RFP 21-031-VF

REQUEST FOR PROPOSALS

STUDENT AND ATHLETIC ACCIDENT INSURANCE

Attachment 1 - Policies

Starr Indemnity Policy #BAP273187 School District

Starr Indemnity Policy #BAP273188 Charter Schools

Starr Indemnity Policy #BAP477371 Head Start Program

Wellfleet Insurance Policy #MP0000762095 Child Care for Adult Learners

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

SCHEDULE OF BENEFITS

POLICYHOLDER:	The School Board of Miami-Dade County, Florida 1501 NE 2nd Avenue, Suite 324 Miami, FL 33132
POLICY NUMBER:	BAP 477371
POLICY EFFECTIVE DATE:	August 20, 2017 at 12:01 A.M.
POLICY PERIOD:	August 20, 2017 at 12:01 A.M through August 20, 2018 at 12:01 A.M

PREMIUMS: $5,318.00

PREMIUM DUE DATE: Annual in advance of the due date

AGGREGATE LIMIT:
Benefit Maximum: $100,000

We will not pay more than the Benefit Maximum for all losses per Accidental Death & Dismemberment Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Accidental Death & Dismemberment Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

CLASSES OF ELIGIBLE PERSONS:
Enrolled participants of the Policyholder.

Class 1 : All enrolled Daycare and Headstart participants of the Policyholder.

HAZARDS INSURED AGAINST:
Supervised and Sponsored Activities

Covered Activities:

Supervised and Sponsored Activities

Description: While participating in supervised and sponsored Daycare and Headstart activities of the Policyholder.

List of Covered Activities:

- Day Care

BENEFITS:

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Person Principal Sum/Amount of Insurance:	$2,500
Loss Period:	365 days from the date of the Covered Accident

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Total Benefit Maximum for all Accident Medical and Dental:	$2,500
Loss Period (first Covered Expenses must be incurred within):	90 days after the Covered Accident
Benefit Period:	1 Year after the Covered Accident
Deductible:	$0
Coinsurance:	100% of Usual and Customary Charges
Terms of Payment:	Full Excess

Any Deductibles, Coinsurance, Benefit Periods, and Benefit Maximums apply on a per Covered Person, per Covered Accident basis.

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

Blanket Accident Insurance Policy

Policyholder:	The School Board of Miami-Dade County, Florida 1501 NE 2nd Avenue, Suite 324 Miami, FL 33132
Policy Number:	BAP 477371
Effective Date:	August 20, 2017 at 12:01 A.M.

This Policy is a legal contract between the Policyholder and Starr Indemnity & Liability Company (herein referenced as "the Company"). The Company agrees to provide insurance to the Policyholder, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in this Policy.

This Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in this Policy.

This Policy is governed by the laws of the state where it was delivered.

Signed for the Company as of the Effective Date above:

Nehemiah E. Ginsburg,
Senior Counsel and Senior Vice President

Charles H. Dangelo,
President

THIS IS A BLANKET ACCIDENT INSURANCE POLICY.
THE POLICY DOES NOT PAY BENEFITS FOR LOSSES CAUSED BY SICKNESS.
PLEASE READ THE POLICY CAREFULLY.

Excess Insurance

For service or complaints about this policy, please address any inquiries to
the address shown above or call 866-519-2522.

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DEFINITIONS

The male pronoun includes the female whenever used.

For the purposes of this Policy the capitalized terms used herein are defined as follows:

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

BENEFIT PERIOD means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

COVERED ACCIDENT means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss or Injury for which benefits are payable.

COVERED LOSS or COVERED LOSSES means an accidental death, dismemberment or other Injury covered under this Policy.

COVERED PERSON means an eligible person who is within the covered class(es) listed in the Policy Schedule of Benefits, who is a U.S citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States, and for whom the required premium is paid when due.

DEDUCTIBLE means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Accident, before Accident Medical Expense Benefits paid on an expense incurred basis are payable under this Policy. Only one Deductible will apply to the Covered Person and his or her Dependents if Injured in the same Covered Accident.

HOSPITAL means an institution that:

1) operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2) provides 24-hour nursing service by registered nurses on duty or call;
3) has a staff of one or more licensed physicians available at all times;
4) provides organized facilities for diagnosis, treatment and surgery, either
   a) on its premises; or
   b) in facilities available to it, on a pre-arranged basis;
5) is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
6) is not a place for drug addicts, alcoholics or the aged.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1) the Joint Commission of Accreditation of Hospitals; or
2) the American Osteopathic Association; or
3) the Commission on the Accreditation of Rehabilitative Facilities.

IMMEDIATE FAMILY means the Covered Person's parent, grandparent, spouse, child(ren) (includes legally adopted children or step children, brother, sister, step-children, grand children, or in-laws.)

INJURY means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

MEDICAL EMERGENCY means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

MEDICALLY NECESSARY means a treatment, service or supply that is:
1) required to treat an Injury;
2) prescribed or ordered by a Physician or furnished by a Hospital;
3) performed in the least costly setting required by the condition;
4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting of air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

PHYSICIAN means a person who is a qualified practitioner of the healing arts acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person or a Covered Person's Immediate Family.

USUAL AND CUSTOMARY CHARGES means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

WE, OUR, US means Starr Indemnity & Liability Company underwriting this insurance.

YOU, YOUR, YOURS, HE or SHE means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

ELIGIBILITY FOR INSURANCE

If the Covered Person is in one of the classes of Eligible Persons shown on the Policy Schedule of Benefits, He or She is eligible to be covered under the Policy. We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE

Policy Effective Date. This Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date
A Covered Person's coverage under this Policy begins on the later of:
1) the Policy Effective Date;
2) the date such person becomes eligible as described in the Schedule of Benefits.

TERMINATION DATE OF INSURANCE

Policy Termination Date
Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

This Policy terminates automatically on the earlier of:
1) The Policy Termination Date shown in this Policy; or
2) The premium due date if premiums are not paid when due subject to any grace period provided.

Failure by the Policyholder to pay all required premiums due by the last day of the grace period shall be deemed notice by the Policyholder to the Company to terminate this Policy on the last day of the period for which premiums have been paid.

This Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.

The Policyholder and the Company may terminate this Policy at any time by written mutual consent.

If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.

Covered Person's Termination Date
A Covered Person's coverage under this Policy ends on the earliest of:
1) The date this Policy terminates;
2) The date the Covered Person enters full-time active duty in the armed forces of any country or international authority;
3) The date the Covered Person ceases to be eligible as described in the Policy provided all required premiums are paid; or
4) The last day of the period for which premiums have been paid.

PREMIUMS

The Company provides insurance in return for premium payments. The premium showed in the Schedule of Benefits is payable to the Company in the manner described and is based on rates currently in force, the plan, and the amount of insurance in force. Premium is due on the Policy Effective Date. After that premium will be due monthly unless otherwise stated in the Policy.

The Company has the right to rely upon the accuracy of the Policyholder's calculations and to require the Policyholder to furnish a census from time to time but not more than twice in a 12-month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.

If any premium payment is not paid when due, the Policy will be cancelled as of the premium due date, except as provided under the Grace Period section.

Changes in Premium Rate

The Company may change the premium rates from time to time with at least 31 days advanced written or authorized electronic notice. No change in rates will be made until 12 months after the Policy Effective Date. However, the Company reserves the right to change rates at any time if any of the following events occur:

1) A change in the terms of the Policy.
2) A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy.
3) A change in any federal or state law or regulation affecting this Policy and Our benefit obligation.
4) A change in the factors bearing on the risk assumed.
5) A misrepresentation in the information relied on in establishing the rate for this Policy.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.

Grace Period

After the payment of the first premium, this Policy will have a 31 day grace period. This means that if premium is not paid on or before the date it is due, it may be paid during the 31 day grace period. During this time, this Policy will stay in force provided all the premiums due are paid by the last day of the grace period. This Policy will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the grace period.

HAZARDS INSURED AGAINST

We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident during one of the Covered Activities listed in the Schedule of Benefits. Unless otherwise specified, We pay benefits only once for any one Covered Accident, even if it is covered by more than one Hazard.

SUPERVISED AND SPONSORED ACTIVITIES

We will pay the benefits described in the Policy for an Accident which occurs while a Covered Person is:

(1) attending or participating in a Supervised and Sponsored Activity; or
(2) attending a Policyholder function, as described on the Schedule of Benefits.

The Covered Person must be:

(1) on the premises of the Policyholder:
    (a) during its normal hours;
    (b) during scheduled functions; and
    (c) during other periods if He is attending or participating in a Supervised and Sponsored Activity.
(2) not on the Policyholder's premises and attending or participating in a Supervised and Sponsored Activity;
(3) traveling directly, without interruption:
    (a) between the site of the Supervised and Sponsored Activity and the Policyholder's premises, if the Supervised and Sponsored Activity is located within or outside the town where the Policyholder's premises are located.
    (b) in a vehicle which is:
        - designated or furnished by the Policyholder;
        - operated by a properly licensed, adult driver; or
        - under the direct supervision of the Policyholder; or
    (c) in a vehicle other than that described above when:
        - operated by a properly licensed driver; and
        - travel time does not exceed one hour each way.

Travel time includes the time:

(1) to or from the Policyholder's address and the Supervised and Sponsored Activity;
(2) before the appointed time; and
(3) after the Supervised and Sponsored Activity is completed.

"Supervised and Sponsored Activity" means a Policyholder authorized function:

(1) in which the Covered Person participates;
(2) which is organized by or under its auspices; and
(3) which is within the scope of customary activities for such entity.

Unless otherwise stated in the Schedule of Benefits, We will pay benefits for a Covered Loss, only once, even if coverage was provided under more than one Hazard.

DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Loss Period as shown in the Schedule of Benefits from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum/Amount of Insurance shown below for that Loss. The Principal Sum/Amount of Insurance is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life	100%
Two or More Members	100%
One Member	50%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Co-payments, Benefit Periods, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1) for Usual and Customary Charges incurred after the Deductible has been met;
2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
3) for Covered Expenses incurred within 365 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses, from a Covered Accident, include:

1) Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2) Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital confined.
3) Daily Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services.
4) Registered nurse services expenses for private duty nursing while a Covered Person is Hospital confined, when services are ordered by a Physician.
5) Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a Covered Accident and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
6) Outpatient surgery expenses, including an ambulatory surgical center.
7) Outpatient surgical room and supply expenses for use of the surgical facility.
8) Outpatient diagnostic x-rays, laboratory procedures and test expenses.
9) Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
10) Second surgical opinion expenses.
11) Physician surgical expenses. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
12) Assistant surgeon expenses when Medically Necessary.
13) Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
14) Outpatient laboratory test expenses.
15) Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, massage or any form of physical therapy.
16) Post surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
17) X-ray expenses (including reading charges) not including dental x-rays.
18) Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
19) Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.
20) Outpatient registered nurse services if ordered by a Physician.
21) Ambulance expenses for transportation from the Accident site to the Hospital.
22) Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
23) Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.

24) Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
25) Medical services and supplies for blood and blood transfusions; oxygen and its administration.
26) Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
27) Artificial limbs, eyes and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs, eyes or larynx.

Terms of Payment for Accident Medical and Dental Expense Benefit

Full Excess:

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable under the Policy are shown on the Schedule of Benefits.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

For the purposes of this provision, "Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:
(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) Hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis;
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
(8) automobile no-fault coverage (unless prohibited by law).

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of, any of the following even if the immediate cause of the loss is an accidental bodily injury:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under workers' compensation, employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Service or active duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac diseaseor conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice of death or Injury must be given to the Company within 30 days after a Covered Loss begins or as soon as reasonably possible. Notice can be given to the Company at Starr Indemnity & Liability Company, 399 Park Avenue, 8th Floor, New York, NY 10022, Attn: Claims Department. Notice should include the Covered Person's name and address as well as this Policy Number. If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 30 day period; and
2) it is further shown that notice was given as soon as possible.

CLAIM FORMS: When the Company receives a notice of claim, the Company will send forms for filing proof of loss. If claim forms are not sent within 15 days after receipt of such notice, Proof of Loss requirements stated below will be deemed to have been met if, within the Proof of Loss time period specified below, written proof of the nature and extent of the loss is submitted.

PROOF OF LOSS: Written proof of loss must be given to the Company within 90 days after the date of loss. If the proof of loss is not submitted within 90 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 90 day period; and
2) it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: Benefits for loss covered by this Policy, other than benefits that require periodic payment, will be paid as soon as the Company receives proper written proof of such loss. Benefits for loss covered by this Policy that require periodic payment shall be paid monthly provided that the Company receives proper written proof of such loss.

PAYMENT OF CLAIMS: All benefits will be paid in United States currency. Loss of life benefits will be paid to the beneficiary as described in the Designation or Change of Beneficiary provision of this Policy entitled 'General

Policy Provisions. To receive proceeds, a beneficiary must be living on the earlier of the following dates: the date the Company receives proof of the loss of life; or the 10th day after the death.

All other benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation and Change of Beneficiary provision of this Policy entitled 'General Policy Provisions.' The covered person may provide to the Company a written request to assign benefits directly to the provider of services covered by this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

RECOVERY OF OVERPAYMENT: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods:

1) A request for lump sum payment of the amount overpaid or paid in error, or
2) Reduction of any proceeds payable under this Policy by the amount overpaid or paid in error.

SUBROGATION: The Policyholder is required to investigate and prosecute all valid claims that it may have against third parties arising out of any claim for which benefits were paid by this Policy. The Policyholder shall account to the Company for all amounts recovered. If the Policyholder fails to pursue any action against a third party and the Company has made benefit payments under this Policy, the Company will be subrogated to all of the Policyholder's rights to make recoveries. However, the Company's subrogation right is secondary to the Policyholder's right to be fully compensated for its damages. The Policyholder is required to cooperate fully and do all things necessary and required for the Company to pursue any action to recover against the third party. The Company agrees to pay its portion of the Policyholder's reasonable attorneys' fees or other costs associated with a claim or lawsuit to the extent that the Company recovers any portion of the benefits paid under this Policy pursuant to its subrogation right.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT/CHANGES: This Policy, with the Policyholder's Master Application and all endorsements, amendments and attached papers is the entire contract between the Policyholder and the Company. Changes to this Policy may be made at any time by an endorsement or amendment and must be agreed upon, in writing, between the Policyholder and the Company. The Company may also, upon 31 days written notice to the Policyholder, change or modify the provisions of this Policy to comply with any applicable requirements of the Internal Revenue Service and/or any state or other federal law or regulation. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: In the absence of fraud, all statements made by the Policyholder or by a Covered Person shall be deemed representations and not warranties. No such statement shall be used to contest this Policy or reduce benefits unless contained in a signed, written application, a copy of which has been provided to the person who made the statement, or to their beneficiary or representative. No such statement will be used to contest this Policy after this Policy has been in force for two years.

CERTIFICATES OF INSURANCE: The Company will issue to the Policyholder certificates of insurance for delivery to each Covered Person covered by this Policy, where required by law. Certificates will list the benefits, conditions and limits of this Policy and to whom benefits will be paid.

CLERICAL ERROR: Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy in conflict on its effective date with the laws of the state where the Covered Person lives is amended to conform to the minimum requirements of such laws.

DESIGNATION OR CHANGE OF BENEFICIARY: Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order of preference:

1) Beneficiaries designated in writing by the Covered Person for this Policy on file with the Policyholder, if any, otherwise;

2) In equal shares to the members of the first surviving class of those that follow, if any:
   a) a Covered Person's lawful spouse, if not legally separated or divorced;
   b) a Covered Person's natural Child, adopted Child, foster Child, step Child, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or
   c) a Covered Person's parents, whether natural, step or adoptive; otherwise;
3) The estate of the Covered Person.

A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.

ASSIGNMENT: No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

INSOLVENCY: The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in this Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Covered Persons under the Plan.

LEGAL ACTION: All Policy terms will be interpreted under the laws of the state in which this Policy was issued. No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be furnished.

MISSTATED DATA: The Company has relied upon the underwriting information provided by the Policyholder, its Third Party Administrator or other Agent in the issuance of this Policy. Should subsequent information become known which, if known prior to issuance of this Policy, would have affected the rates, Deductibles, terms or conditions for coverage, the Company will have the right to revise the rates, Deductibles, terms or conditions as of the Effective Date of issuance, by providing written notice to the Policyholder.

WAIVER: Failure of the Company to strictly enforce its rights under this Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

WORKERS' COMPENSATION: This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

ADMINISTRATIVE CHANGE RIDER

This Rider is attached to and made a part of Policy Number **BAP 477371** issued to **The School Board of Miami-Dade County, Florida** (the Policyholder).

Effective **08/20/17**, the Policy/Certificate are hereby amended as follows:

To make an inquiry, obtain information about your coverage
Or to resolve a complaint call 1-866-519-2522

DEFINITIONS

The following Definitions are added to the Policy.

"Deductible" means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Accident, before Accident Medical Expense Benefits paid on an expense incurred basis are payable under the Policy. Only one Deductible will apply to the Covered Person and his or her Dependents if Injured in the same Covered Accident.

"Injury" means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

"Place of Permanent Residence" means the place where a person has his or her true, fixed and permanent home and principal establishment to which, whenever absent, he or she has the intention of returning. A person may have only one permanent residence at a time; and, once a permanent residence is established, it is presumed to continue until he or she shows that a change has occurred.

"Pre-existing Condition" means – an illness, disease or other condition of the Covered Person, that in the 12 months period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

"Sickness" means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Loss Period as shown in the Schedule of Benefits from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum/Amount of Insurance shown below for that Loss. The Principal Sum/Amount of Insurance is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life	100%
Two or More Members	100%
One Member	50%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Coinsurance Factors, Co-payments, Benefit Periods, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:
1) for Usual and Customary Charges incurred after the Deductible has been met;
2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
3) for Covered Expenses incurred within 90 days after the date of the Covered Accident.

TERMS OF PAYMENT FOR ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Full Excess

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable under the Policy are shown on the Schedule of Benefits.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

For the purposes of this provision, "Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:
(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) Hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis;
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
(8) automobile no-fault coverage (unless prohibited by law).

EXCLUSIONS

We will not pay benefits for any Accidental Death and Dismemberment loss or Injury that is caused by, or results from:

1. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
2. commission of, or attempt to commit, a felony, an assault or other illegal activity.

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Pre-Existing Conditions, as defined herein.
2. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.
3. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
4. Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law or the commission or attempt to commit an assault or a felony.
5. blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
6. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
7. any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
8. eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them or repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
9. expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
10. treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
11. treatment or service provided by a private duty nurse.
12. replacement of artificial limbs, eyes and larynx.
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.

CLAIMS PROVISIONS

The Notice of Claim provision is replaced with the following:

Written notice of death or Injury must be given to the Company within 30 days after a Covered Loss begins or as soon as reasonably possible. Notice can be given to the Company at Starr Indemnity & Liability Company, 399 Park Avenue, 8th Floor, New York, NY 10022, Attn: Claims Department. Notice should include the Covered Person's name and address as well as this Policy Number. If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 30 day period; and
2) it is further shown that notice was given as soon as possible.

The OFAC provision is added to the exclusion:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

In all other respects, the Policy and Certificate remain the same.

Signed for STARR INDEMNITY & LIABILTY COMPANY:

Nehemiah E. Ginsburg,
Senior Counsel and Senior Vice President

Charles H. Dangelo,
President

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

ADMINISTRATIVE CHANGE RIDER

This Rider is attached to and made a part of Policy Number **BAP 477371-1** issued to **The School Board of Miami-Dade County, Florida** (the Policyholder).

Effective **August 20, 2018**, the Policy is renewed as follows:

POLICY PERIOD: August 20, 2018 at 12:01 A.M through August 20, 2019 at 12:01 A.M

PREMIUMS: $5,318.00

In all other respects, the Policy remains the same.

Signed for STARR INDEMNITY & LIABILITY COMPANY:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

AH-20004

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

ADMINISTRATIVE CHANGE RIDER #2

This Rider is attached to and made a part of Policy Number **BAP 477371** issued to **The School Board of Miami-Dade County, Florida** (the Policyholder).

Effective **August 20, 2019**, the Policy is renewed as follows:

POLICY PERIOD: August 20, 2019 at 12:01 A.M through August 20, 2020 at 12:01 A.M

PREMIUMS: $5,318.00

In all other respects, the Policy remains the same.

Signed for STARR INDEMNITY & LIABILITY COMPANY:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

AH-20004

STARR

INSURANCE COMPANIES

Starr Indemnity & Liability Company
Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

ADMINISTRATIVE CHANGE RIDER #3

This Rider is attached to and made a part of Policy Number **BAP 477371** issued to **The School Board of Miami-Dade County, Florida** (the Policyholder).

Effective **August 20, 2020**, the Policy is renewed as follows:

POLICY PERIOD: August 20, 2020 at 12:01 A.M through August 20, 2021 at 12:01 A.M

PREMIUMS: $5,318.00

In all other respects, the Policy remains the same.

