VAI Plan Description & Cost Summary

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

Eligibility

Employees:	Each Active Full-Time Employee working 30 hours or more per week, except any person working on a temporary or seasonal basis. Employee must be under age 70 to enroll.
Spouse:	An Eligible employee's legal spouse. Spouse must be under age 70 to enroll. Coverage for domestic partners may be available upon request, unless prohibited by state law. Domestic and civil union partner coverage is automatically included on the plan where required by state law.
Dependent Children	Dependent Child means an Eligible employee's child(ren), from Birth to 26 years of age, including natural children, legally adopted children, children who are dependent on the Eligible employee during the waiting period before adoption, children for whom the Employee is a party to a suit in which they seek to adopt the child, stepchildren, and foster children. Foster children must be in the Eligible employee's custody to be considered a Dependent. Also included are the Eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the Eligible employee for support and maintenance. The Eligible employee's unmarried grandchild(ren) from birth to 25 years of age, who is their dependent for federal income tax purposes at the time application for coverage of the grandchild is made. Each child for whom the Insured must provide medical and dental support under an order issued under Chapter 154, Family Code, or enforceable by a court in Texas.

Employee must be insured under the Policy for Dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a dependent.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you would like us to consider them in the eligibility.

Plan Design

All Employees Coverage:	Eligible to elect only Plan A, Plan B, or Plan C 24 Hour

Included Benefits

VAI Plan Description & Cost Summary

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

TYPE OF BENEFIT	PLAN A	PLAN B	PLAN C
Ambulance Transportation	$100 Ground $500 Air	$150 Ground $750 Air	$200 Ground $1,000 Air
Blood/Plasma/Platelets	$200	$300	$400
Burns			
2nd Degree Burns			
Covering less than 10% of the body	$100	$200	$400
Covering 10% but less than 25% of the body	$200	$400	$800
Covering 25% but less than 35% of the body	$400	$800	$1,600
Covering 35% or greater of the body	$800	$1,600	$3,200
3rd Degree Burns			
Covering less than 10% of the body	$800	$1,600	$3,200
Covering 10% but less than 25% of the body	$1,600	$3,200	$6,400
Covering 25% but less than 35% of the body	$3,200	$6,400	$12,800
Covering 35% or greater of the body	$6,400	$12,800	$25,600
Skin Graft	25%	50%	100%
Chiropractic Services (Limit 12 per calendar year per family)	$25 per session, 6 sessions maximum	$50 per session, 6 sessions maximum	$75 per session, 6 sessions maximum
Coma	$5,000	$7,500	$10,000
Concussion	$100	$150	$200
Dental Injury	$150 for Crown; $50 for Extraction	$300 for Crown; $100 for Extraction	$450 for Crown; $150 for Extraction
Diagnostic Examination	$100 per CT/MRI scan	$200 per CT/MRI scan	$400 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	$1,200 / $600	$1,800 / $900	$2,400 / $1,200
Collarbone	$1,200 / $600	$1,800 / $900	$2,400 / $1,200
Elbow	$600 / $300	$900 / $450	$1,200 / $600
Finger	$200 / $100	$300 / $150	$400 / $200
Foot	$1,200 / $600	$1,800 / $900	$2,400 / $1,200

