may also be continued when you elect to continue your coverage. Coverage under this feature may be continued up to age 100. This feature requires that you have been covered under this Policy for at least 12 months and you are under age 70 at the time you chose to continue coverage. Rates may change under the terms of the policy. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer.</p>
Apply Today	Return your completed enrollment form to Human Resources.
Payroll Deduction	Premiums are paid through payroll deduction.
<p><i>THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE. This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy on A1960176, on Policy Form GAI-00-1000, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Public Administration Industry. If there are any differences between this summary and the group policy, the information in the group policy shall prevail. The group policy is subject to the laws of the jurisdiction in which it is issued. Product availability and terms of coverage may vary by state. Rates are subject to change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192.</i></p>	



11/2015

CLASS 1

"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Life Insurance Company of North America, and not by Cigna Corporation.

© 2015 Cigna.