Signed for STARR INDEMNITY & LIABILITY COMPANY:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

AH-20004

STARR

INSURANCE COMPANIES

Starr Indemnity & Liability Company
Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

ADMINISTRATIVE CHANGE RIDER #4

This Rider is attached to and made a part of Policy Number **BAP 477371** issued to **The School Board of Miami-Dade County, Florida** (the Policyholder).

Effective **August 20, 2021**, the Policy is renewed as follows:

POLICY PERIOD: August 20, 2021 at 12:01 A.M through August 20, 2022 at 12:01 A.M

PREMIUMS: $4,318.00

In all other respects, the Policy remains the same.

Signed for STARR INDEMNITY & LIABILITY COMPANY:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

AH-20004

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

To make an inquiry, obtain information about your coverage or to resolve a complaint call 1-866-519-2522.

STUDENT ACCIDENT COVERAGE RIDER

This Rider is attached to, and made a part of, the Policy shown below.

THIS RIDER CONTAINS A DEDUCTIBLE EXCESS INSURANCE

SCHEDULE OF BENEFITS

POLICYHOLDER: Miami Dade County Charter Schools

POLICY NUMBER: BAP 273188

POLICY EFFECTIVE DATE: July 31, 2017 at 12:01 A.M

POLICY PERIOD: July 31, 2017 at 12:01 A.M. through July 30, 2020 at 12:01 A.M.

CLASSES OF ELIGIBLE PERSONS:
Class 1: Any registered student in grades PK-12 for whom the appropriate premium is paid.

Class 2: Any registered student in grades PK-12 for whom the appropriate premium is paid.

Class 3: Any registered Middle or High School, athletes, student managers and student trainers participating in teams/events named below for whom the appropriate premium is paid.

Class 4: Any registered High School Football athlete, student managers and student trainers for whom the appropriate premium is paid.

HAZARDS INSURED AGAINST:
Voluntary Coverage: (Optional Coverage that each Covered Person may elect.)

Class 1: 24-Hour Coverage
Travel: Included United States Only

Class 2: At-School Coverage
Travel: Included United States Only
Interscholastic Athletics Coverage: Excluded and excluding Football Coverage.

Class 3: At-School Coverage
Travel: Included United States Only
Interscholastic Athletics Coverage: Included and excluding Football Coverage

Class 4: High School Football Coverage
Travel: Included United States Only

COVERED ACTIVITIES:

Interscholastic Athletics Coverage:

Covered interscholastic athletics are defined by and limited to the following supervised and sponsored activities: Baseball, Badminton, Basketball, Bowling, Boxing, Cross Country, Equestrian, Football (unless otherwise specified as excluded in the Schedule of Benefits), Golf, Gymnastics, Hockey, Lacrosse, Rifle, Rugby, Skating, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball and Water Polo, Wrestling including student managers and student trainers for these interscholastic sports.

Interscholastic Activities Coverage:

Covered activities are defined by and limited to the following supervised and sponsored activities: Music (band, majorettes, choir, orchestra), vocational agriculture, power lifting, FHA, FFA, ROTC, academic contests (such as drama or math), cheerleaders, drill team and pep squad and all other non-sport extracurricular activities.

PREMIUMS:	Fall Football:	$254.00
	Spring Football:	$54.00
	At School Athletics and Activities (excluding football):	$42.00
	24 Hour (excluding football):	$73.00
	At School PK-6:	$15.00
	At School excluding Football and Athletics & Activities:	$16.00

PREMIUM DUE DATE: Annual in advance on the Effective Date

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Person Principal Sum/Amount of Insurance:	Classes 1, 2 & 3 - $1,500 Class 4 - $1,000
Loss Period:	180 days from the date of the Covered Accident

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT
Note: Treatment performed outside the Hospital will be paid the same is if performed in a Hospital provided it would have been covered on an inpatient basis.

Total Benefit Maximum for all Accident Medical and Dental:	$25,000
Loss Period (first Covered Expenses must be incurred within):	60 days after the Covered Accident
Coinsurance:	100% of Usual and Customary Charges
Terms of Payment:	Full Excess
Benefit Limit for Covered Losses from any one Motor Vehicle Accident	$5,000 maximum First Covered Expenses must be Incurred within 60 days after the Covered Accident
Benefit Period:	104 weeks from the date of the Covered Accident
Deductible:	Classes 1, 2 and 3 - $0 Class 4 - $250*

*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).

ACCIDENT MEDICAL AND DENTAL EXPENSE SUBLIMITS – Classes 1, 2 and 3

Covered Expenses - Inpatient:

• Room & Board:	100% of Usual & Customary Charges up to $1,000 maximum per day per Covered Accident
• Hospital Miscellaneous (All Charges except Room & Board):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Registered Nurse:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's (Non-Surgical Visits):	Benefits are limited to one visit a day. 100% of Usual & Customary Charges up to $45 per first visit and $40 per day thereafter per visit each subsequent day per Covered Accident Benefits do not apply when related to: surgery

Covered Expenses - Outpatient:

• Physician's Non-Surgical Visits: Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy:	100% of Usual & Customary Charges up to $45 maximum first day and $40 per visit each subsequent day per Covered Accident
• Orthopedic Appliances / Rehabilitative Braces (when prescribed by a Physician for healing):	100% of Usual & Customary Charges up to $250 maximum per Covered Accident
• 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
• Heart & Circulatory (Covered Condition: Heat Exhaustion):	100% of Usual & Customary Charges up to AME Limit per Covered Accident

Covered Expenses – Inpatient and Outpatient:

• Hospital Ambulatory Center (facility charge):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's Surgical Expenses / Fees:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Emergency Room Treatment (for use of emergency room facility, supplies, and services within 72 hours of Covered Accident:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Anesthesia and its Administration:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Assistant Surgeon:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Consultant:	Paid under Physician's visit

• Physiotherapy (Benefits are limited to one visit per day):	100% of Usual & Customary Charges up to $30 per visit and up to 10 treatments per Covered Accident
Covered Physiotherapy services	(a) acupuncture; (b) microthermy; (c) manipulation; (d) diathermy; (e) massage therapy; (f) heat treatment; and (g) ultrasonic treatment)
• MRI	100% of Usual & Customary Charges up to $750 maximum (for service and reading per Covered Accident)
• CAT scan	100% of Usual & Customary Charges up to $375 maximum (for service and reading per Covered Accident)
• X-ray:	100% of Usual & Customary Charges up to $75 maximum (for service and reading) per Covered Accident
• Ambulance (one trip to the nearest Hospital by air or ground):	100% of Usual & Customary Charges up to $250 maximum per Covered Accident
• Dental Treatment (benefits paid on injury to Sound, Natural Teeth only, including X-rays):	100% of Usual & Customary Charges up to $500 per tooth $1,000 maximum per Covered Accident
• Eyeglasses, Contact Lenses, and Hearing Aid Replacement (as a result of a Covered Accident only):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Food Poisoning	Paid as any other Covered Accident. (Food Poisoning must be caused by school supplied food.)

ADDITIONAL BENEFITS

Blood Borne Pathogen Exposure Expense Benefit	100% of Usual & Customary Charges up to $500 maximum per Covered Accident

ACCIDENT MEDICAL AND DENTAL EXPENSE SUBLIMITS – Class 4:

Covered Expenses - Inpatient:

• Room & Board and Hospital Miscellaneous:	100% of Usual & Customary Charges up to $1,000 maximum per day per Covered Accident
• Registered Nurse:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's (Non-Surgical Visits):	Benefits are limited to one visit a day. 100% of Usual & Customary Charges up to $45 per first visit and $40 per day thereafter per visit each subsequent day per Covered Accident Benefits do not apply when related to: surgery

Covered Expenses - Outpatient:

• Physician's Non-Surgical Visits: Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy:	100% of Usual & Customary Charges up to $45 maximum first day and $40 per visit each subsequent day per Covered Accident
• Orthopedic Appliances / Rehabilitative Braces (when prescribed by a Physician for healing):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• 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
• Heart & Circulatory (Covered Condition: Heat Exhaustion):	100% of Usual & Customary Charges up to AME Limit per Covered Accident

Covered Expenses – Inpatient and Outpatient:

• Hospital Ambulatory Center (facility charge):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's Surgical Expenses / Fees:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Emergency Room Treatment (for use of emergency room facility, supplies, and services within 72 hours of Covered Accident:	100% of Usual & Customary Charges up to AME Limit per Covered Accident

• Anesthesia and its Administration:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Assistant Surgeon:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Consultant:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physiotherapy (Benefits are limited to one visit per day):	100% of Usual & Customary Charges up to $30 per visit and up to 20 treatments per Covered Accident
Covered Physiotherapy services	(a) acupuncture; (b) microthermy; (c) manipulation; (d) diathermy; (e) massage therapy; (f) heat treatment; and (g) ultrasonic treatment
• MRI	100% of Usual & Customary Charges up to $750 maximum (for service and reading per Covered Accident)
• CAT scan	100% of Usual & Customary Charges up to $375 maximum (for service and reading per Covered Accident)
• X-ray:	100% of Usual & Customary Charges up to $75 maximum (for service and reading) per Covered Accident
• Ambulance (one trip to the nearest Hospital by air or ground):	100% of Usual & Customary Charges up to $250 maximum per Covered Accident
• Dental Treatment (benefits paid on injury to Sound, Natural Teeth only, including X-rays):	100% of Usual & Customary Charges up to $500 per tooth $1,000 maximum per Covered Accident
• Eyeglasses, Contact Lenses, and Hearing Aid Replacement (as a result of a Covered Accident only):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Prescription Drugs	100% of Usual & Customary Charges up to AME Limit per Covered Accident

ADDITIONAL BENEFITS

Blood Borne Pathogen Exposure Expense Benefit	100% of Usual & Customary Charges up to $500 maximum per Covered Accident

DEFINITIONS

The following Definitions are added to the Policy.

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

Consultants means a Physician who is a specialist in the area of medical treatment pertaining to the Covered Person's medical condition.

Covered Activity(ies) means any recurring activity that is shown in the Schedule of Benefits and:

1. takes place under a listed Hazard; and
2. is sponsored, organized, scheduled or otherwise provided by the Policyholder.

Covered Person means an Insured while participating in a Hazard.

Custodial Care means Medically Necessary services or treatment which, regardless of where provided, could be rendered safely by a person without medical skills, and provides a routine level of maintenance care designed mainly to help the patient with Activities of Daily Living, including (but not limited to): personal care, such as help in walking and getting in and out of bed; help with bathing; help with eating by spoon, tube or gastrostomy; exercising; dressing; enema and using the toilet; homemaking such as preparing meals or special diets; moving the patient; acting as companion or sitter; supervising medication which can usually be self-administered oral hygiene; and ordinary skin and nail care. Custodial Care does not include Home Health Care services or treatment.

Date of Recovery means: 1) the date the Covered Person received medical clearance to participate in a Covered Activity; or 2) the date immediately following a period of 24 consecutive months during which the Covered Person received no Medically Necessary treatment or service as a result of the Injury for which benefits has been received under this Policy.

Deductible means the dollar amount of Covered Expenses that has to be incurred and paid prior to the Accident Medical Expense Benefit being paid under this Policy. The Deductible amount is shown in the Schedule of Benefits and is satisfied by amounts paid by the Covered Person or amounts paid by another Health Care Plan or the Policyholder on behalf of the Covered Person.

Disabled/Disability means, as a result of a Covered Accident, the Covered Person is wholly and continuously prevented from:

1) performing the material and substantial duties of their regular occupation; or
2) if not employed, engaging in the normal activities of a person of like age and gender in good health.

Hazard means an activity for which coverage is afforded under this Policy. The Hazards are contained in the Hazards Insured Against section of the Schedule of Benefits. Note that the Hazard(s) may be different for each Class of Eligible Persons. The list of Hazard(s) provided for each Class of Eligible Persons is provided in the Schedule of Benefits.

Heart and Circulatory Failure means a myocardial infarction, angina pectoris, coronary thrombosis or cerebral vascular accident but only if all of the following conditions are met:

1. the Heart and Circulatory Failure of a Covered Person occurs within twenty-four (24) hours after participating in a Covered Activity;
2. the first symptom of Heart and Circulatory Failure is medically diagnosed within twenty-four (24) hours after a Covered Person's participation in a Covered Activity; and within one (1) year prior to the date a Covered Person participates in a Sport Covered Activity, such Covered Person:
   a. has not been medically diagnosed with any disease, illness or condition of the heart and circulatory system; or
   b. has not received any medication or treatment for any disease, illness or condition of the heart and circulatory system.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) Hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis;
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
(8) automobile no-fault coverage (unless prohibited by law).

Home Health Care means Medically Necessary services, furnished to a Covered Person in his home, provided and billed by the Home Health Agency. Such services must be prescribed and supervised by a Physician in accordance with a medical treatment. To qualify for Home Health Care:

1. the plan must be established and approved in writing by the attending Physician, including certification in writing by the attending Physician that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care Agency;
3. Home Health Care services must commence within the time period shown in the Schedule of Benefits; and
4. Home physical, speech, and occupational therapies will be covered when initiated in conjunction with discharge placement through a Rehabilitation Facility and approved by the attending Physician.

Home Health Care does not include Custodial Care services or treatment.

Home Health Agency means an entity engaged in arranging and providing nursing services, home health services or other therapeutic and related services. The entity must be certified by a competent governmental authority in the jurisdiction where the services are rendered, as meeting requirement of Title XVIII of the Social Security Act, as amended, for home health agencies.

Hospital Confinement or **Confined** means a Necessary Treatment stay of 24 or more consecutive hours as a registered resident bed patient in a Hospital. Hospital Confinements due to the same Covered Accident will be treated as one Hospital Confinement unless separated by at least 60 days.

Hospital Miscellaneous Expenses means the Medically Necessary expenses charged by a Hospital or Ambulatory Surgical Center for Outpatient surgery. The Miscellaneous Expenses include, but are not limited to, the expenses shown in the Schedule of Benefits and all necessary charges other than room and board, for services received during a Hospital stay.

Injury means bodily injury to a Covered Person that is the direct result, independent of all other causes, of a Covered Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim.

Inpatient means confined overnight as a registered bed patient in a Hospital for other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.

Integrated Deductible means the greater of the amount paid or payable by any other Health Care Plan or the Deductible shown in the Schedule of Benefits.

Insured means a person in one of the Classes of Eligible Persons listed in the Schedule of Benefits for whom the required premium is paid who elected to purchase insurance under this Policy and paid the required premium.

Limb as used in this Rider, means entire arm or entire leg.

Outpatient means a Covered Person who is a patient and is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.

Physical Therapy (incl. Physiotherapy) means a branch of rehabilitative health care that uses specially designed exercises and equipment to help patients regain or improve their physical abilities. Physical Therapy must be prescribed by a Physician and performed by a licensed physical therapist practicing within the scope of his license.

Pre-existing Condition means an illness, disease or other condition of the Covered Person, that in the 6 month period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Physician or treatment had been recommended by a Physician.

Repetitive Motion Injury means bursitis, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; stress fracture(s); tendinitis; and Carpal Tunnel Syndrome. Repetitive Motion Injury shall also mean a sports hernia Treatment by a Physician for a Repetitive Motion Injury must occur within 30 days of participation in Sports Coverage a Covered Activity. We must have proof that the Repetitive Motion Injury resulted from the participation in the Covered Activity.

Second Opinion or Consultation means a consultation with a Consultant in order to confirm or alter the course of medical treatment recommended by the Covered Person's attending Physician.

School means an educational institution operated by the Policyholder. The School must be licensed or accredited, as applicable, by the jurisdiction where it is located, to provide the care, education or training.

Underlying Insurance means any accident insurance policy issued to the Policyholder, and paid for by the Policyholder, that is intended to provide accident coverage for the Covered Activity that led to the Covered Accident that resulted in the Injury under this Policy. Underlying Insurance may also include a plan or program sponsored or created by the Policyholder to self-insure accident coverage for the Covered Activity that led to the Covered Accident that resulted in the Injury under this Policy.

DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Loss Period as shown in the Schedule of Benefits from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum/Amount of Insurance shown below for that Loss. The Principal Sum/Amount of Insurance is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Classes 1, 2 and 3:

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life	100%
Two or More Members	500%
One Member	67%
Thumb and Index Finger of the Same Hand	33%
Loss of Hearing in One Ear	67%
Loss of Hearing in Both Ears	500%
Loss of Entire Sight of Both Eyes	500%
Loss of Entire Sight of One Eye	67%

Class 4:

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life	100%
Two or More Members	100%
One Member	50%
Thumb and Index Finger of the Same Hand	50%
Loss of Hearing in One Ear	50%
Loss of Hearing in Both Ears	100%
Loss of Entire Sight of Both Eyes	100%
Loss of Entire Sight of One Eye	50%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

The following definitions are added to and included in the meaning of "Member":

"Loss of Hearing" means a total and permanent Loss of Hearing that is irrecoverable and cannot be corrected by any means.

ADDITIONAL BENEFITS

Blood Borne Pathogen Exposure Expense Benefit

This Policy will apply only to possible or actual blood borne pathogen exposures occurring as a direct result of curriculum activities due to being enrolled as a Miami-Dade County Charter School student. It will not cover exposures occurring to an employee.

This Policy will cover actual expenses up to a total of $500 for the first 30 days after a possible blood borne pathogen exposure (percutaneous, mucous membrane exposure, or exposure to broken skin) for the following:

A. The cost of an initial physician or nurse evaluation and treatment.
B. The cost of initial blood tests (HBsAg, HBsAb, HBcab, HCVAB, HIV);
The following whole blood tests if done with an automated cell counter: white blood cell count, red blood cell count, whole blood hemoglobin, hematocrit, platelet count, differential blood count; and the following serum tests when done with an automated analyzer: glucose, blood urea nitrogen, uric acid, creatinine, sodium, potassium, chloride, carbon dioxide, cholesterol, GGT, AGOT, AGPT, LDS, phosphorus, alkaline phosphatase, calcium, direct, indirect and total bilirubin, total protein, albumin, globulin, anoin gap, and magnesium.
C. Up to 30 days of anti-HIV and anti-nausea medications when medically necessary.
D. Follow-up physician or nurse evaluation, if on medication.

HAZARDS INSURED AGAINST

Voluntary Coverage: (Optional Coverage that each Covered Person may elect.)

24-Hour Coverage: Benefits will be paid for injuries sustained 24-hours a day, 365 days a year; during School breaks, summer School and summer vacation. No coverage is provided while participating in the practice or play of High School Interscholastic Football.

At-School Coverage: Benefits will be paid for injuries sustained: (a) during the regular School term; (b) on School premises during the hours when School is in session; (c) on School premises during the hours when School is not in session if participating in or attending any School sponsored event or activity; (d) away from School premises while participating in or attending any School sponsored event/activity (to include one day field trips); (e) traveling directly to or from the Insured's residence and the School premises on days when the Insured has regularly scheduled classes; if travel is by any mode of transportation other than School bus, covered travel time is one hour before the first class and one hour after the Insured is dismissed; and (e) traveling to, during or after a covered event/activity as a member of a group in transportation furnished or arranged by the Policyholder School/district. No coverage is provided while participating in the practice or play of High School Interscholastic Football.

Coverage for any Policyholder supervised and sponsored 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.

High School Football Coverage: Insurance coverage is provided for High School Football athletes during athletic tryouts, preseason play, practice, state interscholastic governing body approved conditioning, regular and post season play and for travel to, during or after covered athletic activities as a member of a group in transportation furnished and arranged by the School.

TERMS OF PAYMENT

Full Excess

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable under the Policy are shown on the Schedule of Benefits.

If no Inforce Policy exists, this policy will pay benefits on a primary basis and a deductible as shown in the Schedule of Benefits will apply to such benefit.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

LIMITATIONS AND EXCLUDED EXPENSES

Limitation for Motor Vehicle Accidents Benefits will be paid for Covered Expenses incurred for treatment of Injuries that result directly and independently of all other causes from a Covered Accident that occurred while the Covered Person was riding in or driving a Motor Vehicle. Benefits will not exceed the Benefit Limit shown in the *Schedule of Benefits*.

Excluded Expenses The following will not be considered Covered Expenses unless coverage is specifically provided in the Schedule of Benefits:

1. Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss.
3. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
5. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone or transportation.

10. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic and club sports.
11. Expenses payable by any automobile insurance policy without regard to fault.
12. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity
13. Repair or replacement of existing artificial limbs, eyes and larynx.
14. Charges for any article of clothing intended for use more than once.
15. Pre-Existing Conditions, as defined herein.
16. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.
17. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain
18. Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law or the commission or attempt to commit an assault or a felony.
19. eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them or repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
20. treatment or service provided by a private duty nurse.
21. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
22. Shots/Injections
23. Mental and Nervous Disorders.
24. travel in or upon any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated.
25. injuries associated with activities or travel outside the United States.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section of the Policy.

Note: Any Exclusion pertaining to services or treatment rendered by an Immediate Family member of the Covered Person shall not apply to a Dentist acting within the scope of their license.

In no event will the company's total payments for the Covered Person exceed the Maximum Benefit Amount for the Accident Medical Expense shown in the *Schedule of Benefits*.

