



CALCASIEU PARISH SCHOOLS

SCHEDULE OF INSURANCE

Coverage: Supplemental Accidental Death and Dismemberment Insurance Supplemental Dependents' Accidental Death and Dismemberment Insurance.

Cost of Coverage: Employee Paid

Eligible Class(es) For Coverage: All Full-Time Active Employees who are citizens or legal residents of the United States, its territories and protectorates, excluding temporary, leased or seasonal employees. Full-time Employees: at least 30 hours weekly.

Annual Enrollment Period: As determined by Your Employer on a yearly basis.

Eligibility Waiting Period for Coverage: The first day of the month coinciding with or next following 1 month(s) of employment

Policy Age Limit: You: None
Spouse: 70

Accidental Death and Dismemberment Benefit (AD&D) **Supplemental AD&D Principal Sum**

Principal Sum

The Principal Sum applicable to You is the amount for which:

- a) You are eligible to request as determined below;
- b) You have given us a Written Request; and
- c) the required premium is paid.

Principal Sum Amount:

Minimum Amount: \$10,000
Maximum Amount: \$250,000
Increments of: \$10,000

Rate: Employee-\$.034 per \$1,000 of covered benefit , Family-\$.050 per \$1,000 of covered benefit

For amounts above \$150,000, the Principal Sum requested cannot exceed the lesser of 10 times Your Earnings or the maximum above.

Accidental Death and Dismemberment Reduction on and after Age 70: We will reduce Your Principal Sum on the Premium Due Date on or next following the date You attain ages 70, 75, 80 and 85. The reduced amount will be determined by multiplying the Principal Sum shown by the percentage shown below for Your attained age:

Your Age	Percentage of Principal Sum
Age 70 – 74	65%
Age 75 – 79	45%
Age 80 – 84	30%
Age 85 or over	15%

These reductions also apply if:
 1) You become covered under The Policy; or
 2) Your coverage increases;
 on or after the date You attain age 70.

BENEFITS

Accidental Death and Dismemberment Benefit: *When is the Accidental Death and Dismemberment Benefit payable?*

If You or Your Dependents sustain an Injury that results in any of the following Losses within 365 days of the date of accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent's Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

For Loss of:	Benefit:
Life.....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum
One Hand and One Foot.....	Principal Sum
Speech and Hearing in Both Ears.....	Principal Sum
Either Hand or Foot and Sight of One Eye.....	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	Three-Quarters of Principal Sum
Movement of Three Limbs (Triplegia).....	Three-Quarters of Principal Sum
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum
Either Hand or Foot.....	One-Half of Principal Sum
Sight of One Eye.....	One-Half of Principal Sum
Speech or Hearing in Both Ears.....	One-Half of Principal Sum
Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand.....	One-Quarter of Principal Sum

Loss means with regard to:

- 1) hands and feet, actual severance through or above wrist or ankle joints;
- 2) sight, speech and hearing, entire and irrecoverable loss thereof;
- 3) thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
- 4) movement, complete and irreversible paralysis of such limbs.

Principal Sum for each of Your Eligible Dependents

The Principal Sum that applies to each person covered under The Policy as Your Dependent, on the date of accident, is determined by multiplying Your Principal Sum by the percentage determined below.

	Spouse	Each Dependent Child
Spouse only	50%	0%
Spouse and Dependent Child(ren)	40%	10%
Dependent Child(ren) only	0%	15%

Principal Sum for any one Child cannot exceed the lesser of the amount calculated above or \$50,000.

Common Carrier

Common Carrier Limit: \$500,000

Additional Benefits

Seat Belt Coverage:

Seat Belt Benefit Amount: 10% of Principal Sum to a maximum amount of \$25,000

Minimum Benefit: \$1,000

Child Education Benefit:

Maximum Amount: \$5,000

Percentage of Principal Sum: 5%

Minimum Amount: \$2,500

Day Care Benefit:

Maximum Amount: \$5,000

Day Care Benefit Percentage: 5%

Minimum Amount: \$2,500

Rehabilitation Benefit:

Maximum Amount: \$5,000

Rehabilitation Benefit Percentage: 5%

Spouse Education Benefit:

Maximum Amount: \$5,000

Percentage of Principal Sum: 5%

Minimum Amount: \$2,500

Adaptive Home and Vehicle Benefit:

Maximum Amount: \$10,000

Adaptive Home and Vehicle Benefit Percentage: 5%

Coma Benefit:

Waiting Period: 30 day(s)

Therapeutic Counseling Benefit:

Maximum Amount: \$10,000

Therapeutic Counseling Benefit Percentage: 5%

Continuation of Medical Coverage (COBRA) Benefit:

Maximum Benefit Amount: \$5,000

Minimum Benefit Amount: \$2,500

Percentage for the Continuation of Medical Coverage Benefit: 5%

Conversion Right

Conversion Limit: \$100,000