

STUDENT BLANKET ACCIDENT INSURANCE  
NON-RENEWABLE



Ameritas Life Insurance Corp.

A STOCK COMPANY  
LINCOLN, NEBRASKA

**THIS IS A LIMITED BENEFIT POLICY- READ YOUR POLICY CAREFULLY**

**Customer Service (800) 328-2739**

Ameritas Life Insurance Corp. of Lincoln, Nebraska (the "Company") insures persons (hereinafter called "Insureds") who are enrolled in the School (the "Policyholder") for which the required premium has been paid. The Company agrees to pay all benefits, as specifically described in this Policy, for Covered Services which result from Injury that is independent of all other causes, and that are incurred while this Policy is in force with respect to each Insured.

This Policy takes effect and terminates in accordance with the dates and at the address of the Policyholder stated below. Executed by Ameritas Life Insurance Corp. on the Policy Date.

Corporate Secretary

President

**POLICY SCHEDULE**

**POLICYHOLDER:** Newton Public Schools USD 373  
308 East 1<sup>st</sup> Street  
Newton, KS 67114

**POLICY NUMBER:** 15-26-5627-200-297-5

**POLICY EFFECTIVE DATE:** 08/01/2025 at 12:01 a.m.  
**POLICY EXPIRATION DATE:** 07/31/2026 at 11:59 p.m.  
Full-Time: First Day of School Next Year

**AMENDMENTS/ENDORSEMENTS:** GAE-2200(KS)Ed.11-16; GAE-2201(KS)Ed.11-16

**MAXIMUM MEDICAL BENEFIT:** \$25,000 per Injury

**DEDUCTIBLE:** None

**PREMIUM:**

	<u>Each Insured</u>
School Time Coverage - PK-12..... (100% Participation – Group Coverage)	\$ 2.05
Full-Time Coverage - PK-12 (Voluntary Coverage).....	\$ 95.00
Kansas State High School Interscholastic Sports and Activities (KSHSAA) Coverage - 7-12 (Annual Premium; 100% Participation – Group Coverage).....	\$ 12,000.00
Extended Dental Coverage - PK-12 (Voluntary Coverage) .....	\$ 9.00

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## IN FORCE COVERAGE

**Each Insured is eligible for the in force coverage described below, subject to receipt of the premium and the terms, conditions, limitations, exclusions of this Policy.**

**SCHOOL-TIME COVERAGE** - Coverage is in force for each Insured for whom the School-Time Coverage premium has been paid as set forth in this Policy for students in grades PK-12:

- a) while on the School premises during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the Insured is participating in or attending any Sponsored and Supervised Extracurricular Activity; and
- b) while away from the School premises other than traveling, if participating in a Sponsored and Supervised Extracurricular Activity; and
- c) traveling by way of biking or walking directly to and from school for regular school sessions; and while traveling in school provided transportation to or from any school sponsored and supervised activity. Excludes non-school provided motorized transportation of any kind.

**NOTE: Excludes KSHSAA Interscholastic Sports/Activities and Football for students in grades 7–12.**

**FULL-TIME (24-HOUR) COVERAGE** - Coverage is in force for each Insured for whom the Full-Time Coverage premium has been paid as set forth in this Policy, on a twenty-four (24) hour per day basis for students in grades PK-12. The School-Time Coverage provision will not apply.

**NOTE: Excludes KSHSAA Interscholastic Sports/Activities and Football for students in grades 7–12**

**KSHSAA INTERSCHOLASTIC SPORTS AND ACTIVITIES COVERAGE** - Coverage is in force for each Insured for whom the KSHSAA Interscholastic Sports and Activities Coverage premium has been paid as set forth in this Policy for students in grades 7-12:

- a) while practicing for or competing in KSHSAA interscholastic sports and activities which are exclusively sponsored by the Policyholder, as a representative of the School, and while under the direct and immediate supervision of an employee of the Policyholder; and
- b) while traveling directly to or from such practice or competition in School provided transportation. Excludes non-school provided motorized transportation of any kind.