VAI Plan Description & Cost Summary

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

TYPE OF BENEFIT	PLAN A	PLAN B	PLAN C
Hand	$600 / $300	$900 / $450	$1,200 / $600
Hip	$3,200 / $1,600	$4,800 / $2,400	$6,400 / $3,200
Knee	$2,000 / $1,000	$3,000 / $1,500	$4,000 / $2,000
Lower Jaw	$600 / $300	$900 / $450	$1,200 / $600
Shoulder	$600 / $300	$900 / $450	$1,200 / $600
Toe	$200 / $100	$300 / $150	$400 / $200
Wrist	$600 / $300	$900 / $450	$1,200 / $600
Partial Dislocation (Amount of benefit for non-surgical dislocation)	25%	37.5%	50%
Multiple Dislocations (Percent of highest benefit for any one dislocation among all dislocations sustained)	100%	150%	200%
Emergency Treatment	$150	$300	$300
Epidural Anesthesia Injections	$100 per injection, 2 maximum	$200 per injection, 2 maximum	$300 per injection, 2 maximum
Eye Injury	$100 for removal of foreign object, $200 for surgical repair	$150 for removal of foreign object, $300 for surgical repair	$200 for removal of foreign object, $400 for surgical repair
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	$600 / $300	$900 / $450	$1,200 / $600
Arm	$600 / $300	$900 / $450	$1,200 / $600
Bones of Face	$300 / $150	$450 / $225	$600 / $300
Coccyx	$300 / $150	$450 / $225	$600 / $300
Collarbone	$600 / $300	$900 / $450	$1,200 / $600
Elbow	$600 / $300	$900 / $450	$1,200 / $600
Finger	$100 / $50	$150 / $75	$200 / $100
Foot	$600 / $300	$900 / $450	$1,200 / $600
Hand	$600 / $300	$900 / $450	$1,200 / $600
Hip	$3,200 / $1,600	$4,800 / $2,400	$6,400 / $3,200
Kneecap	$600 / $300	$900 / $450	$1,200 / $600
Leg	$1,600 / $800	$2,400 / $1,200	$3,200 / $1,600
Jaw	$600 / $300	$900 / $450	$1,200 / $600
Nose	$300 / $150	$450 / $225	$600 / $300
Pelvis	$1,600 / $800	$2,400 / $1,200	$3,200 / $1,600

VAI Plan Description & Cost Summary

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

TYPE OF BENEFIT	PLAN A	PLAN B	PLAN C
Rib	$300 / $150	$450 / $225	$600 / $300
Shoulder Blade	$600 / $300	$900 / $450	$1,200 / $600
Skull (Except bones of face or nose -Depressed)	$5,000 / $2,500	$7,500 / $3,750	$10,000 / $5,000
Skull (Simple)	$1,500 / $750	$2,250 / $1,125	$3,000 / $1,500
Sternum	$600 / $300	$900 / $450	$1,200 / $600
Toe	$100 / $50	$150 / $75	$200 / $100
Vertebrae	$600 / $300	$900 / $450	$1,200 / $600
Vertebral Column	$1,600 / $800	$2,400 / $1,200	$3,200 / $1,600
Wrist	$600 / $300	$900 / $450	$1,200 / $600
Chip Fractures (Amount of benefit for non-surgical fracture)	25%	37.5%	50%
Multiple Fracture (Amount of the highest benefit for any one fracture among all fractures sustained)	100%	150%	200%
Hospitalization			
Initial Hospital Admission	$500	$1,000	$1,500
Initial ICU Hospital Admission	$1,000	$1,500	$2,250
Hospital Confinement	$200 per day, 365 days maximum	$300 per day, 365 days maximum	$400 per day, 365 days maximum
ICU Confinement	$400 per day, 30 days maximum	$600 per day, 30 days maximum	$800 per day, 30 days maximum
Lacerations			
No Sutures Required	$25	$50	$75
Sutures Required (Total length of all sutured Lacerations)	Less than 2” long $50	Less than 2” long $100	Less than 2” long $150
	2” but less than 6” long $200	2” but less than 6” long $400	2” but less than 6” long $600
	6” long or greater $400	6” long or greater $800	6” long or greater $1,200
Lodging	$100 per day up to 30 days if more than 100 miles from residence	$150 per day up to 30 days if more than 100 miles from residence	$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	$100	$150	$200
Organized Youth Sports Benefit (% of benefit amount,	25%	25%	25%