Limitation of Multiple Benefits

If Covered Person suffers one or more losses from the same Covered Accident for which amounts are payable under more than one of the following benefits provided by the Policy, the maximum amount payable under all the benefits combined will not exceed the amount payable for one of the losses, the largest: Accidental Death & Dismemberment, Coma, Paralysis, Loss of Use, Heart & Circulatory Failure or Brain Death.

Limitation of Multiple Covered Activities

If a Covered Person's Injury is caused by a Covered Accident that occurs while the Covered Person is participating in more than one Covered Activity applicable to that Covered Person, and if the same Benefit applies to that Covered Person with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Covered Person for that Covered Accident will be determined as though the Covered Accident occurred while the Covered Person was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

Our Right to Claim Information:

The **Policyholder** or its claims Administrator must compile and keep records of:

- Each and every claim, including the date of the **Accident** which led to the claim and a brief description of the claim.
- Accidental Medical Expense payments made by the **Policyholder**.

We reserve the right to examine and audit any claim file.

Non-Duplication of Benefits When This Policy and Other Plans Are Excess

This provision applies if benefits under any Other Insurance Plan are covered under this Benefit and the other Plan are excess.

We pay a pro rata share of the total amount of Covered Expenses. In no case will the total benefits payable exceed 100% of the Covered Expenses.

Our pro rate share equals the total of benefits payable under this Policy multiplied by a fraction, of which the numerator is the benefits We pay and the denominator is the total of benefits payable by an Other Insurance for the same Covered Accident.

In all other respects, the Policy and Certificate remain the same.

Signed for STARR INDEMNITY & LIABILTY COMPANY:

Charles H. Dangelo, President

Nehemiah E. Ginsburg, General Counsel

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10021

Blanket Accident Insurance Policy

Policyholder:	**Miami Dade County Charter Schools** **1450 Northeast 2nd Avenue** **Miami, FL 33132**
Policy Number:	**BAP 273188**
Effective Date:	**July 31, 2017 to July 31, 2020**

This Policy is a legal contract between the Policyholder and Starr Indemnity & Liability Company (herein referenced as "the Company"). The Company agrees to provide insurance to the Policyholder, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in this Policy.

This Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in this Policy.

This Policy is governed by the laws of the state where it was delivered.

Signed for the Company as of the Effective Date above:

Nehemiah E. Ginsburg, General Counsel Charles H. Dangelo, President

THIS IS A BLANKET ACCIDENT INSURANCE POLICY.
THE POLICY DOES NOT PAY BENEFITS FOR LOSSES CAUSED BY SICKNESS.
PLEASE READ THE POLICY CAREFULLY.

Excess Insurance

For service or complaints about this policy, please address any inquiries to
the address shown above or call 866-519-2522.

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DEFINITIONS

The male pronoun includes the female whenever used.

For the purposes of this Policy the capitalized terms used herein are defined as follows:

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

BENEFIT PERIOD means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

COVERED ACCIDENT means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss or Injury for which benefits are payable.

COVERED LOSS or COVERED LOSSES means an accidental death, dismemberment or other Injury covered under this Policy.

COVERED PERSON means an eligible person who is within the covered class(es) listed in the Policy Schedule of Benefits, who is a U.S citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States, and for whom the required premium is paid when due.

DEDUCTIBLE means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Accident, before Accident Medical Expense Benefits paid on an expense incurred basis are payable under this Policy. Only one Deductible will apply to the Covered Person and his or her Dependents if Injured in the same Covered Accident.

HOSPITAL means an institution that:

1) operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2) provides 24-hour nursing service by registered nurses on duty or call;
3) has a staff of one or more licensed physicians available at all times;
4) provides organized facilities for diagnosis, treatment and surgery, either
   a) on its premises; or
   b) in facilities available to it, on a pre-arranged basis;
5) is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
6) is not a place for drug addicts, alcoholics or the aged.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1) the Joint Commission of Accreditation of Hospitals; or
2) the American Osteopathic Association; or
3) the Commission on the Accreditation of Rehabilitative Facilities.

IMMEDIATE FAMILY means the Covered Person's parent, grandparent, spouse, child(ren) (includes legally adopted children or step children, brother, sister, step-children, grand children, or in-laws.)

INJURY means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

MEDICAL EMERGENCY means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

MEDICALLY NECESSARY means a treatment, service or supply that is:

1) required to treat an Injury;
2) prescribed or ordered by a Physician or furnished by a Hospital;
3) performed in the least costly setting required by the condition;
4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting of air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

PHYSICIAN means a person who is a qualified practitioner of the healing arts acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person or a Covered Person's Immediate Family.

USUAL AND CUSTOMARY CHARGES means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

WE, OUR, US means Starr Indemnity & Liability Company underwriting this insurance.

YOU, YOUR, YOURS, HE or SHE means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

ELIGIBILITY FOR INSURANCE

If the Covered Person is in one of the classes of Eligible Persons shown on the Policy Schedule of Benefits, He or She is eligible to be covered under the Policy. We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE

Policy Effective Date. This Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date

A Covered Person's coverage under this Policy begins on the later of:

1) the Policy Effective Date;
2) the date such person becomes eligible as described in the Schedule of Benefits.

TERMINATION DATE OF INSURANCE

Policy Termination Date
Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

This Policy terminates automatically on the earlier of:
1) The Policy Termination Date shown in this Policy; or
2) The premium due date if premiums are not paid when due subject to any grace period provided.

Failure by the Policyholder to pay all required premiums due by the last day of the grace period shall be deemed notice by the Policyholder to the Company to terminate this Policy on the last day of the period for which premiums have been paid.

This Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.

The Policyholder and the Company may terminate this Policy at any time by written mutual consent.

If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.

Covered Person's Termination Date
A Covered Person's coverage under this Policy ends on the earliest of:
1) The date this Policy terminates;
2) The date the Covered Person enters full-time active duty in the armed forces of any country or international authority;
3) The date the Covered Person ceases to be eligible as described in the Policy provided all required premiums are paid; or
4) The last day of the period for which premiums have been paid.

PREMIUMS

The Company provides insurance in return for premium payments. The premium showed in the Schedule of Benefits is payable to the Company in the manner described and is based on rates currently in force, the plan, and the amount of insurance in force. Premium is due on the Policy Effective Date. After that premium will be due monthly unless otherwise stated in the Policy.

The Company has the right to rely upon the accuracy of the Policyholder's calculations and to require the Policyholder to furnish a census from time to time but not more than twice in a 12-month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.

If any premium payment is not paid when due, the Policy will be cancelled as of the premium due date, except as provided under the Grace Period section.

Changes in Premium Rate

The Company may change the premium rates from time to time with at least 31 days advanced written or authorized electronic notice. No change in rates will be made until 12 months after the Policy Effective Date. However, the Company reserves the right to change rates at any time if any of the following events occur:

1) A change in the terms of the Policy.
2) A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy.
3) A change in any federal or state law or regulation affecting this Policy and Our benefit obligation.
4) A change in the factors bearing on the risk assumed.
5) A misrepresentation in the information relied on in establishing the rate for this Policy.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.

Grace Period

After the payment of the first premium, this Policy will have a 31 day grace period. This means that if premium is not paid on or before the date it is due, it may be paid during the 31 day grace period. During this time, this Policy will stay in force provided all the premiums due are paid by the last day of the grace period. This Policy will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the grace period.

HAZARDS INSURED AGAINST

We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident during one of the Covered Activities listed in the Schedule of Benefits. Unless otherwise specified, We pay benefits only once for any one Covered Accident, even if it is covered by more than one Hazard.

SUPERVISED AND SPONSORED ACTIVITIES

We will pay the benefits described in the Policy for an Accident which occurs while a Covered Person is:
(1) attending or participating in a Supervised and Sponsored Activity; or
(2) attending a Policyholder function, as described on the Schedule of Benefits.

The Covered Person must be:
(1) on the premises of the Policyholder:
  (a) during its normal hours;
  (b) during scheduled functions; and
  (c) during other periods if He is attending or participating in a Supervised and Sponsored Activity.
(2) not on the Policyholder's premises and attending or participating in a Supervised and Sponsored Activity;
(3) traveling directly, without interruption:
  (a) between the site of the Supervised and Sponsored Activity and the Policyholder's premises, if the Supervised and Sponsored Activity is located within or outside the town where the Policyholder's premises are located.
  (b) in a vehicle which is:
    (i) designated or furnished by the Policyholder;
    (ii) operated by a properly licensed, adult driver; or
    (iii) under the direct supervision of the Policyholder; or
  (c) in a vehicle other than that described in (3)(b) when:
    (i) operated by a properly licensed driver; and
    (ii) travel time does not exceed one hour each way.

Travel time includes the time:
(1) to or from the Policyholder's address and the Supervised and Sponsored Activity;
(2) before the appointed time; and
(3) after the Supervised and Sponsored Activity is completed.

"Supervised and Sponsored Activity" means a Policyholder authorized function:
(1) in which the Covered Person participates;
(2) which is organized by or under its auspices; and
(3) which is within the scope of customary activities for such entity.]

Unless otherwise stated in the Schedule of Benefits, We will pay benefits for a Covered Loss, only once, even if coverage was provided under more than one Hazard.

SPORTS COVERAGE

We will pay the benefits described in the Policy for an Accident which occurs while a Covered Person is:

(1) taking part in:
  (a) a regularly scheduled athletic game or competition; or
  (b) a practice session for an athletic team or club; or

(2) traveling to or from such a game, competition or practice session provided he is;
  (a) traveling with the athletic team or club; and
  (b) under the direct and immediate supervision of:
    (i) the athletic team or club; or
    (ii) an adult authorized by the athletic team or club;
  (c) in a vehicle which is:
    (i) designated or furnished by the athletic team or club;
    (ii) operated by a properly licensed, adult driver, or
    (iii) under the direct supervision of the athletic team or club; or
  (d) in a vehicle other than that described in (3)(c) when:
    (i) operated by a properly licensed driver, and
    (ii) travel time does not exceed one hour each way.

Travel time includes the time:

(1) to or from a scheduled game, competition or practice session;
(2) before required attendance time;
(3) after the Covered Person is dismissed; and
(4) after the Covered Person completes extra duties assigned by the Policyholder.

Conditions which result over a period of time (including but not limited to blisters, tennis elbow, heat exhaustion, hernia, repetitive stress injury), and which are a normal, foreseeable result of the sport, are not covered. These items are considered a sickness and are not covered.

Unless otherwise stated in the Schedule of Benefits, We will pay benefits for a Covered Loss, only once, even if coverage was provided under more than one Hazard.

DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Loss Period as shown in the Schedule of Benefits from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum/Amount of Insurance shown below for that Loss. The Principal Sum/Amount of Insurance is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life.....	100%
Two or More Members.....	100%
One Member	50%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Co-payments, Benefit Periods, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1) for Usual and Customary Charges incurred after the Deductible has been met;
2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
3) for Covered Expenses incurred within 365 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses, from a Covered Accident, include:

1) Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2) Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital confined.
3) Daily Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services.
4) Registered nurse services expenses for private duty nursing while a Covered Person is Hospital confined, when services are ordered by a Physician.
5) Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a Covered Accident and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
6) Outpatient surgery expenses, including an ambulatory surgical center.
7) Outpatient surgical room and supply expenses for use of the surgical facility.
8) Outpatient diagnostic x-rays, laboratory procedures and test expenses.
9) Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
10) Second surgical opinion expenses.
11) Physician surgical expenses. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
12) Assistant surgeon expenses when Medically Necessary.
13) Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
14) Outpatient laboratory test expenses.
15) Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, massage or any form of physical therapy.
16) Post surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
17) X-ray expenses (including reading charges) not including dental x-rays.
18) Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
19) Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.
20) Outpatient registered nurse services if ordered by a Physician.
21) Ambulance expenses for transportation from the Accident site to the Hospital.

22) Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
23) Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.
24) Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
25) Medical services and supplies for blood and blood transfusions; oxygen and its administration.
26) Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
27) Artificial limbs, eyes and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs, eyes or larynx.

Terms of Payment for Accident Medical and Dental Expense Benefit

Full Excess:

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable under the Policy are shown on the Schedule of Benefits.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

For the purposes of this provision, "Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:
(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) Hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis;
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
(8) automobile no-fault coverage (unless prohibited by law).

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of, any of the following even if the immediate cause of the loss is an accidental bodily injury:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under workers' compensation, employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Service or active duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice of death or Injury must be given to the Company within 30 days after a Covered Loss begins or as soon as reasonably possible. Notice can be given to the Company at Starr Indemnity & Liability Company, 399 Park Avenue, 8th Floor, New York, NY 10022, Attn: Claims Department. Notice should include the Covered Person's name and address as well as this Policy Number. If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 30 day period; and
2) it is further shown that notice was given as soon as possible.

CLAIM FORMS: When the Company receives a notice of claim, the Company will send forms for filing proof of loss. If claim forms are not sent within 15 days after receipt of such notice, Proof of Loss requirements stated below will be deemed to have been met if, within the Proof of Loss time period specified below, written proof of the nature and extent of the loss is submitted.

PROOF OF LOSS: Written proof of loss must be given to the Company within 90 days after the date of loss. If the proof of loss is not submitted within 90 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 90 day period; and
2) it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: Benefits for loss covered by this Policy, other than benefits that require periodic payment, will be paid as soon as the Company receives proper written proof of such loss. Benefits for loss covered by this Policy that require periodic payment shall be paid monthly provided that the Company receives proper written proof of such loss.

PAYMENT OF CLAIMS: All benefits will be paid in United States currency. Loss of life benefits will be paid to the beneficiary as described in the Designation or Change of Beneficiary provision of this Policy entitled 'General Policy Provisions. To receive proceeds, a beneficiary must be living on the earlier of the following dates: the date the Company receives proof of the loss of life; or the 10th day after the death.

All other benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation and Change of Beneficiary provision of this Policy entitled 'General Policy Provisions.' The covered person may provide to the Company a written request to assign benefits directly to the provider of services covered by this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

RECOVERY OF OVERPAYMENT: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods:

1) A request for lump sum payment of the amount overpaid or paid in error, or
2) Reduction of any proceeds payable under this Policy by the amount overpaid or paid in error.

SUBROGATION: The Policyholder is required to investigate and prosecute all valid claims that it may have against third parties arising out of any claim for which benefits were paid by this Policy. The Policyholder shall account to the Company for all amounts recovered. If the Policyholder fails to pursue any action against a third party and the Company has made benefit payments under this Policy, the Company will be subrogated to all of the Policyholder's rights to make recoveries. However, the Company's subrogation right is secondary to the Policyholder's right to be fully compensated for its damages. The Policyholder is required to cooperate fully and do all things necessary and required for the Company to pursue any action to recover against the third party. The Company agrees to pay its portion of the Policyholder's reasonable attorneys' fees or other costs associated with a claim or lawsuit to the extent that the Company recovers any portion of the benefits paid under this Policy pursuant to its subrogation right.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT/CHANGES: This Policy, with the Policyholder's Master Application and all endorsements, amendments and attached papers is the entire contract between the Policyholder and the Company. Changes to this Policy may be made at any time by an endorsement or amendment and must be agreed upon, in writing, between the Policyholder and the Company. The Company may also, upon 31 days written notice to the Policyholder, change or modify the provisions of this Policy to comply with any applicable requirements of the Internal Revenue Service and/or any state or other federal law or regulation. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: In the absence of fraud, all statements made by the Policyholder or by a Covered Person shall be deemed representations and not warranties. No such statement shall be used to contest this Policy or reduce benefits unless contained in a signed, written application, a copy of which has been provided to the person who made the statement, or to their beneficiary or representative. No such statement will be used to contest this Policy after this Policy has been in force for two years.

CERTIFICATES OF INSURANCE: The Company will issue to the Policyholder certificates of insurance for delivery to each Covered Person covered by this Policy, where required by law. Certificates will list the benefits, conditions and limits of this Policy and to whom benefits will be paid.

CLERICAL ERROR: Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy in conflict on its effective date with the laws of the state where the Covered Person lives is amended to conform to the minimum requirements of such laws.

DESIGNATION OR CHANGE OF BENEFICIARY: Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order of preference:

1) Beneficiaries designated in writing by the Covered Person for this Policy on file with the Policyholder, if any, otherwise;
2) In equal shares to the members of the first surviving class of those that follow, if any:
   a) a Covered Person's lawful spouse, if not legally separated or divorced;
   b) a Covered Person's natural Child, adopted Child, foster Child, step Child, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or
   c) a Covered Person's parents, whether natural, step or adoptive; otherwise;
3) The estate of the Covered Person.

A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.

ASSIGNMENT: No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

INSOLVENCY: The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in this Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Covered Persons under the Plan.

LEGAL ACTION: All Policy terms will be interpreted under the laws of the state in which this Policy was issued. No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be furnished.

MISSTATED DATA: The Company has relied upon the underwriting information provided by the Policyholder, its Third Party Administrator or other Agent in the issuance of this Policy. Should subsequent information become known which, if known prior to issuance of this Policy, would have affected the rates, Deductibles, terms or conditions for coverage, the Company will have the right to revise the rates, Deductibles, terms or conditions as of the Effective Date of issuance, by providing written notice to the Policyholder.

WAIVER: Failure of the Company to strictly enforce its rights under this Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

WORKERS' COMPENSATION: This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

STARR
INDEMNITY & LIABILITY

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

OFAC RIDER

This Rider is attached to and made a part of Policy Number BAP 273188 issued to Miami Dade County Charter Schools (the Policyholder).

Effective Date: July 31, 2017

The following provision is added to the Policy / Certificate:

Compliance with OFAC:
Payment of loss under the Policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Senior Vice President

Charles H. Dangelo,
President

AH-20020

Dallas, Texas
Administrative Office: 399 Park Avenue, 2nd Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER # 1

This Rider is attached to and made a part of Policy Number BAP 273188 issued to Miami Dade County Charter Schools (the Policyholder).

Effective 7/31/2019, the Policy/Certificate are hereby amended as follows:

It is understood and agreed that **COVERED ACTIVITIES** appearing on the Schedule of Benefits is amended to include the following:

COVERED ACTIVITIES

Interscholastic Athletics Coverage:
Covered interscholastic athletics are defined by and limited to the following supervised and sponsored activities: Baseball, Badminton, Basketball, Bowling, Boxing, Cross Country, Equestrian, Flag Football, Football (unless otherwise specified as excluded in the Schedule of Benefits), Golf, Gymnastics, Hockey, Lacrosse, Rifle, Rugby, Skating, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball and Water Polo, Wrestling including student managers and student trainers for these interscholastic sports.

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER #2

This Rider is attached to and made a part of Policy Number BAP 273188 issued to Miami Dade County Charter Schools (the Policyholder).

Effective 6/18/2020 and Expiring 7/27/2020, the Policy/Certificate are hereby amended as follows:

It is understood and agreed that **COVERED ACTIVITES** appearing on the Schedule of Benefits is amended to include the following:

COVERED ACTIVITES:
Sponsored Activities including power, strength, speed, balance, agility, coordination, and endurance. The activities could include, but not exclude: running, weight lifting, agility training, sprinting, medicine balls, push-ups, pull ups, and multitude of equipment to achieve the goal of power, strength, speed, balance, agility, coordination, and endurance sponsored by the Policyholder through the dates of 6/18/2020 to 7/27/2020.

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER #3

This Rider is attached to and made a part of Policy Number BAP 273188 issued to Miami Dade County Charter Schools (the Policyholder).

Effective **7/30/2020**, the Policy/Certificate are hereby amen
ded as follows:

POLICY TERM: July 30, 2020 at 12:01 AM to July 31, 2022 at 12:01 Am

PREMIUMS:

Fall Football: $242.00
Spring Football: $52.00
At School Athletics and Activities (excluding football): $40.00
24 Hour (excluding football): $70.00
At School PK-6: $14.00
At School excluding Football and Athletics & Activities: $15.00

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER #4

This Rider is attached to and made a part of Policy Number **BAP 273188** issued to **Miami Dade County Charter Schools** (the Policyholder).

Effective **7/31/2021**, the Policy/Certificate are hereby amended as follows:

POLICY TERM: July 31, 2021 at 12:01 AM to July 31, 2022 at 12:01 AM

PREMIUMS:

Fall Football: $242.00
Spring Football: $52.00
At School Athletics and Activities (excluding football): $40.00
24 Hour (excluding football): $70.00
At School PK-6: $14.00
At School excluding Football and Athletics & Activities: $15.00

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

To make an inquiry, obtain information about your coverage or to resolve a complaint call 1-866-519-2522.

STUDENT ACCIDENT COVERAGE RIDER

This Rider is attached to, and made a part of, the Policy shown below.

THIS RIDER CONTAINS A DEDUCTIBLE EXCESS INSURANCE

SCHEDULE OF BENEFITS

POLICYHOLDER: Miami Dade County Public Schools

POLICY NUMBER: BAP 273187

POLICY EFFECTIVE DATE: July 31, 2017 at 12:01 A.M

POLICY PERIOD: July 31, 2017 at 12:01 A.M. through July 30, 2020 at 12:01 A.M.

CLASSES OF ELIGIBLE PERSONS:
Class 1: Any registered student in grades PK-12 for whom the appropriate premium is paid.