**NOTE: Includes Football Coverage for students in grades 7-12.**

## BENEFITS FOR MEDICAL EXPENSES

When injury covered by this Policy results in treatment by a Licensed Physician within sixty (60) days from the date of Accident, the Company shall pay the Usual and Customary Charges (U&C) incurred for necessary Covered Services, subject to all terms, conditions, limitations and exclusions of this Policy. Benefits shall be payable for Expenses Incurred within one year from the date of Injury. The Company shall pay the scheduled benefit below for Covered Services up to the specified Maximum Medical Benefit, less any deductible, as stated in the Policy Schedule.

The Company's liability for benefits payable on account of expense incurred, for any hospitalization, medical, surgical, and other services resulting from covered Injury of the covered person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid). If one or more of the other policies, plans or service contracts provides benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

### SCHEDULE OF COVERED SERVICES

(unless otherwise stated all amounts are per Injury)

1. **Physician's Services** (does not include physiotherapy)
  - a) **Surgical Care** (includes services for surgeon, assistant surgeon, anesthesia) – U&C, up to \$3,500
  - b) **Non-Surgical Care** – U&C, up to \$60 per visit, maximum 10 visits
2. **Hospital Care**
  - a) **Inpatient Care**
    - Hospital Semi-private Room - U&C, up to \$500 per day
    - Hospital Miscellaneous Services (includes charges for registered nurse) - U&C, up to \$5,000
  - b) **Outpatient Care** (includes facility charges for day surgery and emergency room) – 80% U&C, up to \$3,500

**NOTE:** Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under Covered Services.
3. **Radiology Services** (includes diagnostic imaging, x-rays and charges for reading) – U&C, up to \$750
4. **Dental Treatment** (for repair and/or replacement of each sound and natural tooth, includes x-rays, in lieu of all other medical benefits) – U&C, up to \$300 per tooth
5. **Ambulance Services** – U&C, up to \$500
6. **Prescription Drugs** (take home) – U&C, up to \$300
7. **Motor Vehicle Injury** – Same as any Injury
8. **Orthopedic Appliance** (when prescribed by a physician for healing; includes charges for durable medical equipment) – U&C, up to \$300
9. **Eyeglasses, Contact Lenses, and Hearing Aids** (replacement when broken as the result of covered injury when medical treatment is required) – U&C, up to \$300
10. **Physiotherapy** (includes office visit) - U&C, up to \$60 per visit, maximum 5 visits
11. **Laboratory Services** (outpatient) - U&C, up to \$300
12. **Shots and Injections** (outpatient; in lieu of physician non-surgical care) – U&C, up to \$300

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

When Injury covered by this Policy results in the following specific Losses within 180 days from the date of Accident, the Company shall pay the benefit amount below listed opposite to the specific Loss and shall be in addition to any other benefits payable under this Policy for such Accident. If the Insured sustains more than one Loss as a result of one Accident, the Company shall pay only one amount, the largest to which the Insured is entitled. Loss of a Hand or Foot means loss by severance at or above the wrist or ankle joint. Loss of Sight must be entire and irrecoverable.

Loss of Life .....	\$ 2,500
Loss of both Hands, both Feet or Sight of both Eyes.....	\$10,000
Loss of one Hand, one Foot or Sight of one Eye .....	\$ 2,500

**EXCLUSIONS**

This Policy does not provide benefits for expenses resulting from:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Treatment for re-Injury, EXCEPT when the Insured is treatment free for a period of 180 days prior to the Policy Effective Date.
5. No benefits are payable for accidental bodily Injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.

## DEFINITIONS

**Accident** - means an unexpected, external and sudden event that is independent of any other cause.

**Anesthesia** - Benefits are payable for the administration of anesthesia when performed by a Physician or Certified Registered Nurse Anesthetist.

**Coinsurance** – means the percentage of eligible expenses that are payable as Benefits by the Company. The percentage is shown in the Schedule of Covered Services.

**Company** - means Ameritas Life Insurance Corp.

**Covered Services** - means the services and supplies which are 1) Medically Necessary, 2) prescribed or performed by a Physician or Hospital for treatment of an Injury, 3) not excluded by this Policy, and 4) listed or named in this Policy's Schedule of Covered Services.

**Deductible** - means the dollar amount the Insured must pay before benefits are considered. The Deductible is shown on the Policy Schedule.

**Dental Treatment** – means Dentist's fees for surgery, x-rays, and other necessary dental services as a result of Injury to a Sound and Natural Tooth.

