UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

YOUR GROUP VOLUNTARY HOSPITAL INDEMNITY BENEFITS

FOR EMPLOYEES OF:

Killeen Independent School District

CLASS(ES):

All Eligible Employees

EFFECTIVE DATE:

September 1, 2024

PUBLICATION DATE:

August 30, 2024

NOTICE(S)

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.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IT DOES NOT FULLY SUPPLEMENT FEDERAL MEDICARE HEALTH INSURANCE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE *GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE*, AVAILABLE FROM US OR ONLINE AT WWW.MEDICARE.GOV.

PLEASE READ YOUR CERTIFICATE CAREFULLY. THIS CERTIFICATE DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. THE POLICY IS ISSUED IN THE STATE OF TEXAS AND PROVIDES ALL OF THE BENEFITS REQUIRED BY APPLICABLE TEXAS LAW.

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Premiums may increase upon renewal. Coverage terminates when an Insured Person reaches the limiting age as stated within this Certificate.

Group Number: G000BZPL

GHI2021C-51 TX

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE(S)

If you have any questions about or concerns with this insurance, please first contact the Policyholder or your benefits administrator. If, after doing so, you still have a question or concern, you may contact us at:

United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-775-8805
www.mutualofomaha.com

When contacting us, please have your Policy number available.

IF YOU ARE NOT SATISFIED WITH YOUR CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS AFTER YOU RECEIVE IT, UNLESS A CLAIM HAS PREVIOUSLY BEEN RECEIVED BY US UNDER YOUR CERTIFICATE. WE WILL REFUND WITHIN 30 DAYS OF OUR RECEIPT OF THE RETURNED CERTIFICATE ANY PREMIUM THAT HAS BEEN PAID AND THE CERTIFICATE WILL THEN BE CONSIDERED TO HAVE NEVER BEEN ISSUED. YOU SHOULD BE AWARE THAT IF YOU ELECT TO RETURN THE CERTIFICATE FOR A REFUND OF PREMIUMS, LOSSES WHICH OTHERWISE WOULD HAVE BEEN COVERED UNDER YOUR CERTIFICATE WILL NOT BE COVERED.

HAVE A COMPLAINT OR NEED HELP?

If you have a problem with a claim or your premium, call your insurance company. If you can't work out the issue, The Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. It you don't, you may lose your right to appeal.

United of Omaha Life Insurance Company
To get information or file a complaint with your insurance company:

Call: United of Omaha Life Insurance Company
Toll-free: 1-833-279-4358
Email: www.mutualofomaha.com
Mail: United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175

The Texas Department of Insurance
To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439
File a complaint: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: Consumer Protection
MC: CO-CP
Texas Department of Insurance
P.O. Box 12030
Austin, TX 78711-2030

¿TIENE UNA QUEJA O NECESITA AYUDA?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

United of Omaha Life Insurance Company
Para obtener información o para presentar una queja ante su compañía de seguros:

Llame a: United of Omaha Life Insurance Company
Teléfono gratuito: 1-833-279-4358
Correo electrónico: www.mutualofomaha.com
Dirección postal: United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175

El Departamento de Seguros de Texas
Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439
Presente una queja en: www.tdi.texas.gov
Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: Consumer Protection
MC: CO-CP
Texas Department of Insurance
P.O. Box 12030
Austin, TX 78711-2030

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CERTIFICATE OF INSURANCE

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

United of Omaha Life Insurance Company certifies that Group Policy Number GUVH-BZPL (the Policy) has been issued to Killeen Independent School District (the Policyholder).

Insurance is provided for Employees of the Policyholder subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if you and your Dependents, if applicable, are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between United of Omaha Life Insurance Company and the Policyholder, and may be amended, changed or terminated without your consent or notice to you.

This Certificate replaces any certificate previously issued under the Policy.

The Policy is nonparticipating, therefore it will pay no dividends.

James T. Blackledge
Chief Executive Officer

Daryl Vanheat
Corporate Secretary

SCHEDULE

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate. The benefits described in this section are subject to all of the applicable definitions, limitations, conditions, exclusions and other provisions of the Policy.

CLASSES

All Eligible Employees

HOSPITAL INDEMNITY INSURANCE

You may elect insurance for yourself and your Dependents under this Certificate for one of the following coverage options:

a) yourself only;
b) you and your Spouse;
c) you and your Dependent children; or
d) you, your Spouse and your Dependent children.

Insurance under the Policy is only available if the total number of Employees insured under the Policy attains or remains above 5 Employees or 20% of the eligible Employees, whichever is greater. If the total number falls below the required level, insurance may be reduced, rescinded or terminated.

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 this 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

The benefits payable under this Certificate are as follows:

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	$75
Additional Benefits	Express Benefit	equal to 1 times the Hospital Confinement benefit
	Health Screening Benefit	$50

EVIDENCE OF INSURABILITY

Evidence of Insurability is not required for any amount of insurance under the Policy, unless otherwise stated in this Certificate.

EXCLUSIONS

Exclusions

We will not pay benefits if the Injury or Sickness:

a) 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);
b) results, whether an Insured Person is sane or insane, from:
    1. an intentionally self-inflicted Injury or Sickness; or
    2. attempted suicide;
c) results from an Insured Person's:
    1. voluntary use of illegal drugs;
    2. intentional taking of over the counter medication not in accordance with recommended dosage and warning instruction; or
    3. intentional misuse of prescription drugs;
d) results from an Insured Person being voluntarily Intoxicated;
e) 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;
f) results from an Insured Person's Participation in a Riot, commission of a felony, participation in illegal activities or participation in an illegal occupation;
g) occurs while an Insured Person is incarcerated or imprisoned;
h) results from an act of declared or undeclared war or armed aggression;
i) 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;
j) 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);
k) 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;
l) 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
m) 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:

a) dental procedures or surgeries;
b) initial confinement of a newborn Dependent child for routine well baby care, except as specifically provided in the DAILY NEWBORN NURSERY CARE CONFINEMENT provision;
c) elective abortions, or resulting complications;
d) artificial insemination, in vitro fertilization or test tube fertilization; or
e) 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.

BENEFITS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate. The benefits described in this section are subject to all of the applicable definitions, limitations, conditions, exclusions and other provisions of the Policy.

HOSPITAL ADMISSION AND CONFINEMENT BENEFITS

The Hospital Admission and Confinement benefits payable under this Certificate are as follows:

Hospital Admission and Confinement	Benefit
Hospital Admission	$1,000 per day
Daily Hospital Confinement	$100 per day
Intensive Care Unit (ICU) Admission	$2,000 per day
Daily Intensive Care Unit (ICU) Confinement	$200 per day
Daily Newborn Nursery Care Confinement	$75 per day

Limits

Hospital Admission and ICU Admission benefits under this provision are limited to a combined total of 2 days per Policy Year.

Hospital Confinement and ICU Confinement benefits under this provision are limited to a combined total of 30 days per Policy Year.

Newborn Nursery Care Confinement benefits under this provision are limited to 2 days per Policy Year.

We will reduce the amount payable for a Hospital Admission or Confinement benefit or an ICU Admission or Confinement benefit by the amount paid under the EXPRESS BENEFITS provision.

