

# GROUP VOLUNTARY ACCIDENT INSURANCE CERTIFICATE SUMMARY (OUTLINE OF COVERAGE)



**Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of this insurance. This outline of coverage is not the insurance contract and only the actual policy provisions will control. The policy and certificate set forth in detail the rights and obligations of you, the policyholder and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Accident insurance is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a covered accident, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This insurance does not satisfy the individual mandate of the ACA because the coverage does not meet the requirements of minimum essential coverage.

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare*, available from Mutual of Omaha or online at [www.medicare.gov](http://www.medicare.gov).

**NOTICE:** Read this outline of coverage carefully. It may not be identical to the outline of coverage provided at the time you enrolled/applied for insurance, and the insurance you originally enrolled/applied for may not have been issued.

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This outline of coverage describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this outline of coverage. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This outline of coverage was published on September 12, 2025.

## **POLICY INFORMATION**

Policyholder: Merkel Independent School District  
Policy Effective Date: September 1, 2025  
Policy Number: GUDH-CRFL  
Class(es): All Eligible Employees

Policy Anniversary: September 1  
Group Number: G000CRFL

## **ELIGIBILITY**

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 20 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions apply as described in the Certificate.

## **WHEN INSURANCE BEGINS**

An eligible Employee will become insured on the first day of the month that follows the day the Employee becomes eligible or the Employee submits a Written Request to enroll for insurance, subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

## **ACCIDENT INSURANCE – FULL PLAN 7M (TX-CC-CAT-NABM)**

Accident insurance offers financial protection for You and Your insured Dependent(s) by paying a benefit if You or an insured Dependent are Injured in an Accident. The benefit amount(s) payable is/are based on the type and amount of

insurance in effect on the date the Accident occurs. All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

You may elect insurance for Yourself and Your Dependent(s) under the Certificate for one of the following coverage options:

- Yourself only
- You and Your Spouse
- You and Your Dependent child(ren)
- You, Your Spouse and Your Dependent child(ren)

This summary represents the accident insurance available under Full Plan 7M (TX-CC-CAT-NABM), as selected by the Policyholder. Insurance is available for Accidents that occur any time of day, regardless of whether You or Your insured Dependent(s) are working or not. This is known as “24-hour coverage” or “on and off-job coverage” (the coverage type).

If You have questions regarding who is insured for accident insurance, the plan type or the coverage type, You may contact the Policyholder.

### **Express Benefit**

If You or an insured Dependent are Injured as the result of an Accident, We will pay a benefit amount of \$250 upon notification of the Accident. This benefit is payable once per Accident for each Insured Person that is Injured as a result of the Accident.

### **Basic Benefits**

The basic benefits payable under this Certificate are organized into the following categories:

<b>Category</b>	<b>Benefit Amount</b>
Initial Care & Emergency	Up to \$2,000
Specified Injuries	Up to \$25,000
Hospital, Surgical & Diagnostic	Up to \$1,000 per day and \$3,000 for admission
Follow-Up Care	Up to \$1,250

Within each category, benefits are payable up to the amount shown, depending on the type of Injury sustained or the type of medical Treatment that is received as the result of an Accident.

### **Additional Benefits**

In addition to Basic Benefits, family care benefits (benefits for transportation, Lodging and/or Childcare) and a health screening benefit are available under the Certificate.

### **CATASTROPHIC INSURANCE – FULL PLAN 7M (TX-CC-CAT-NABM)**

In addition to Basic Benefits, benefits for catastrophic losses and Injuries are available under this Certificate. Catastrophic insurance pays a benefit if You or an insured Dependent are in an Accident and experience a serious loss or Injury, such as death or dismemberment. The benefit amount payable is based on the amount of insurance that is in effect for You or an insured Dependent on the date the Accident occurs, subject to the definitions, limitations, exclusions and other provisions of the Policy.

Provided You have elected accident insurance, Your amount of catastrophic insurance is \$60,000.

Provided You have elected accident insurance for Your Spouse, Your Spouse’s amount of catastrophic insurance is \$30,000.

Provided You have elected accident insurance for Your Dependent child(ren), the amount of catastrophic insurance for Your Dependent child(ren) is \$12,000.

The amount of catastrophic insurance is also referred to as the Principal Sum. The Principal Sum for You or Your Spouse reduces by 50% when You reach the Attained Age of 70. If You have questions regarding the amount of catastrophic insurance for You or Your Dependent(s), You may contact the Policyholder.

### **GUARANTEE ISSUE AMOUNT(S) AND EVIDENCE OF INSURABILITY**

All amounts of insurance under the Policy are guarantee issue. Evidence of insurability (proof of good health) is not required for any amount of insurance under the Policy.