**Diagnostic Imaging** - means the images of the body created using other forms of radiology that does not include x-ray radiographs (films), including but not limited to: computerized axial tomography (CT); magnetic resonance imaging (MRI); radionuclide imaging (nuclear medicine); bone scans; and ultrasound (US). Benefit includes the fees for interpretation or reading of imaging results and the administration of contrast material.

**Durable Medical Equipment** – means medical equipment or device which can be rented, leased or purchased and which 1) is prescribed by a Physician; 2) is primarily and customarily used to serve a medical purpose; 3) can withstand repeated use; 4) generally is not useful to a person in the absence of Injury; and 5) is used exclusively by the Insured. Replacement equipment and devices are not covered. No benefits will be paid for rental charges in excess of purchase price. Durable Medical Equipment does not include non-prescription therapy devices or medical supplies; comfort and convenience items; corrective shoes; exercise and sports equipment. A written prescription must accompany the claim when submitted.

**Expense Incurred** – means the charge made for a service, supply, or treatment that is a Covered Service under this Policy. The expense is considered to be incurred on the date the service or treatment is given or the supply is received.

**Hospital** - means an institution which 1) is licensed by the state (if required) or other laws of jurisdiction; 2) is operated for the medical care and treatment of injured persons on an inpatient basis; 3) provides 24-hour nursing services or supervised by a graduate registered nurse; 4) has medical, diagnostic and treatment facilities with major surgical facilities on its premises or available to it on prearranged basis; 5) has a staff of one or more Physicians available at all times. It is not primarily a clinic, sanitarium, nursing home, skilled nursing facility, rest home or used for custodial or educational care, or an institution that mainly provides treatment for mental illness or substance abuse.

**Injury** - means an accidental bodily Injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under this Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under this Policy.

**Inpatient** – means confinement in a Hospital for at least eighteen (18) or more consecutive hours.

**Insured** – An eligible person as defined by the Policyholder who is listed or participating in the In Force Coverage provision of this Policy and for whom the proper premium has been paid.

## DEFINITIONS – Continued

**Intercollegiate Sports/Club/Intramural Sports:** **Intercollegiate Sports** means any athletic contest or competition, regulated by a national association, between accredited colleges or universities. The participants are sponsored by the Policyholder and are under the direct and immediate supervision of an employee of the Policyholder. It includes the practice or training for the competition and the travel to or from such practice or competition in a vehicle designated by the Policyholder, both while under the direct and immediate supervision of an employee of the Policyholder. **Club /Intramural Sports** means any athletic contest or competition by clubs or organizations that is not an Intercollegiate Sport and that may or may not be sponsored by the Policyholder. Club sports may or may not be under the direct and immediate supervision of an employee of the Policyholder.

**Medically Necessary** – means a Covered Service which is: 1) consistent with symptoms and diagnosis or treatment of Injury; 2) in accordance with standards of generally accepted medical practice; 3) not primarily for the convenience of the patient or Physician; and 4) most appropriate supply or level of service which can be safely provided.

**Orthopedic Appliances** – means a supportive appliance or device designed specifically for use in the correction or prevention of human deformities, defects of the skeleton, joints, or spine and which: 1) is prescribed by a Physician; 2) is primarily and customarily used to serve a medical purpose; 3) can withstand repeated use; 4) generally is not useful to a person in the absence of Injury; and 5) is used exclusively by the Insured. Replacement braces and appliances are not covered. A written prescription must accompany the claim when submitted.

**Other Valid Coverage** - means any plan providing benefits or services for medical or dental care or treatment, where such benefits or services are provided on a group basis by or under: group insurance; coverage provided by hospital or medical service organizations such as Blue Cross or Blue Shield or similar pre-paid medical service organizations; union welfare or trust plans including ERISA or self-funded group policies; employer or employee benefit plans or arrangements, whether on an insured or uninsured basis; Medicare as established by Title XVIII of the United States Social Security Act of 1965, as amended; any medical benefits coverage in group, group-type and individual automobile "no-fault" and traditional automobile "fault" type coverage; HMO (health maintenance organization); or PPO (preferred provider organization); group type contracts which are not available to the general public and can be maintained only because of membership in or connection with a particular organization or group. These types of contracts include but are not limited to; associations, franchise, or blanket policies of accident, disability or health insurance.