We will not pay a Hospital Admission or Confinement benefit or an ICU Admission or Confinement benefit for Treatment in an Emergency Room, Rehabilitation Facility, Skilled Nursing Facility, Hospice Care Facility, Birthing Center, Mental or Nervous Facility or Substance Abuse Facility or for Newborn Nursery Care Confinement, Outpatient Surgery or a stay of less than 18 hours in an Observation Unit or other observation area of a Hospital.

Hospital Admission Benefit

A benefit is payable for Hospital Admission if an Insured Person is admitted to a Hospital for an Injury or Sickness, subject to the following conditions:

a) only one Hospital Admission benefit is payable per period of Hospital Confinement, even if the admission is the result of more than one Injury or Sickness;
b) if a Hospital Admission benefit is payable for a day any other admission benefit is payable under the Policy, only the highest applicable benefit will be payable;
c) if an Insured Person is transferred to an ICU within 72 hours of Hospital Admission, the ICU Admission benefit will be payable instead of a Hospital Admission benefit;
d) if Hospital Admission is due to Treatment of an Injury, the Hospital Admission must begin within 180 days after the Accident;
e) if an Insured Person is admitted to the Hospital and is then transferred to another Hospital, an additional Hospital Admission benefit is not payable; and
f) the date of a subsequent Hospital Admission must be at least 30 days from the date of discharge from the Hospital.

Daily Hospital Confinement Benefit

A benefit is payable for each day of Hospital Confinement if an Insured Person is Hospital Confined for Treatment of an Injury or Sickness, subject to the following conditions:

a) only one Hospital Confinement benefit is payable per day, even if the confinement is the result of more than one Injury or Sickness;
b) a Hospital Confinement benefit is not payable for a day a Hospital Admission benefit is payable;
c) if a Hospital Confinement benefit is payable for a day any other confinement benefit is payable under the Policy, only the highest applicable benefit will be payable; and
d) if Hospital Confinement is due to Treatment of an Injury, the Hospital Confinement must begin within 180 days after the Accident.

Intensive Care Unit (ICU) Admission Benefit

A benefit is payable for ICU Admission if an Insured Person is admitted to an ICU for Treatment of an Injury or Sickness, subject to the following conditions:

a) only one ICU Admission benefit is payable per period of ICU Confinement, even if the admission is the result of more than one Injury or Sickness;
b) if an ICU Admission benefit is payable for a day any other admission benefit is payable under the Policy, only the highest applicable benefit will be payable;
c) if an ICU Admission is due to Treatment of an Injury, the ICU Admission must begin within 180 days after the Accident;
d) if an Insured Person is admitted to the Hospital and is then transferred to another Hospital, an additional ICU Admission benefit is not payable; and
e) the date of a subsequent Hospital Admission or ICU Admission must be at least 30 days from the date of discharge from the Hospital.

Daily Intensive Care Unit (ICU) Confinement Benefit

A benefit is payable for each day of ICU Confinement if an Insured Person is ICU Confined for Treatment of an Injury or Sickness, subject to the following conditions:

a) only one ICU Confinement benefit is payable per day, even if the confinement is the result of more than one Injury or Sickness;
b) an ICU Confinement benefit is not payable for a day an ICU Admission benefit is payable;
c) if an ICU Confinement benefit is payable for a day any other confinement benefit is payable under the Policy, only the highest applicable benefit will be payable.

Daily Newborn Nursery Care Confinement Benefit

A benefit is payable for each day of Newborn Nursery Care Confinement for your newborn Dependent child immediately after the birth of such child. This benefit is payable only during the newborn Dependent child's initial Hospital Confinement.

The Daily Newborn Nursery Care Confinement benefit is not payable if a newborn Dependent child is confined in a Hospital for Treatment of an Injury or Sickness. Instead, we will pay the higher of the Hospital Confinement benefit or the ICU Confinement benefit.

EXPRESS BENEFITS

We will pay a benefit amount equal to 1 times the Hospital Confinement benefit payable upon notification of an Insured Person's Hospital Admission or ICU Admission. The benefit can be paid in a very short time frame and based on minimal information (compared to a typical Hospital Admission or ICU Admission claim).

This benefit is payable once per Hospital Admission or ICU Admission for each Insured Person. This benefit is subject to all of the applicable definitions, limitations, exclusions and other provisions of the Policy.

HEALTH SCREENING BENEFITS

We will pay a health screening benefit of $50 per day for each Insured Person who has a Health Screening Test performed while insured under the Policy. This benefit is payable 1 time per Calendar Year for each Insured Person, for a combined maximum of 6 health screening benefits per Calendar Year for all Insured Persons.

We will not pay a health screening benefit for a screening, procedure or preventative test if benefits are paid or payable under another section of this Certificate.

ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

WHEN YOU BECOME ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)

If you complete the 30 day Eligibility Waiting Period on or before the Policy Effective Date, you become eligible for insurance on the Policy Effective Date.

If you are not eligible for insurance on the Policy Effective Date, or if you are hired after the Policy Effective Date, you become eligible for insurance on the day after you complete the 30 day Eligibility Waiting Period.

The day you become eligible for insurance may not be the same as the day insurance begins. The WHEN YOUR INSURANCE BEGINS provision describes the day insurance begins.

WHEN A DEPENDENT BECOMES ELIGIBLE FOR INSURANCE

Provided you elect insurance for you, your Dependents become eligible for insurance on the later of:

a) the day you become eligible for insurance; or
b) the day you acquire the Dependent.

If both you and your Spouse are eligible for and elect insurance as Employees:

a) neither you nor your Spouse may elect insurance as a Dependent of the other person; and
b) both you and your Spouse may elect insurance for your Dependent children.

The day a Dependent becomes eligible for insurance may not be the same as the day insurance begins. The WHEN YOUR DEPENDENT'S INSURANCE BEGINS provision describes the day when insurance begins.

WHEN YOUR INSURANCE BEGINS

You must enroll for any insurance requiring an election by submitting a Written Request for insurance. The Written Request must be submitted to the Policyholder no later than 31 days after the day you become eligible. If the Written Request for insurance is not submitted within the required time frame, you may not enroll until a Subsequent Enrollment Period if offered.

You become insured on the first day of the month that coincides with or follows the latest of the day:

a) you become eligible and are Actively Working; or
b) your Written Request is properly completed and signed, if required.

WHEN YOUR DEPENDENT'S INSURANCE BEGINS

You must enroll your Dependents for any insurance requiring an election by submitting a Written Request for insurance. The Written Request must be submitted to the Policyholder no later than 31 days after the day your Dependent becomes eligible. If the Written Request for insurance is not submitted within the required time frame you may not enroll your eligible Dependents until a Subsequent Enrollment Period if offered.

An eligible Dependent will become insured on the latest of the day:

a) you become insured, unless otherwise agreed to by our authorized representative in our home office;
b) you acquire the eligible Dependent; or
c) your Written Request to enroll the Dependent for insurance is properly completed and signed, if required.

Insurance for a Dependent child who became Incapacitated prior to reaching the age of 26 begins in accordance with the above terms, provided the child otherwise meets the definition of Dependent.

