Policyholder Name: Miami Dade County Public Schools
1500 Biscayne Blvd.
Miami, FL 33132

Policy Number: B33MP-P-100329

PLAN OF INSURANCE

Term of Coverage: August 1, 2011 to August 1, 2012

Effective Dates of Coverage (No earlier than):

High School Football:	August 8, 2011
All Other Coverages:	August 22, 2011

Aggregate Limit: None

Eligibility & Coverage:

Athletic Program	At School Coverage including Interscholastic Athletics/Activities excluding Football (Middle & High School):	All registered High School athletes, student participants, student managers and student trainers for the teams/events named below for whom the appropriate premium has been paid.	Basic Benefit Plan
Athletic Program	Interscholastic High School Football Coverage:	All registered High School Football athletes for whom the appropriate premium has been paid.	Miami Dade Football Benefit Plan
Student Program	24-Hour Coverage excluding High School Football	All registered PK-12 students for whom the appropriate premium has been paid.	Basic Benefit Plan
Student Program	At School Coverage excluding High School Interscholastic Athletics and High School Football	All registered PK-12 students for whom the appropriate premium has been paid.	Basic Benefit Plan

Covered Activities:

ATHLETIC PROGRAM

Covered teams/events are: Badminton, Baseball, Basketball, Bowling, Cheerleaders, Cross Country, Football, Girls Flag Football, Golf, Lacrosse, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball, Water Polo and Wrestling.

At School Coverage: Insurance coverage is provided: (a) on school premises during the hours and days when school is in session, (b) on school premises when school is not in session if participating in or attending any school sponsored event or activity; and (c) while attending or participating in school sponsored and supervised activities off school premises (i.e. day field trips) and (d) while participating in interscholastic athletics. Coverage is provided while traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and school premises when school is in session. No coverage is provided for participation in High School Football.

Football Only: Insurance coverage is provided for High School Football athletes while: (a) practicing for or playing in regularly scheduled football games under the supervision of a regularly employed coach or trainer of the Policyholder school/district; (b) participating in weight lifting and conditioning sessions during the regularly scheduled season; (c) participating in off-season workouts, play-off games & Spring Football Training as defined and sanctioned by the state interscholastic governing body; (d) participating in off-season conditioning sessions under the supervision of a regularly employed coach or trainer of the Policyholder school/district; (e) participating in All Star Games and (f) traveling during a covered event as a member of a group in transportation furnished or arranged by the Policyholder school/district.

Covered Activities:

STUDENT PROGRAM

24-Hour Coverage: Provides coverage for injuries incurred 24-Hours a day, 365 days a year, at home, at school and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities).

At School Coverage: Insurance coverage is provided: (a) on school premises during the hours and days when school is in session, (b) on school premises when school is not in session if participating in or attending any school sponsored event or activity; and (c) while attending or participating in school sponsored and supervised activities off school premises (i.e. day field trips). Coverage is provided while traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and school premises when school is in session. No coverage is provided for participation in High School Interscholastic Athletics/High School Football.

Coverage for any Policyholder sponsored and supervised trips and related travel is not provided unless: (a) the plan administrator has been notified prior to departure via receipt of a trip notification form and roster and (b) the additional premium required for the specified trip has been received by the plan administrator.

No Coverage is provided:

- for injuries sustained as a result of operating, sitting or riding in or upon, alighting to or from, or working on or around any motorcycle or recreational motor vehicle including but not limited to: two or three wheeled motor vehicle; four wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle;
- for injuries sustained while operating a motor vehicle without possessing a current and valid motor vehicle operator's license (except in a Driver's Education Program);
- for injuries sustained while skiing, scuba diving, surfing, roller skating, riding in a rodeo;
- for injuries sustained while skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planning, bungee jumping, bob-sledding or ballooning;
- for injuries sustained while fighting or brawling; except in self-defense;
- for re-injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the Effective date of Individual Insurance;
- for injuries covered under a mandatory no-fault automobile insurance contract; or

Effective Date of Individual Insurance:
The effective date of individual insurance shall be the policy date or 12:01am the day following the date notice from the Policyholder to the Company is postmarked or the date specified by the Policyholder, whichever is later.