VAI Plan Description & Cost Summary

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

TYPE OF BENEFIT	PLAN A	PLAN B	PLAN C
excluding the AD&D benefit, if applicable)			
Paralysis Benefits	$10,000 quadriplegia; $5,000 paraplegia / hemiplegia	$15,000 quadriplegia; $7,500 paraplegia / hemiplegia	$20,000 quadriplegia; $10,000 paraplegia / hemiplegia
Physical Therapy	$25 per session; 6 sessions maximum	$37.5 per session; 6 sessions maximum	$50 per session; 6 sessions maximum
Physician Office Visit	$50 Initial, $50 Follow-up	$75 Initial, $75 Follow-up	$100 Initial, $100 Follow-up
Prosthesis	$500 for one, $1,000 for two or more	$750 for one, $1,500 for two or more	$1,000 for one, $2,000 for two or more
Rehabilitation Facility Confinement	$50 per day, 30 days maximum	$100 per day, 30 days maximum	$150 per day, 30 days maximum
Surgery Benefits			
Abdominal or Thoracic	$1,000	$1,500	$3,000
Exploratory Surgery (no repair)	$100	$150	$300
Knee Cartilage (surgically repaired)	$300	$450	$900
Ruptured Disc (surgically repaired)	$500	$750	$1,500
Rotator Cuff (one surgically repaired)	$300	$450	$900
Rotator Cuff (two or more surgically repaired)	$600	$900	$1,800
Tendon or Ligament (one surgically repaired)	$300	$450	$900
Tendon or Ligament (two or more surgically repaired)	$600	$900	$1,800
Transportation	$300, if more than 100 miles from residence	$450, if more than 100 miles from residence	$600, if more than 100 miles from residence
X-rays (per covered accident)	$25	$50	$75
Accidental Death & Dismemberment Benefits			
Accidental Death Benefit	Employee: $25,000 Spouse: $12,500 Child(ren): $5,000	Employee: $25,000 Spouse: $12,500 Child(ren): $5,000	Employee: $25,000 Spouse: $12,500 Child(ren): $5,000

VAI Plan Description & Cost Summary

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

TYPE OF BENEFIT	PLAN A	PLAN B	PLAN C
Accidental Death on Common Carrier	100% of Death benefit	100% of Death benefit	100% of Death benefit
Accidental Dismemberment			
Single Loss	50% of Death benefit	50% of Death benefit	50% of Death benefit
Thumb/Finger/Toe	1% of Death benefit	1% of Death benefit	1% of Death benefit
Catastrophic Loss	100% of Death benefit	100% of Death benefit	100% of Death benefit
Speech	100% of Death benefit	100% of Death benefit	100% of Death benefit
2+ Thumb/Finger/Toe	3% of Death benefit	3% of Death benefit	3% of Death benefit
Two or more losses except the loss of fingers, thumbs or toes	100% of Death benefit	100% of Death benefit	100% of Death benefit
Additional Features			
Wellness (Health Screening) Benefit	$50	$50	$50
Portability	Unlimited or when employee retires	Unlimited or when employee retires	Unlimited or when employee retires
Military Services Leave of Absence	Included	Included	Included

The Dependent spouse Amount of Insurance will reduce in the same manner as the Insured employee's Amount of Insurance upon the Dependent spouse's attainment of the reducing age.

The Child Amount of Insurance will continue at the percentage reflected on the Plan Description of the Insured employee's Amount of Insurance prior to any reductions due to age.

Monthly Cost Summary

	PLAN A	PLAN B	PLAN C
Employee Only	$10.56	$13.77	$16.65
Employee and Spouse	$14.57	$19.75	$24.25
Employee and Child(ren)	$16.04	$23.51	$29.40
Family	$21.11	$30.54	$38.17

Note: Premium/benefit is payable in US currency.

Participation Requirement and Rate Guarantee

Participation Requirement

You must have the minimum participation the lesser of 10% or 10 Insured employee lives.

Rate Guarantee

We guarantee the final premium rates for 24 months from the Policy effective date.

Renewability

The Policy is optionally renewable.