Insurance for a newborn Dependent child begins at the moment of live birth and continues for a period of no less than 31 days. Insurance for a newly adopted Dependent child or child you are a party to a suit in which you seek to adopt the child

begins with the date of placement into your custody, or at the moment of live birth if a written agreement to adopt the child was previously entered into by you and continues for a period of no less than 31 days, provided the child otherwise meets the definition of Dependent. If Dependent child insurance requires an election and Dependent child insurance for any other child is not already in effect, a written request for insurance for any newborn or newly adopted Dependent child must be submitted to the Policyholder within 31 days after the day the Dependent child becomes eligible in order to continue insurance beyond the initial 31-day period.

EXCEPTIONS TO WHEN YOUR INSURANCE BEGINS

If you are:

a) not Actively Working due to Injury or Sickness;
b) confined in a Hospital as an inpatient;
c) confined or assigned as a resident inpatient in any institution or facility other than a Hospital; or
d) confined at home and under the care or supervision of a Physician;

on the day insurance would otherwise begin, insurance will not take effect until the day after you are released by your Physician and you return to Active Work.

If you are not Actively Working when insurance would otherwise begin for reasons other than those listed above, insurance will not take effect until the day you return to Active Work.

EXCEPTIONS TO WHEN YOUR DEPENDENT'S INSURANCE BEGINS

If your Dependent is:

a) confined in a Hospital as an inpatient;
b) confined or assigned to a bed as a resident inpatient in any institution or facility other than a Hospital; or
c) confined at home and under the care or supervision of a Physician;

on the day insurance is to begin, insurance will not take effect until the day after your Dependent is no longer confined.

In addition, insurance for a Dependent who is unable to perform two or more Activities of Daily Living (ADLs), whether or not confined, will not take effect until the day your Dependent has performed all ADLs for at least 15 consecutive days. This exception does not apply to any Incapacitated Dependent child.

Insurance for a newborn Dependent child, regardless of confinement, will begin in accordance with the WHEN YOUR DEPENDENT'S INSURANCE BEGINS provision.

FIRST ENROLLMENT PERIOD

You may elect insurance for you and your Dependents during the First Enrollment Period.

If you do not elect insurance during your or any Dependent's First Enrollment Period, future elections may only be made in accordance with the SUBSEQUENT ENROLLMENT PERIODS provision, or as otherwise provided under the WHEN ELECTION CHANGES ARE PERMITTED provision.

SUBSEQUENT ENROLLMENT PERIODS

You may elect, drop, increase, decrease or change insurance for you and your Dependents during a Subsequent Enrollment Period.

WHEN ELECTION CHANGES ARE PERMITTED

You may elect, drop, increase, decrease or change insurance as allowed by the Policyholder.

Life Events

The Policyholder has chosen to provide these insurance benefits under a Section 125 cafeteria plan. A cafeteria plan permits you to elect to pay your share of the cost of insurance with pre-tax dollars and permits you to change your elections only

when specific life events occur, other than during a Subsequent Enrollment Period. You may make an election change by submitting a Written Request to the Policyholder within 31 days after the date of a life event.

Life events are described in the Policyholder's cafeteria plan. Contact the Policyholder for information regarding the election changes that are permissible under the Policyholder's cafeteria plan.

CHANGES TO INSURANCE BENEFITS

Any allowable change in the benefits, class or amount of insurance, whether requested by you or the Policyholder, or as a result of the terms of the Policy, will take effect on the first day of the month that follows the date of the request or the change, unless otherwise stated or allowed in the Policy.

If you are not Actively Working on the day any increase in insurance would otherwise take effect, the increase becomes effective the first day of the month that follows the day you return to Active Work.

REINSTATEMENT OF INSURANCE

You may be eligible to reinstate insurance that has ended in accordance with this provision. For any insurance requiring an election, you must submit a Written Request to reinstate insurance within 31 days of your return to Active Work. If insurance is reinstated for you, insurance may also be reinstated for any eligible Dependents.

Reinstated insurance will take effect on the first day of the month that coincides with or follows the date of the Written Request. If you are not Actively Working on the day the reinstated insurance would otherwise take effect, insurance becomes effective on the day you return to Active Work.

Non-Payment of Premium or Voluntary Termination of Insurance

If insurance ends because you do not pay premium or you voluntarily terminate insurance, you may not re-enroll for insurance until a Subsequent Enrollment Period is offered.

Involuntary Reduction in Hours

If insurance ends because you are no longer Actively Working due to an involuntary reduction of hours worked, insurance may be reinstated without satisfying another Eligibility Waiting Period if you return to Active Work within 90 days from the date insurance ended.

Rehired Employee Due to Layoff or Termination

If insurance ends because you are no longer Actively Working due to layoff or termination of employment with the Policyholder, insurance may be reinstated without satisfying another Eligibility Waiting Period if you are rehired and return to Active Work within 90 days from the date insurance ended. All other Policy provisions apply.

Rehired Employee Due to Leave of Absence

If insurance ends because you are no longer Actively Working due to an approved leave of absence, insurance may be reinstated within 90 days from the date insurance ended without satisfying another Eligibility Waiting Period upon return to Active Work. If insurance ends because you are no longer Actively Working due to military leave, insurance may be reinstated upon return to Active Work within 31 days of your discharge from active duty without satisfying another Eligibility Waiting Period. All other Policy provisions apply.

Transfer From Portability

If insurance is obtained under the PORTABILITY provision while you are not Actively Working, insurance may be reinstated without satisfying another Eligibility Waiting Period if you are rehired and return to Active Work. Any insurance provided through the PORTABILITY policy will terminate upon reinstatement of insurance as an Actively Working Employee.

WHEN INSURANCE ENDS

Insurance ends:

a) for all Insured Persons on the last day of the month in which you are no longer Actively Working;
b) the last day of the month in which a Dependent is no longer eligible for insurance under the Policy;

c) the last day of the month in which your eligible Dependent child reaches the age of 26;
d) for all Insured Persons on the last day of the month in which you reach the Attained Age of 80;
e) the last day of the month in which an Insured Person begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less), unless otherwise allowed in the Policy;
f) the day the Policy terminates; or
g) in accordance with the GRACE PERIOD provision.

If insurance under the Policy ends, it will not affect benefits otherwise payable for a claim incurred while an Insured Person was insured under the Policy.

EXCEPTIONS TO WHEN INSURANCE ENDS

If insurance for you and/or your Dependents would otherwise end, you and/or your Dependents may be able to continue insurance under one of the following provisions:
a) CONTINUATION OF INSURANCE FOR LAYOFF, LEAVE OR FURLOUGH
b) CONTINUATION OF INSURANCE FOR YOUR DEPENDENTS IN THE EVENT OF YOUR DEATH
c) PORTABILITY

CONTINUATION OF INSURANCE FOR LAYOFF, LEAVE OR FURLOUGH

If there is a conflict between this provision and any other provision of the Policy, this provision controls.

You may be able to continue insurance for you and your Dependents from the day you cease to be Actively Working in the event of:
a) a temporary involuntary layoff;
b) a temporary furlough; or
c) a leave of absence approved by the Policyholder due to any personal reason.

In addition, the federal Family Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances. Contact the Policyholder for additional information regarding any other continuation options that may be available.