Individual Terminations: (Individual Provision No. 3 applies if this space is left blank)

Change in Coverage: None

Benefits:

A. Class	Insuring Provision(s) Applicable	Benefit Provision(s) Applicable
At School including Interscholastic Athletics Excluding Football	0KV5M & 0KV4M	1359MS-EZ AD & Specific Loss 0LJ8MS AME
Interscholastic High School Football	0KV4M	1359MS-EZ AD & Specific Loss 0LJ8MS AME
24-Hour	866MS-EZ	1359MS-EZ AD & Specific Loss 0LJ8MS AME
At School excluding High School Interscholastic Athletics And High School Football	0KV5M	1359MS-EZ AD & Specific Loss 0LJ8MS AME

B. The amount of benefits for each Benefit Provision shown above is as follows:

BASIC BENEFIT PLAN

Accidental Death & Specific Loss	**Rider 1359MS-EZ**
Life (Principal Sum $1,500.00)	Benefit Amount = $1,500.00
Double Specific Loss (Principal Sum $7,500.00)	Double Specific Loss Benefit Amount= $7,500.00
Single Specific Loss (Principal Sum $2,000.00)	Single Specific Loss Benefit Amount = $1,000.00
Thumb & Index Finger (Principal Sum $2,000.00)	Benefit Amount = $500.00
Loss Period	Loss within 180 Days of Injury

Accident Medical Expense: Full Excess	**Rider 0LJ8MS/9130MSM**
Maximum Medical Benefit Amount (Non-Motor Vehicle)	$25,000.00
Maximum Medical Benefit Amount (Motor Vehicle)	$2,000.00 (other than 2 or 3 wheeled)
Accident Medical Deductible	$0.00
Loss Period	Initial treatment received within 60 days of Injury
Benefit Period	Benefits payable for 104 weeks from accident date

MIAMI DADE FOOTBALL BENEFIT PLAN

Accidental Death & Specific Loss	**Rider 1359MS-EZ**
Life (Principal Sum $1,000.00)	Benefit Amount = $1,000.00
Double Specific Loss (Principal Sum $1,000.00)	Double Specific Loss Benefit Amount = $1,000.00
Single Specific Loss (Principal Sum $1,000.00)	Single Specific Loss Benefit Amount = $500.00
Thumb & Index Finger (Principal Sum $2,000.00)	Benefit Amount = $500.00
Loss Period	Loss within 180 Days of Injury

Accident Medical Expense: Full Excess	**Rider 0LJ8MS/9130MSM**
Maximum Medical Benefit Amount (Non-Motor Vehicle)	$25,000.00
Maximum Medical Benefit Amount (Motor Vehicle)	$2,000.00 (other than 2 or 3 wheeled)
Accident Medical Deductible*	$250.00
Loss Period	Initial treatment received within 60 days of Injury
Benefit Period	Benefits payable for 104 weeks from accident date

*The deductible will be waived if: (1) necessary surgery is performed on an Outpatient basis; (2) diagnostic laboratory or X-ray services are performed on an Outpatient basis for Pre-Admission Testing within 7 days prior to hospital admission; (3) a mandatory second surgical opinion is obtained for the necessity of non-emergency surgery [note this waiver applies only to charges for second surgical opinion].

SEE THE SCHEDULE OF BENEFITS FOR SERVICE/TREATMENT DETAILS

The following riders are attached to and made a part of this policy:

Excess Coverage Amendment Rider	9130MS
Facility of Payment Amendment Rider	779MS
Extension of Benefits Rider	0JW5M
Ambulatory Surgical Expense Benefit Rider	4587M
Exclusions Amendment Rider	9991MS Rev.
Amendment Rider	335MS-NN

- Amend “CLAIMS PROVISIONS” of the policy
- Delete Exclusions (b) & (f) from Insuring Provisions 0KV5M, 0KV4M & 866MS-EZ
- Delete Exclusions (a), (d) & (e) from the Accident Medical Benefit 0LJ8MS

Premiums:

