

Catlin Insurance Company, Inc.
Statutory Home Office: 1330 Post Oak Boulevard, Suite
2325, Houston, TX 77056
Administrative Office: 3340 Peachtree Road N.E., Suite
2950, Atlanta, GA 30326
A Stock Insurance Company

CALIFORNIA GROUP ACCIDENT POLICY

POLICYHOLDER: Orland Joint Unified School District

POLICY NUMBER: BAH 3000290 0718

POLICY EFFECTIVE DATE: 7/1/2018

POLICY ANNIVERSARY DATE: 7/1/2019

STATE OF ISSUE: 7/1/2018

California

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 AM on the Policy Effective Date shown above at the Policyholder's address. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of this Policy.

THIS IS A GROUP ACCIDENT ONLY INSURANCE POLICY.
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

THIS IS A LIMITED POLICY.
PLEASE READ IT CAREFULLY.



Secretary



President

Countersigned _____

Where Required By Law

TABLE OF CONTENTS

SECTION	PAGE NUMBER
SCHEDULE OF BENEFITS	3
GENERAL DEFINITIONS	4
ELIGIBILITY AND EFFECTIVE DATE PROVISIONS	7
COMMON EXCLUSIONS	7
CLAIM PROVISIONS	8
ADMINISTRATIVE PROVISIONS	10
GENERAL PROVISIONS	10
DESCRIPTION OF BENEFITS	
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT	11
<u>ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES</u>	
EXPOSURE AND DISAPPEARANCE BENEFIT	12

SCHEDULE OF BENEFITS

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

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy. Please read the *Description of Coverages and Benefits* Section for full details.

Effective Date Policyholder:	July 1, 2018
------------------------------	--------------

Covered Classes

Class 1	All enrolled student in grades Pre-Kindergarten through 12 th of the Policyholder while participating in school sponsored and supervised activities, including, but not restricted to, interscholastic sports and football. Day and overnight field trips are covered.
---------	---

Time Period for Loss

Any Covered Loss must occur within:	365 days of the Covered Accident
-------------------------------------	----------------------------------

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Covered Person's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Insured's Principal Sum:	\$20,000
--------------------------	----------

SCHEDULE OF COVERED LOSSES

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverage. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE	Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the <i>Schedule of Covered Losses</i> .
--	--

INITIAL PREMIUM RATES

Premium Rate:	\$5,761.60
Mode of Premium Payment:	Annually
Contributions:	The cost of coverage is paid by the Policyholder
Premium Due Dates:	The Policy Effective Date and the first day of each succeeding 12 months.

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

Aircraft	A vehicle which: 1. has a valid certificate of airworthiness; and 2. is being flown by a pilot with a valid license to operate the Aircraft.
Certificate	The Certificate is not the Policy and is evidence of the Employee/Member's coverage under the Policy. Coverage is subject to the Policy provisions.
Complications of Pregnancy	Conditions, requiring Hospital Confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy, including, but not limited to: acute nephritis; nephrosis; cardiac decompensation; missed abortion; and similar medical and surgical conditions of comparable severity; but does not include false labor; pre-term or premature labor; occasional spotting; physician prescribed rest during the period of pregnancy; morning Sickness; hyperemesis gravidarum; pre-eclampsia; and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy. Also included is: a non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination of pregnancy; occurring during a period of gestation in which a viable birth is not possible.
Core Plan	The noncontributory plan of benefits provided under this Policy.
Covered Accident	A sudden, unforeseeable, external event that results in a Covered Injury or Covered Loss and meets all of the following conditions: 1. occurs while the Covered Person is insured under this Policy; 2. is not contributed to by disease, Sickness, mental or bodily infirmity; 3. occurs while the Covered Person is attending, participating in, or traveling to and from any event sponsored by the Policyholder; 4. is not otherwise excluded under the terms of this Policy.
Covered Injury	Any bodily harm that results from a Covered Accident.
Covered Loss	A loss that is all of the following: 1. the result of a Covered Accident; 2. one of the Covered Losses specified in the Schedule of Covered Losses; 3. suffered by the Covered Person within the applicable time period specified in the <i>Schedule of Benefits</i> .