Any insurance continued under this provision is subject to the following conditions:
a) insurance may not be continued beyond the earliest of:
    1. 12 weeks for your temporary involuntary layoff;
    2. 12 weeks for your temporary furlough;
    3. 12 weeks for your leave of absence due to any personal reason; or
    4. the time period allowed by FMLA, USERRA or applicable federal or state law that allows for continuation;
b) the amount of insurance for any Insured Person may not be increased while insurance is continued under this provision;
c) we receive verification of the approved layoff, leave or furlough from the Policyholder upon request; and
d) we continue to receive premium payment when due (premiums must be paid by you or on your behalf).

Insurance under this provision ends on the last day of the month which coincides with or follows the earliest of the day:
a) the time period in a) in the preceding paragraph has been satisfied;
b) your temporary involuntary layoff or furlough becomes permanent;
c) you return to Active Work;
d) you begin full-time employment with an employer other than the Policyholder; or
e) the Policy terminates.

Insurance under this provision also ends in accordance with the GRACE PERIOD provision.

If continued insurance under this provision ends and you have not returned to Active Work, you and your Dependents may be able to continue or obtain insurance under the PORTABILITY provision.

See the OPTIONS FOR PAYMENT OF PREMIUM FOR APPROVED CONTINUATION OF INSURANCE provision in the Premium Payments section of this Certificate for premium payment options.

CONTINUATION OF INSURANCE FOR YOUR DEPENDENTS IN THE EVENT OF YOUR DEATH

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When insurance under the Policy would otherwise end because of your death, your Dependents may be able to continue insurance under this provision, we continue to receive premium payment when due (premiums must be paid by your Dependents or on your Dependents behalf).

See the OPTIONS FOR PAYMENT OF PREMIUM FOR APPROVED CONTINUATION OF INSURANCE provision in the Premium Payments section of this Certificate for premium payment options.

Insurance under this provision will end on the earliest of the last day of the month which coincides with or follows the day:

a) that is 3 months from the date of your death; or
b) the Policy terminates.

Insurance under this provision will also end in accordance with the GRACE PERIOD provision.

If continued insurance under this provision ends your Dependents may be able to continue or obtain insurance under the PORTABILITY provision.

PORTABILITY

You have the right to continue receiving group hospital indemnity insurance under this provision if you have been insured under the Policy for at least 6 months and are under age 70 when insurance would otherwise end for any of the following reasons:

a) you cease to be Actively Working and are not eligible for insurance under any other continuation provision in this Certificate (if applicable);
b) your employment, membership or association with the Policyholder ends; or
c) the Policy terminates and the Policyholder does not obtain a replacement policy with another insurance carrier within 31 days.

In addition to the above reasons, your Spouse may be able to continue receiving group insurance, including insurance for each Dependent child, under this provision if you have been insured under the Policy for at least 6 months and your Spouse is under age 70 when insurance would otherwise end for any of the following reasons:

a) you enter active duty in the Armed Forces, National Guard or Reserves of any state or country for a period of more than 31 days;
b) divorce or legal separation of you and your Spouse; or
c) your death.

In the event your Spouse continues to receive insurance under this provision, each Dependent child may be insured under you or your Spouse, but not both.

If you are eligible for insurance under this provision and you are not eligible for insurance under any other continuation provision of the Policy (if applicable), you must continue insurance under this provision in order for your Dependents to be eligible.

If you continue to receive group insurance under this provision, you and your Dependents cannot continue insurance under any other continuation provision of the Policy (if applicable).

Notice of the Right to Continue Group Insurance Under this Provision

The portability period is the period of time that is 60 days from the date insurance would otherwise end (Portability Period). When insurance would otherwise end, notice of the right to continue insurance under this provision may be given. If notice is not given at least 15 days after the start of the Portability Period, an extension of the period of time to request continued insurance under this provision will be allowed. Any extension of the Portability Period will expire on the earlier of:

a) 15 days after notice has been received; or

b) 60 days after the end of the Portability Period, even if notice is not received.

How to Continue Group Insurance Under this Provision

You or your Spouse must submit a Written Request for insurance under this provision. The Written Request and the initial premium due must be submitted within the Portability Period.

The Group Hospital Indemnity Insurance Portability Policy

The insurance continued under this provision is available under another group hospital indemnity insurance policy (the "Portability Policy") issued by us, as available at the time insurance under this provision is requested. If you or your Spouse become insured under the Portability Policy, you or your Spouse will receive a certificate of insurance that describes the terms and conditions of insurance under the Portability Policy.

The Portability Policy may not provide all the same benefits or have all the same terms and conditions that are included in the Policy. In addition, the premium rates charged for insurance under the Portability Policy may not be the same as the premium rates charged for insurance under the Policy. The benefits and premium rates of our Portability Policy are described on our portability request form. You may contact the Policyholder or us to obtain our portability request form.

The continued group insurance under the Portability Policy is available as a result of portability rights that arise solely from the Policy, as arranged for you as an employee welfare benefit subject to the Employee Retirement Income Security Act of 1974, as amended.

EXTENSION OF BENEFITS

This provision does not apply if the Policyholder obtains a replacement policy with another insurance carrier providing the same level or substantially similar level of benefits.

If an Insured Person is Totally Disabled or Hospital Confined due to Injury or Sickness on the date the Policy terminates, benefits under the Policy will continue to payable until the earliest of:

a) the date the Insured Person is no longer Totally Disabled or Hospital Confined;
b) the date the applicable benefit limit payable has been reached; or
c) 90 days from the date the Policy terminates.

PREMIUM PAYMENTS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

PAYMENT OF PREMIUM THROUGH PAYROLL DEDUCTION

You are responsible for the payment of premium for insurance under the Policy. The premium owed by you equals the total premium for all Insured Persons.

Premium is automatically deducted from your pay by the Policyholder, then remitted to us, as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your deductions.

Payment of premium does not guarantee eligibility for coverage.

OPTIONS FOR PAYMENT OF PREMIUM FOR APPROVED CONTINUATION OF INSURANCE

When insurance is continued we must receive premium payment when due for insurance to remain effective, unless otherwise stated or allowed in the Policy. Premium payment may be made in the following ways:

a) the Policyholder may pay the premium; or
b) you may pay premium to the Policyholder who will then submit premium to us.

Contact the Policyholder to determine which option is available to you.

Payment of premium does not guarantee eligibility for coverage.

GRACE PERIOD

There is a grace period of 45 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 45-day period that follows. We will consider premium to be paid on the date we receive it.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

PREMIUM AND PREMIUM CHANGES

The premium for insurance under the Policy is a monthly rate for each coverage option shown in the Schedule section of this Certificate that applies to you and your Dependents.

If you request a change in your plan type (as shown in the Schedule section of this Certificate) or 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.

If there is a change in the amount of the premium for insurance for any Insured Person in accordance with the terms of the Policy, or a change in the plan type (as shown in the Schedule section of this Certificate) or amount of insurance for any Insured Person as the result of a request of the Policyholder, 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.

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

CLAIMS PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

CLAIM FORMS

Before benefits are considered, we must be given written proof of claim. A claim form can be requested from the Plan Administrator, from us or obtained on our website. If we do not provide a claim form within 15 days of the request, written proof of claim may be submitted that includes the nature, date, cause and extent of the for which the claim is made and be considered to have satisfied the proof of loss requirements.