Coverage	Benefit Plan	Premium
At School including Interscholastic Athletics & Activities excluding High School Football (Middle & High School)	Basic	$45.00
High School Football	Miami Dade Football	$209.00
Spring High School Football	Miami Dade Football	$45.00
24-Hour excluding High School Football (PK-12)	Basic	$66.00
At School excluding Interscholastic Athletics and Football (PK-6)	Basic	$14.00
At School (grades 7-12) excluding High School Interscholastic Athletics and High School Football	Basic	$16.00

08-31-11 MQ

FLORIDA – MIAMI DADE BASIC OPTION
SCHEDULE OF BENEFITS

All benefits are payable on a per injury basis and are subject to the Accident Medical Maximum Benefit Amount and Medical Deductible Amount (if any), unless otherwise noted below:

INPATIENT:	
Room & Board	**$1,000 Aggregate Maximum per day**
Hospital Miscellaneous	**100% of U&C**
Registered Nurse	**100% of U&C**
Physician's Nonsurgical Visits	**Up to $45 per visit first day; $40 per visit each subsequent day**
(Benefits are limited to one visit per day and do not apply when related to surgery)	
OUTPATIENT:	
Hospital Outpatient Surgery – Facility Charge	**100% of U&C**
Physician's Nonsurgical Visits	**Up to $45 per visit first day; $40 per visit each subsequent day**
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	**Up to $30 per visit; 10 visit maximum (Benefits are limited to one visit per day)**
Emergency Room	**100% of U&C**
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
X-Ray Services (Includes charges for reading)	**$75 maximum**
Cat Scan **MRI**	**$375 maximum** **$750 maximum**
Laboratory	**No Benefits**
Injections	**No Benefits**
Prescription Drugs	**No Benefits**
Orthopedic Braces and Appliances	**$250 maximum**
INPATIENT AND/OR OUTPATIENT:	
Surgeon's Fees	**100% of U&C (Specified surgery based on the Florida Workers' Compensation Schedule).**
Anesthetist **Assistant Surgeon**	**100% of U&C** **100% of U&C**
Ambulance	**$250 maximum**
Consultant	**Paid under Physician's Visit**
Dental (Includes orthodontia as a result of a covered injury).	**Up to $500 per tooth/$1,000 maximum (Benefits are paid on sound natural teeth only).**
Replacement of Eyeglasses, Contact Lenses and Hearing Aids	**100% of U&C (When broken as a result of a covered injury)**
Hearing Aids (When broken as a result of a covered injury)	**Paid under Orthopedic Braces & Appliances**
Home Health Care	**40 non-surgical visits per policy year (Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment and treatment must be certified by the Utilization Review Program).**
Food Poisoning	**Paid as any other injury (Food Poisoning must be caused by school supplied food).**

FLORIDA – MIAMI DADE FOOTBALL OPTION
SCHEDULE OF BENEFITS

All benefits are payable on a per injury basis and are subject to the Accident Medical Maximum Benefit Amount and Medical Deductible Amount (if any), unless otherwise noted below:

INPATIENT:	
Room & Board	**$1,000 Aggregate Maximum per day**
Hospital Miscellaneous	**Paid under Room & Board**
Registered Nurse	**100% of U&C**
Physician's Nonsurgical Visits	**Up to $45 per visit first day; $40 per visit each subsequent day**
(Benefits are limited to one visit per day and do not apply when related to surgery)	
OUTPATIENT:	
Hospital Outpatient Surgery – Facility Charge	**100% of U&C**
Physician's Nonsurgical Visits	**Up to $45 per visit first day; $40 per visit each subsequent day**
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	**Up to $30 per visit; 20 visit maximum (Benefits are limited to one visit per day)**
Emergency Room	**100% of U&C**
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
X-Ray Services (Includes charges for reading)	**100% of U&C; $75 maximum**
Cat Scan **MRI**	**$375 maximum** **$750 maximum**
Laboratory	**No Benefits**
Injections	**No Benefits**
Prescription Drugs	**100% of U&C**
Orthopedic Braces and Appliances	**100% of U&C**
INPATIENT AND/OR OUTPATIENT:	
Surgeon's Fees	**100% of U&C (Specified surgery based on the Florida Workers' Compensation Schedule).**
Anesthetist **Assistant Surgeon**	**100% of U&C** **100% of U&C**
Ambulance	**$250 maximum**
Consultant	**100% of U&C**
Dental (Includes orthodontia as a result of a covered injury).	**Up to $500 per tooth/$1,000 maximum (Benefits are paid on sound natural teeth only).**
Replacement of Eyeglasses, Contact Lenses and Hearing Aids	**100% of U&C (When broken as a result of a covered injury)**
Hearing Aids (When broken as a result of a covered injury)	**Paid under Orthopedic Braces & Appliances**
Home Health Care	**40 non-surgical visits per policy year (Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment and treatment must be certified by the Utilization Review Program).**