### **ACCIDENT BENEFITS**

All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

### **INITIAL CARE & EMERGENCY BENEFITS**

If more than one form of Initial Care is received by an Insured Person for the same Accident, We will only pay the highest applicable benefit for the Insured Person. We will reduce the amount payable for Initial Care by the amount paid for the Express Benefit for an Accident for an Insured Person. Additional limitations apply as described in the Certificate.

<b>Benefit</b>	<b>Amount</b>	<b>Treatment Timeframe</b>	<b>Frequency</b>
<b>Initial Care</b>			
Emergency Room	\$500	72 hours	Once per Accident per Insured Person
Urgent Care Center	\$425	72 hours	Once per Accident per Insured Person
Initial Physician Office Visit	\$250	30 days	Once per Accident per Insured Person
<b>Emergency Transportation</b>			
Ground Ambulance	\$500	72 hours	Once per Accident per Insured Person
Air Ambulance	\$2,000	72 hours	Once per Accident per Insured Person

### **SPECIFIED INJURY BENEFITS**

If an Insured Person sustains both a Fracture and Dislocation (or multiple Fractures and Dislocations) as the result of the same Accident, the maximum amount payable for all Fractures and Dislocations under the Policy is up to 200% of the amount payable for the Fracture or Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount.

#### **Fractures (Broken Bones)**

We will pay the applicable benefit amount shown in the Fracture Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Fracture sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Fracture is diagnosed as a Chip Fracture, We will pay 25% of the amount listed in the table for the Closed Reduction for the bone/bone group involved.

The maximum amount payable for all Fractures sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Fracture with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

**Fracture Benefits Table**

<b>Bone/Bone Group (From Head to Toe)</b>	<b>Open Reduction Amount</b>	<b>Closed Reduction Amount</b>
Skull, depressed (Cranial bones)	\$12,000	\$6,000
Skull, non-depressed (Cranial bones)	\$6,000	\$3,000
Bones of face (Except nose and lower jaw)	\$2,400	\$1,200
Nose (Nasal bones)	\$2,050	\$1,025
Lower jaw (Mandible)	\$2,400	\$1,200
Shoulder blade (Scapula)	\$2,400	\$1,200
Collarbone (Clavicle)	\$2,050	\$1,025
Breastbone (Sternum)	\$2,400	\$1,200
Rib	\$2,050	\$1,025
Upper arm (Humerus)	\$2,400	\$1,200
Forearm (Radius and/or ulna)	\$2,400	\$1,200
Wrist (Carpals)	\$2,400	\$1,200
Hand (Metacarpals, except fingers)	\$2,400	\$1,200
Fingers (Phalanges)	\$600	\$300
Vertebral body (Except vertebral processes)	\$6,000	\$3,000
Vertebral process	\$2,400	\$1,200
Tail bone (Coccyx)	\$2,050	\$1,025
Pelvis (Except tail bone and hip bones)	\$6,000	\$3,000
Hip bones (Ilium, ischium and/or pubis)	\$10,000	\$5,000
Thigh (Femur)	\$6,000	\$3,000
Knee cap (Patella)	\$2,400	\$1,200
Lower leg (Tibia and/or fibia)	\$6,000	\$3,000
Ankle (Talus)	\$2,400	\$1,200
Foot (Metatarsals and calcaneus, except toes)	\$2,400	\$1,200
Toes (Phalanges)	\$600	\$300

#### **Dislocations (Separated Joints)**

We will pay the applicable benefit amount shown in the Dislocation Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Dislocation sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Dislocation is diagnosed as an Incomplete Dislocation, or if Treatment of a Dislocation occurs by a Physician or Medical Professional without the use of Anesthesia, We will pay 25% of the amount listed in the table for the Closed Reduction for the joint/joint group involved.

The maximum amount payable for all Dislocations sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

### Dislocation Benefits Table

Joint/Joint Group (From Head to Toe)	Open Reduction Amount	Closed Reduction Amount
Lower jaw (Temporomandibular)	\$3,700	\$1,850
Shoulder (Glenohumeral)	\$3,700	\$1,850
Collarbone and breastbone (Sternoclavicular)	\$3,700	\$1,850
Elbow	\$3,700	\$1,850
Wrist (Radiocarpal and/or intercarpal)	\$3,700	\$1,850
Hand (Carpometacarpal and/or intrametacarpal)	\$3,700	\$1,850
Fingers (Interphalangeal and/or metacarpophalangeal)	\$750	\$375
Hip	\$12,000	\$6,000
Kneecap (Patella)	\$7,500	\$3,750
Ankle (Talocalcaneal and/or talocalcaneonavicular)	\$5,400	\$2,700
Foot (Tarsometatarsal and/or intermetatarsal)	\$5,400	\$2,700
Toes (Interphalangeal and/or metatarsalphalangeal)	\$750	\$375