PROOF OF LOSS

Written proof of claim must be given to us within 90 days from the date of loss. If it is not reasonably possible to give us proof within the required time, we will not reduce or deny a claim for this reason if the proof is supplied as soon as reasonably possible.

We may require supporting information which may include, but is not limited to, clinical records, charts, x-rays, and other diagnostic aids.

INDEPENDENT EXAMINATION AND AUTOPSY

We may require an Insured Person to be examined by a Physician as we direct to assist in determining whether benefits are payable. You may not impose any conditions on an examination such as pre-approval of the examiner, attendance of a third party or audio/video recording of the examination.

We will pay for these examinations. We will not require more than a reasonable number of examinations. Where not prohibited by law, we may also require an autopsy. We will pay for this autopsy.

HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form to:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-775-8805

CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-775-8805

PAYMENT OF CLAIMS

Benefits will be paid immediately after we receive acceptable written proof of claim and any other required supporting information, but not later than 60 days after receipt of such notice or supporting information.

Unless you have assigned this insurance, benefits for any Insured Person will be paid to you, except benefits unpaid at your death or payable due to your death will be paid to:

a) your designated beneficiary(ies); if none, then to
b) your surviving Spouse; if none, then to
c) your surviving natural and/or adopted children, in equal shares; if none, then to
d) your surviving parents, in equal shares; if none, then to
e) your estate.

Any benefits paid to a minor may be paid to the legally appointed guardian of the minor. Any benefits paid by us in good faith will discharge our liability to the extent of the benefits payment.

Payment to Texas Health and Human Services Commission

We are required to pay benefits to the Texas Health and Human Services Commission on behalf of a Dependent child if:

a) you are required to pay child support by a court order or court-approved agreement, and:
   1. you are a possessory conservator of the child under a court order issued in Texas; or
   2. you are not entitled to possession of or access to the child;
b) the Texas Health and Human Services Commission is paying benefits on behalf of the child under Chapter 31 or 32 of the Texas Human Resources Code; and
c) we receive written notice at time of claim that specifies the benefits must be paid directly to the Texas Health and Human Services Commission.

Payment to Conservator of a Dependent Child

We may pay benefits on behalf of a Dependent child to someone other than you if a court order has been issued in Texas or any other state naming such person as the possessory or managing conservator of the child. At the time of claim, the conservator must submit to us:

a) you a completed claim form;
b) written notice naming the conservator; and
c) a certified copy of the administrative or court order or other evidence allowed by rule of the State Department of Insurance designating such person as the conservator of the Dependent child.

CLAIM REVIEW AND APPEAL PROCESS

Claim Review

We will notify the claimant in writing of our decision to either approve or deny a claim within 45 days of the date a claim is received by us.

If we deny a claim in whole or in part, we will explain the reasons for our denial in our notice. If the claimant disagrees with the reasons given, the claimant, or authorized representative of such person, may ask that we reconsider the claim through the appeal process.

Appeal Process

To appeal a denied claim, the claimant must notify us and ask that we reconsider our original benefit decision within 60 days after receiving notice of our denial of a claim.

The claimant's appeal request must be submitted to us in writing or electronically and should state the reasons the claimant believes the claim denial was incorrect. Any additional information, documents or other materials that might allow us to change our original decision should also be included. Appeal requests must be sent to us at our Omaha, Nebraska address shown in the CLAIMS ASSISTANCE provision.

We will notify the claimant in writing of our final claim decision within 60 days after receiving an appeal request.

If we need more time due to circumstances beyond our control, we will inform the claimant of our need for an extension prior to the end of this time frame.

Notice

If the administration of the Policy is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the claimant may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of a claim or to ask questions about the claimant's rights under ERISA.

BENEFICIARY DESIGNATION

In the event of your death, a beneficiary should be designated. Beneficiary records will be kept by the Policyholder, Plan Administrator or the office where beneficiary records for the Policy are kept. The most current beneficiary designation in effect under a Prior Plan will be accepted as a beneficiary designation under the Policy.

Certain states are community property states. If you live in a community property state and you designate someone other than your Spouse as a beneficiary, state law may require that your Spouse consent to such designation. If you do not obtain your Spouse's consent to the designation, then such designation may not be effective. Community property states as of the Policy Effective Date include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Your beneficiary may be changed at any time by you or your assignee (if you have assigned this insurance). To make a change, a Written Request should be provided to the Policyholder, Plan Administrator or to the office where beneficiary records for the Policy are kept. When received by the Policyholder, the change will take effect as of the date the Written Request is signed. The change will not apply to any payments or other action taken by us before the Written Request was communicated to us by the Policyholder.

RIGHT OF ASSIGNMENT

The rights provided to you under the Policy for insurance are owned by you, unless you have previously assigned these rights to someone else, or you assign your rights to an assignee. You should consult with a legal counsel prior to making an assignment.

We will recognize an assignee as the owner of the rights assigned only when:

a) the assignment is in writing and acceptable to us; and
b) a signed or certified copy of the assignment has been received and approved by us.

The assignment will not apply to any payments or other action taken by us before the assignment was received and recorded in our home office. We are not responsible for any legal, tax or other implications of any assignment.

FACILITY OF PAYMENT

In the event benefits under the Policy become payable to you or any person who is not legally competent to claim or receive benefits, a minor, or your estate, we may pay an amount of up to $250 to any of the following:

a) a person related to you by blood or marriage;
b) a person or entity that has incurred expenses related to your last illness or death;
c) the person who has assumed the care and support of you or any beneficiary; or
d) a personal or legal representative of your estate.

MODE OF PAYMENT

Benefits for each claim will be paid by us in one lump sum, unless otherwise indicated in any benefit provision in this Certificate.

REFUND TO US

If it is found that we paid more benefits than we should have paid under the Policy, we will have the right to a refund from you or the recipient of benefits.

We also have a right to a refund for any payments due to:

a) fraud or misrepresentation;
b) any error we make in processing a claim;
c) you or your agent’s failure to provide complete information; or
d) an Insured Person not being eligible for coverage.

You or the recipient of benefits must reimburse us in full. We will determine the method the repayment is to be made, including without limitation, reducing or withholding any benefits payable to your, your survivors or your estate under this or any other group insurance policy issued by us. We will credit any such payments to the refund until the refund is fully recovered.

If it is found that we paid less benefits than we should have paid under the Policy, we will make additional payments, as necessary.

STANDARD PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

INSURANCE CONTRACT

The insurance contract consists of:

a) the Policy (which includes this Certificate);
b) the Policyholder's signed application attached to the Policy; and
c) any signed application for you or your Dependents (if applicable).

CHANGES IN THE INSURANCE CONTRACT

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

a) does not require the consent of any Insured Person or beneficiary; and
b) must be:
    1. in writing;
    2. made a part of the Policy; and
    3. signed by our authorized representative in our home office.

A change may affect any class of Insured Persons included in the Policy.

INCONTESTABILITY

We will not contest this Policy after it has been in force for two years during an Insured Person's lifetime, except for nonpayment of premium.

In the absence of fraud, statements in an application are considered representations and not warranties. We will not use any statements in an Insured Person's application to deny a claim or to contest the validity of this insurance unless we provide you, your beneficiary or legal representative with a copy of that application.

LEGAL ACTIONS

No legal action can be brought prior to the expiration of 60 days after we have been given written proof of loss. No legal action can be brought more than three years after the date written proof of loss is required, unless otherwise required by state law in your state of residence.