MUTUAL *of* OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175, 402 342 7600

BLANKET MASTER POLICY

August 1, 2011	B33MP-P-100329
Policy Date	Policy Number

MUTUAL OF OMAHA INSURANCE COMPANY (called "We", "Us", or "Our"), agrees to insure certain persons (called Insureds) and promises to pay benefits according to the terms of this Master Policy (called the Policy). The application of the Policyholder and payment of all premiums put this Policy in force. This Policy is issued to:

Miami Dade County Public Schools
1500 Biscayne Blvd.
Miami, Florida 33132

(called the Policyholder)

POLICY TERM -- RENEWAL

This Policy goes into effect on the Policy Date shown above. The initial term ends on August 1, 2012. This Policy may be renewed for additional terms with our consent. Each term begins and ends at 12:01 a.m., Standard Time, at the main office of the Policyholder.

This Policy is signed for Us by the Officers named below.

Daniel P. Neary
Chairman of the Board and
Chief Executive Officer

Michael Hess
Corporate Secretary

Form B33MP -- Series 8408S **(***)**

Blanket Policy

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.
If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.
EXCESS INSURANCE
Customer Service 1-800-524-2324

PART A. DEFINITIONS

Hospital means any of the following places:

(a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
(b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility;
(c) a place recognized as a hospital by the Joint Commission on the Accreditation of Hospitals;
(d) a place certified as a hospital by Medicare;
(e) a place accredited by the American Osteopathic Association; or
(f) a place accredited by the Commission on the Accreditation of Rehabilitative Facilities. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally:
  (1) for the treatment or care of drug addicts or alcoholics; or
  (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

Injuries mean accidental bodily injuries:

(a) received while insured under this policy; and
(b) resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s).

The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

PART B. BENEFITS

Loss covered under this policy and benefits payable is described in the attached riders. The Plan of Insurance states which Insuring Provision(s) and Benefit Provision(s) apply to each insured person.

PART C. INDIVIDUAL PROVISIONS

1. **Change of Beneficiary; Assignment:** Only the Insured has the right to change the beneficiary. Consent of the beneficiary is not required to make any change in this policy. Also, no such consent is required for surrender or assignment of the Insured's right under this policy.

2. **Change in Coverage:** Any change in an Insured's coverage because of a change in class will become effective as stated in the Plan of Insurance.

3. **Eligibility:** All persons within the classes stated in the Plan of Insurance are eligible for insurance under this policy.

4. **Effective Date of Individual Insurance:** Each eligible person will become insured on the date stated in the Plan of Insurance.

5. **Individual Terminations:** Unless otherwise stated in the Plan of Insurance, the insurance of any Insured shall end on the first of the following dates:
   (a) The date any premium for the Insured is due and unpaid;
   (b) The date the Insured ceases to be within a class of persons eligible for coverage under this policy; or
   (c) The date this policy is terminated.

6. **Reinstatement or Re-enrollment:** If the Insured's insurance is terminated for any reason, then again made effective through reinstatement or re-enrollment, only covered loss resulting from covered injuries received after the date of reinstatement or re-enrollment will be covered.

PART D. CLAIMS PROVISIONS

1. **Notice of Claim:** Written notice of a claim must be given to us within 20 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon, as is reasonably possible. The Insured can give the notice or have someone else do it for him or her. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must identify the Insured.

2. **Claim Forms:** When we receive the Insured's notice, we will send the forms for filing proof of loss. If we do not send them within 15 days, the Insured can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

3. **Proof of Loss:** The Insured must give us written proof of loss within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time is otherwise required, except in the absence of legal capacity.