Class 2: Any registered student in grades PK-12 for whom the appropriate premium is paid.

Class 3: Any registered Middle or High School, athletes, student managers and student trainers participating in teams/events named below for whom the appropriate premium is paid.

Class 4: Any registered High School Football athlete, student managers and student trainers for whom the appropriate premium is paid.

HAZARDS INSURED AGAINST:
Voluntary Coverage: (Optional Coverage that each Covered Person may elect.)

Class 1: 24-Hour Coverage
Travel: Included United States Only

Class 2: At-School Coverage
Travel: Included United States Only
Interscholastic Athletics Coverage: Excluded and excluding Football Coverage.

Class 3: At-School Coverage
Travel: Included United States Only
Interscholastic Athletics Coverage: Included and excluding Football Coverage.

Class 4: High School Football Coverage
Travel: Included United States Only

COVERED ACTIVITIES:

Interscholastic Athletics Coverage:

Covered interscholastic athletics are defined by and limited to the following supervised and sponsored activities: Baseball, Badminton, Basketball, Bowling, Boxing, Cross Country, Equestrian, Football (unless otherwise specified as excluded in the Schedule of Benefits), Golf, Gymnastics, Hockey, Lacrosse, Rifle, Rugby, Skating, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball and Water Polo, Wrestling including student managers and student trainers for these interscholastic sports.

Interscholastic Activities Coverage:

Covered activities are defined by and limited to the following supervised and sponsored activities: Music (band, majorettes, choir, orchestra), vocational agriculture, power lifting, FHA, FFA, ROTC, academic contests (such as drama or math), cheerleaders, drill team and pep squad and all other non-sport extracurricular activities.

PREMIUMS:	Fall Football:	$254.00
	Spring Football:	$54.00
	At School Athletics and Activities (excluding football):	$42.00
	24 Hour (excluding football):	$73.00
	At School PK-6:	$15.00
	At School excluding Football and Athletics & Activities:	$16.00

PREMIUM DUE DATE: Annual in advance on the Effective Date

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Person Principal Sum/Amount of Insurance:	Classes 1, 2 & 3 - $1,500 Class 4 - $1,000
Loss Period:	180 days from the date of the Covered Accident

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT
Note: Treatment performed outside the Hospital will be paid the same is if performed in a Hospital provided it would have been covered on an inpatient basis.

Total Benefit Maximum for all Accident Medical and Dental:	$25,000
Loss Period (first Covered Expenses must be incurred within):	60 days after the Covered Accident
Coinsurance:	100% of Usual and Customary Charges
Terms of Payment:	Full Excess
Benefit Limit for Covered Losses from any one Motor Vehicle Accident	$5,000 maximum First Covered Expenses must be Incurred within 60 days after the Covered Accident
Benefit Period:	104 weeks from the date of the Covered Accident
Deductible:	Classes 1, 2 and 3 - $0 Class 4 - $250*

*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).

ACCIDENT MEDICAL AND DENTAL EXPENSE SUBLIMITS – Classes 1, 2 and 3

Covered Expenses - Inpatient:

• Room & Board:	100% of Usual & Customary Charges up to $1,000 maximum per day per Covered Accident
• Hospital Miscellaneous (All Charges except Room & Board):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Registered Nurse:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's (Non-Surgical Visits):	Benefits are limited to one visit a day. 100% of Usual & Customary Charges up to $45 per first visit and $40 per day thereafter per visit each subsequent day per Covered Accident Benefits do not apply when related to: surgery

Covered Expenses - Outpatient:

• Physician's Non-Surgical Visits: Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy:	100% of Usual & Customary Charges up to $45 maximum first day and $40 per visit each subsequent day per Covered Accident
• Orthopedic Appliances / Rehabilitative Braces (when prescribed by a Physician for healing):	100% of Usual & Customary Charges up to $250 maximum per Covered Accident
• 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
• Heart & Circulatory (Covered Condition: Heat Exhaustion):	100% of Usual & Customary Charges up to AME Limit per Covered Accident

Covered Expenses – Inpatient and Outpatient:

• Hospital Ambulatory Center (facility charge):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's Surgical Expenses / Fees:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Emergency Room Treatment (for use of emergency room facility, supplies, and services within 72 hours of Covered Accident:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Anesthesia and its Administration:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Assistant Surgeon:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Consultant:	Paid under Physician's visit

• Physiotherapy (Benefits are limited to one visit per day):	100% of Usual & Customary Charges up to $30 per visit and up to 10 treatments per Covered Accident
Covered Physiotherapy services	(a) acupuncture; (b) microthermy; (c) manipulation; (d) diathermy; (e) massage therapy; (f) heat treatment; and (g) ultrasonic treatment)
• MRI	100% of Usual & Customary Charges up to $750 maximum (for service and reading per Covered Accident)
• CAT scan	100% of Usual & Customary Charges up to $375 maximum (for service and reading per Covered Accident)
• X-ray:	100% of Usual & Customary Charges up to $75 maximum (for service and reading) per Covered Accident
• Ambulance (one trip to the nearest Hospital by air or ground):	100% of Usual & Customary Charges up to $250 maximum per Covered Accident
• Dental Treatment (benefits paid on injury to Sound, Natural Teeth only, including X-rays):	100% of Usual & Customary Charges up to $500 per tooth $1,000 maximum per Covered Accident
• Eyeglasses, Contact Lenses, and Hearing Aid Replacement (as a result of a Covered Accident only):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Food Poisoning	Paid as any other Covered Accident. (Food Poisoning must be caused by school supplied food.)

ADDITIONAL BENEFITS

Blood Borne Pathogen Exposure Expense Benefit	100% of Usual & Customary Charges up to $500 maximum per Covered Accident

ACCIDENT MEDICAL AND DENTAL EXPENSE SUBLIMITS – Class 4:

Covered Expenses - Inpatient:

• Room & Board and Hospital Miscellaneous:	100% of Usual & Customary Charges up to $1,000 maximum per day per Covered Accident
• Registered Nurse:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's (Non-Surgical Visits):	Benefits are limited to one visit a day. 100% of Usual & Customary Charges up to $45 per first visit and $40 per day thereafter per visit each subsequent day per Covered Accident Benefits do not apply when related to: surgery

Covered Expenses - Outpatient:

• Physician's Non-Surgical Visits: Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy:	100% of Usual & Customary Charges up to $45 maximum first day and $40 per visit each subsequent day per Covered Accident
• Orthopedic Appliances / Rehabilitative Braces (when prescribed by a Physician for healing):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• 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
• Heart & Circulatory (Covered Condition: Heat Exhaustion):	100% of Usual & Customary Charges up to AME Limit per Covered Accident

Covered Expenses – Inpatient and Outpatient:

• Hospital Ambulatory Center (facility charge):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physician's Surgical Expenses / Fees:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Emergency Room Treatment (for use of emergency room facility, supplies, and services within 72 hours of Covered Accident:	100% of Usual & Customary Charges up to AME Limit per Covered Accident

• Anesthesia and its Administration:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Assistant Surgeon:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Consultant:	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Physiotherapy (Benefits are limited to one visit per day):	100% of Usual & Customary Charges up to $30 per visit and up to 20 treatments per Covered Accident
Covered Physiotherapy services	(a) acupuncture; (b) microthermy; (c) manipulation; (d) diathermy; (e) massage therapy; (f) heat treatment; and (g) ultrasonic treatment
• MRI	100% of Usual & Customary Charges up to $750 maximum (for service and reading per Covered Accident)
• CAT scan	100% of Usual & Customary Charges up to $375 maximum (for service and reading per Covered Accident)
• X-ray:	100% of Usual & Customary Charges up to $75 maximum (for service and reading) per Covered Accident
• Ambulance (one trip to the nearest Hospital by air or ground):	100% of Usual & Customary Charges up to $250 maximum per Covered Accident
• Dental Treatment (benefits paid on injury to Sound, Natural Teeth only, including X-rays):	100% of Usual & Customary Charges up to $500 per tooth $1,000 maximum per Covered Accident
• Eyeglasses, Contact Lenses, and Hearing Aid Replacement (as a result of a Covered Accident only):	100% of Usual & Customary Charges up to AME Limit per Covered Accident
• Prescription Drugs	100% of Usual & Customary Charges up to AME Limit per Covered Accident

ADDITIONAL BENEFITS

Blood Borne Pathogen Exposure Expense Benefit	100% of Usual & Customary Charges up to $500 maximum per Covered Accident

DEFINITIONS

The following Definitions are added to the Policy.

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

Consultants means a Physician who is a specialist in the area of medical treatment pertaining to the Covered Person's medical condition.

Covered Activity(ies) means any recurring activity that is shown in the Schedule of Benefits and:

1. takes place under a listed Hazard; and
2. is sponsored, organized, scheduled or otherwise provided by the Policyholder.

Covered Person means an Insured while participating in a Hazard.

Custodial Care means Medically Necessary services or treatment which, regardless of where provided, could be rendered safely by a person without medical skills, and provides a routine level of maintenance care designed mainly to help the patient with Activities of Daily Living, including (but not limited to): personal care, such as help in walking and getting in and out of bed; help with bathing; help with eating by spoon, tube or gastrostomy; exercising; dressing; enema and using the toilet; homemaking such as preparing meals or special diets; moving the patient; acting as companion or sitter; supervising medication which can usually be self-administered oral hygiene; and ordinary skin and nail care. Custodial Care does not include Home Health Care services or treatment.

Date of Recovery means: 1) the date the Covered Person received medical clearance to participate in a Covered Activity; or 2) the date immediately following a period of 24 consecutive months during which the Covered Person received no Medically Necessary treatment or service as a result of the Injury for which benefits has been received under this Policy.

Deductible means the dollar amount of Covered Expenses that has to be incurred and paid prior to the Accident Medical Expense Benefit being paid under this Policy. The Deductible amount is shown in the Schedule of Benefits and is satisfied by amounts paid by the Covered Person or amounts paid by another Health Care Plan or the Policyholder on behalf of the Covered Person.

Disabled/Disability means, as a result of a Covered Accident, the Covered Person is wholly and continuously prevented from:

1) performing the material and substantial duties of their regular occupation; or
2) if not employed, engaging in the normal activities of a person of like age and gender in good health.

Hazard means an activity for which coverage is afforded under this Policy. The Hazards are contained in the Hazards Insured Against section of the Schedule of Benefits. Note that the Hazard(s) may be different for each Class of Eligible Persons. The list of Hazard(s) provided for each Class of Eligible Persons is provided in the Schedule of Benefits.

Heart and Circulatory Failure means a myocardial infarction, angina pectoris, coronary thrombosis or cerebral vascular accident but only if all of the following conditions are met:

1. the Heart and Circulatory Failure of a Covered Person occurs within twenty-four (24) hours after participating in a Covered Activity;
2. the first symptom of Heart and Circulatory Failure is medically diagnosed within twenty-four (24) hours after a Covered Person's participation in a Covered Activity; and within one (1) year prior to the date a Covered Person participates in a Sport Covered Activity, such Covered Person:
   a. has not been medically diagnosed with any disease, illness or condition of the heart and circulatory system; or
   b. has not received any medication or treatment for any disease, illness or condition of the heart and circulatory system.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) Hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis;
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
(8) automobile no-fault coverage (unless prohibited by law).

Home Health Care means Medically Necessary services, furnished to a Covered Person in his home, provided and billed by the Home Health Agency. Such services must be prescribed and supervised by a Physician in accordance with a medical treatment. To qualify for Home Health Care:

1. the plan must be established and approved in writing by the attending Physician, including certification in writing by the attending Physician that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care Agency;
3. Home Health Care services must commence within the time period shown in the Schedule of Benefits; and
4. Home physical, speech, and occupational therapies will be covered when initiated in conjunction with discharge placement through a Rehabilitation Facility and approved by the attending Physician.

Home Health Care does not include Custodial Care services or treatment.

Home Health Agency means an entity engaged in arranging and providing nursing services, home health services or other therapeutic and related services. The entity must be certified by a competent governmental authority in the jurisdiction where the services are rendered, as meeting requirement of Title XVIII of the Social Security Act, as amended, for home health agencies.

Hospital Confinement or **Confined** means a Necessary Treatment stay of 24 or more consecutive hours as a registered resident bed patient in a Hospital. Hospital Confinements due to the same Covered Accident will be treated as one Hospital Confinement unless separated by at least 60 days.

Hospital Miscellaneous Expenses means the Medically Necessary expenses charged by a Hospital or Ambulatory Surgical Center for Outpatient surgery. The Miscellaneous Expenses include, but are not limited to, the expenses shown in the Schedule of Benefits and all necessary charges other than room and board, for services received during a Hospital stay.

Injury means bodily injury to a Covered Person that is the direct result, independent of all other causes, of a Covered Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim.

Inpatient means confined overnight as a registered bed patient in a Hospital for other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.

Integrated Deductible means the greater of the amount paid or payable by any other Health Care Plan or the Deductible shown in the Schedule of Benefits.

Insured means a person in one of the Classes of Eligible Persons listed in the Schedule of Benefits for whom the required premium is paid who elected to purchase insurance under this Policy and paid the required premium.

Limb as used in this Rider, means entire arm or entire leg.

Outpatient means a Covered Person who is a patient and is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.

Physical Therapy (incl. Physiotherapy) means a branch of rehabilitative health care that uses specially designed exercises and equipment to help patients regain or improve their physical abilities. Physical Therapy must be prescribed by a Physician and performed by a licensed physical therapist practicing within the scope of his license.

Pre-existing Condition means an illness, disease or other condition of the Covered Person, that in the 6 month period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Physician or treatment had been recommended by a Physician.

Repetitive Motion Injury means bursitis, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; stress fracture(s); tendinitis; and Carpal Tunnel Syndrome. Repetitive Motion Injury shall also mean a sports hernia Treatment by a Physician for a Repetitive Motion Injury must occur within 30 days of participation in Sports Coverage a Covered Activity. We must have proof that the Repetitive Motion Injury resulted from the participation in the Covered Activity.

Second Opinion or Consultation means a consultation with a Consultant in order to confirm or alter the course of medical treatment recommended by the Covered Person's attending Physician.

School means an educational institution operated by the Policyholder. The School must be licensed or accredited, as applicable, by the jurisdiction where it is located, to provide the care, education or training.

Underlying Insurance means any accident insurance policy issued to the Policyholder, and paid for by the Policyholder, that is intended to provide accident coverage for the Covered Activity that led to the Covered Accident that resulted in the Injury under this Policy. Underlying Insurance may also include a plan or program sponsored or created by the Policyholder to self-insure accident coverage for the Covered Activity that led to the Covered Accident that resulted in the Injury under this Policy.

DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Loss Period as shown in the Schedule of Benefits from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum/Amount of Insurance shown below for that Loss. The Principal Sum/Amount of Insurance is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Classes 1, 2 and 3:

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life	100%
Two or More Members	500%
One Member	67%
Thumb and Index Finger of the Same Hand	33%
Loss of Hearing in One Ear	67%
Loss of Hearing in Both Ears	500%
Loss of Entire Sight of Both Eyes	500%
Loss of Entire Sight of One Eye	67%

Class 4:

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life	100%
Two or More Members	100%
One Member	50%
Thumb and Index Finger of the Same Hand	50%
Loss of Hearing in One Ear	50%
Loss of Hearing in Both Ears	100%
Loss of Entire Sight of Both Eyes	100%
Loss of Entire Sight of One Eye	50%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

The following definitions are added to and included in the meaning of "Member":

"Loss of Hearing" means a total and permanent Loss of Hearing that is irrecoverable and cannot be corrected by any means.

ADDITIONAL BENEFITS

Blood Borne Pathogen Exposure Expense Benefit

This Policy will apply only to possible or actual blood borne pathogen exposures occurring as a direct result of curriculum activities due to being enrolled as a Miami-Dade County Public School student. It will not cover exposures occurring to an employee.

This Policy will cover actual expenses up to a total of $500 for the first 30 days after a possible blood borne pathogen exposure (percutaneous, mucous membrane exposure, or exposure to broken skin) for the following:

A. The cost of an initial physician or nurse evaluation and treatment.
B. The cost of initial blood tests (HBsAg, HBsAb, HBcab, HCVAB, HIV);
The following whole blood tests if done with an automated cell counter: white blood cell count, red blood cell count, whole blood hemoglobin, hematocrit, platelet count, differential blood count; and the following serum tests when done with an automated analyzer: glucose, blood urea nitrogen, uric acid, creatinine, sodium, potassium, chloride, carbon dioxide, cholesterol, GGT, AGOT, AGPT, LDS, phosphorus, alkaline phosphatase, calcium, direct, indirect and total bilirubin, total protein, albumin, globulin, anoin gap, and magnesium.
C. Up to 30 days of anti-HIV and anti-nausea medications when medically necessary.
D. Follow-up physician or nurse evaluation, if on medication.

HAZARDS INSURED AGAINST

Voluntary Coverage: (Optional Coverage that each Covered Person may elect.)

24-Hour Coverage: Benefits will be paid for injuries sustained 24-hours a day, 365 days a year; during School breaks, summer School and summer vacation. No coverage is provided while participating in the practice or play of High School Interscholastic Football.

At-School Coverage: Benefits will be paid for injuries sustained: (a) during the regular School term; (b) on School premises during the hours when School is in session; (c) on School premises during the hours when School is not in session if participating in or attending any School sponsored event or activity; (d) away from School premises while participating in or attending any School sponsored event/activity (to include one day field trips); (e) traveling directly to or from the Insured's residence and the School premises on days when the Insured has regularly scheduled classes; if travel is by any mode of transportation other than School bus, covered travel time is one hour before the first class and one hour after the Insured is dismissed; and (e) traveling to, during or after a covered event/activity as a member of a group in transportation furnished or arranged by the Policyholder School/district. No coverage is provided while participating in the practice or play of High School Interscholastic Football.

Coverage for any Policyholder supervised and sponsored 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.

High School Football Coverage: Insurance coverage is provided for High School Football athletes during athletic tryouts, preseason play, practice, state interscholastic governing body approved conditioning, regular and post season play and for travel to, during or after covered athletic activities as a member of a group in transportation furnished and arranged by the School.

TERMS OF PAYMENT

Full Excess

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable under the Policy are shown on the Schedule of Benefits.

If no Inforce Policy exists, this policy will pay benefits on a primary basis and a deductible as shown in the Schedule of Benefits will apply to such benefit.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

LIMITATIONS AND EXCLUDED EXPENSES

Limitation for Motor Vehicle Accidents Benefits will be paid for Covered Expenses incurred for treatment of Injuries that result directly and independently of all other causes from a Covered Accident that occurred while the Covered Person was riding in or driving a Motor Vehicle. Benefits will not exceed the Benefit Limit shown in the *Schedule of Benefits*.

Excluded Expenses The following will not be considered Covered Expenses unless coverage is specifically provided in the Schedule of Benefits:

1. Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss.
3. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
5. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone or transportation.

10. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic and club sports.
11. Expenses payable by any automobile insurance policy without regard to fault.
12. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity
13. Repair or replacement of existing artificial limbs, eyes and larynx.
14. Charges for any article of clothing intended for use more than once.
15. Pre-Existing Conditions, as defined herein.
16. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.
17. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain
18. Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law or the commission or attempt to commit an assault or a felony.
19. eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them or repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
20. treatment or service provided by a private duty nurse.
21. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
22. Shots/Injections
23. Mental and Nervous Disorders.
24. travel in or upon any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated.
25. injuries associated with activities or travel outside the United States.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section of the Policy.

Note: Any Exclusion pertaining to services or treatment rendered by an Immediate Family member of the Covered Person shall not apply to a Dentist acting within the scope of their license.

In no event will the company's total payments for the Covered Person exceed the Maximum Benefit Amount for the Accident Medical Expense shown in the *Schedule of Benefits*.

Limitation of Multiple Benefits

If Covered Person suffers one or more losses from the same Covered Accident for which amounts are payable under more than one of the following benefits provided by the Policy, the maximum amount payable under all the benefits combined will not exceed the amount payable for one of the losses, the largest: Accidental Death & Dismemberment, Coma, Paralysis, Loss of Use, Heart & Circulatory Failure or Brain Death.

Limitation of Multiple Covered Activities

If a Covered Person's Injury is caused by a Covered Accident that occurs while the Covered Person is participating in more than one Covered Activity applicable to that Covered Person, and if the same Benefit applies to that Covered Person with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Covered Person for that Covered Accident will be determined as though the Covered Accident occurred while the Covered Person was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

Our Right to Claim Information:

The **Policyholder** or its claims Administrator must compile and keep records of:

- Each and every claim, including the date of the **Accident** which led to the claim and a brief description of the claim.
- Accidental Medical Expense payments made by the **Policyholder**.

We reserve the right to examine and audit any claim file.

Non-Duplication of Benefits When This Policy and Other Plans Are Excess

This provision applies if benefits under any Other Insurance Plan are covered under this Benefit and the other Plan are excess.

We pay a pro rata share of the total amount of Covered Expenses. In no case will the total benefits payable exceed 100% of the Covered Expenses.