VAI Plan Exclusions and Limitations

Prepared For Eagle Advantage Charter School
Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

Termination of Individual Insurance

An Insured's coverage will terminate on the first of the following to occur:

- the date the Policy terminates; or
- the date the Insured ceases to be in a class eligible for this insurance; or
- the end of the period for which premium has been paid; or
- the date the Insured enters military service on active duty (not including Reserves or National Guard)

Policy Termination

You may cancel the Policy at any time. We may cancel:

- if premium is not paid at the end of the grace period;
- if the number of Insureds (excluding Dependents) is the lesser of 10% or 5 Insured employee lives
- If Optionally Renewable, then on any Policy anniversary after coverage has been in force for twelve (12) months

Exclusions

We will not pay benefits for any loss:

- caused by committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicted injuries
- caused by or resulting from war or any act of war, declared or undeclared
- caused by or resulting from riding in, getting into or out of any aircraft unless:
    - an Insured is a passenger (not a pilot or crew member) in a tested and approved civilian aircraft being operated as passenger transport in compliance with the then current rules of the authority having jurisdiction over its operation; and
    - the aircraft is not owned, leased or operated by or on behalf of the policyholder, an Insured, or any other employer of the Insured, unless a specific written agreement has been obtained from us
- sustained during an Insured's commission or attempted commission of an assault or felony
- to which the Insured's acute or chronic alcoholic intoxication is a contributing factor
- to which an Insured's voluntary consumption of an illegal substance, a controlled substance not administered by a physician or a non-prescribed narcotic or drug is a contributing factor
- caused by Injury arising out of or in the course of employment for wage or profit
- for which treatment is provided by an Insured Person or a member of the Insured Person's Immediate Family, with the exception of a Dentist.

VAI Plan Defined Terms

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

Accident Insurance Benefit	We will pay one or more of the benefits listed on the benefit schedule, if the Insured sustains an Injury due to a Covered Accident and meets all of the requirements defined for payment under a specific benefit. Terms used in this section are defined in the Policy. NOTE: Benefits, limitations, and exclusions may vary by state.
Eligibility	An Eligible employee means an individual who is performing duties (on a full or part time basis as defined by terms of their employment) pertaining to his/her job in the place where, and in the manner in which, the job is normally performed. This includes approved time off such as vacation, jury duty and funeral leave, but does not include time off as a result of an injury or sickness.
Employer Facility Benefit	When your Eligible employee or his/her Insured Dependent qualify for benefits under the Policy and are initially admitted or confined and receive treatment or services at specific hospitals, outpatient facilities or other medical facilities that are owned and/or operated by you, they will receive a greater benefit payment which is based upon a multiplier that will be applied to the applicable benefit amount. This is designed to encourage your Eligible employee to receive treatment at your facilities.
Continuation of Insurance	An Insured employee may continue his/her coverage (and that of any Insured Dependents, if applicable) in accordance with the following but not longer than: ○ twelve months, if due to sickness or Injury; or ○ one (1) month, if due to temporary lay-off or approved leave of absence. Your Policy must remain in force for an Insured's coverage to continue. Premium must be paid during the continuation period or coverage will terminate.
Family and Medical Leave Act (FMLA)	Employers that are subject to the Family and Medical Leave Act of 1993 are mandated to continue group health coverage during an approved period of family or medical leave, just as if the employee was on the job during that time. FMLA does not require you to continue this group coverage, but we make continuation available as an option. Coverage may continue for the Insured employee, and his/her Insured Dependents if applicable, until the later of the end of the leave period required by the Family and Medical Leave Act of 1993, as amended, or any similar state law and in accordance with your policies for such leave provided premium continues to be paid. If you choose not to continue coverage while the Insured employee is on FMLA, coverage will be reinstated when the Insured employee returns from such leave. A leave of absence taken in accordance with the Family and Medical Leave Act of 1993 will run concurrently with any other applicable continuation of insurance provision in the Policy.