CONFORMITY WITH STATE AND FEDERAL LAW

Any provision of the Policy which, on its effective date, is in conflict with the law of the federal government or the state in which an Insured Person resides on such date is hereby amended to conform to the minimum requirements of such law.

DEFINITIONS

The defined terms used in this Certificate and Policy are shown in this section. With the exception of *our, we, us, you* and *your*, we have capitalized these terms wherever they appear to make them easier for you to find.

The definitions set forth below apply to both the singular and plural versions of the defined term.

Accident means an external, sudden, unexpected and unintended event resulting in one or more Injuries that occurs while insurance is in effect for an Insured Person. Accident does include bacterial infection that is the natural and foreseeable result of an accidental Injury or accidental food poisoning.

Actively Working, *Active Work* means you are:

a) performing the normal duties of your job for the Policyholder on a regular and continuous basis 17.5 or more hours each week; and
b) receiving compensation from the Policyholder for work performed for the Policyholder.

You will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided you were actively working on the last preceding regular work day.

Activities of Daily Living means the basic activities of daily living consisting of the following self-care tasks:

a) personal hygiene (bathing, grooming, shaving and oral care);
b) dressing and undressing (putting on and taking off all items of clothing and any necessary braces or artificial limbs);
c) eating (the ability to feed one's self);
d) transferring (from bed to chair, and back; from sitting to standing, and back);
e) continence (controlling bladder and bowel function); and
f) toileting (the ability to use a restroom).

Ambulatory Surgery Center healthcare facility, outpatient surgery center or same day surgery center providing ambulatory (outpatient) surgical treatment, other than a Hospital, Emergency Room, Urgent Care or Physician's office or clinic.

Attained Age means the age of the Insured Person as of the Policy Anniversary that coincides with or follows the Insured Person's birthday. For example, if an Insured Person's 50th birthday is on December 1, 2024 and the Policy Anniversary is September 1, the Insured Person will reach the attained age of 50 on September 1, 2025.

Birthing Center means an appropriately licensed facility specializing in Treatment of expectant mothers with low-risk pregnancies, labor and childbirth. A birthing center may be a free-standing healthcare facility, separate from a Hospital, or may be a unit within a Hospital if the unit is specifically designated as a birthing center separate and apart from the beds and wards customarily used for patient Hospital Confinement. Treatment is supervised by a Physician or licensed Nurse Midwife, who may also be assisted by a Doula.

Calendar Year means the 12-month period beginning on January 1 of each year and ending on December 31 of the same year.

Cardiac Intensive Care Unit (CICU) means a specifically designated area of a Hospital that provides specialized cardiovascular and coronary Treatment to patients who are critically ill or injured requiring intensive, constant observation and care. Treatment must be provided 24 hours per day, 7 days a week by a Physician or Medical Professional. A CICU must be specifically designated as an CICU and be separate and apart from beds and wards customarily used for Hospital Confinement or ICU Confinement. An CICU does not include private monitored rooms, surgical recovery rooms, an Observation Unit or Step-Down Unit.

Certificate means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

Claimant means the person who submits a claim for benefits for any Insured Person, including the authorized representative of such person.

Dependent means:

a) your Spouse;
b) your natural born or legally adopted or foster child, or child you are a party to a suit in which you seek to adopt the child;

c) your stepchild or your dependent grandchild;
d) a child that you or your Spouse are required to provide insurance for under the terms of a decree, judgment or order issued by a court of competent jurisdiction; or
e) any other child in a regular parent/child relationship with you and who qualifies as your dependent as defined in the United States Internal Revenue Code.

A dependent does not include:
a) anyone insured under the Policy as an Employee;
b) anyone who is a member of the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary duty of 31 days or less);
c) your divorced, legally separated or former Spouse;
d) your Spouse after you reach the Attained Age of 80;
e) a child who has reached the age of 26 unless the child is Incapacitated;
f) an unborn or stillborn child;
g) your child if the child has been legally adopted by another person; or
h) a child placed in your home by a social service agency which retains control over the child.

Doula means a person who is a trained companion employed to provide mental, physical, and emotional guidance and support to an expectant mother during and after childbirth. The doula must be acting within the scope of his/her training. A doula does not include the Insured Person or a member of the Insured Person's Family.

Eligibility Waiting Period means a continuous period of Active Work that you must satisfy before becoming eligible for insurance as described in the WHEN YOU BECOME ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD) provision.

Emergency Room means a specified area within a Hospital or a free-standing emergency facility that is designated for the emergency Treatment of Injury or Sickness. The emergency room or facility must:
a) be staffed and equipped to handle trauma;
b) be under the direct supervision of a Physician;
c) provide Treatment by Physicians or Medical Professionals; and
d) provide Treatment 7 days per week, 24 hours per day.

An Urgent Care Center is not an emergency room.

Employee means a person who is:
a) a citizen or permanent resident of the United States; or
b) lawfully and legally able to work in the United States pursuant to applicable federal and state laws; and
c) receiving compensation from the Policyholder for work performed for the Policyholder at:
    1. the Policyholder's usual place of business;
    2. an alternative work site at the direction of the Policyholder; or
    3. a location to which the employee must travel to perform the job.

An employee does not include a person:
a) who resides outside the United States for a period in excess of 12 consecutive months unless written approval has been received from our authorized representative in our home office;
b) working for the Policyholder on a seasonal or temporary basis; or
c) performing services for the Policyholder as an independent contractor, including persons for whom income is reported on a 1099 form or subject to the terms of a leasing agreement between the Policyholder and a leasing organization.

Evidence of Insurability means proof of good health acceptable to us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by us.

Family means Spouse, former Spouse, children, parents, grandparents, grandchildren, brothers, sisters and the spouses (or domestic partners, civil union partners or equivalent) of such individuals.

First Enrollment Period means the 31 day period following the day you or your Dependents become eligible for insurance under the Policy or any Prior Plan.

Health Screening Test includes, but is not limited to, the following health screenings or preventative tests administered by a Physician or Medical Professional to detect diseases or conditions in an Insured Person or to evaluate an Insured Person's overall health:

a) abdominal aortic aneurysm screenings;
b) angiogram/angiography (arteriogram);
c) annual/routine dental, health, hearing, physical, sports physical, vision and/or well women exams;
d) basic and/or comprehensive metabolic screening;
e) body mass index (BMI) assessment and health assessment;
f) bone density screening;
g) cancer preventative care and health screenings such as physical exams and testing, blood chemistry profiles, imaging studies, and/or biopsies;
h) carotid doppler ultrasounds, magnetic resonance angiography and computed tomography;
i) vascular ultrasounds;
j) lower extremity arterial ultrasounds;
k) chest x-ray;
l) child and adolescent age-appropriate history, measurement, sensory screenings, developmental/behavioral screenings, physical exams and procedures, oral health, anticipatory guidance and/or immunizations and vaccinations;
m) diabetes health screenings;
n) domestic violence health screening;
o) echocardiogram (ECHO) and/or electrocardiogram (EKG/ECG/cardiac event/Holter monitoring);
p) exercise, pharmacologic (nuclear) and/or radiological stress test;
q) genetic testing;
r) hepatitis B and C screening;
s) immunizations and vaccinations for adults;
t) lipoprotein profile (HDL, LDL and triglycerides);
u) mental health consultation/evaluation for depression and anxiety;
v) neurological health screening;
w) neurological imaging studies and health screenings (CT, MRI, PET, SPET, EEG, EMG, ENG, myelography, thermography, ultrasounds, spinal/lumbar puncture and X-ray);
x) polysomnogram (PSG);
y) prenatal/perinatal care health screenings, ultrasounds, monitoring, tests and/or vaccines;
z) sexually transmitted diseases or blood borne infection screening; and
aa) substance induced related mental health screening.