Our pro rate share equals the total of benefits payable under this Policy multiplied by a fraction, of which the numerator is the benefits We pay and the denominator is the total of benefits payable by an Other Insurance for the same Covered Accident.

In all other respects, the Policy and Certificate remain the same.

Signed for STARR INDEMNITY & LIABILTY COMPANY:

Charles H. Dangelo, President

Nehemiah E. Ginsburg, General Counsel

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10021

Blanket Accident Insurance Policy

Policyholder:	**Miami Dade County Public Schools** **1450 Northeast 2nd Avenue** **Miami, FL 33132**
Policy Number:	**BAP 273187**
Effective Date:	**July 31, 2017 to July 31, 2020**

This Policy is a legal contract between the Policyholder and Starr Indemnity & Liability Company (herein referenced as "the Company"). The Company agrees to provide insurance to the Policyholder, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in this Policy.

This Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in this Policy.

This Policy is governed by the laws of the state where it was delivered.

Signed for the Company as of the Effective Date above:

Nehemiah E. Ginsburg, General Counsel Charles H. Dangelo, President

THIS IS A BLANKET ACCIDENT INSURANCE POLICY.
THE POLICY DOES NOT PAY BENEFITS FOR LOSSES CAUSED BY SICKNESS.
PLEASE READ THE POLICY CAREFULLY.

Excess Insurance

For service or complaints about this policy, please address any inquiries to
the address shown above or call 866-519-2522.

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DEFINITIONS

The male pronoun includes the female whenever used.

For the purposes of this Policy the capitalized terms used herein are defined as follows:

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

BENEFIT PERIOD means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

COVERED ACCIDENT means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss or Injury for which benefits are payable.

COVERED LOSS or COVERED LOSSES means an accidental death, dismemberment or other Injury covered under this Policy.

COVERED PERSON means an eligible person who is within the covered class(es) listed in the Policy Schedule of Benefits, who is a U.S citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States, and for whom the required premium is paid when due.

DEDUCTIBLE means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Accident, before Accident Medical Expense Benefits paid on an expense incurred basis are payable under this Policy. Only one Deductible will apply to the Covered Person and his or her Dependents if Injured in the same Covered Accident.

HOSPITAL means an institution that:

1) operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2) provides 24-hour nursing service by registered nurses on duty or call;
3) has a staff of one or more licensed physicians available at all times;
4) provides organized facilities for diagnosis, treatment and surgery, either
   a) on its premises; or
   b) in facilities available to it, on a pre-arranged basis;
5) is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
6) is not a place for drug addicts, alcoholics or the aged.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1) the Joint Commission of Accreditation of Hospitals; or
2) the American Osteopathic Association; or
3) the Commission on the Accreditation of Rehabilitative Facilities.

IMMEDIATE FAMILY means the Covered Person's parent, grandparent, spouse, child(ren) (includes legally adopted children or step children, brother, sister, step-children, grand children, or in-laws.)

INJURY means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

MEDICAL EMERGENCY means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

MEDICALLY NECESSARY means a treatment, service or supply that is:

1) required to treat an Injury;
2) prescribed or ordered by a Physician or furnished by a Hospital;
3) performed in the least costly setting required by the condition;
4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting of air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

PHYSICIAN means a person who is a qualified practitioner of the healing arts acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person or a Covered Person's Immediate Family.

USUAL AND CUSTOMARY CHARGES means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

WE, OUR, US means Starr Indemnity & Liability Company underwriting this insurance.

YOU, YOUR, YOURS, HE or SHE means the Covered Person who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

ELIGIBILITY FOR INSURANCE

If the Covered Person is in one of the classes of Eligible Persons shown on the Policy Schedule of Benefits, He or She is eligible to be covered under the Policy. We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE

Policy Effective Date. This Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date

A Covered Person's coverage under this Policy begins on the later of:

1) the Policy Effective Date;
2) the date such person becomes eligible as described in the Schedule of Benefits.

TERMINATION DATE OF INSURANCE

Policy Termination Date
Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

This Policy terminates automatically on the earlier of:
1) The Policy Termination Date shown in this Policy; or
2) The premium due date if premiums are not paid when due subject to any grace period provided.

Failure by the Policyholder to pay all required premiums due by the last day of the grace period shall be deemed notice by the Policyholder to the Company to terminate this Policy on the last day of the period for which premiums have been paid.

This Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.

The Policyholder and the Company may terminate this Policy at any time by written mutual consent.

If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.

Covered Person's Termination Date
A Covered Person's coverage under this Policy ends on the earliest of:
1) The date this Policy terminates;
2) The date the Covered Person enters full-time active duty in the armed forces of any country or international authority;
3) The date the Covered Person ceases to be eligible as described in the Policy provided all required premiums are paid; or
4) The last day of the period for which premiums have been paid.

PREMIUMS

The Company provides insurance in return for premium payments. The premium showed in the Schedule of Benefits is payable to the Company in the manner described and is based on rates currently in force, the plan, and the amount of insurance in force. Premium is due on the Policy Effective Date. After that premium will be due monthly unless otherwise stated in the Policy.

The Company has the right to rely upon the accuracy of the Policyholder's calculations and to require the Policyholder to furnish a census from time to time but not more than twice in a 12-month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.

If any premium payment is not paid when due, the Policy will be cancelled as of the premium due date, except as provided under the Grace Period section.

Changes in Premium Rate

The Company may change the premium rates from time to time with at least 31 days advanced written or authorized electronic notice. No change in rates will be made until 12 months after the Policy Effective Date. However, the Company reserves the right to change rates at any time if any of the following events occur:

1) A change in the terms of the Policy.
2) A subsidiary, division, affiliated organization or eligible class is added or deleted to the Policy.
3) A change in any federal or state law or regulation affecting this Policy and Our benefit obligation.
4) A change in the factors bearing on the risk assumed.
5) A misrepresentation in the information relied on in establishing the rate for this Policy.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.

Grace Period

After the payment of the first premium, this Policy will have a 31 day grace period. This means that if premium is not paid on or before the date it is due, it may be paid during the 31 day grace period. During this time, this Policy will stay in force provided all the premiums due are paid by the last day of the grace period. This Policy will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the grace period.

HAZARDS INSURED AGAINST

We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident during one of the Covered Activities listed in the Schedule of Benefits. Unless otherwise specified, We pay benefits only once for any one Covered Accident, even if it is covered by more than one Hazard.

SUPERVISED AND SPONSORED ACTIVITIES

We will pay the benefits described in the Policy for an Accident which occurs while a Covered Person is:
(1) attending or participating in a Supervised and Sponsored Activity; or
(2) attending a Policyholder function, as described on the Schedule of Benefits.

The Covered Person must be:
(1) on the premises of the Policyholder:
  (a) during its normal hours;
  (b) during scheduled functions; and
  (c) during other periods if He is attending or participating in a Supervised and Sponsored Activity.
(2) not on the Policyholder's premises and attending or participating in a Supervised and Sponsored Activity;
(3) traveling directly, without interruption:
  (a) between the site of the Supervised and Sponsored Activity and the Policyholder's premises, if the Supervised and Sponsored Activity is located within or outside the town where the Policyholder's premises are located.
  (b) in a vehicle which is:
    (i) designated or furnished by the Policyholder;
    (ii) operated by a properly licensed, adult driver; or
    (iii) under the direct supervision of the Policyholder; or
  (c) in a vehicle other than that described in (3)(b) when:
    (i) operated by a properly licensed driver; and
    (ii) travel time does not exceed one hour each way.

Travel time includes the time:
(1) to or from the Policyholder's address and the Supervised and Sponsored Activity;
(2) before the appointed time; and
(3) after the Supervised and Sponsored Activity is completed.

"Supervised and Sponsored Activity" means a Policyholder authorized function:
(1) in which the Covered Person participates;
(2) which is organized by or under its auspices; and
(3) which is within the scope of customary activities for such entity.]

Unless otherwise stated in the Schedule of Benefits, We will pay benefits for a Covered Loss, only once, even if coverage was provided under more than one Hazard.

SPORTS COVERAGE

We will pay the benefits described in the Policy for an Accident which occurs while a Covered Person is:

(1) taking part in:
  (a) a regularly scheduled athletic game or competition; or
  (b) a practice session for an athletic team or club; or

(2) traveling to or from such a game, competition or practice session provided he is;
  (a) traveling with the athletic team or club; and
  (b) under the direct and immediate supervision of:
    (i) the athletic team or club; or
    (ii) an adult authorized by the athletic team or club;
  (c) in a vehicle which is:
    (i) designated or furnished by the athletic team or club;
    (ii) operated by a properly licensed, adult driver, or
    (iii) under the direct supervision of the athletic team or club; or
  (d) in a vehicle other than that described in (3)(c) when:
    (i) operated by a properly licensed driver, and
    (ii) travel time does not exceed one hour each way.

Travel time includes the time:

(1) to or from a scheduled game, competition or practice session;
(2) before required attendance time;
(3) after the Covered Person is dismissed; and
(4) after the Covered Person completes extra duties assigned by the Policyholder.

Conditions which result over a period of time (including but not limited to blisters, tennis elbow, heat exhaustion, hernia, repetitive stress injury), and which are a normal, foreseeable result of the sport, are not covered. These items are considered a sickness and are not covered.

Unless otherwise stated in the Schedule of Benefits, We will pay benefits for a Covered Loss, only once, even if coverage was provided under more than one Hazard.

DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Loss Period as shown in the Schedule of Benefits from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum/Amount of Insurance shown below for that Loss. The Principal Sum/Amount of Insurance is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Loss of:	Benefit:
	(Percentage of Principal Sum/Amount of Insurance)
Life.....	100%
Two or More Members.....	100%
One Member	50%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Co-payments, Benefit Periods, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1) for Usual and Customary Charges incurred after the Deductible has been met;
2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
3) for Covered Expenses incurred within 365 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses, from a Covered Accident, include:

1) Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2) Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital confined.
3) Daily Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services.
4) Registered nurse services expenses for private duty nursing while a Covered Person is Hospital confined, when services are ordered by a Physician.
5) Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a Covered Accident and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
6) Outpatient surgery expenses, including an ambulatory surgical center.
7) Outpatient surgical room and supply expenses for use of the surgical facility.
8) Outpatient diagnostic x-rays, laboratory procedures and test expenses.
9) Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
10) Second surgical opinion expenses.
11) Physician surgical expenses. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
12) Assistant surgeon expenses when Medically Necessary.
13) Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
14) Outpatient laboratory test expenses.
15) Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, massage or any form of physical therapy.
16) Post surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
17) X-ray expenses (including reading charges) not including dental x-rays.
18) Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
19) Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.
20) Outpatient registered nurse services if ordered by a Physician.
21) Ambulance expenses for transportation from the Accident site to the Hospital.

22) Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
23) Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.
24) Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
25) Medical services and supplies for blood and blood transfusions; oxygen and its administration.
26) Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
27) Artificial limbs, eyes and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs, eyes or larynx.

Terms of Payment for Accident Medical and Dental Expense Benefit

Full Excess:

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable under the Policy are shown on the Schedule of Benefits.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

For the purposes of this provision, "Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:
(1) group or blanket insurance, whether on an insured or self-funded basis;
(2) Hospital or medical service organizations on a group basis;
(3) Health Maintenance Organizations on a group basis;
(4) group labor management plans;
(5) employee benefit organization plan;
(6) professional association plans on a group basis;
(7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
(8) automobile no-fault coverage (unless prohibited by law).

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of, any of the following even if the immediate cause of the loss is an accidental bodily injury:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under workers' compensation, employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Service or active duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice of death or Injury must be given to the Company within 30 days after a Covered Loss begins or as soon as reasonably possible. Notice can be given to the Company at Starr Indemnity & Liability Company, 399 Park Avenue, 8th Floor, New York, NY 10022, Attn: Claims Department. Notice should include the Covered Person's name and address as well as this Policy Number. If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 30 day period; and
2) it is further shown that notice was given as soon as possible.

CLAIM FORMS: When the Company receives a notice of claim, the Company will send forms for filing proof of loss. If claim forms are not sent within 15 days after receipt of such notice, Proof of Loss requirements stated below will be deemed to have been met if, within the Proof of Loss time period specified below, written proof of the nature and extent of the loss is submitted.

PROOF OF LOSS: Written proof of loss must be given to the Company within 90 days after the date of loss. If the proof of loss is not submitted within 90 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 90 day period; and
2) it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: Benefits for loss covered by this Policy, other than benefits that require periodic payment, will be paid as soon as the Company receives proper written proof of such loss. Benefits for loss covered by this Policy that require periodic payment shall be paid monthly provided that the Company receives proper written proof of such loss.

PAYMENT OF CLAIMS: All benefits will be paid in United States currency. Loss of life benefits will be paid to the beneficiary as described in the Designation or Change of Beneficiary provision of this Policy entitled 'General Policy Provisions. To receive proceeds, a beneficiary must be living on the earlier of the following dates: the date the Company receives proof of the loss of life; or the 10th day after the death.

All other benefits will be paid to the Covered Person suffering the loss. If the Covered Person dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation and Change of Beneficiary provision of this Policy entitled 'General Policy Provisions.' The covered person may provide to the Company a written request to assign benefits directly to the provider of services covered by this Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

RECOVERY OF OVERPAYMENT: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid or paid in error by any of the following methods:

1) A request for lump sum payment of the amount overpaid or paid in error, or
2) Reduction of any proceeds payable under this Policy by the amount overpaid or paid in error.

SUBROGATION: The Policyholder is required to investigate and prosecute all valid claims that it may have against third parties arising out of any claim for which benefits were paid by this Policy. The Policyholder shall account to the Company for all amounts recovered. If the Policyholder fails to pursue any action against a third party and the Company has made benefit payments under this Policy, the Company will be subrogated to all of the Policyholder's rights to make recoveries. However, the Company's subrogation right is secondary to the Policyholder's right to be fully compensated for its damages. The Policyholder is required to cooperate fully and do all things necessary and required for the Company to pursue any action to recover against the third party. The Company agrees to pay its portion of the Policyholder's reasonable attorneys' fees or other costs associated with a claim or lawsuit to the extent that the Company recovers any portion of the benefits paid under this Policy pursuant to its subrogation right.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT/CHANGES: This Policy, with the Policyholder's Master Application and all endorsements, amendments and attached papers is the entire contract between the Policyholder and the Company. Changes to this Policy may be made at any time by an endorsement or amendment and must be agreed upon, in writing, between the Policyholder and the Company. The Company may also, upon 31 days written notice to the Policyholder, change or modify the provisions of this Policy to comply with any applicable requirements of the Internal Revenue Service and/or any state or other federal law or regulation. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: In the absence of fraud, all statements made by the Policyholder or by a Covered Person shall be deemed representations and not warranties. No such statement shall be used to contest this Policy or reduce benefits unless contained in a signed, written application, a copy of which has been provided to the person who made the statement, or to their beneficiary or representative. No such statement will be used to contest this Policy after this Policy has been in force for two years.

CERTIFICATES OF INSURANCE: The Company will issue to the Policyholder certificates of insurance for delivery to each Covered Person covered by this Policy, where required by law. Certificates will list the benefits, conditions and limits of this Policy and to whom benefits will be paid.

CLERICAL ERROR: Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy in conflict on its effective date with the laws of the state where the Covered Person lives is amended to conform to the minimum requirements of such laws.

DESIGNATION OR CHANGE OF BENEFICIARY: Each Covered Person may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order of preference:

1) Beneficiaries designated in writing by the Covered Person for this Policy on file with the Policyholder, if any, otherwise;
2) In equal shares to the members of the first surviving class of those that follow, if any:
   a) a Covered Person's lawful spouse, if not legally separated or divorced;
   b) a Covered Person's natural Child, adopted Child, foster Child, step Child, or other Child for whom the Covered Person has or had legal guardianship (proof will be required); or
   c) a Covered Person's parents, whether natural, step or adoptive; otherwise;
3) The estate of the Covered Person.

A Covered Person may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Covered Person is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.

ASSIGNMENT: No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

INSOLVENCY: The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in this Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Covered Persons under the Plan.

LEGAL ACTION: All Policy terms will be interpreted under the laws of the state in which this Policy was issued. No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be furnished.

MISSTATED DATA: The Company has relied upon the underwriting information provided by the Policyholder, its Third Party Administrator or other Agent in the issuance of this Policy. Should subsequent information become known which, if known prior to issuance of this Policy, would have affected the rates, Deductibles, terms or conditions for coverage, the Company will have the right to revise the rates, Deductibles, terms or conditions as of the Effective Date of issuance, by providing written notice to the Policyholder.

WAIVER: Failure of the Company to strictly enforce its rights under this Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

WORKERS' COMPENSATION: This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

STARR
INDEMNITY & LIABILITY

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

OFAC RIDER

This Rider is attached to and made a part of Policy Number BAP 273187 issued to Miami Dade County Public Schools (the Policyholder).

Effective Date: July 31, 2017

The following provision is added to the Policy / Certificate:

Compliance with OFAC:
Payment of loss under the Policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Senior Vice President

Charles H. Dangelo,
President

AH-20020

Dallas, Texas
Administrative Office: 399 Park Avenue, 2nd Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER # 2

This Rider is attached to and made a part of Policy Number BAP 273187 issued to Miami Dade County Public Schools (the Policyholder).

Effective 7/31/2019, the Policy/Certificate are hereby amended as follows:

It is understood and agreed that **COVERED ACTIVITIES** appearing on the Schedule of Benefits is amended to include the following:

COVERED ACTIVITIES

Interscholastic Athletics Coverage:
Covered interscholastic athletics are defined by and limited to the following supervised and sponsored activities: Baseball, Badminton, Basketball, Bowling, Boxing, Cross Country, Equestrian, Flag Football, Football (unless otherwise specified as excluded in the Schedule of Benefits), Golf, Gymnastics, Hockey, Lacrosse, Rifle, Rugby, Skating, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball and Water Polo, Wrestling including student managers and student trainers for these interscholastic sports.

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER #3

This Rider is attached to and made a part of Policy Number BAP 273187 issued to Miami Dade County Public Schools (the Policyholder).

Effective 6/18/2020 and Expiring 7/27/2020, the Policy/Certificate are hereby amended as follows:

It is understood and agreed that **COVERED ACTIVITES** appearing on the Schedule of Benefits is amended to include the following:

COVERED ACTIVITES:
Sponsored Activities including power, strength, speed, balance, agility, coordination, and endurance. The activities could include, but not exclude: running, weight lifting, agility training, sprinting, medicine balls, push-ups, pull ups, and multitude of equipment to achieve the goal of power, strength, speed, balance, agility, coordination, and endurance sponsored by the Policyholder through the dates of 6/18/2020 to 7/27/2020.

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER #4

This Rider is attached to and made a part of Policy Number BAP 273187 issued to Miami Dade County Public Schools (the Policyholder).

Effective **7/30/2020**, the Policy/Certificate are hereby amen
ded as follows:

POLICY TERM: July 30, 2020 at 12:01 AM to July 31, 2022 at 12:01 Am

PREMIUMS:

Fall Football: $242.00
Spring Football: $52.00
At School Athletics and Activities (excluding football): $40.00
24 Hour (excluding football): $70.00
At School PK-6: $14.00
At School excluding Football and Athletics & Activities: $15.00

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

Dallas, Texas
Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 100122

ADMINISTRATIVE CHANGE RIDER #5

This Rider is attached to and made a part of Policy Number **BAP 273187** issued to **Miami Dade County Public Schools** (the Policyholder).

Effective **7/31/2021**, the Policy/Certificate are hereby amended as follows:

POLICY TERM: July 31, 2021 at 12:01 AM to July 31, 2022 at 12:01 AM

PREMIUMS:

Fall Football: $242.00
Spring Football: $52.00
At School Athletics and Activities (excluding football): $40.00
24 Hour (excluding football): $70.00
At School PK-6: $14.00
At School excluding Football and Athletics & Activities: $15.00

In all other respects, the Policy remains the same.

Signed for the Company:

Nehemiah E. Ginsburg,
General Counsel and Secretary

Steve Blakey,
President and Chief Executive Officer

WELLFLEET INSURANCE COMPANY

5814 Reed Road, Fort Wayne, Indiana 46835

BLANKET ACCIDENT INSURANCE POLICY

POLICYHOLDER:	MIAMI DADE COUNTY SCHOOL DAY CARE & (Policyholder, You, or Your)
POLICY NUMBER:	MP0000762095
POLICY EFFECTIVE DATE:	August 18, 2021
POLICY TERM:	August 18, 2021 through August 17, 2022
STATE OF ISSUE:	Florida
POLICY ANNIVERSARY	August 18

The Policy is a legal contract between the Policyholder and Wellfleet Insurance Company (herein referenced as ("We, Us, Our and Company").

This Policy contains the terms under which the Insurance Company agrees to insure certain persons and pay benefits.

This policy takes effect on the effective date at 12:00 A.M. local time at the policyholder's address. We must receive the policyholder's signed application and the initial premium for it to take place.

This policy terminates at 11:59 P.M. local time at the policyholder's address.

Premium due dates
Premium is due on the premium due date immediately following the date We invoice You.