4. **Time of Payment of Claims:** After receiving written proof of loss, we will pay monthly all benefits then due for any loss for which this policy or certificate provides a periodic payment. We will pay for any other loss covered by this policy or certificate as soon as we receive proper written proof of loss as otherwise specified by law.

5. **Payment of Claims:** Benefits will be paid to the Insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Insured's estate. Any other benefits unpaid at death may be paid, at Our option, either to the Insured's beneficiary or estate.

   If benefits are payable to the Insured's estate or a beneficiary who cannot execute a valid release, We can pay benefits up to $3000 to someone related to the Insured or beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

6. **Legal Actions:** The Insured may not bring a legal action to recover under this policy for at least 60 days after the Insured has given us written proof of loss. The Insured may not start such an action after the expiration of the applicable statute of limitations after the date written proof of loss is required to be given.

PART E. POLICY PROVISIONS

1. **Cancellation:** After this policy has been in force for one year, it may be canceled at any time, by either the Policyholder or us, with written notice to the other stating the date and hour cancellation becomes effective. We shall give 60 days' prior notice to cancellation. Upon cancellation any unearned premium shall be returned.

2. **Clerical Error:** Clerical error on our or the Policyholder's part in keeping records or furnishing information shall not void insurance otherwise in force or continue insurance otherwise terminated under the terms of this policy.

3. **Conformity with State Statutes:** The provisions of this policy must conform to the laws of the state in which the Insured resides on the Policy Date. If any do not, they are hereby amended to conform.

4. **Entire Contract; Changes:** This policy, and any attachments, is the entire contract of insurance. No agent may change it in any way. Only an officer of ours can approve a change. Any such change must be shown in this policy.

5. **Grace Period:** Premiums must be paid on or before the date they are due or during the 31-day grace period that follows. This policy stays in force during the grace period. A grace period always applies unless we inform the Policyholder that it does not apply.

6. **Notice of Annual Meeting:** Our Annual Meeting will be held at 10:00 a.m. on the second Saturday after the first day of February at our Home Office.

7. **Physical Examinations and Autopsy:** We, at our expense, may have a covered person examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done (at our expense) where it is not forbidden by law.

8. **Records -- Information to Be Furnished:** The Policyholder shall furnish us or our authorized agent with the information, as we may deem necessary for the proper administration of this insurance. The records of the Policyholder, which may have a bearing on this insurance, shall be open to us for inspection at any time during the policy term and within one year after termination of this policy.

9. **Time Limit on Certain Defenses:** After two years from the Policy Date, we cannot use misstatements, except fraudulent misstatements in the Policyholder's application to void coverage. After two years from the date an Insured becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in his or her application to void coverage or deny a claim for loss that happens after the two-year period.

Countersigned by:

_____

Licensed Resident Agent

INSURING PROVISION
(Coverage for Sponsored Activities, Including Travel To and From)

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision. Such injuries must be received while:

(a) participating in activities sponsored and supervised by the Policyholder;
(b) traveling during such activities as a member of a group in transportation furnished or arranged by Policyholder;
(c) traveling directly to or from the Insured's home premises and the site of such activities.

PART A. DEFINITIONS

The definitions in the policy or certificate apply to this Insuring Provision.

PART B. EXCEPTIONS AND LIMITATIONS

This provision does not cover:

(a) injuries resulting from air travel, except while a passenger for transportation only;
(b) the cost of eyeglasses, contact lenses or examinations for either;
(c) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth;
(d) expenses for which benefits were paid for by workers' compensation or employer's liability laws;
(e) injuries caused by an act of declared or undeclared war;
(f) treatment of hernia;
(g) suicide or attempted suicide while sane or insane.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

INSURING PROVISION
(Coverage for Various Accidents)

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision. Such injuries must be received while:

(a) participating in activities sponsored and supervised by the Policyholder; or
(b) traveling to, during or after such activities as a member of a group in transportation furnished or arranged for the Policyholder.

PART A. DEFINITIONS

The definitions in the policy or certificate apply to this Insuring Provision.