Covered Person	An eligible person, as defined in the Schedule of Benefits, for whom required premium has been paid when due and for whom coverage under this Policy remains in force.
Effective Date	The date on which insurance under the Policy begins as shown in the Schedule of Benefits.
Emergency Room Treatment	Emergency medical services and care given in a Hospital as an out or inpatient, for a sudden, unexpected onset of a medical condition of such nature that failure to render immediate care could reasonably result in deterioration to the point of placing a Covered Person's life in jeopardy.
He, His, Him	Refers to any individual, male or female.
Hospital	<p>An institution that meets all of the following:</p> <ol style="list-style-type: none"> 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. <p>Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.</p> <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> 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.
Hospital Stay	A confinement in a Hospital, ordered by a Physician, over a period of time when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result 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.
Inpatient	A Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a 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 a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.
Insured	A person: (1) who is a member of an eligible class of person as described in the Schedule of Benefits; (2) for whom premium has been paid; and (3) while covered under this Policy.
Nurse	<p>A licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:</p> <ol style="list-style-type: none"> 1. employed or retained by the Policyholder; 2. living in the Covered Person's household; or

	3. a parent, sibling, spouse or child of the Covered Person.
Outpatient	A Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.
Physical Therapist	Any practitioner of physical therapy who is duly licensed in the state where he is practicing and who is practicing within the scope and limitations of that license.
Physician	A licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person who is not: <ol style="list-style-type: none"> 1. employed or retained by the Policyholder; 2. living in the Covered Person's household; 3. a parent, sibling, spouse or child of the Covered Person.
Policy	A legal contract between the Policyholder and the Company which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.
Rehabilitation Facility	<p>A legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which:</p> <ol style="list-style-type: none"> 1. is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation Inpatient care; 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 of Accreditation of Rehabilitation Facilities. <p>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.</p>
Schedule of Benefits	A brief outline of the coverage and benefits provided by this Policy.
Sickness	A physical or mental illness including pregnancy. Complications of pregnancy are considered a Sickness.
Termination Date	The date on which insurance ends as defined later in this Policy.
Totally Disabled or Total Disability	Totally Disabled or Total Disability means the Covered Person's inability to carry out with reasonable continuity the substantial duties of his customary occupation or any other occupation in which he might reasonably be expected to engage in view of his age, station in life, and physical and mental capacity.
We, Us, Our	Catlin Insurance Company, Inc.

ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Policy Effective Date

The Insurance Company agrees to provide Accident Insurance Benefits described in this Policy in consideration of: the Policyholder's application; and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page.

Eligibility

An Insured becomes eligible for insurance under this Policy on the date: he meets all of the requirements of one of the Covered Classes; and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits* and is insured under the Core Plan.

An Insured whose eligible class is changed after the Effective Date of his coverage shall become eligible under the new eligible class on the first day of the month coinciding with or next following the date of the change.

Effective Date for Individuals

Insurance becomes effective for an eligible Insured on the latest of the following dates:

1. the effective date of the Policyholder under this Policy;
2. the date the Insured becomes eligible;
3. the date We receive the Insured's completed enrollment form during his lifetime.

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from:

1. a change in benefits provided by this Policy; or
2. a change in the Insured's Covered Class will take effect on the date of such change.

Increases will take effect subject to any Active Service requirement.

TERMINATION OF INSURANCE

The insurance on a Covered Person will end on the earliest date below:

1. the date this Policy or insurance for a Covered Class is terminated;
2. the date the Policyholder's coverage under this Policy ends;
3. the next premium due date after the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
4. the last day of the last period for which premium is paid;
5. the date that the plan of benefits under which the Covered Person is covered is terminated.

Termination will not affect a claim for a Covered Loss or Covered Injury that is the result of a Covered Accident that occurs while coverage was in effect.

COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation;
3. commission of or active participation in: a riot; or insurrection;
4. declared or undeclared war or act of war;
5. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
6. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. participation in any motorized race or contest of speed;
8. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
9. 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;
10. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice;

11. travel in any Aircraft: owned; leased; or controlled by the Policyholder; or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
12. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
13. 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;
14. a Covered 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.

CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given to Us: within 20 days after the occurrence or commencement of a Covered Loss; or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured to Us: at Our Home Office at 3340 Peachtree Road N.E., Suite 2950, Atlanta, GA 30326 ;; or to Our authorized agent, with information sufficient to identify the Insured, shall be deemed notice to Us.

Claim Forms

Upon receipt of a written notice of claim, We will furnish to the Insured claim forms for filing proof of loss. If such forms are not furnished within 15 days after the giving of such notice, the Insured shall be deemed to have complied with the requirements of this Policy for filing proof of loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

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 proof of loss must be furnished to Us at Our office, within 90 days after the date of the loss for which claim is made. In case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, then proof of loss must be furnished within 90 days after the termination of the period for which We are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the Insured, later than one year after the time proof is otherwise required.

Time of Payment of Claims

Indemnities payable under this Policy for any loss other than a loss for which this Policy provides periodic payment will be paid as they accrue immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination the period of liability will be paid immediately upon receipt of due written proof .

Payment of Claims

Indemnity for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid to such beneficiary or to such estate. All other indemnities will be payable to the covered Insured.

If any indemnity of this Policy shall be payable to the estate of the Insured or to an Insured or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage whom We deem to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

Subject to any written direction of the Insured in an application or otherwise all or a portion of any indemnities provided by this policy on account of hospital, nursing, medical or surgical service may, at Our option, and unless the Insured requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of a claim 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 may be brought to recover under this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action will be brought after the expiration of three years after the time such written proof of loss must be furnished.

Beneficiary

The beneficiary is the person or persons the Insured names or changes on a form executed by him and sent fully completed to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Insured has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Insured dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:

1. Spouse;
2. Child or Children;
3. mother or father;
4. sisters or brothers;
5. estate of the Insured.

Change of Beneficiary

The right to change of beneficiary is reserved to the Insured, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary.

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 Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of insurance in effect.

Changes in Premium Rates

We may change the premium rates from time to time with at least 60 days advance written notice to the Policyholder. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the terms of the Policyholder's participation change;
3. a division, subsidiary, affiliated company or eligible class is added or deleted from this Policy;
4. there is a change in the factors bearing on the risk assumed;
5. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

Payment of Premium

The first premium is due on the Policy Effective Date. Thereafter, premiums are due on the Premium Due Dates agreed upon between Us and the Policyholder.

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

Grace Period

A Grace Period of 31 days will be granted for payment of required premiums accruing after the first premium, during which grace period this Policy shall continue in force. The Employer is liable for the payment of unpaid premium accruing for the period this Policy continues in force.

GENERAL PROVISIONS

Entire Contract; Changes

This Policy and the application of the Policyholder constitute the entire contract between the parties, and any statement made by the Policyholder shall, in the absence or fraud, be deemed a representation and not a warranty. No statement made by any Insured whose eligibility has been accepted by the insurer shall (avoid the insurance or reduce the benefits under this policy or) be used in defense to a claim hereunder.

Misstatement of Age

If the age of any Covered Person has been misstated, all amounts payable under this Policy will be such as the premium paid would have purchased at the correct age.

Certificates

Where required by law, We will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list: the benefits; conditions; and limits of this Policy. It will state to whom benefits will be paid.

Multiple Certificates

The Covered Person may have in force only one certificate at a time under this Policy. If at any time the Covered Person has been issued more than one certificate, then only the largest shall be in effect. We will refund premiums paid for the others for any period of time that more than one certificate was issued.

Assignment

The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.

Incontestability

After three years from the date of issue of this Policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in his application shall be used to void the Policy.