This policy is governed by applicable federal law and the laws of Florida.

THIS IS A LIMITED POLICY WHICH PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

THIS POLICY CONTAINS A DEDUCTIBLE

NON-PARTICIPATING

This Policy is executed for the Company by its President and Secretary:

Andrew M. DiGiorgio, President

Angela Adams, Secretary

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Policyholder Questions or Comments

If You have questions about the coverage under this policy, or if You wish to discuss it, You may contact Us at:

Wellfleet Insurance Company
c/o Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369
(877) 657-5039

Please have Your policy number available when You contact Us. It is on the front page of this policy.

Underwritten by Wellfleet Insurance Company
Administrator: Wellfleet Insurance Group, LLC
PO Box 15369
Springfield, MA 01115-5369
(877) 657-5039

Definitions

You will see some words in bold type in this policy. The bold type means that We have defined those words in this policy. The definitions are in this section. You can find a complete list in the Definitions section of the certificate of coverage.

Covered person

A person for whom all of the following applies:

- The person is eligible for coverage as defined in the certificate of coverage.
- The person's coverage has not ended.

Dates:

Effective date

The date coverage begins as listed on the front page of this policy.

Premium due date

Premium is due on the premium due date immediately following the date We invoice You.

Termination date

The date coverage ends according to the *Termination* section.

Policy term: The period of time from effective date to the termination date of this policy as shown on the cover page.

Policyholder

The policyholder named on the front page of this policy for the purpose of coverage under this policy.

Premium

The amount the policyholder is required to pay to Us to continue coverage.

Policy

This Blanket Accident Insurance Policy (policy). This policy consists of several documents taken together.

Premium

Premium rates

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this policy will be based on the rates, the plan, and the amounts of insurance in effect for Covered Persons and the premium mode selected as agreed to by the policyholder and Us.

Premium Payment

The total premium paid by the policyholder is the sum of premiums for all Covered Persons, unless the policyholder and We agree to another mode of premium payment. Premiums are paid at Our home office or to Our authorized agent.

If any premium is not paid when due, this policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in any applicable policy Grace Period section.

Grace Period

A policy Grace Period of 45 days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this policy beyond the period for which premium has been accepted; and
2. Written notice of Our intention not to renew is delivered to the policyholder at least 31 days before the premium is due.

This policy will be in force during the policy Grace Period. If the required premiums are not paid during the policy Grace Period, insurance will end on the last day of the Grace Period. The policyholder is liable to Us for any unpaid premium for the time this policy was in force.

Premium Rate Changes

We may change premium rates at the end of any policy term with at least 45 days advance notice mailed to the last known address of the policyholder. We will not increase premium rates more frequently than annually, unless one of the events described below occurs.

We may change the premium rate during a policy term if any one of the following occurs:

1. The terms of this policy change in the event the risks assumed by Us become affected;
2. A change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects Our benefit obligations under this policy;
3. The policyholder fails to provide sufficient information, as required by Us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above, subject to required notification. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Refund of Premium

All unearned premiums will be refunded. Written request for such refund must be made.

Premium – Eligibility Corrections

Premium will always be determined based upon the effective date and termination dates of a Covered Person.

Final rates

The current premium rates and effective date for all of the coverages provided under this policy are on record with Us and You.

Termination

Automatic Termination

This policy and all coverage end as of the last day of the grace period if You have not paid Us all premiums as of the end of the grace period.

Termination by You

You may end coverage under this policy if You give Us 31 days advance written notice. The notice must include the termination date. The termination date shall not be earlier than 31 days after the date of the notice unless You and We agree. Your termination notice may apply to all classes or any class of Covered Persons covered under this policy. You can send Us a termination notice during a period for which You have paid premium, but Your termination date must be after that period.

Termination by Us

We may end this policy and all or any coverage it provides with at least 45 days advance written notice if the Policyholder:

- does not promptly provide the information that is reasonably required.
- fails to perform any of its duties that relate to the Policy.
- made any intentional misrepresentation of a material fact relevant to the coverage provided under this policy.
- At any time if We give You 45 days advance written notice.

Effect of Termination

You, Covered Persons, and We continue to be responsible following termination for the duties We each incur prior to the termination of this policy. One of Your duties includes payment of premium due for coverage through any grace period up to the day of termination. You, Covered Persons, and We also continue to be responsible for Your, their, and Our duties that this policy states are to occur following termination.

You, Covered Persons, and We have the rights and duties following termination of this policy, as stated specifically in this policy.

You shall notify Covered Persons of the termination of this policy. Your notice will comply with applicable federal and state laws. We have the right to notify Covered Persons of termination of this policy.

Notices – termination of coverage

You shall notify Covered Persons in writing, of their rights when coverage stops.

Reinstatement

This policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the policyholder satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of reinstatement.

Administration Provisions

Indemnification

We agree to indemnify and hold You harmless against that portion of Your liability to third parties as determined by either state or federal regulatory agencies, boards, or other government bodies or by arbitration caused directly by Our willful misconduct, criminal conduct or material breach of this policy.

You agree to indemnify and hold Us harmless against that portion of Our liability to third parties as determined by a court of final jurisdiction or by arbitration caused directly by Your negligence, breach of this policy, breach of applicable federal and state laws, willful misconduct, criminal conduct, or fraud.

These indemnification obligations end with this policy, except as to any matter concerning a claim that has been made in writing within 365 days after termination.

Certificates

Where required by law, the company will provide a certificate of insurance to You for delivery to the Covered Person. Each certificate will set forth a statement as to the insurance coverage to which the Covered Person is entitled, and to whom the insurance benefits are payable.

Distribution - certificate of coverage and other materials

The Company, or policyholder will distribute to You as required by applicable federal and state laws, the certificate and other materials relating to enrollment and coverage features.

General provisions

Applicable law

Applicable law means all federal and state laws that apply to the matters covered by this policy. Federal and state laws mean statutes, regulations, official agency direction and guidance, and judicial decisions and orders, as they may be passed or issued, or as they may be amended, from time to time.

Conformity with law

Any provision in this policy that is in conflict with the requirements of any state or federal law that apply to this policy are automatically changed to satisfy the minimum requirements of such laws.

Entire Contract

This policy consists of several documents taken together. These documents are:

- Your application
- This policy
- The certificate, if applicable
- Any riders, endorsement, inserts, attachments, and amendments to this policy or the certificate.

These documents are the entire contract between Us and You.

All certificate documents that are part of the complete policy are on file with Us and You.

Changes to the Policy

This policy, including the application, endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this policy will be valid until approved by one of Our executive officers and endorsed on or attached to this policy. No agent has authority to change this policy or to waive any of its provisions. The Company may agree with the policyholder to modify a plan of benefits without the Covered Person's consent.

Legal Actions

No action at law or in equity will be brought to recover benefits under this policy less than 60 days after satisfactory proof of loss has been furnished as required by this policy. No such action will be brought more than 3 years after the time such written proof of loss must be furnished.

Assignment and delegation

You shall not assign any right or delegate any duty under this policy unless We approve it in writing in advance, in conjunction with state law.

We may delegate some of Our functions under this policy to third parties. We may also change or end these delegations. We do not need to give You advance notice to enter into, change or end these arrangements, and We do not need Your consent.

Clerical Error

A person's coverage validly in force will not be affected, nor will a person's coverage validly terminated be continued, due to error or delay in keeping records pertaining to insurance under this policy. If such error or delay is found, We will adjust the premium fairly.

Misstatement of Material Fact

If the policyholder has misstated any material fact, all amounts payable under this policy will be such as the premium paid would have purchased had such fact been correctly stated.

Noncompliance with Policy Requirements

Any express or implied waiver by the Company of any requirements of this policy is not a continuing waiver of such requirements. Any failure by the Company to enforce any policy provision will not be a waiver or amendment of that provision.

Discrimination Prohibited

You shall not encourage or discourage enrollment in the coverage provided by this policy based on health status or health risk.

You shall act so as not to discriminate unfairly between persons in like situations at the time of the action.

Financial Sanctions Exclusion

If coverage provided by this policy violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For example, We cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information, visit http://www.treasury.gov/resource-center/sanctions/pages/default.aspx.

Incontestability

The validity of this policy will not be contested after it has been in forced for 2 years from the policy Effective Date, except for non-payment of premium, misrepresentation or fraud. We reserve the right to contest coverage at any time based upon the Covered Person's ineligibility for coverage under this policy or upon other provisions of this policy.

Records

The policyholder or its authorized administrator will maintain the records of the Covered Person's insurance under this policy. We will be permitted to examine the policyholder's records relating to the insurance under this policy at any reasonable time. The policyholder is acting as an agent of the Covered Person for transactions relating to this insurance. The actions of the policyholder will not be considered Our actions.

Reporting Requirements

The policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. The names of all persons insured on this policy effective date;
2. The names of all persons who are insured after the policy effective date;
3. The names of those persons whose insurance has terminated;
4. Additional information required by Us.

We, at Our option, may waive reporting of any information specified above.

Non-Participating

This policy is non-participating. It does not share in the Company's profits or surplus earnings.

Notices

This policy requires or permits You and Us to send notices to each other. These notices shall be in writing.

Notice may be delivered:

- In person, and is effective upon delivery
- By United States mail, sent first class, postage prepaid, and is effective three U.S. Postal Service delivery days following the date of mailing
- By commercial carriers UPS and FedEx, effective upon delivery
- By e-mail, facsimile or other electronic means, effective upon sending

Notice sent to Us by mail and commercial carrier shall be sent to:

Wellfleet Insurance Company
c/o Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369

Notice sent to You by mail and commercial carrier shall be sent to the address that We have on file for You or Your agent.

You and We must designate specific e-mail addresses, facsimile numbers or other electronic means in writing for purpose of notices.

Privacy

We will protect the personal health information of Covered Persons as required by federal and state laws. We will use it and share it with others as needed for their care and treatment. We will also use and share it to help Us process provider's claims and otherwise help Us administer this policy. For a copy of Our Notice of Privacy Practices, call the toll-free number on the back of the ID card or log on to www.wellfleetinsurance.com.

Policies and Procedures

We have the right to adopt reasonable policies, procedures, rules, and interpretations of this policy in order to promote orderly and efficient administration. You and all Covered Persons are bound by, and shall comply with, them. You will certify Your compliance with them upon Our request or as required specifically by this policy.

Third Parties Rights

This policy does not give any rights or impose any duties on third parties except as specifically stated.

Workers' Compensation Insurance

This policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

THE REMAINDER OF THIS CONTRACT CONSISTS OF THE CERTIFICATE, RIDERS AND AMENDMENTS, IF ANY, THAT IS ATTACHED TO, AND MADE A PART OF THIS POLICY.

WELLFLEET INSURANCE COMPANY

5814 Reed Road, Fort Wayne, Indiana 46835

BLANKET ACCIDENT INSURANCE CERTIFICATE

POLICYHOLDER:	MIAMI DADE COUNTY SCHOOL DAY CARE &
POLICY NUMBER:	MP0000762095
POLICY EFFECTIVE DATE:	August 18, 2021
POLICY TERM:	August 18, 2021 through August 17, 2022
STATE OF ISSUE:	Florida
POLICY ANNIVERSARY	August 18

The certificate is a legal contract between the Policyholder and Wellfleet Insurance Company (herein referenced as ("We, Us, Our and Company").

This certificate contains the terms under which the Insurance Company agrees to insure certain persons and pay benefits.

The certificate and the coverage provided by it become effective at 12:00 A.M. at the address of the policyholder on the policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in this certificate.

The certificate and the coverage provided by it terminates at 11:59 P.M. at the address of the policyholder's unless the policyholder and We agreed to continue coverage under the policy for an additional policy term. The following pages form a part of this certificate as fully as if the signatures below were on each page.

We and the policyholder agree to all the terms of this certificate.

THIS IS A LIMITED CERTIFICATE WHICH PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

THIS CERTIFICATE CONTAINS A DEDUCTIBLE

EXCESS INSURANCE

This certificate is not intended to be issued where other medical insurance exists. If other medical insurance does exist at the time of the claim, then the amounts of benefit payable by such other medical insurance will become the deductible amount of this policy if such benefits exceed the deductible amount shown in the Schedule of Benefits.

PLEASE READ THIS CERTIFICATE CAREFULLY

NON-PARTICIPATING

SIGNED FOR WELLFLEET INSURANCE COMPANY

Andrew M. DiGiorgio, President

Angela Adams, Secretary

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SCHEDULE OF BENEFITS

The benefits provided by this certificate will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages to protect against hazards that may occur during specific activities, situations or events.

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this certificate. Please read the conditions of coverage section and each benefit description section for full details.

COVERED PERSONS:

Eligible Classes of Covered Persons	Description of Class
Class **1**	All Participants of the Policyholder.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS	
Principal Sum	$10,000
Loss must occur within	365 days of the covered accident
SCHEDULE OF COVERED LOSSES	
Covered Loss	Benefit
Loss of Life	Principal Sum
Loss of Both Hands or Both Feet	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of Sight of Both Eyes	Principal Sum
Loss of One Hand or foot and Sight of One Eye	50% of Principal Sum
Loss of One Hand or One Foot	50% of Principal Sum
Loss of Thumb and Index Finger of the Same Hand	50% of Principal Sum
Loss of all Four Fingers of the Same Hand	50% of Principal Sum
Loss of all the Toes of the Same Foot	50% of Principal Sum
Loss of Thumb	50% of Principal Sum
Loss of Sight in One Eye	50% of Principal Sum
Loss of Speech and Hearing (in both ears)	Principal Sum
Loss of Speech	50% of Principal Sum
Loss of Hearing in both ears	50% of Principal Sum
Exposure and Disappearance	
Benefit Limit	Principal Sum

ACCIDENT MEDICAL BENEFITS

Any benefit limits for *Accident Medical Benefits* apply, unless otherwise specified, on a per covered accident basis. Any applicable deductibles must be satisfied within the time periods specified before benefits are payable.

The covered injury must result directly and independently of all other causes from a covered accident.

Covered Expenses for which benefits are payable are outlined below. Unless otherwise indicated, benefits are payable as a percentage of usual and reasonable charges.

SCOPE OF COVERAGE APPLICABLE TO ACCIDENT MEDICAL BENEFITS	
Full Excess Medical Maximum	$25,000 per covered accident
Accident Medical Coinsurance	100% of usual and reasonable charges
Individual disappearing Medical deductible	$0 per covered accident
Benefit Period - Individual must be covered under this plan at the time of the accident causing the loss	52 weeks from the date of the covered accident
Treatment window: - First covered expenses must be incurred within	60 days of the covered accident

ACCIDENT MEDICAL BENEFITS

Covered Expenses	Coverage and Other Limits
INPATIENT HOSPITAL SERVICES	
Hospital Room & Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required.	The coinsurance amount shown above after the Individual medical deductible is met
Skilled nursing facility	The coinsurance amount shown above after the Individual medical deductible is met
Minimum Inpatient hospital stay prior to confinement in Skilled nursing facility.	3 consecutive days per covered accident
Maximum Number of Skilled nursing facility days	120
OUTPATIENT FACILITIES	
Ambulatory Medical or Surgical Center	The coinsurance amount shown above after the Individual medical deductible is met
Outpatient Hospital Services	The coinsurance amount shown above after the Individual medical deductible is met
Emergency Room Expenses	The coinsurance amount shown above after the Individual medical deductible is met
Home Health Care	The coinsurance amount shown above after the Individual medical deductible is met
Minimum Inpatient hospital stay, including inpatient hospital stays in a skilled nursing or rehabilitation facility, prior to receiving Home Health Care services	3 consecutive days
Home health care must begin within	10 consecutive days after the Minimum Inpatient hospital stay
Maximum Number of home health care visits	120 per covered accident
Rehabilitation Facility	The coinsurance amount shown above after the Individual medical deductible is met
Maximum Number of days	90 per covered accident

PHYSICIAN SERVICES	
Surgery	The coinsurance amount shown above after the Individual medical deductible is met
Assistant Surgeon	The coinsurance amount shown above after the Individual medical deductible is met
Urgent Care Expenses	The coinsurance amount shown above after the Individual medical deductible is met
Second Opinion or Consultation	The coinsurance amount shown above after the Individual medical deductible is met
Physician Assistant	The coinsurance amount shown above after the Individual medical deductible is met
Anesthesia and its Administration	The coinsurance amount shown above after the Individual medical deductible is met
In-Hospital or Office Visits	The coinsurance amount shown above after the Individual medical deductible is met
OUTPATIENT X-RAY, CT SCAN, MRI AND LABORATORY TESTS	
Outpatient X-Rays, CT Scans & MRIs and Laboratory Tests	The coinsurance amount shown above after the Individual medical deductible is met
OUTPATIENT SERVICES AND SUPPLIES	
Outpatient Physical Therapy	The coinsurance amount shown above after the Individual medical deductible is met
Maximum Visits Per Day	1
Maximum physical therapy visits	20 per covered accident
Outpatient Occupational and Speech Therapy	The coinsurance amount shown above after the Individual medical deductible is met
Maximum Visits Per Day	1
Maximum Occupational and Speech Therapy visits separate	20 per covered accident separate
Nursing Services- Private Duty Nursing	The coinsurance amount shown above after the Individual medical deductible is met
Ambulance Services	The coinsurance amount shown above after the Individual medical deductible is met
Durable Medical Equipment and Orthopedic Braces and Appliances	The coinsurance amount shown above after the Individual medical deductible is met
Medical Services and Supplies	The coinsurance amount shown above after the Individual medical deductible is met
Prosthetic Devices	The coinsurance amount shown above after the Individual medical deductible is met
Dental Services	The coinsurance amount shown above after the Individual medical deductible is met
Prescription Drugs	The coinsurance amount shown above after the Individual medical deductible is met
Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices	The coinsurance amount shown above after the Individual medical deductible is met

DEFINITIONS

In the certificate, certain words have specific meanings. The words defined below and bold within the text of this certificate have the meanings set forth below.

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the covered person is covered under this certificate.

Ambulatory Medical or Surgical Center means any licensed public or private establishment which:

1. has an organized medical staff;

2. has permanent facilities that are equipped and operated mainly for the purpose of providing medical or surgical treatment;
3. provides continuous services of physicians and registered nurses, whenever a patient is in the facility; and
4. does not provide services or other accommodations for patients to stay overnight.

Benefit Period means the period of time from the date of the covered accident, as shown in the *Schedule of Benefits,* covered expenses are payable for treatment of a covered injury.

Certificate means the certificate issued by Us.

Coinsurance means the percentage of usual and reasonable charges We pay for covered expenses that are incurred by the covered person after the covered person satisfies any applicable deductible. Coinsurances are shown in the *Schedule of Benefits*.

Company or We, Us, Our means Wellfleet Insurance Company, domiciled in Fort Wayne Indiana.

Covered Accident is an accident that results, directly and independently of all other causes, in a covered injury or covered loss and meets all of the following conditions:

1. Occurs while the covered person is insured under this certificate;
2. Occurs under one of the conditions of coverage specified in the conditions of coverage section of this certificate;
3. Is not contributed to by disease, sickness, or mental or bodily infirmity;
4. Is not otherwise excluded under the terms of this certificate.

Covered Activity means an activity or event that:

1. Takes place under one of the conditions of coverage specified in the conditions of coverage section of this certificate; and
2. Is sponsored, organized, scheduled or otherwise provided by the policyholder .

The activity or event must be under sole direct supervision of qualified policyholder authorities and may, if specified in this certificate, include policyholder sponsored and supervised travel to and from such an activity or event.

Covered Expenses means the usual and reasonable charges for services or supplies listed in the *Schedule of Benefits,* and described in the Accident Medical Benefits section, that the covered person incurred during the benefit period for medically necessary treatment of a covered injury. A physician must recommend and approve these services or supplies. A covered expense is deemed to be incurred on the date treatment, service, or supply that gave rise to the expense or the charge, was rendered or obtained.

Covered Injury means any bodily harm that results, directly and independently of all other causes, from a covered accident and occurs while such a person is participating in a covered activity. A covered injury does not include aggravation of an injury sustained before the covered accident.

Covered Loss means a loss:

1. Which is the result of a covered injury to the covered person;
2. For which benefits are payable under this certificate; and
3. Which is not otherwise excluded under the terms of this certificate.

Covered Person means a person who is eligible for coverage as identified in the *Schedule of Benefits* for whom proper premium payment has been made, and who is insured under this certificate.

Daily Living Services means cooking, feeding, bathing, dressing and personal hygiene services performed by a home health aide which are necessary to the covered person's care and health.

Deductible means the amount of covered expenses that the covered person must incur, as applicable, before benefits are paid under this certificate. The deductible may apply to each covered accident or each policy term, as shown in the *Schedule of Benefits*.

Disappearing Deductible means a dollar amount of covered expenses the covered person must pay before We pay any benefits under this certificate. The Deductible may be satisfied by other valid and collectible insurance or plan. The disappearing deductible is shown on the *Schedule of Benefits*.