PART B. EXCEPTIONS AND LIMITATIONS

This provision does not cover:

(a) injuries resulting from air travel, except while a passenger for transportation only;
(b) the cost of eyeglasses, contact lenses or examinations for either;
(c) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth;
(d) expenses for which benefits were paid for by workers' compensation or employer's liability laws;
(e) injuries caused by an act of declared or undeclared war;
(f) treatment of hernia;
(g) suicide or attempted suicide, sane or insane; or
(h) injuries sustained while traveling other than that described above.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

INSURING PROVISION
(24-hour Accident Coverage)

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision.

EXCEPTIONS AND LIMITATION. This provision does not cover:

(a) injuries resulting from air travel, unless received while a passenger for transportation only;
(b) the cost of eyeglasses, contact lenses or examinations for either;
(c) the cost of dental treatment, except benefits specifically provided for injuries to sound, natural teeth;
(d) injuries for which any benefits are payable under workers' compensation or employer's liability laws;
(e) injuries caused by an act of declared or undeclared war;
(f) treatment of hernia; or
(g) suicide or attempted suicide, sane or insane.

BENEFIT PROVISION
(Accidental Death and Specific Loss Benefits)

This provision applies only to the class or classes of Insureds who are specified in the Plan of Insurance.

The Principal Sum and Loss Period referred to in this provision are specified in the Plan of Insurance.

When, because of injuries, the Insured sustains any of the following losses within the Loss Period from the date of the accident, we will pay benefits as follows:

Loss of Life	Principal Sum
Loss of Both Feet, Both Hands or Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye	Principal Sum
Loss of One Hand, One Foot or One Eye	One-half Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of Speech or Hearing	One-half Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-fourth Principal Sum

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Loss of speech or hearing means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss. Loss of thumb and index finger of the same hand means severance of two or more entire phalanges of both the thumb and the index finger.

Only one of the amounts shown above (the largest applicable) will be paid for injuries resulting from one accident. The benefit for loss of: (a) two limbs; (b) both eyes; (c) one limb and one eye; (d) speech and hearing; or (e) thumb and index finger of the same hand is payable only when such double loss is the result of the same accident.

This provision is subject to the Exceptions and Limitations of the insuring provision(s) applicable to the Insured.

ACCIDENT MEDICAL EXPENSE BENEFITS

(Includes Ambulance Service and Orthopedic Appliances)

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injuries received while insured under the policy or certificate and this provision. The Medical Benefit and Medical Deductible are specified in the Plan of Insurance.

Provision Date (same as the Policy Date or Certificate Date if no date is shown)

PART A. DEFINITIONS

The definitions in the policy, certificate and Insuring Provision(s) apply to this Benefit Provision. In addition, the following definitions are added.

Ambulatory Surgical Center means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

Medical Expense means expense incurred, after all adjustments (including but not limited to discounts, write-offs, and negotiated fees) for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

Legally Qualified Physician means a physician:

(a) other than the Insured;
(b) practicing within the scope of his or her license; and
(c) recognized as a physician in the state where the services are rendered.

Medically Necessary service or supply means one which:

(a) is recommended by the attending Legally Qualified Physician;
(b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and
(c) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

Usual and Customary Charges (U&C) mean a charge by a Legally Qualified Physician for a Covered Service which is no higher than the 80th percentile identified on the Healthcare Charges Database (HCD). When there is, in Our determination, minimal data available from the HCD for a Covered Service, We will determine the usual and customary charge by calculating the unit cost for the applicable service category using HCD, and multiplying that by the relative value of the Covered Service assigned by the Medicare Resource Based Relative Value Scale (supplemented with a commercially available relative value scale selected by Us where one is not available from Medicare). In the event of an unusually complex Covered Service, a Covered Service that is a new procedure or a Covered Service that otherwise does not have a relative value that is in Our determination applicable, We will assign one. In no event will the usual and customary charge exceed the amount billed by the Professional Legally Qualified Physician or the amount for which the Insured Person is responsible. The term "usual and customary charge" may not reflect the actual charges of the Legally Qualified Physician, and does not take into account the Legally Qualified Physician's training, experience or category of licensure.