Policy Termination

We may terminate coverage on or after the first anniversary of the policy effective date. The Policyholder may terminate coverage on any premium due date. Written or authorized electronic notice must be given at least 31 days prior to such premium due date. Failure by the Policyholder to pay premiums when due or within the grace period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid.

Termination will not affect a claim for a Covered Loss that is the result of a Covered Accident that occurs while coverage was in effect.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions 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.

Policy Changes

We may agree with the Policyholder to modify a plan of benefits without the Covered Person's consent.

Workers' Compensation Insurance

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

Examination of the Policy

This Policy will be available for inspection at the Policyholder's office during regular business hours.

Examination of Records

We will be permitted to examine all of the Policyholder's records relating to this Policy. Examination may occur at any reasonable time while the Policy is in force; or it may occur:

1. at any time for two years after the expiration of this Policy; or, if later,
2. upon the final adjustment and settlement of all Policy claims.

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.

DESCRIPTION OF COVERAGES AND BENEFITS

This Description of Coverages and Benefits Section describes the Accident Coverages and Benefits provided by this Policy. Benefit amounts; benefit periods; and any applicable aggregate and benefit maximums are shown in the *Schedule of Benefits*. Certain words capitalized in the text of these descriptions have special meanings within this Policy and are defined in the *General Definitions* section. Please read these and the *Common Exclusions* sections in order to understand: all of the terms; conditions; and limitations applicable to these coverages and benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss

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 directly 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, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision. Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

Definitions

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

Loss of Sight means the total, permanent loss of all vision in one eye which is 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 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 a Thumb and Index Finger of the Same Hand or 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 Toes means complete Severance through the metatarsalphalangeal joint.

Severance means the complete and permanent separation and dismemberment of the part from the body.

Exclusions

The exclusions that apply to this benefit are in the *Common Exclusions* Section.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are shown in the *Schedule of Covered Losses* and will not be paid in addition to any other Accidental Death and Dismemberment benefits payable.

EXPOSURE AND DISAPPEARANCE COVERAGE

Benefits for Accidental Death and Dismemberment, as shown in the *Schedule of Covered Losses*, will be payable if a Covered Person suffers a Covered Loss which results directly from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within 1 years from the date of: the wrecking; sinking; or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly from a Covered Accident.

Exclusions

The exclusions that apply to this coverage are in the *Common Exclusions* Section.

IMPORTANT INFORMATION TO POLICYHOLDERS - CALIFORNIA

In the event you need to contact someone about this Policy for any reason please contact your agent. If you have additional questions, you may contact the insurance company issuing this Policy at the following address and telephone number:

**Catlin, Inc.
1600 Market Street,
Suite 1616
Philadelphia, PA 19103**

**1-877-CATLIN-US
or
1-877-228-5468**

If you have a problem with your insurance company, its agent or representative that has not been resolved to your satisfaction, please call or write to the Department of Insurance.

**California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013**

**1-800-927-4357
213-897-8921 (if calling from within the Los Angeles area)
1-800-482-4833 (TDD Number)**

Written correspondence is preferable so that a record of your inquiry can be maintained. When contacting your agent, company or the Bureau of Insurance, have your Policy Number available.

Catlin Insurance Company, Inc.
Statutory Home Office: 1330 Post Oak Boulevard,
Suite 2325, Houston, TX 77056
Administrative Office: 3340 Peachtree Road N.E.,
Suite 2950, Atlanta, GA 30326
A Stock Insurance Company

THIS IS A LIMITED BENEFIT RIDER. IT SHOULD NOT BE SUBSTITUTED FOR HEALTH INSURANCE.