VAI Plan Defined Terms

Prepared For Eagle Advantage Charter School
Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

Insured	Insured means person(s) covered under the Policy.
Portability	If the Insured employee's coverage terminates because he/she ceases to be eligible (other than termination of the Policy or the Insured employee's retirement), he/she may port (elect to continue) coverage in effect prior to ceasing to be eligible. Evidence of insurability is not required. Dependent coverage, if applicable, may not be ported independent of the Insured employee. Portability must be elected within thirty-one (31) days from the date coverage terminates, provided premium payment is made. Please refer to the Policy/Certificate for specific information on Portability requirements.
Uniformed Services Employment and Reemployment Rights Act (USERRA)	We will continue the Insured employee's coverage and that of his/her Insured Dependents, if applicable, in accordance with USERRA and your policies surrounding USERRA provided the premium continues to be paid. If you choose not to continue the Insured employee's coverage and that of his/her Insured Dependents, if applicable, we will reinstate coverage when the Insured returns from such leave. Please note that while the Insured person is on military services leave, there is no coverage for any loss which occurs while on active duty if such loss is caused by or arises out of such military service, including but not limited to war or act of war, whether declared or undeclared. A leave of absence taken in accordance with USERRA will run concurrently with any other applicable continuation of insurance provision in the Policy.
Wellness (Health Screening) Benefit	Available to the Insured employee, and his/her Insured Dependents, if applicable. The Wellness (Health Screening) Benefit pays the amount shown on the Plan Description for one (1) health screening test performed during any one twelve (12) month period for each Insured, up to a maximum of (4) benefits per family. Health screening tests covered under the Policy are: ○ ALT/AST (liver function test) ○ Biopsy for cancer ○ Blood test for triglycerides ○ Bone density testing (DEXA scan) ○ Bone marrow testing ○ CA 15-3 (blood test for breast cancer) ○ CA 125 (blood test for ovarian cancer) ○ CEA (blood test for colon cancer) ○ Chest X-ray ○ Colonoscopy ○ Echocardiogram ○ Electrocardiogram ○ Fasting blood glucose test

- Flexible sigmoidoscopy
- Genetic Tests
- Hemoccult stool analysis
- Hepatitis screening
- Human Immunodeficiency Virus (HIV) screening
- Mammography
- Pap test
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum Protein Electrophoresis (blood test for myeloma)
- Skin cancer screening
- Stress test
- Ultrasound screening (of the breast, of the abdominal aorta for abdominal aortic aneurysms, of carotid arteries (carotid Doppler), or for cancer detection
- Any other preventative health screenings, including, but not limited to, tests, diagnostic procedures, routine examinations and immunizations.

The foregoing information represents a brief synopsis of benefit features, limitations and exclusions under the Group Accident coverage. For more detailed information, please refer to the policy. Group Accident coverage is provided by policy form, LRS-9547-0221-TX, et al through Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Non-Insurance Services

On Call Travel Assistance

While your employees are traveling, the unexpected happens: they get sick or injured. What can they do? Who can they call for help?

Travel assistance services provide medical assistance services for employees of our Policyholders.

Whenever your covered employees are on a trip in a foreign country or 100 miles or more from home, they are eligible for a wide array of medical and travel assistance services.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees. Some of the services provided are:

- Emergency Evacuation
- Emergency Payment/Cash Assistance
- Emergency Translator and Interpreter
- Locating Legal Services/Bail Bond
- Medical Insurance Assistance
- Missing Baggage Assistance
- Repatriation of Remains
- Transportation for a Family Member or Friend
- Passport and Visa Information
- Emergency Card Replacement
- Consulate and Embassy Information
- Health Hazards Advisory and Inoculation Requirements
- Emergency Message Service
- Emergency Ticket Replacement
- Hotel Convalescence Arrangements
- Locating Medical Care
- Medically Necessary Repatriation
- Prescription Drug Assistance
- Return of Dependent Children
- Vehicle Return
- Travel Locator Services
- Weather Information
- Case Communications
- Currency Exchange Information

The total of all services in connection with emergency evacuation, medically necessary repatriation, transportation of a family member or friend, return of dependent children, and repatriation of remains are subject to a limit of $100,000 per person per event.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time. We compensate On Call to underwrite the cost of the travel assistance program.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.