#### Other Injuries

Lacerations and Burns require Treatment within 72 hours of an Accident. The Laceration benefit is based on the total length of all Lacerations that require repair, and is payable once per Accident per Insured Person. The Burn benefit is based on the severity of the most severe burn, and is payable once per Accident per Insured Person. Additional limitations apply as described below and in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
<b>Lacerations</b>			
Less than 2 inches	\$350	See above	See above
2 inches to 6 inches	\$700	See above	See above
Greater than 6 inches	\$1,500	See above	See above
No repair required	\$175	See above	See above
<b>Burns</b>			
2nd degree <= 9% TBSA	\$450	See above	See above
2nd degree 10 - 36% TBSA	\$500	See above	See above
2nd degree > 36% TBSA	\$2,500	See above	See above
3rd degree < 18% TBSA	\$5,000	See above	See above
3rd degree 18 - 36% TBSA	\$15,000	See above	See above
3rd degree > 36% TBSA	\$25,000	See above	See above
Skin Graft (% of burn benefit)	50%	72 hours	Once per Accident per Insured Person
<i>Note: "TBSA" is an acronym for "total body surface area."</i>			
<b>Dental Care</b>			
Crown or Filling Repair	\$400	30 days	Once per Accident per Insured Person
Extraction	\$175	30 days	Once per Accident per Insured Person

#### HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS

If any surgery listed below occurs concurrently with an Open Reduction for a Fracture or Dislocation of the same bone/bone group or joint/joint group as a result of the same Accident, only the highest applicable benefit is payable. Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
<b>Hospital</b>			
Admission	\$3,000	Begins within 90 days	Once per Accident per Insured Person
Daily Confinement	\$600	Begins within 90 days	Per day up to 365 days
ICU Confinement	\$1,000	Begins within 30 days	Per day up to 15 days
Rehab. Facility Confinement	\$500	Begins within 365 days	Per day up to 30 days
<b>Surgical</b>			
Exploratory/Arthroscopic	\$1,000	365 days	Once per Accident per Insured Person
Abdominal/Cranial/Thoracic	\$6,500	365 days	Once per Accident per Insured Person
Herniated Disc	\$3,000	365 days	Once per Accident per Insured Person
Torn Knee Cartilage	\$3,000	365 days	Once per Accident per Insured Person
Ligament/Rotator Cuff/Tendon	\$3,000	365 days	Once per Accident per Insured Person

Eye Procedure	\$800	90 days	Once per eye per Accident per Insured Person
Blood Products	\$850	90 days	Once per Accident per Insured Person
Pain Management	\$600	90 days	Once per Accident per Insured Person
<b>Diagnostic</b>			
X-Ray	\$100	90 days	Once per Accident per Insured person
Diagnostic Exam	\$500	90 days	Once per Accident per Insured person
Brain Injury Diagnosis	\$500	30 days	Once per Accident per Insured person

### FOLLOW-UP CARE BENEFITS

Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Physician Follow-Up Office Visit	\$150	365 days	Up to 6 times per Accident per Insured Person
Therapy Services	\$75	365 days	Up to 6 times per Accident per Insured Person
Medical Device	\$300	365 days	Once per Accident per Insured Person
Prosthetic Device(s)	\$1,250	365 days	Up to 2 times per Accident per Insured Person

### ADDITIONAL BENEFITS

Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Transportation per trip	\$500	365 days	Up to 3 per Accident per Insured Person
Lodging per night	\$400	365 days	Up to 30 per Accident per Insured Person
Childcare per day	\$50	365 days	Up to 30 per Accident per Dependent child
Health Screening	\$200	N/A	Once per Calendar Year per Insured Person

### CATASTROPHIC BENEFITS

The benefit amounts shown below are a percentage of the Principal Sum for an Insured Person, unless otherwise stated. The treatment timeframe for all catastrophic benefits is 365 days. For all Dismemberment & Paralysis benefits, up to 100% of the Principal Sum is payable per Accident per Insured Person. We will reduce the amount payable for any death benefit by the amount paid for any other catastrophic benefit for an Insured Person, unless otherwise stated in the Certificate. Additional limitations apply as described below and in the Certificate.