RIDER:

AHAG 401 (CA) 0412

POLICY HOLDER: Orland Joint Unified School District
POLICY NUMBER: BAH 30002900718
POLICY EFFECTIVE DATE: July 1, 2018
POLICY ANNIVERSARY DATE: July 1, 2019
POLICY TERM: July 1, 2018
STATE OF ISSUANCE: California
RIDER EFFECTIVE DATE: July 1, 2018

ACCIDENT MEDICAL BENEFIT RIDER

The following is added to the Schedule of Benefits:

ACCIDENT MEDICAL BENEFIT	
Deductible	\$0
Accident Medical Expense Limit	\$25,000

We will pay the Usual and Customary charges for Medically Necessary Covered Medical Services after the Deductible is satisfied incurred by the Covered Person resulting from a Covered Accident. The first treatment or service must occur within 90 days of the Covered Accident and all subsequent treatments must be incurred within 52 weeks of the Covered Accident. Benefits will be paid up to the amount stated in the Schedule of Benefits.

Coverage under the Policy must remain continuously in force from the date of the Covered Accident until the date: treatment; services; or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such: treatment; service; or supply; that gave rise to the expense or the charge, was rendered or obtained.

Definitions

Terms not defined under this Rider are defined under the Policy.

Aggravation of an Injury means a worsening of a prior injury, which the Covered Person had previously received care by a Physician before the date of the Covered Accident.

Cardiac Care Unit means a Hospital unit which specializes in the care of patients with heart attacks, unstable angina, cardiac dysrhythmia and various other cardiac conditions that require continuous monitoring and treatment.

Chiropractic Treatment means manual and manipulative therapies with an emphasis on spinal manipulation.

Cosmetic or Plastic Surgery means techniques intended for the enhancement of appearance through surgical and medical techniques, and is specifically concerned with maintaining normal appearance, restoring it, or enhancing it beyond the average level toward some aesthetic ideal.

Covered Expenses means expenses incurred by or on behalf of a Covered Person for: treatment; services; and supplies covered by this Policy.

Covered Medical Service means any of the following services, treatments or items:

- **Ambulance Services** – We will pay for ambulance service to transport the Covered Person from the emergency site to the Hospital. We will only pay for ambulance transportation from the first Hospital to another Hospital if a Physician specifies in writing that specialized care not available in the first Hospital to which the Covered Person was transported is necessary to treat his or her Covered Injury(ies).
- **Ancillary Hospital Charges** – We will pay for services and supplies including: Operating Room; laboratory tests; anesthesia; In-Hospital Physiotherapy; Nurse Services; Pre-Admission Tests; and Medicines (excluding take home drugs when Hospital Confined).
- **Dental Services** – We will pay for:
 1. Dental charges including dental x-rays for the repair or treatment of each injured tooth that is whole and sound and a natural tooth at the time of the Covered Accident.
 2. Dental charges related to the installation of: crowns; caps; bridges; and dentures; oral surgery; and endodontic as a result of a Covered Accident.
 3. Dental charges for repair or replacement of caps and crowns that existed prior to the Covered Accident.
- **Expanded Medical Benefit of Sports Conditions** – We will pay for the treatment of: bursitis; sprains; hernia; strains; muscle tears; tendonitis; and Repetitive Motion Injuries if these conditions are aggravated by participation in a covered activity.
- **Eyeglasses, Contact Lenses and Hearing Aids** – We will pay for: eyeglasses; contact lenses; and hearing aids when they are damage in a Covered Accident that requires medical treatment.
- **HMO/PPO Denial** – We will pay when benefits are denied or reduced by an HMO or PPO plan because services provided to treat the Covered Injury(ies) were: (1) rendered by a Non-Preferred Provider; or (2) received outside of the network's service area. If benefits are reduced rather than denied by an HMO or PPO for the reasons described above, We will pay an amount equal to the charges incurred less the amount paid by the HMO or PPO.
- **Hospital Room and Board** – We will pay for 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 Covered Medical Service, the date of admission will be counted, but not the date of discharge.
- **In-Patient Hospital Services** – We will pay for: confinement in an Intensive Care Unit; Cardiac Care Unit; and any other Hospital confinement.
- **Medical Emergency Care and Treatment** – We will pay within 72 hours of a Covered Accident and including: charges for the Physician(s); X-rays; tests; and medical supplies when followed by admission to a Hospital.
- **Medical Equipment Rental** – We will pay for rental or purchase, if less, of a wheelchair, hospital bed or other medical equipment that has permanent or temporary therapeutic value.
- **Outpatient Surgical Charges** – We will pay for: surgical room and supply charges for use of the surgical facility; X-Rays; laboratory procedures and tests; CT scans; CAT scans; MRIs; and any radiological procedures.
- **Physical Medicine (Physiotherapy)** – We will pay for inpatient or outpatient physiotherapy treatment(s) to include office visits connected with such treatment when prescribed by a Physician, including: diathermy; ultrasonic; whirlpool; heat treatments; adjustments; manipulation; massage; or any form of physical therapy.
- **Physician Services** – We will pay for the following Physician Services:
 1. Anesthesia Charges – charges for pre-operative screening and administration of anesthesia during a Surgical Procedure whether on an inpatient or outpatient basis.
 2. Assistant Physician Charges - charges by an assistant surgeon/Physician assisting the primary Physician.
 3. In-Hospital or Office Visits – charges for non-surgical treatment/examination expenses (excluding Medicines) including: the Physician's initial visit; each Physician required follow-up visit; and consultation visits when referred by the attending Physician.
 4. Nursing Services – charges for the services of a registered nurse (RN).
 5. Other Physician Charges – charges for the treatment of fractured and dislocated bones; operations that involve cutting or incision; and/or suturing of wounds or any other Surgical