Durable Medical Equipment means a device which:

1. Is primarily and customarily used for medical purposes, is specially equipped with features and functions that are generally not required in the absence of sickness or covered injury and is able to withstand repeated use;
2. Is used exclusively by the covered person;
3. Is routinely used in a hospital but can be used effectively in a non-medical facility;
4. Can be expected to make a meaningful contribution to treating the covered person's covered injury; and
5. Is prescribed by a physician and the device is medically necessary for rehabilitation.

Durable Medical Equipment does not include:

1. Comfort and convenience items;
2. Equipment that can be used by immediate family members other than the covered person;
3. Health exercise equipment; and
4. Equipment that may increase the value of the covered person's residence.

Home means the structure or land on which the covered person permanently resides.

Home Health Care Agency means an agency that:

1. Is constituted, licensed and operated under the provision of Title XVIII of the Federal Social Security Act, or qualified to be so operated if application was made, and certified by the jurisdiction in which the home health care plan is established; and
2. Is engaged primarily in providing skilled nursing facility services and other therapeutic services in the covered person's home under the supervision of a physician or a nurse; and
3. Maintains clinical records on all patients.

Home Health Aide is a person who is not an Immediate Family Member or anyone who lives with the covered person and:

1. Provides care of a medical or therapeutic nature, or who provides daily living services; and
2. Reports to and is under the direct supervision of a home health care agency.

Home Health Care means the continued care and treatment of the covered person if:

1. Institutionalization would have been required if home health care was not provided; and
2. The covered person's physician establishes and approves in writing the plan of treatment covering the home health care service.

Hospital means an institution that meets all of the following:

1. It is licensed as a hospital pursuant to applicable law;

2. It is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. It is managed under the supervision of a staff of medical doctors;
4. It provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. It has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. It charges for its services.

The term hospital does not include a clinic, facility, or unit of a hospital for:

1. Rehabilitation, convalescent, custodial, educational or nursing care;
2. The aged, drug addicts or alcoholics;
3. A Veteran's Administration hospital or Federal Government hospitals unless the covered person incurs an expense and there is a legal obligation to pay.

Hospital Stay means a confinement in a hospital, ordered by a physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the hospital. The hospital stay must result directly and independently of all other causes from a covered accident. Separate hospital stays due to the same covered accident will be treated as one hospital stay unless separated by at least 90 days.

Immediate Family Member means a person who is related to the covered person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent, including stepparent, brother or sister, including stepbrother or stepsister, or child, including legally adopted child or stepchild.

Incurred or Incurs means an obligation to pay for a covered expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the covered person.

Inpatient means if the covered person is confined for at least one full day's hospital room and board. The requirement that the covered person be charged for room and board does not apply to confinement in a Veteran's Administration hospital or Federal Government hospital and in such case, the term "inpatient" shall mean that the covered person is required to be confined for a period of at least a full day as determined by the hospital.

Medically Necessary/Medical Necessity means care, services or supplies provided to the covered person, solely by or at the direction of a treating physician exercising prudent medical judgment and acting independently of the Company, for the purpose of evaluating, diagnosing or treating a covered injury sustained as the direct result of a covered accident, that are:

1. In accordance with generally accepted standards of medical practice;
2. Clinically appropriate, in terms of type, frequency, extent, site and duration;
3. Considered effective for the covered injury;
4. Not primarily for the covered person's convenience, the covered person's physician or any other physician; and
5. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of a covered injury.

For the purposes of this definition, *Generally Accepted Standards of Medical Practice* means:

a. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;

b. Physician and health care provider specialty society documents;
c. The views of physicians and health care providers practicing in the relevant clinical areas; and
d. Any other relevant factors.

Nurse means a licensed graduate registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not:

1. The covered person;
2. The covered person's immediate family member or the covered person's spouse;
3. A person living in the covered person's household; or
4. A person employed or retained by the policyholder.

Outpatient means the covered person receives medically necessary services and supplies while not an inpatient in a hospital.

Other Health Care Plan means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care or disability benefits. A health care plan includes group, blanket, franchise, family or individual:

1. Insurance policies;
2. Subscriber contracts;
3. Uninsured or self-funded agreements or arrangements;
4. Coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice an individual practice plans;
5. Medical benefits provided under automobile "fault" and "no-fault" type contracts;
6. Medical benefits provided by any governmental plan or coverage or other benefit law, except:
   a. A state-sponsored Medicaid plan; or
   b. A plan or law providing benefits only in excess of any private or non-governmental plan;
7. Other valid and collectible medical or health care benefits or services.

Physical Therapy means any form of physical therapy, whether by machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity or sound.

Physician means a licensed health care provider practicing within the scope of their license and rendering care and treatment to the covered person that is appropriate for the condition and locality, and who is not:

1. The covered person;
2. The covered person's immediate family member or the covered person's spouse;
3. A person living in the covered person's household;
4. A person employed or retained by the policyholder; or
5. A person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Policyholder means the entity, named on this certificate's face page, to which the Company issues this certificate.

Policy Term means the time period defined for the policyholder.

Principal Sum means the amount payable for each Insured within a plan year as shown in the *Schedule of Benefits*.

Rehabilitation Facility means a legally operating institution or part of an institution which has a transfer agreement with one or more hospitals and which:

1. Is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation inpatient care; and
2. Is duly licensed by the appropriate government agency to provide such services; and
3. Is required to be accredited by the Joint Commission on Accreditation of Health Care Organizations or the Commission on Accreditation of Rehabilitation Facilities.

A rehabilitation facility does not include institutions which provide only minimal care, custodial care, care for the terminally ill, part-time care, or services or facilities for drug abuse or alcoholism.

Sickness means a physical or mental illness, including pregnancy.

Skilled Nursing Facility means an institution operating pursuant to applicable law and engaged in providing, for a fee, inpatient skilled nursing care and related services and physical therapy services under the supervision of a physician and registered nurses. A skilled nursing facility must maintain medical records on all its patients. Treatment rendered in a skilled nursing facility does not include routine custodial care.

Surgical Procedure means:

1. A cutting procedure;
2. Suturing a wound;
3. Treatment of a fracture;
4. Reduction of a dislocation;
5. Electrocauterization;
6. Diagnostic and therapeutic endoscopic procedures; and
7. An operation by means of laser beam.

Usual and Reasonable Charge means the normal charge, in the absence of insurance, made by the provider of any medically necessary care, service or supply, but not more than the prevailing charge in the area:

1. For a like service by a provider with similar training or experience; or
2. For a supply that is identical or substantially equivalent.

War means a state or period of declared or undeclared war whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states or parties.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Policy Effective Date

We agree to provide Accident Insurance Benefits described in this certificate in consideration of the policyholder's application and payment of the Premium when due. Insurance begins on the policy Effective Date shown on this certificate's first page.

Eligibility

A person is eligible for insurance under this certificate when they meet the definition of a covered person shown in the *Schedule of Benefits*. A covered person may be insured under only one Covered Class, even though they may be eligible under more than one Covered Class.

Effective Date for Individuals

Insurance becomes effective for the covered person on the latest of the following dates:

1. The policy Effective Date;
2. The date the person becomes eligible.

In no instance will insurance for the covered person become effective before the policy Effective Date. Coverage is in effect for each covered person when participating in a covered activity.

TERMINATION OF INSURANCE

Insurance for the covered person will end on the earliest of:

1. The date the covered person is no longer in an Eligible Class;
2. The date the covered person enters full time active duty in any Armed Forces. We will refund any premium paid for any period of active duty when We receive proof of active duty. Active duty does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium is made;
4. The date this certificate ends

Termination does not affect a claim for a covered loss due to a covered accident that occurs before the termination date. However, in no instance will benefits extend beyond the earliest or earlier of:

1. The end of the Benefit Period; and
2. The date benefits equal to any applicable Benefit Limit, as shown in the *Schedule of Benefits*, have been paid.

GENERAL EXCLUSIONS

In addition to any benefit-specific exclusion, benefits will not be paid for any covered injury, covered loss or covered expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in this certificate:

1. Any service, treatment or supply that is not considered medically necessary as defined in this certificate.
2. Expenses incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered injury.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.
5. Declared or undeclared war or act of war.
6. Commission or attempt to commit a felony or an assault.
7. Commission of or active participation in a riot or insurrection.
8. Aggravation, during a covered activity, of an injury the covered person suffered before participating in that covered activity, unless We receive a written medical release from the covered person's physician.
9. Practice or play in any sports activity, including travel to and from the activity and practice except as specifically listed in the *Schedule of Benefits*.
10. Flight in, boarding or alighting from an aircraft, except as:
    a. A fare-paying passenger on a regularly scheduled commercial or charter airline;.
    b. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
11. Travel in or on any on-road and off-road motorized vehicle except a golf cart or other vehicle We *specifically* agree to cover, that does not require licensing as a motor vehicle.
12. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) The covered person holds a valid learner's permit and (b) The covered person is receiving instruction from a Driver's Education Instructor.
13. 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.
14. 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.

15. An accident that occurs while on 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.
16. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
17. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses except due to a covered accident as described elsewhere in this certificate.
18. Hearing aids, or purchase, repair or replacement of, except due to a covered accident as described elsewhere in this certificate.
19. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices except due to a covered accident as described elsewhere in this certificate.
20. A cardiovascular accident or stroke resulting, directly and independently of all other causes, from exertion, as verified by a physician, except while the covered person participates in a covered activity.
21. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.
22. Rest cures, long-term care or custodial care.
23. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
    a. Cosmetic surgery resulting from a covered accident, if the covered person's initial treatment had begun within 12 months of the date of the covered accident;.
    b. Reconstruction incidental to or following surgery resulting from a covered accident;.
    c. Any unplanned and unintended adverse consequences that may result during the treatment of a covered accident.
24. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) Are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
25. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
26. Repair or replacement of existing dentures, partial dentures, braces or bridgework, unless damaged or destroyed in a covered accident.
27. Treatment or services provided by the covered person's immediate family.
28. Personal services, or comfort/convenience items such as television and telephone or transportation.
29. Orthopedic appliances used mainly to protect an injury.
30. Expenses payable by any automobile insurance policy without regard to fault.
31. Services or treatment provided by an infirmary operated by the policyholder.
32. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the covered activity.
33. Treatment or service provided by a private duty nurse except due to a covered accident as described elsewhere in this certificate.
34. Charges for hot or cold packs.
35. Custodial Care service and supplies.
36. Expenses that are not recommended and approved by a physician.
37. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a covered accident.

38. Treatment of hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.
39. Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures, or heatstroke or heat exhaustion.
40. Participation in any sports activity not specifically authorized, sponsored and supervised by the policyholder, whether or not it takes place on policyholder premises.
41. Any expenses in excess of usual and reasonable charges except as provided in this certificate.
42. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
43. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.
44. Non-physical, occupational, speech therapies (art, dance, etc.).
45. Modifications made to dwellings.
46. General fitness, exercise programs.

CONDITIONS OF COVERAGE

Scope of Coverage

This section describes the Scope of Accident Coverage under which benefits provided by this certificate become payable. Any benefits are payable only once, even though more than one Scope of Accident Coverage may apply. Please read these and the General Exclusions and Limitations sections in order to understand all of the terms, conditions and limitations of coverage.

We will pay benefits provided by this certificate, subject to all applicable conditions and exclusions, when the covered person suffers a loss or incurs covered expenses resulting directly from a covered accident that occurs while participating in a policyholder sponsored, sanctioned and/or supervised covered activity.

We will pay benefits if the covered person suffers a covered injury from a covered accident that occurs while the covered person is attending, working at, or participating in a covered activity.

The covered person must be:

1. On the location or premises of the policyholder:
   a. During its normal hours;
   b. During scheduled functions; and
   c. During other periods while the covered person is participating in a sponsored, sanctioned and/or supervised activity of the policyholder.
2. Attending or participating in a sponsored, sanctioned and/or supervised activity of the policyholder while away from the policyholder location or premises; or
3. Traveling directly, without interruption:
   a. Between the covered person's Home and the policyholder location or premises or the location of a sponsored, sanctioned and/or supervised activity; and/or
   b. In a vehicle which is:
      i. Designated or furnished by the policyholder;
      ii. Operated by a properly licensed adult driver; or
      iii. Under the direct supervision of the policyholder

Definitions for the purposes of this coverage:

Travel Time means the time:

1. To or from the covered person's Home, the policyholder location or premises and/or the sponsored, sanctioned and/or supervised activity of the policyholder;

2. Before the start of the sponsored, sanctioned and/or supervised activity of policyholder; and
3. After the sponsored, sanctioned and/or supervised activity of the policyholder is completed.

Sponsored, Sanctioned and/or Supervised Activity means a policyholder authorized function or event:

1. In which the covered person participates;
2. That is organized and approved by the policyholder; and
3. That is within the scope of the activities provided by the policyholder.

This includes but is not limited to scheduled camp, conference, educational, civic, religious, sports, recreational, social, day camp, summer camp, sleep away camp, day care in a non-resident child care center or professional program or exposition at a facility owned, leased, rented or otherwise contracted for by the policyholder to conduct such programs or events.

A Camp or Conference must:

1. Have a director or person who is in charge of the program on behalf of the policyholder;
2. Have organized activities;
3. Have registered participants

Activities of the day care include but are not limited to licensed, certified or accredited:

- After school Care
- Before school Care
- Day Care Center
- Home Day Care
- Nursery

Non-Resident Child Care Center means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction. A Child Care Center does not include any of the following: 1) A hospital; 2) The child's home; 3) Care provided during normal school hours while a child is attending grades one through twelve. It also does not include family members residing in the home of the Child Care Center.

DESCRIPTION OF BENEFITS

This Description of Benefits section describes the benefits provided by this certificate. Any benefits are payable only once, even though more than one covered condition may apply. The covered injury must result directly and independently of all other causes from a covered accident. Benefit amounts, benefit periods and any applicable aggregate and benefit-specific maximums are shown in the *Schedule of Benefits*. Please read these and the General Exclusion Sections in order to understand all of the terms, conditions and limitations of coverage.

Accidental Death or Dismemberment Benefits

Covered Losses

We will pay the benefit for any one of the covered losses listed in the *Schedule of Benefits,* if the covered person suffers a covered loss resulting from a covered accident within the applicable time period specified in the *Schedule of Benefits*.

If the covered person sustains more than one covered loss as a result of the same covered accident, the total of benefits We will pay will not exceed the Principal Sum.

Definitions:

Loss of a Hand or Foot means complete severance through or above the wrist or ankle joint.

Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand means complete severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).
Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.
Loss of Sight means the total, permanent loss of sight of one or both eyes. The loss of sight must be irrecoverable by natural, surgical or artificial means.
Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.
Loss of Toes means complete severance through the metatarsal phalangeal joint.
Severance means complete separation and dismemberment of the part from the body.

Exposure and Disappearance Coverage

We will pay benefits if the covered person suffers a covered injury from a covered accident that results in the covered person's unavoidable exposure to the elements following a covered accident and as a result of such exposure the covered person suffers a Covered Loss for which an Accidental Death or Accidental Dismemberment benefit would otherwise be payable under this certificate, the Covered Loss will be covered under the Accidental Death or Dismemberment portion of the certificate.

If the covered person disappears and is not found within one year from the date of the covered accident, the forced landing, sinking, stranding or wrecking of a vehicle in which the person was an occupant while covered under this certificate, it will be presumed that the covered person's death resulted directly and independently of all other causes from a covered accident. This certificate will pay an Accidental Death benefit that would have been payable under the certificate.

ACCIDENT MEDICAL EXPENSE BENEFITS

This Section describes the Scope of Coverage for which Medical Benefits are payable. Any applicable coinsurances, benefit deductibles, benefit periods, benefit limits and maximums are shown in the *Schedule of Benefits*. Please read these, the General Exclusions and Benefit Specific Exclusion Sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

The covered injury must result directly and independently of all other causes from a covered accident.

Covered expenses and any applicable deductibles are shown in the *Schedule of Benefits*.

We will pay a benefit for medically necessary covered expenses incurred by the covered person, for a covered injury that resulted from a covered accident.

Benefits will be paid:

1. When covered expenses incurred exceed any applicable individual medical deductible;
2. As long as the first covered expense has been incurred within the treatment window specified in *the Schedule of Benefits;* and
3. Until any applicable benefit period shown in the *Schedule of Benefits* has expired; and
4. Until the total of covered expenses paid equals any applicable Benefit Limit or Maximum Limits shown in *the Schedule of Benefits.*

Full Excess Medical Expense
We will pay covered expenses, up to the Full Excess Medical Benefit shown in the *Schedule of Benefits* after the covered person satisfies any deductible, secondary to any other health care plan the covered person may have. Benefits payable will be limited to that part of the covered expense, if any, which is in excess of the total benefit payable for the same injury under any other health care plan:

1. After the covered person satisfies any applicable deductible; and

2. Without regard to any Coordination of Benefits provision in any other health care plan.

If the other health care plan also provides benefits on a full excess basis, benefits under this certificate will be matched with the other health care plan to allow 50% of any covered expenses up to the Full Excess Medical Benefit shown in the *schedule of benefits*. Benefits paid under this certificate will not exceed:

1. Any applicable maximum; and
2. 100% of the covered expense incurred when combined with benefits paid by any other health care plan.

For the purposes of this certificate, a covered person's entitlement to any other health care plan will be determined as if this certificate did not exist and will not depend on whether timely application for benefits from any other health care plan is made by or on behalf of the covered person.

Benefits under this certificate will be reduced to the extent that benefits for covered expenses are covered by any other health care plan whether or not a claim is made for such benefits.

Non-Duplication of Benefits

This provision applies if the covered person:

1. Is covered by any other health care plan; and
2. Would, as a result, receive total medical expense or service benefits in excess of the expenses actually incurred.

In this case, the covered expenses We will pay under this certificate will be reduced by such excess. This provision does not apply if We would be primary under any Coordination of Benefit provision in any other health care plan.

Benefits paid under this certificate will not exceed:

1. Any applicable maximum; and
2. 100% of the covered expense incurred when combined with benefits paid by any other health care plan.

Accident Medical Expense Benefits
Covered Expenses

INPATIENT HOSPITAL SERVICES

Hospital Room and Board Expenses and miscellaneous services and supplies – We will pay covered expenses incurred by the covered person for:

1. Confinement in a semi-private room, unless an intensive care or coronary care unit is required, for each day of such confinement;
2. Any other confinement, for each day of the hospital stay;
3. Miscellaneous expenses charged by a hospital. Miscellaneous expenses include, but are not limited to X-rays, CT Scans, MRIs, laboratory tests (including professional fees); in-hospital physical therapy (including professional fees); nurse services; orthopedic appliances; pre-admission tests; drugs and medicines (excluding take-home drugs); dressings; and all other medically necessary and prescribed covered expenses other than room and board, for services received during a hospital stay.

Skilled nursing facility

We will pay covered expenses incurred by the covered person for treatment of a covered injury in a skilled nursing facility.

Confinement in such Facility must:

1. Be in in lieu of an Inpatient hospital stay on a full-time basis; and
2. Be preceded by a Minimum Inpatient hospital stay, as specified in the *Schedule of Benefits*; and
3. Begin within 72 hours following the Inpatient hospital stay; and
4. Include treatment for which a physician visits the covered person at least once every 30 days.

OUTPATIENT FACILITIES

Ambulatory Medical or Surgical Center

We will pay covered expenses incurred by the covered person for medical or surgical treatment provided in a licensed facility providing ambulatory medical or surgical treatment that is not a hospital or physician's office.

Outpatient Hospital Services

We will pay covered expenses incurred by the covered person for miscellaneous expenses charged by a hospital. Miscellaneous expenses include but are not limited to use of the operating room; X-rays, CT Scans, MRIs, laboratory tests (including professional fees); therapeutic services (excluding physical therapy); orthopedic appliances; drugs and medicines (excluding take-home drugs and medicines); and all medically necessary expenses for services received during outpatient medical or surgical treatment.

Emergency Room Expenses

We will pay covered expenses incurred by the covered person for outpatient emergency room expenses received in a hospital. When emergency room treatment is immediately followed by admission to a hospital, such treatment will be an Inpatient hospital covered expense.

Home Health Care

We will pay covered expenses incurred by the covered person for care and treatment rendered to the covered person by a home health care agency, for:

1. Part-time nursing care by or supervised by a registered graduate nurse;
2. Part-time home health aide service which consists of caring for the patient;
3. Physical, speech and occupational therapies when indicated in conjunction with the covered person's discharge placement through a rehabilitation facility approved by the attending physician and by Us;
4. Nutritional counseling;
5. Medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.

Home health care services must be preceded by a Minimum Inpatient hospital stay and must begin within the specified number of consecutive days of discharge from a hospital or skilled nursing or rehabilitation facility. The Minimum Inpatient hospital stay and the number of consecutive days within which home health care must begin are shown in the *Schedule of Benefits*.

For the purpose of determining the number of home health care visits payable, each visit by a member of a home health care agency shall be considered as one home health care visit. Up to 4 hours of home health aide service shall also be considered as one home health care visit.

Rehabilitation Facility

We will pay covered expenses incurred by the covered person for physical and occupational rehabilitation provided to the covered person at a rehabilitation facility. Treatment must be rendered by a physician or provided at a physician's direction.