Hospice Care means specialized Treatment and emotional support for an Insured Person who is diagnosed with a Terminal Condition, focusing on comfort and quality of life rather than a cure.

Hospice Care Facility means an appropriately licensed facility that provides Hospice Care on an inpatient basis 24 hours per day, 7 days a week by appropriately trained staff who are supervised by a Physician or Medical Professional. A hospice care facility may be a unit within a Hospital if the unit is specifically designated for Hospice Care and is separate and apart from the beds and wards customarily used for patient Hospital Confinement. A hospice care facility does not include:

a) a Rehabilitation Facility;
b) a Skilled Nursing Facility;
c) a Substance Abuse Facility;
d) a Mental and Nervous Facility;
e) a rest home or home for the aged;
f) an assisted living facility;
g) a nursing home; or
h) an extended care facility.

Hospital means a facility that is accredited, approved, certified or licensed as a general hospital by the proper authority of the state in which it is located to provide Treatment for the condition causing confinement. A hospital does not include a facility or institution or part thereof which is licensed or used principally as:

a) a Mental and Nervous Facility;
b) a Substance Abuse Facility;
c) a clinic;
d) a convalescent home;
e) a rest home or home for the aged;
f) a nursing home;
g) a halfway house; or

h) a board and care facility.

Hospital Admission, Admitted means the first day of Hospital Confinement.

Hospital Confined, Confinement means the assignment to a bed as a resident inpatient on the advice of or as prescribed by a Physician with a charge for room and board in a:
a) Hospital;
b) Intensive Care Unit (ICU);
c) Step-Down Unit; or
d) Observation Unit (or other observation area of a Hospital) for a period of at least 18 consecutive hours.

Charge for room and board does not apply to confinement in a Veteran's Administration Hospital or other federal government operated Hospital.

Incapacitated means that a Dependent child is continuously incapable of self-sustaining employment by reason of intellectual disability, developmental disability, mental illness or physical disability.

Injury, Injuries means bodily harm that:
a) is a direct result of an Accident requiring treatment by a Physician;
b) is independent of bodily infirmity, Sickness or medical or surgical treatment and all other causes; and
c) occurs while insurance is in effect for an Insured Person.

Insured Persons means your and/or your Dependents who are insured under the Policy.

Intensive Care Unit (ICU) means a specifically designated area of a Hospital that provides the highest level of medical Treatment to patients who are critically ill or injured requiring intensive, constant observation and care. Treatment must be provided 24 hours per day, 7 days a week by a Physician or Medical Professional. An ICU must be specifically designated as an ICU and be separate and apart from beds and wards customarily used for Hospital Confinement. An ICU includes, but is not limited to, a Cardiac Intensive Care Unit (CICU), Neonatal Intensive Care Unit (NICU) or Pediatric Intensive Care Unit (PICU). An ICU does not include private monitored rooms, surgical recovery rooms, an Observation Unit or Step-Down Unit.

Intensive Care Unit (ICU) Admission means the first day of ICU Confinement.

Intensive Care Unit (ICU) Confined, Confinement means the assignment to a bed as a resident inpatient on the advice of or as prescribed by a Physician with a charge for room and board in an ICU.

Intoxicated means having a blood alcohol or drug level, at the time of the Accident, which equals or exceeds the legal limit for operating a motor vehicle as defined by the laws of the state where the Accident occurs.

Medical Professional means a person who is duly licensed to provide Treatment, such as a physician's assistant (PA), nurse practitioner (NP/APRN) or registered nurse (RN). The medical professional must be acting within the scope of his/her license. A medical professional does not include the Insured Person the Insured Person's Family Member.

Mental and Nervous Disorder means any condition, disease or disorder, regardless of its cause, listed in the most recent edition of the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a mental or nervous disorder, where improvement can be reasonably expected with therapy. Not included in this definition are conditions, diseases or disorders related to Substance Abuse.

Mental and Nervous Facility means an appropriately licensed facility that specializes in psychiatric Treatment for Mental and Nervous Disorders on an inpatient basis 24 hours per day, 7 days a week by appropriately trained staff who are supervised by a Physician or Medical Professional. A mental and nervous facility may be a unit within a Hospital if the unit is specifically designated for Mental and Nervous Disorders and is separate and apart from the beds and wards customarily used for patient Hospital Confinement. A mental and nervous facility does not include:
a) a Hospice Care Facility;
b) a Substance Abuse Facility;
c) a Rehabilitation Facility;
d) a Skilled Nursing Facility;
e) a rest home or home for the aged;
f) an assisted living facility;

g) a nursing home; or
h) an extended care facility.

Neonatal Intensive Care Unit (NICU) means a specifically designated area of a Hospital that provides the highest level of Treatment to newborn infants who are premature, critically ill or injured requiring intensive, constant observation and care. Treatment must be provided 24 hours per day, 7 days a week by a Physician or Medical Professional. A NICU must be specifically designated as a NICU and be separate and apart from beds and wards customarily used for Hospital Confinement. An NICU does not include private monitored rooms, surgical recovery rooms, an Observation Unit or Step-Down Unit.

Newborn Nursery Care Confined, Confinement means routine well baby care provided in a Hospital to a newborn Dependent child immediately after the birth of such child.

Nurse Midwife means a person who is trained in both nursing and midwifery and is certified by the American College of Nurse-Midwives (ACNM) to practice midwifery. The nurse midwife must be acting within the scope of his/her license. A nurse midwife does not include the Insured Person or a member of the Insured Person's Family.

Observation Unit means a specified area within a Hospital, apart from an Emergency Room, where a patient can be monitored. This area must:
a) be under the direct supervision of a Physician;
b) provide Treatment by Physicians or Medical Professionals; and
c) provide Treatment 7 days per week, 24 hours per day.

Our, We, Us means United of Omaha Life Insurance Company.

Outpatient Surgery means a surgical procedure performed by a Physician in a Hospital or Ambulatory Surgery Center (ASC) for which there is no charge for room/and or board. Outpatient surgery involves an incision of the Insured Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.

Participation in a Riot means actively participating in a tumultuous disturbance of the peace by three or more persons assembling together of their own authority with intent to mutually assist one another in an illegal or legal act.

Pediatric Intensive Care Unit (PICU) means a specifically designated area of a Hospital that provides the highest level of medical Treatment to children who are critically ill or injured requiring intensive, constant observation and care. Treatment must be provided 24 hours per day, 7 days a week by a Physician or Medical Professional. A PICU must be specifically designated as a PICU and be separate and apart from beds and wards customarily used for Hospital Confinement. An PICU does not include private monitored rooms, surgical recovery rooms, an Observation Unit or Step-Down Unit.