Benefit	Amount	Frequency
<b>Accidental Death</b>		
Basic Accidental Death	100%	Once per Insured Person
Common Carrier Accidental Death	300%	Once per Insured Person
Transportation of Remains	Up to \$5,000	Once per Insured Person
<b>Dismemberment &amp; Paralysis</b>		
Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses	100%	See above
Loss of Speech and Loss of Hearing (Both ears)	100%	See above
Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)	50%	See above
Loss of Thumb and Index Finger of the Same Hand	25%	See above
Loss of Multiple Fingers or Loss of Multiple Toes	10%	See above
Quadriplegia (Paralysis of both upper and both lower limbs)	100%	See above
Triplegia (Paralysis of three limbs)	75%	See above
Hemiplegia (Paralysis of an upper and a lower limb)	50%	See above
Paraplegia (Paralysis of both lower limbs)	50%	See above
Uniplegia (Paralysis of a limb)	25%	See above
<b>Other Benefits</b>		
Reasonable Modifications	Up to 10%	Once per Accident per Insured Person
Coma	50%	Once per Accident per Insured Person

### EXCLUSIONS

We will not pay any benefits under the Policy for any loss or claim which does not result from an Accident or occurs more than 365 days after an Accident. We will also not pay any benefits under the Policy for an Accident that:

- Results from any bodily infirmity, Sickness, or medical or surgical Treatment thereof
- Results from cosmetic surgery or procedures

- Results, whether an Insured Person is sane or insane, from an intentionally self-inflicted Injury or Sickness, or suicide or attempted suicide
- Occurs in consequence of an Insured Person's being voluntarily intoxicated or under the influence of any controlled substance or alcohol (as defined by the laws of the state in which the Accident occurred), unless administered on the advice of a Physician
- Results from an Insured Person's intentional or voluntary use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption, including self-infliction of carbon monoxide poisoning emanating from a motor vehicle
- Results from an Insured Person's voluntary participation in a riot, commission of a felony, participation in illegal activities or participation in an illegal occupation
- Occurs while an Insured Person is incarcerated or imprisoned
- Results from an act of declared or undeclared war or armed aggression
- Occurs while an Insured Person is operating, learning to operate, riding as a passenger, boarding, departing or jumping from any aircraft (including those that are not motor driven, such as a hot air balloon), unless riding as a fare-paying passenger in a commercial aircraft on a regularly-scheduled flight or while Traveling on Business of the Policyholder
- Occurs while an Insured Person is riding in or on any motor vehicle or aircraft engaged in racing, endurance tests, acrobatic tricks or stunts (for motor vehicles), or acrobatic or stunt flying (for aircraft)
- Occurs while an Insured Person is practicing for, participating in or officiating any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received by the Insured Person
- Occurs while an Insured Person is engaged in skydiving, scuba diving, parachuting, hang gliding, bungee jumping, sail gliding, parasailing, parakiting, mountain climbing, base jumping, rock climbing or other similar high risk activities or extreme sports
- Occurs while an Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable

**FEATURE(S)**

**Continuation of Insurance for Layoff or Leave**

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

**Portability**

In the event Your insurance under the Policy ends, You have the right to continue insurance for You and Your Dependent(s), subject to certain conditions.

**WHEN INSURANCE ENDS**

Insurance for an Insured Person will end on the last day of the month in which an Insured Person no longer satisfies the applicable eligibility conditions of the Policy, or end on the last day of the month in which You reach the Attained Age of 80. Additional circumstances under which insurance will end are described in the Certificate.

**PREMIUMS**

The premium rate structure for accident insurance under the Policy is comprised of a monthly rate for each coverage option shown in the Schedule that applies to You and Your Dependent(s).

You are responsible for the payment of premiums for insurance under the Policy. The premium owed by You equals the total premium for all Insured Person(s).

Premiums will be automatically deducted from Your paychecks by the Policyholder, then remitted to Us, as authorized by You during the enrollment process. Please contact the Policyholder for information regarding Your paycheck deductions.

Payment of premium does not guarantee eligibility for insurance. Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Contact the Policyholder or Your benefits administrator for additional information about the current premium rate structure for the Policy.

Coverage Tier	Monthly Premium Rate
Employee/Member	\$15.02 (\$0.49 per day)
Employee/Member + Spouse	\$22.29 (\$0.73 per day)
Employee/Member + Child(ren)	\$30.10 (\$0.99 per day)
Employee/Member + Family	\$37.65 (\$1.24 per day)

**Premium Changes**

Premium amounts will change if premium rates under the Policy are changed.

If there is a change in the amount of insurance for any Insured Person, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

## **HOW TO OBTAIN A COPY OF THE CERTIFICATE**

To obtain a copy of the Certificate, first contact the Policyholder or Your benefits administrator. If You do not receive what You need, You may then contact Us at 1-800-948-9478 (toll-free).