Healthcare Charges Database means a commercially available charge information database selected by Us that provides historical information about the charges of Physicians and other Professional Service Providers by procedure code and geographic categories, all as determined and adjusted by the database supplier. The database supplier is Ingenix, Inc. The healthcare charges database will be updated by Us as information becomes available from the database supplier, up to twice each year.

PART B. BENEFITS

When covered Injuries result in treatment by a Legally Qualified Physician beginning within 60 days after the date of the accident, we will pay the Medical Expense incurred in excess of the Medical Deductible, if any. Benefits shall not exceed the Usual and Customary Charges. Eligible Medical Expenses are as follows:

(a) Treatment by a Legally Qualified Physician;
(b) Care or services from a Hospital or Ambulatory Surgical Center;
(c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;
(d) Professional ambulance service; and
(e) Orthopedic appliances.

Only covered Medical Expense incurred by the Insured within 104 weeks from the date of the accident is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

PART C. EXCLUSIONS AND LIMITATIONS

This provision is subject to the Exclusions and Limitations of the Insuring Provisions applicable to the Insured. Exclusions and Limitations also include:

(a) the cost of eyeglasses, contact lenses or examinations for either;
(b) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth;
(c) the amount paid for an Injury under workers' compensation or employer's liability laws;
(d) treatment of a hernia; or
(e) prescription drugs.

EXCESS COVERAGE RIDER

This rider is a part of the policy to which it is attached and is subject to all of the provisions of the policy with which it is not in conflict.

In consideration of the premium which is recited in the policy, it is hereby understood and agreed that benefits in the hospital expense and/or medical expense provisions of the policy are payable only for expense which is not recoverable from any other insurance policy or service contract.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

FACILITY OF PAYMENT RIDER

This rider is made a part of the policy to which it is attached and is subject to all provisions of the policy that are not in conflict with the provisions of this rider.

In consideration of the payment of the premium which is recited in the policy, it is hereby understood and agreed that all or a portion of any indemnities provided by the policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company's option, and unless the Company is requested otherwise in writing not later than the time of filing proof of loss, be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

EXCLUSIONS AMENDMENT RIDER

This rider is a part of the policy or certificate to which it is attached. It is subject to all policy or certificate provisions with which it is not in conflict.

Rider Date (same as the Policy Date or Certificate Date if no date is shown)

The following exclusions are hereby made a part of the policy or certificate.

The policy does not cover:

(a) injuries received while under the influence of any controlled substance, unless administered on the advice of a physician;

(b) injuries received as a result of being intoxicated (as determined and defined by the laws in the jurisdiction in which the loss or cause of loss was incurred; for the purposes of this exception, the laws governing the operation of motor vehicles while intoxicated will apply to any activity occurring at the time of the accident.)

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

AMBULATORY SURGICAL EXPENSE BENEFIT RIDER

This rider is made a part of the policy/certificate to which it is attached and is subject to all the provisions of such policy/certificate that are not in conflict with the rider provisions.

Rider Date (same as the Policy Date/Certificate Date if no date is shown)

EXCEPTIONS AND LIMITATIONS

The exceptions and limitations shown in the policy/certificate will apply to this rider; however, in applying them, the word "rider" will be substituted for the word "policy" or "certificate" wherever it appears.

PART A. DEFINITIONS

The definitions shown in the policy/certificate will apply to this rider; however, in applying them, the word "rider" will be substituted for the word "policy" or "certificate" wherever it appears. In addition, the following definition will also apply to this rider.

"Ambulatory Surgical Center" means any public or private establishment licensed as an Ambulatory Surgical Center by the State of Florida.

PART B. BENEFITS

The Company will pay the expense incurred for the reasonable and customary charges made for services and supplies provided by an Ambulatory Surgical Center, subject to the following conditions:

(1) Payment will be made only if the policy/certificate to which this rider is attached provides benefits for like services and supplies provided by a hospital if received as a hospital inpatient or outpatient.

(2) The benefits payable under this rider will be subject to any deductibles, coinsurance factors and/or maximums contained in the policy/certificate that are applicable to the benefits payable for such like services and supplies.