Physician means a legally qualified medical doctor licensed to practice medicine, prescribe drugs, perform surgery, or any other licensed healthcare provider who is deemed to be the same as a legally qualified medical doctor. The physician must be acting within the scope of his/her license. A physician does not include the Insured Person or a member of the Insured Person's Family.

Plan Administrator means the person or entity designated as the plan administrator for the Policyholder's group hospital indemnity insurance plan.

Policy means the group policy issued to the Policyholder by us, including this Certificate.

Policyholder means Killeen Independent School District.

Policy Anniversary means September 1 of each Policy Year.

Policy Effective Date means September 1, 2024.

Policy Year means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

Pregnancy Complications means any condition, whether or not a pregnancy is terminated, whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy. Pregnancy complications include:
a) acute nephritis;

b) anemia of pregnancy;
c) cardiac decompensation;
d) ectopic pregnancy that is surgically terminated;
e) hyperemesis gravidarum;
f) incompetent cervix;
g) missed abortion;
h) nephrosis;
i) non-elective caesarean section;
j) Physician prescribed rest during pregnancy that requires confinement in a Hospital;
k) placenta previa;
l) pre-eclampsia or eclampsia;
m) pre-term premature rupture of membranes (PPROM);
n) puerperal infection;
o) spontaneous termination of pregnancy that occurs during a period of gestation when a viable birth is not possible; or
p) any other similar conditions of comparable severity.

Pregnancy complications does not include:
a) advanced maternal age;
b) back pain;
c) elective caesarean section unrelated to a diagnosed pregnancy complication;
d) false labor;
e) morning sickness;
f) multiple gestation pregnancy;
g) occasional spotting;
h) Physician prescribed rest during pregnancy that does not require confinement in a Hospital;
i) postpartum depression;
j) pre-term contractions;
k) any similar conditions associated with a difficult pregnancy but not considered a classifiable, distinct pregnancy complication; or
l) any other condition associated with pregnancy but has not been diagnosed by a Physician as a pregnancy complication as defined.

Prior Plan means any similar insurance policy:
a) replaced by insurance under part or all of the Policy; and
b) in effect and maintained, or sponsored by or available through the Policyholder on the day before the Policy Effective Date.

Rehabilitation Care Services means coordinated multidisciplinary physical restorative services (the combined use of medical, social, educational and vocational services) to enable Insured Person who is disabled by an Injury or Sickness to achieve the highest possible functional ability. Services are provided by or under the supervision of Physicians or Medical Professionals experienced in rehabilitative medicine.

Rehabilitation Facility means an appropriately licensed facility that provides Rehabilitation Care Services on an inpatient basis. A rehabilitation facility may be a unit within a Hospital if the unit is specifically designated for Rehabilitation Care Services and is separate and apart from the beds and wards customarily used for patient Hospital Confinement. A rehabilitation facility does not include:
a) a Hospice Care Facility;
b) a Substance Abuse Facility;
c) a Mental and Nervous Facility;
d) a Skilled Nursing Facility;
e) a rest home or home for the aged;
f) an assisted living facility;
g) a nursing home; or
h) an extended care facility.

A rehabilitation facility also does not include a nursing home or an extended care facility unless the Insured Person is receiving Rehabilitation Care Services at such home or facility.

Routine Pregnancy and Childbirth means a normal pregnancy without Pregnancy Complications that results in a vaginal or elective Cesarean section delivery of a child or children.

Sickness means a physical or mental disease, illness, infection, disorder or condition that requires treatment by a Physician after the Policy Effective Date and while insurance is in effect for an Insured Person. This definition includes Routine Pregnancy and Childbirth and Pregnancy Complications. Sickness does not include routine newborn nursery care or well-baby care.

Skilled Nursing Facility means an appropriately licensed facility that provides nursing Treatment 24 hours per day, 7 days a week by appropriately trained staff who are supervised by a Physician or Medical Professional. A skilled nursing facility may be a unit within a Hospital if the unit is specifically designated for skilled nursing Treatment and is separate and apart from the beds and wards customarily used for patient Hospital Confinement. A skilled nursing facility does not include:

a) a Hospice Care Facility;
b) a Substance Abuse Facility;
c) a Mental and Nervous Facility;
d) a Rehabilitation Facility;
e) a rest home or home for the aged;
f) an assisted living facility;
g) a nursing home; or
h) an extended care facility.

Spouse means the person to whom you are legally married.

Step-Down Unit means a specifically designated part of a Hospital that provides a level of Treatment below intensive care, but above a regular private or semi-private Hospital room or ward. Treatment must be provided 24 hours per day, 7 days a week by appropriately trained staff supervised by a Physician or Medical Professional. A step-down unit may include a progressive care unit, an intermediate care unit, or a sub-acute intensive care unit within a Hospital if the unit is specifically designated for step-down care and is separate and apart from the beds and wards customarily used for patient Hospital Confinement.

Subsequent Enrollment Period means any period of up to 31 consecutive calendar days designated for enrollment under the Policy by the Policyholder and agreed to in writing by Our authorized representative in Our home office.

Substance Abuse means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases or Controlled Substances Act as an alcohol or drug related condition or disease.

Substance Abuse Facility means an appropriately licensed facility that specializes in habilitation, rehabilitation, Treatment and related services for Substance Abuse on an inpatient basis 24 hours per day, 7 days a week by appropriately trained staff who are supervised by a Physician or Medical Professional. A substance abuse facility may be a unit within a Hospital if the unit is specifically designated for Substance Abuse and is separate and apart from the beds and wards customarily used for patient Hospital Confinement. A substance abuse facility does not include:

a) a Hospice Care Facility;
b) a Mental and Nervous Facility;
c) a Rehabilitation Facility;
d) a Skilled Nursing Facility;
e) a rest home or home for the aged;
f) an assisted living facility;
g) a nursing home; or
h) an extended care facility.

Total Disability, Totally Disabled means that because of Injury or Sickness you are unable to perform all the substantial and material duties of your occupation and any other gainful occupation that you earn substantially the same compensation before becoming totally disabled.

Traveling on Business of the Policyholder means any trip made by you on assignment by or with authorization of the Policyholder for the purpose of furthering the business of the Policyholder. If this trip is made on a private aircraft, then the aircraft must:

a) have a current and valid Federal Aviation Administration of the United States (FAA) standard airworthiness certificate; and
b) be operated by a person holding a current and valid FAA pilot's certificate authorizing such person to operate the aircraft.

Treatment means medical advice, consultation, care or services (including diagnostic measures) received by an Insured Person, or the use of drugs or medicines by an Insured Person.

Urgent Care means a licensed, free-standing healthcare walk-in facility providing immediate, short-term medical Treatment without an appointment, other than a Hospital, Emergency Room, Physician's office or clinic. The urgent care facility must be under the direct supervision of a Physician and provide Treatment by Physicians or Medical Professionals.

Written Request means a request that is signed, dated and submitted to the Policyholder or us. The request must be on a form we supply or be in a form and content acceptable to us.

You, Your, Yourself means the Employee who may be eligible or insured under the Policy.

Group Voluntary Hospital Indemnity Benefits

Killeen Independent School District

Group Number: G000BZPL

United of Omaha Life Insurance Company

Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175