PHYSICIAN SERVICES

We will pay covered expenses incurred by the covered person for physician Services listed below.

Surgery

1. Covered expenses charged for performing a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. The covered

person's surgeon may perform two or more surgical or bilateral procedures on the covered person during one operation but in separate operative fields. When this happens, We will pay:

- 100% of the surgery for the primary procedures
- 50% of the surgery for the secondary procedure
- 50% if the surgery for each of the other procedures, if any.

2. Covered expenses charged for treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including aftercare, which is given in the outpatient department of a hospital or an ambulatory medical or surgical center.

Assistant Surgeon - covered expenses charged by an assistant surgeon assisting a physician performing a surgical procedure.

Urgent Care Expenses - covered expenses charged for an urgent care physician to evaluate and treat an urgent condition.

Second Opinion or Consultation - covered expenses charged by a physician for a second or third surgical opinion or consultation.

Physician's Assistant - covered expenses charged by a physician's Assistant for other than pre- or post-operative care, second or third opinion or consultation:

1. For in-Hospital visits; and
2. For office visits.

Anesthesia and its Administration - covered expenses charged by a physician for anesthesia and its administration.

In-Hospital or Office Visits - covered expenses charged by a physician for other than pre- or post-operative care, second or third opinion or consultation:

1. For in-Hospital visits; and
2. For office visits.

OUTPATIENT X-RAYS, CT SCANS, MRI AND LABORATORY TESTS

Outpatient X-Rays, CT Scans, MRIs and Laboratory Tests

We will pay covered expenses incurred by the covered person for X-rays , except dental X-rays, CT Scans, MRIs and laboratory tests performed on an outpatient basis at a hospital or other licensed facility.

OUTPATIENT SERVICES AND SUPPLIES

Outpatient Physical Therapy

We will pay covered expenses incurred by the covered person for outpatient physical therapy when administered by a physician to treat a covered injury. Physical therapy includes: (a) Acupuncture; (b) microthermy; (c) chiropractic adjustment; (d) manipulation; (e) diathermy; (f) massage therapy; (g) heat treatment; and (h) ultrasonic treatment.

Outpatient Occupational and Speech Therapy

We will pay covered expenses incurred by the covered person for outpatient occupational and speech therapy required for rehabilitative treatment of a covered injury.

Nursing Services - Private Duty Nursing

We will pay covered expenses incurred by the covered person for services other than routine hospital care, rendered by a private duty nurse.

Ambulance Services

We will pay covered expenses incurred by the covered person for ground, air or water ambulance service to transport the covered person from the place where the covered accident occurred to the nearest medically appropriate facility. Air and water will be covered when:

- Professional ground Ambulance transportation is not available
- The covered person's condition is unstable, and requires medical supervision and rapid transport
- The covered person is traveling from one hospital to another and
  - The first hospital cannot provide the emergency services the covered person needs
  - The two conditions above are met.

Durable Medical Equipment and Orthopedic Braces and Appliances

We will pay covered expenses incurred by the covered person for rental or, if less, purchase of:

1. A wheelchair or hospital bed; or
2. Other medical equipment that has permanent or temporary therapeutic value for the covered person and that can only be used by the covered person. Permanent or temporary therapeutic value must be certified by the covered person's treating physician. Examples of items that are not covered include, but are not limited to: computers, motor vehicles and modifications thereof, ramps and installation costs.

Medical Services and Supplies

We will pay covered expenses incurred by the covered person for:

1. Blood and blood transfusions, including processing and administration; and
2. Cost and administration of oxygen and other gases.

We will not pay for storage of blood for any reason.

Prosthetic Devices

We will pay covered expenses incurred by the covered person for initial prosthetic devices, including their fitting, which are required in connection with treatment of a covered injury. Prosthetic devices and any coinsurances and benefit limits are shown in the *Schedule of Benefits*. We will also pay for repair or replacement of prosthetic devices when damaged in a covered accident.

Dental Services

We will pay covered expenses incurred by the covered person for dental treatment for a dental injury, including X-rays, for injury to a tooth:

1. With no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. For which pulpal tissues are healthy and intact; and
3. For which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.

Covered expenses include examinations, X-rays, restorative treatment, endodontics, oral surgery, initial braces required for treatment of a covered injury.

If there is more than one way to treat a dental problem, We will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.

Definitions For purposes of this Benefit:

Dental Injury means an injury or damage to the teeth gingival tissue alveoli or dental prosthesis (while in the mouth of the covered person or loss of dental prosthesis while in the mouth of the covered person) which is caused solely by a force external to the mouth of the covered person while the covered person is participating in a covered activity.

Dental Treatment means replacement of caps, crowns, dentures, orthodontic appliances including braces, fillings, inlays, crozat appliances, endodontics, oral surgery, examinations and x-ray services required as a result of a dental injury.

Exclusions

Benefits will not be payable if:

1. The recommended safety equipment for protection against a dental Injury was not worn by the covered person while participating in any covered activity in which the wearing of such safety equipment is reasonably required;
2. The dental treatment is necessitated by:
   a. Sickness, deterioration or disease;
   b. For cosmetic, preventive, diagnostic or orthodontic purposes; or
   c. Any reason other than a dental injury.

Prescription Drugs

We will pay the covered expenses incurred by the covered person for drugs that:

1. Can only be obtained through a physician's written prescription; and
2. Are approved for such prescription use by the Federal Drug Administration (FDA).

We will also pay covered expenses incurred for drugs for a covered injury that resulted directly and independently of all other causes from a covered accident that meet 1. above and are prescribed by a physician for therapeutic use not specifically approved by the FDA. We will not cover prescriptions for non-covered services such as illness or wellness not related to a covered accident.

The covered expense for a prescription drug is limited to the cost of a generic drug unless substitution of a generic drug is prohibited by law; no generic drug is available; or the covered person's physician specifically requests that a non-generic drug be dispensed to the covered person.

Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices

We will pay covered expenses incurred by the covered person for Eyeglasses, Contact lenses, Hearing aids or Artificial dental devices when purchase and fitting is necessary to treat a covered injury and/or repair or replacement, when damaged in a covered accident for which the covered person has incurred other covered expenses, We will pay the covered expenses incurred for the Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices up to the maximum amount shown in the *Schedule of Benefits*.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic notice must be given to Us or Our agent within 20 days after a covered accident occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 90 days after the date of loss. If written or authorized electronic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic notice was given as soon as was reasonably possible. Notice should include the policyholder's name and policy number and the covered person's name and address.

Claim Forms

We send forms for filing proof of loss when We receive the notice of claim. If claim forms are not sent

within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made. Notice should include the policyholder's name and policy number and the covered person's name and address.

Claimant Cooperation Provision

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) Benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that it was not reasonably possible to furnish notice within such time, provided such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than 1 year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity of the claimant.

Time of Payment of Claims

We will pay benefits due under this certificate for any loss, other than a loss for which this certificate provides any periodic payment, immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid to the covered person. Upon receipt of due written proof of death, benefits for loss of life will be paid to the covered person's named beneficiary in accordance with the Claim Provisions in effect at the time of payment. All other proceeds payable under this certificate, unless otherwise stated, will be payable to the covered person or to their estate. If any payee of benefits is a minor or otherwise legally incompetent, We will pay benefits to the person designated as the legal guardian or conservator. If there is no named beneficiary or surviving beneficiary, the covered person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below:

(1) The beneficiary named to receive the covered person's proceeds;
(2) Spouse;
(3) Child or children;
(4) Mother or father;
(5) Sisters or brothers; or
(6) The covered person's estate.

If the amount of any benefit payable is determined based on benefits payable under another health care plan, We have the right to require the covered person to provide information about that plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any accident medical benefits directly to a health care provider that renders services to the covered person, unless the covered person requests in writing when submitting the claim that such payment not be made to the provider.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay $1,000 to a relative by blood or marriage whom We believe is equitably entitled.

Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.

Appeals Procedure

Within 180 days after notice of denial of a claim, the covered person, or an authorized representative may appeal any denial of benefits under this certificate by sending Us a written request for review of the denial. We will review the information and provide a written response within 30 calendar days of the receipt of the request.

Written request shall be sent to:

Wellfleet Insurance Company
c/o Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369

The covered person or an authorized representative may also contact Us by calling: 877-657-5039

Change in Beneficiary: (Applicable only if an Accidental Death or Dismemberment benefit is provided)
The covered person can change the beneficiary at any time by giving Us written notice. The beneficiary's consent is not required for this or any other change which the covered person may make unless the designation of beneficiary is irrevocable or otherwise required by law.

Conditional Claim Payment

If the covered person incurs expenses for covered injuries received in a covered accident and it is likely a third party may be liable, We will pay benefits if:

1. The covered person first agrees in writing to refund the lesser of:
   a. The amount We actually paid for such expenses; and
   b. The amount actually received from the third party regardless of whether the amount is for such expenses; and
2. The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise.

However, if the third party's liability is satisfied in an amount less than the benefits paid under this certificate, We will pay the difference.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the covered person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death, where it is not forbidden by law.

Legal Actions

No action at law or in equity will be brought to recover on this Certificate prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this Certificate. No such action will be brought after the expiration of five (5) years after the time written proof of loss is required to be furnished.

Recovery of Overpayment

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this certificate.

If there is an overpayment due when the covered person dies, We may recover the overpayment from the covered person's estate.

Subrogation

We have the right to recover all payments including future payments, which We have made, or will be obligated to pay in the future, to the covered person from anyone liable for the covered loss. If the covered person recovers payments designated for medical expenses from anyone liable for the covered loss, We will be reimbursed first from such recovery to the extent of Our payments to the covered person. The covered person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us.

ADMINISTRATIVE PROVISIONS

Financial Sanctions Exclusion

If coverage provided by this certificate violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For Example, We cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a county under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information, visit
https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx

Reinstatement

This certificate may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the policyholder satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of reinstatement.

GENERAL PROVISIONS

Certificates

Where required by law, the Company will provide a certificate of insurance for delivery to the covered person. Each certificate will set forth a statement as to the insurance coverage to which the covered person is entitled, and to whom the insurance benefits are payable.

Clerical Error

A person's coverage validly in force will not be affected, nor will a person's coverage validly terminated be continued, due to error or delay in keeping records pertaining to insurance under this certificate. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provision in this certificate that is in conflict with the requirements of any state or federal law that apply to this certificate are automatically changed to satisfy the minimum requirements of such laws.

Entire Contract; Changes

The policy, this certificate, including the application, endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this certificate will be valid until approved by one of Our executive officers and endorsed on or attached to this certificate. No agent has authority to change this certificate or to waive any of its provisions.

Incontestability
The validity of this certificate will not be contested after it has been in forced for 2 years from the policy Effective Date, except for non-payment of premium, misrepresentation or fraud. We reserve the right to contest coverage at any time based upon the covered person's ineligibility for coverage under this certificate or upon other provisions of the certificate.

Misstatement of Material Fact
If the policyholder has misstated any material fact, all amounts payable under this certificate will be such as the premium paid would have purchased had such fact been correctly stated.

Noncompliance with Certificate Requirements
Any express or implied waiver by the Company of any requirements of this certificate is not a continuing waiver of such requirements. Any failure by the Company to enforce any certificate provision will not be a waiver or amendment of that provision.

Non-Participating:
This certificate is non-participating. It does not share in the Company's profits or surplus earnings.

Certificate Changes
No change in this certificate will be valid until approved by one of the Company's executive officers and endorsed on or attached to this certificate. The Company may agree with the policyholder to modify a plan of benefits without the covered person's consent.

Workers' Compensation Insurance
This certificate is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Effective: August 01, 2019

This Notice of Privacy Practices ("Notice") applies to Wellfleet Insurance Company and Wellfleet New York Insurance Company's (together, "we", "us" or "our") insured health benefits plans. We are required to provide you with this Notice.

Personal Information is information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage.

Protected Health Information (your "Health Information") is information that identifies you as related to your physical or mental health, your health care, or payment for your healthcare.

Our Responsibilities

We are required by law to maintain the privacy of the Health Information we hold and to provide you with this Notice and to follow the duties and privacy practices described in this Notice. We are required to abide by the terms of this Notice currently in effect.

We utilize administrative, technical, and physical safeguards to protect your information against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal rules pertaining to the security and confidentiality of your information.

We will promptly inform you if a breach has occurred that may have compromised the privacy or security of your Health Information.

Overview of this Notice

This Notice describes how certain information about you may be used and disclosed and how you can get access to this information. This Notice addresses three primary areas:

- An overview of Your Health Information. This section addresses how we collect your information, how we use it to run our business, and the reasons we share it.
- Your Rights. This section gives an overview of the rights you have with respect to your information we have in our records.
- How to Contact Us. In case you have any questions, requests, or even if you feel you need to make a complaint, we want to make sure you are in contact with the right person.

YOUR HEALTH INFORMATION

How We Acquire Your Information

In order to provide you with insurance coverage, we need Personal Information about you. We gather this information from a variety of sources including your employer, your health care provider, your school, other insurers, and third party administrators (TPAs). This information is necessary to properly administer your health plan benefits.

How We use Your Health Information

Below are some examples of how we use and disclose your Health Information. Broadly, we will use and disclose your Health Information for Treatment, Payment and Health Care Operations.

Treatment refers to the health care treatment you receive. We do not provide treatment, but we may disclose certain information to doctors, dentists, pharmacies, hospitals, and other health care providers who will take care of you. For example, a doctor may send us information about your diagnosis and treatment so we can develop a health care plan and arrange additional services.

Payment refers to activities involving the collection of premiums, payment of claims, and determining covered services. For example, we may review your Health Information to determine if a particular treatment is medically necessary and what that payment for the services should be.

Health Care Operations refers to the business functions necessary for us to operate, such as audits, complaints responses and quality assurance activities. For example, we would use your Health Information (but not genetic information) for underwriting and calculating rates, or we may use your Health Information to detect and investigate fraud.

Additionally:

- We may confirm enrollment in the health plan with the appropriate party.
- If you are a dependent of someone on the plan, we may disclose certain information to the plan's subscriber, such as an explanation of benefits for a service you may have received.
- We may share enrollment information, payment information, or other Health Information in order to coordinate treatment or other services you may need.

We may disclose your information when instructed to do so, including:

- Health oversight activities may require that we disclose your information to governmental, licensing, auditing and accrediting agencies;
- Legal proceedings may require disclosure of your Health Information in response to a court order or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other valid process;
- Law enforcement activities might require disclosure of certain Health Information to local, state or federal law enforcement, so long as the release is authorized or required by law;
- As required by law or to avert a serious threat to safety or health; and,
- To certain government agencies, such as the Department of health and Human Services or the Office of Civil Rights if they are conducting an investigation or audit.

Authorizations

Occasionally we may receive a request to share your information in a manner outside of how we normally use your Health Information, as described above. In those cases, we will ask you for your authorization before we share your Health Information.

YOUR RIGHTS

You have the right to request restrictions on certain uses and disclosures of your Health Information, including the uses and disclosures listed in this Notice and disclosures permitted by law. You also have the right to request that we communicate with you in certain ways.

- We will accommodate reasonable requests;
- We are not required to agree to a request to restrict a disclosure unless you have paid for the cost of the health care item or service in full (i.e., the entire sum for the procedure performed) and disclosure is not otherwise required by law; and,
- If you are a minor, depending on the state you reside in, you may have the right in certain circumstances to block parental access to your Health Information. For example, a minor may have the rights of an adult with respect to diagnosis and care of conditions such as STDs, drug dependency, and pregnancy.

You have the right to inspect and copy your Health Information in our records. Please note that there are exceptions to this, such as:

- Psychotherapy notes;
- Information complied in reasonable anticipation, or for use in, a civil, criminal or administrative action or proceeding;
- Health Information that is subject to a law prohibiting access to that information; or,
- If the Health Information was obtained from someone other than us under a promise of confidentiality and the access request would be reasonably likely to reveal the source of the information.

We may deny your request to inspect and copy your Health Information if:

- A licensed health care professional has determined your requested access is reasonably likely to endanger your life or physical safety of another;
- The Health Information makes reference to another person and a licensed health care professional has determined that access requested is reasonably likely to cause substantial harm to another; or,
- A licensed health care professional has determined that access requested by your personal representative is likely to cause substantial harm to you or another person.

You have the right to request an amendment to your Health Information if you believe the information we have on file is incomplete or inaccurate. Your request must be in writing and must include the reason for the request. If we deny your request, you may file a written statement of disagreement.

You have the right to know who we have provided your information to - - this is known as an accounting of disclosures. A request for an accounting of disclosures must be submitted in writing to the address below. The accounting will not include disclosures made for treatment, payment, health care operations, for law enforcement purposes, or as otherwise permitted or required by law. If you request an accounting of disclosures more than once in a twelve (12) month period we may charge a reasonable fee to process, compile and deliver the information to you this second time.

You have a right to receive a paper copy of this Notice. Simply call the customer service line indicated on your ID card and request a paper copy be mailed to you. You may also submit a written request to us at the address below.

You will receive a notice of a breach of your Health Information. You have the right to be notified of a breach of unsecure Health Information.

Finally, you have the right to file a complaint if you feel your privacy rights were violated. You may also file a complaint with the Secretary of Health and Human Services.

CONTACT

For all inquiries, requests and complaints, please contact:

Privacy and Security Officer
Wellfleet Insurance Company/
Wellfleet New York Insurance Company
c/o Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369

In California
c/o Wellfleet Group, LLC
dba Wellfleet Administrators, LLC
PO Box 15369
Springfield, MA 01115-5369

This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of your Health Information we maintain, as well as any information we may receive or maintain in the future.

Please note that we do not destroy your Health Information when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after our coverage terminates, although policies and procedures will remain in place to protect against inappropriate use and disclosure.

Gramm-Leach-Bliley ("GLB") Privacy Notice

We understand your privacy is important. We value our relationship with you and are committed to protecting the confidentiality of *nonpublic personal information* ("NPI"). This notice explains why we collect NPI, what we do with NPI and how we protect your privacy.

COLLECTING YOUR INFORMATION

We collect NPI about our customers to provide them with insurance products and services. This may include your name, Social Security number, telephone number, address, date of birth, gender, work/school enrollment history, and health history. We may receive NPI from your completing the following forms:

- Claims forms
- Enrollment forms
- Beneficiary designation/Assignment forms
- Any other forms necessary to effectuate coverage, administer coverage, or administer and pay your claims

We also collect information from others that is necessary for us to properly process a claim, underwrite coverage, or to otherwise complete a transaction requested by a customer, policyholder or contract holder.

SHARING YOUR INFORMATION

We share the types of NPI described above primarily with people who perform insurance, business and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization such as a policyholder's or contract holder's broker, a third-party administrator, reinsurer, employer, school, or plan sponsor. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

We do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

HEALTH INFORMATION

We will not share any of your protected health information ("PHI") unless allowed by law, and/or you have provided us with the appropriate authorization. Additional information on how we protect your PHI can be found in the Notice of Privacy Practices.

SAFEGUARDING YOUR INFORMATION

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees or authorized individuals who need to know the NPI to provide insurance products or services to you. Our employees are continually trained on how to keep information safe.

ACCESSING YOUR INFORMATION

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our processing costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

CORRECTING YOUR INFORMATION

If you believe the NPI we have about you is incorrect, please write to us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two (2) years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two (2) years.

CONTACTING US

If there are any questions concerning this notice, please feel free to write us at:

Privacy and Security Officer
Wellfleet Insurance Company
c/o Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369

In California
c/o Wellfleet Group, LLC
dba Wellfleet Administrators, LLC
PO Box 15369
Springfield, MA 01115-5369

NOTICE OF NON-DISCRIMINATION AND ACCESSIBIILITY REQUIREMENTS

The Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Company does not exclude people or treat them worse because of their race, color, national origin, age, disability, or sex.

The Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

1. Qualified sign language interpreters
2. Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose first language is not English when needed to communicate effectively with us, such as:

1. Interpreters
2. information translated into other languages

If you need these services, contact John Kelley Civil Rights Coordinator.

If you believe that Wellfleet Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

John Kelley Civil Rights Coordinators,
PO Box 15369
Springfield, MA 01115-5369
(413)-733-4612;
Jkelley@wellfleetinsurance.com.

You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance John Kelley of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
800-8681019; 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

The Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ADVISORY NOTICE TO POLICYHOLDERS

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Policyholder Notice provides information concerning possible impact on your insurance coverage due to the directives issued by OFAC and possibly by the U.S. Department of State. **Please read this Policyholder Notice carefully.**

OFAC of the U.S. Department of Treasury administers and enforces economic and trade sanctions policy on Presidential declarations of "National Emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers

as *Specially Designated Nationals* and *Blocked Persons.* This list can be found on the U.S. Department of Treasury's website (www.treas.gov/ofac)

In accordance with OFAC regulations, or any applicable regulation promulgated by the U.S. Department of State, if it is determined that you or another insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is identified by OFAC as a *Specially Designated National* or *Blocked Person*, this insurance will be considered a blocked or frozen contract and all provisions of this insurance will be immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.