(3) The benefits payable under this rider will not duplicate benefits, if any, provided elsewhere under the policy/certificate to which this rider is attached; nor will the benefits payable for like services and supplies, if any, specifically provided for under the policy/certificate, be reduced by operation of this provision.

(4) If the policy/certificate to which this rider is attached provides benefits for accidents only or for specified sickness or disease only, benefits under this rider will likewise be payable for accidents only or for such specified sickness or disease only.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

EXTENSION OF BENEFITS RIDER

This rider is made a part of the Policy or Certificate to which it is attached. It is subject to all parts of the Policy or Certificate not in conflict with this rider.

Rider Date (same as Policy or Certificate Date if no date is shown)
Rider Premium (included in Policy or Certificate premium if no amount shown)

DEFINITIONS

Total Disability or Totally Disabled means the Covered Person is completely and continuously unable to perform any work or engage in any occupation due to an Injury.

BENEFIT

If a Covered Person is Totally Disabled on the date the Covered Person's coverage terminates, benefits are payable for the Injury that caused the Total Disability on the same basis as if coverage did not terminate. In no event, however, will benefits be paid more than 90 days after the date of termination.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

AMENDMENT RIDER

This rider is attached to and made a part of Policy No. B33MP-P-100329 and is subject to the provisions and conditions contained therein.

The effective date of this rider is August 1, 2011.

- The following exclusions are deleted from Insuring Provisions 0KV5M, 0KV4M & 866MS-EZ:

  (b) the cost of eyeglasses, contact lenses or examinations for either
  (f) treatment of hernia

  Benefits will now be provided, however, not in excess of the Medical Benefit

- The following exclusions are deleted from the Accident Medical Expense Benefit Provision 0LJ8MS:

  (a) the cost of eyeglasses, contact lenses or examinations for either
  (d) treatment of a hernia
  (e) prescription drugs (under the Miami Dade Football Plan Only).

  Benefits will now be provided, however, not in excess of the Medical Benefit.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

Miami Dade County Public Schools
08-31-11: MQ

MUTUAL OF OMAHA
PRIVACY NOTICE - PERSONAL INFORMATION

This Privacy Notice applies to the Personal Information of customers of the Mutual of Omaha companies. The companies include:

- Mutual of Omaha Insurance Company
- Mutual of Omaha Investor Services, Inc.
- Mutual of Omaha Marketing Corporation
- United of Omaha Life Insurance Company
- United World Life Insurance Company
- Companion Life Insurance Company
- Retirement Marketing Solutions, Inc.

This Notice applies to our current as well as former customers.

Why You Are Receiving This Notice

The federal Financial Services Modernization Act and state privacy laws require us to send you an annual Notice. This Notice describes how we collect, use, and protect the Personal Information you entrust to us.

If you have a policy that is covered by the HIPAA Privacy regulations, you received a privacy notice that relates to the privacy of your medical information. To obtain an additional copy of the privacy notice related to your medical information you can log onto our company's website:

www.mutualofomaha.com/hipaa.html

or you can contact us at:

Mutual of Omaha Insurance Company
Attn: Privacy Office
Mutual of Omaha Plaza
Omaha, NE 68175-1029

Personal Information

Personal Information means information that we collected about you, such as name, address, Social Security number, income, marital status, employment and similar personal information.

Information We Collect

In the normal course of business we may collect Personal Information about you from:

- Applications or other forms we receive from you
- Your transactions with us, such as your payment history
- Your transactions with other companies
- Other sources (such as motor vehicle reports, government agencies and medical information bureaus)
- Consumer-reporting agencies

Information We Share

In the normal course of business we may share your Personal Information among the Mutual of Omaha companies. Depending on the products you have with us, the type of information we share could include:

- Your name
- Your income
- Your Social Security number
- Other identifying information you give us
- Your transactions with us, such as your payment history

We do not share Personal Information with third parties outside of the Mutual of Omaha companies except as required or permitted by law.

How We Protect Your Information

We restrict access to your Personal Information. It is given only to the employees of Mutual of Omaha and others who need to know the information to provide our insurance or financial services to you.

We have physical, electronic and procedural safeguards in place to make sure your Personal Information is protected. These safeguards follow legal standards and established security standards and procedures.