Procedure; including aftercare; or any other charges by a Physician; which is given in the outpatient department of a Hospital.

6. Physician Opinion or Consultation – charges for a surgical opinion or consultation.
 7. Physician's Surgical Facilities – charges for the use of the Physician's Surgical Facilities.
 8. Surgical Charges – charges for performing Surgical Procedures. Two or more Surgical Procedures through the same incision will be considered as one procedure.
- **Prescription Drugs** – We will pay for prescription drugs that: (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Federal Drug Administration (FDA); unless prescribed by a Physician for therapeutic use.
 - **Rehabilitation Treatment** - We will pay for Physical and Occupational Rehabilitation. Treatment must be provided in a duly licensed Rehabilitation Facility and be under the direction of a Physician.
 - **Rehabilitative Braces and Applications** – We will pay for rehabilitative braces and applications prescribed by a Physician. It must be durable medical equipment that has therapeutic value for the Covered Person that: (1) is used to serve a medical purpose; (2) can withstand repeated use; and (3) is not used by a person in the absence of the Covered Injury. No benefits will be paid for rental charges in excess of the purchase price.
 - **Heart and Circulatory Conditions** – We will pay for treatment of heat exhaustion; heart attack; stroke; burst aneurysm if the condition occurs during a Covered Accident.
 - **Pre-Existing Conditions** – We will pay for expenses due to an aggravation or re-injury of a Pre-Existing Condition.

Deductible means the dollar amount of Covered Expenses that must be incurred as an out of pocket charge by each Covered Person on a per Covered Accident basis before benefits are payable under this Rider.

Elective Surgery means a planned non-emergency Surgical Procedure that is optional.

Elective Treatment means a medical procedure that is not necessitated by a pathological change in the function or structure in any part of the body.

Extended Care Facility means an institution operating pursuant to applicable laws that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and registered nurse. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.

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 organization plans;
4. Group labor management plans;
5. Employee benefit organization plan;
6. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital Confine(d) means admission to a Hospital as a registered resident bed-patient for at least 24 consecutive hours by a Physician.

In-Hospital Physiotherapy means use of physical methods to assist recovery of damaged tissue, especially in muscles and joints, conducted in a Hospital.

Intensive Care Unit means a Hospital unit which offers concentrated specialized medical equipment and specially trained personnel for the care of acute needs patients requiring immediate and continuous attention.

