

GROUP VOLUNTARY HOSPITAL INDEMNITY 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!**

Hospital indemnity insurance is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a covered injury or sickness, subject to any limitations contained in the policy. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

THE POLICY PROVIDES LIMITED BENEFITS. This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

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.

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.

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: GUVH-CRFL

Class(es): All Eligible Employees

HOSPITAL INDEMNITY INSURANCE

The benefit amount shown in the Certificate is the same for you and your insured Dependents. If you have questions regarding who is insured for hospital indemnity insurance, you may contact the Policyholder.

Benefits described in the Certificate will only be payable if Treatment for an Injury or Sickness occurs on or after the Insured Person's coverage effective date and while the Policy is in-force. The benefit amounts payable are based on the type and amount of insurance in effect on the date Treatment of an Injury or Sickness occurs, subject to the definitions, limitations, exclusions and other provisions of the Certificate.

BENEFIT OVERVIEW

Category	Benefit	Amount
Hospital Admission and Confinement	Hospital Admission	\$1,000
	Daily Hospital Confinement	\$100
	Intensive Care Unit (ICU) Admission	\$2,000
	Daily Intensive Care Unit (ICU) Confinement	\$200
	Daily Newborn Nursery Care Confinement	\$50
Additional Benefits	Express Benefit	equal to 1 times the Hospital Confinement benefit
	Health Screening Benefit	\$50

EXCLUSIONS

Exclusions

We will not pay benefits if the Injury or Sickness:

- results from elective or cosmetic surgery or procedures, or resulting complications (unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of an Insured Person's Injury or Sickness in accordance with generally accepted medical standards);
- results whether an Insured Person is sane or insane, from:
 - an intentionally self-inflicted Injury or Sickness; or
 - attempted suicide;
- results from an Insured Person's:
 - voluntary use of illegal drugs;
 - intentional taking of over the counter medication not in accordance with recommended dosage and warning instruction; or
 - intentional misuse of prescription drugs;
- results from an Insured Person being voluntarily Intoxicated;
- 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 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, off-road activities (for motor vehicles), 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; or
- 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.

In addition, we will not pay benefits for:

- dental procedures or surgeries;
- initial confinement of a newborn Dependent child for routine well baby care, except as specifically provided in the DAILY NEWBORN NURSERY CARE CONFINEMENT provision;
- elective abortions, or resulting complications;
- artificial insemination, in vitro fertilization or test tube fertilization; or
- sterilization, tubal ligation or vasectomy, and reversal of these procedures, unless medically necessary for the appropriate diagnosis and treatment of an Insured Person's Injury or Sickness in accordance with generally accepted medical standards.

ELIGIBILITY

You (the Employee) must be performing the normal duties of your 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.

WHEN INSURANCE BEGINS

You become insured on the first day of the month that follows the day you become eligible, subject to certain conditions (as described in the Eligibility section in the Certificate).

An eligible Dependent will become insured on the latest of the day you become insured, you acquire the eligible Dependent, or you submit a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Eligibility section in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

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.

FEATURES

Continuation of Insurance for Layoff, Leave or Furlough

You may be able to continue insurance for you and your Dependents from the day you cease to be Actively Working, subject to certain conditions.

Continuation of Insurance for Your Dependents in the Event of Your Death

Your Dependents may be able to continue insurance due to your death, 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 Dependents subject to certain conditions.

PREMIUMS

The premium for insurance under the Policy is a monthly rate that applies to you and your Dependents.

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 Persons.

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. Contact the Policyholder or your benefits administrator for additional information about the current premium rate structure for the Policy.

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 the change at least 60 days prior to the date of the change if you are responsible for the payment of premium for insurance.

THIS OUTLINE IS JUST A SUMMARY OF YOUR COVERAGE.

PLEASE REFER TO YOUR CERTIFICATE FOR ALL HOSPITAL INDEMNITY COVERAGE PROVISIONS.