Investigative Treatment or Procedure means a treatment or procedure that:

1. Has not been granted approval by the appropriate federal or other governmental agency that governs its use, licensing or marketing;

2. Is not recognized as the current standard for medical practice throughout the United States to treat the patient's specific condition; or
3. Is the subject of a written investigational or research protocol; an experimental, investigative, educational or research study for which informed consent is required by the treating facility; it poses an uncertain outcome or unusual risk; is an ongoing clinical trial that meets the definition of a Phase I, II, or III clinical trial set forth in the FDA regulations, regardless of whether the trial is subject to FDA oversight (except as required by law); and/or is the subject of an ongoing review by an Institutional Review Board.

Medical Repatriation means transporting a Covered Person back to his or her primary residence or to the country where he or she was assigned. Such repatriation shall only result from the Covered Person being injured during a Covered Activity.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury; and 2) prescribed or ordered by a Physician or furnished by a Hospital. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered Medically Necessary.

Medicine means an agent, such as a drug, used to cure or relieve pain.

Mental or Nervous Disorder means a psychological pattern, potentially reflected in behavior, that is generally associated with distress or disability, and which is not considered part of the normal development of a person's culture. Symptoms an individual may have include mental apprehension, physical tension, dissociative anxiety, phobic disorder, and/or panic disorder.

Non-Preferred Provider means a Physician who is not part of Our provider network.

Nurse Services means assisting Covered Persons, sick or well, in the performance of those activities contributing to health or its recovery that he or she would perform unaided if he or she had the necessary strength, will or knowledge.

Operating Room means a room in a Hospital unit in which Surgical Procedures requiring anesthesia are performed.

Orthopedic Appliance or Orthopedic Prosthetic Applicant means an artificial device extension that replaces a missing body part or supplements a defective body part.

Physical and Occupational Rehabilitation means the use of treatments to develop, recover, or maintain the daily living and work skills of patients with a physical, mental or developmental condition.

Physician's Surgical Facilities means an outpatient ambulatory surgery center.

Pre-Admission Test means medical screening performed before a Covered Person is admitted to a Hospital for Elective Surgery.

Pro Rata means the portion of the total benefits payable under this Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.

Rehabilitation Facility means a Hospital or special unit of a Hospital designated by State and/or Federal regulations as a Rehabilitation Facility or a free standing facility which provides: physical therapy; occupational therapy; or speech therapy pursuant to the law of the jurisdiction in which treatment is received.

Repetitive Motion Injury means an injury to a part of the body that is caused by performing the same motion over and over again thereby straining the body part.

Rest Cure means a period spent in inactivity with the intention of improving one's physical or mental health.

Routine Physical Examination means the process by which a Physician investigates the body of an apparently healthy patient for signs of disease.

Surgical Procedure means the use of medical instruments by a Physician involving an incision in the patient's body; performed to repair damage or arrest disease.

Usual and Customary means the amount charged by most providers for: treatment; services; or supplies in the area code where the: treatment; service; or supply is provided.

Exclusions

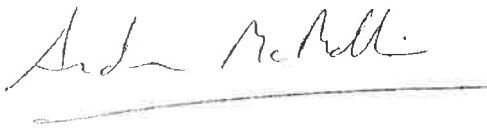
In addition to the General Exclusions stated in the Policy, We will not cover charges under this Rider for:

1. Treatment by persons employed or retained by the policyholder, or by any Immediate Family Member or member of the Covered Person's household;
2. Treatment of: sickness; disease; or infection except: pyogenic infection; or viral or bacterial infections that result from the accidental ingestion of contaminated food substance;
3. Treatment of: hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered injury or Mental Disorder; or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
4. Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy);
5. Covered Expenses for which the Covered Person would not be responsible;
6. Blood; blood plasma; or blood storage; except charges by a Hospital for processing or administration of blood;
7. Cosmetic; or Plastic Surgery; except needed as a result of the Covered Injury;

Scope of Coverage

Full Excess Benefits – 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 amounts payable by any other Health Care Plan, regardless of any coordination of benefits provision contained in such Health Care Plan.

The President and Secretary of Catlin Insurance Company, Inc. witness this Rider.



President



Secretary