This policy will not cover expenses which are payable under the Insured's HMO or PPO. This Policy will pay benefits in excess of coverage provided by the Insured's HMO or PPO. If the Insured chooses not to use a preferred provider (under HMO or PPO), or does not obtain the required pre-authorization, the Company will only pay benefits for expenses incurred in excess of those expenses that would have been paid by the HMO or PPO plan, had the Insured used a preferred provider or obtained pre-authorization.

"Other Valid Coverage" does not include a state plan under Medicaid, or any plan whereby law that plan's benefits are excess to those of any private insurance plan or other nongovernmental plan.

**Physician** - means a doctor of medicine or osteopathy, or any other licensed health care provider that state law requires to be recognized as a Physician, other than the Insured or Insured's relative by blood or marriage, who is acting within the scope of such license.

**Physiotherapy** - means any form of therapeutic or manual treatment provided by a Physician, including but not limited to: physical or mechanical therapy, diathermy, ultrasonic treatment, EMS, whirlpool, heat treatments or manipulation. Includes office visit connected with the physiotherapy.

**Policyholder** – means the school, college or university, legal entity, or sponsoring organization to whom this Policy is issued, as identified in the Policy Schedule.

**Premium** – means the amount as shown on the Premium Schedule and is required to maintain coverage for each eligible Insured in accordance with the terms of this Policy.

**Prescription Drug** – means a drug which has been determined to be safe and effective by the Food and Drug Administration and which can, under federal or state law, only be dispensed when ordered by a Physician who is duly licensed to prescribe such medication.

**Residence** - means the building and grounds where the Insured lives.

**Sound and Natural Tooth** - means the major portion of the individual tooth, formed by the human body, is present. Does not include teeth that are carious, abscessed, or defective.

## DEFINITIONS – Continued

**Sponsored and Supervised Activity** - means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

**Surgical Care** – means Physician’s fees for surgery. Surgical procedures are identified in the Surgery section of the Physicians' Current Procedural Terminology (CPT). Unless otherwise defined in the Schedule of Covered Services, if two or more procedures are performed through the same incision or at the same operative session, the maximum amount payable for the subsequent procedure(s) will not exceed 50% of the Usual and Customary Charges for the subsequent procedure(s).

**Usual and Customary Charges (U&C)** - means charges for medical services or supplies for which the Insured is legally liable, and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received.

Usual and Customary Charges for Covered Services - Supplies are determined by referencing the 75<sup>th</sup> percentile of the most current survey published by Fair Health Inc. for such Covered Service.

**X-ray Services** - Covered Services includes x-ray and radiology examination, consultation and fees for interpretation or reading of X-rays and other radiology results. Diagnostic X-rays are obtained from an x-ray machine and images are recorded on radiographs (films). This benefit does not include Diagnostic Imaging if listed as a separate benefit in the Schedule of Covered Services – Supplies.

## GENERAL POLICY PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Policy, including the endorsements and attached papers, if any, and the Policyholder's application constitute the entire contract of insurance. All statements made by the Policyholder shall, in the absence of fraud, be deemed representations and not warranties. No such statements will be used in defense to a claim under this Policy unless it is contained in the written application signed by, and furnished to, the Policyholder. No changes in this Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon and attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

### NOTICE OF CLAIM

Written notice of claim must be given to the Company’s Administrative Office within thirty (30) days after the occurrence or commencement of any loss covered by this Policy, or as soon thereafter as is reasonably possible. Notice given on behalf of the Insured or the beneficiary to the Company’s Administrative Office, 333 North Main Street, Suite 300, Stillwater, MN 55082, or its authorized agent, with information sufficient to identify the Insured, shall be deemed notice to the Company.

### CLAIM FORMS

The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proofs covering the occurrence, the character and the extent of loss for which claim is made.

### PROOFS OF LOSS

Written proof of loss must be furnished to The Company’s Administrative Office, 333 North Main Street, Suite 300, Stillwater, MN 55082 within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

### TIME PAYMENT OF CLAIMS

Indemnities payable under this Policy will be paid as they accrue immediately upon receipt of due written proof of such loss.

## GENERAL POLICY PROVISIONS - Continued

### PAYMENT OF CLAIMS

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnities will be payable to the Insured, except that if the Insured is a minor, said indemnities may be payable to the Insured's parents, guardian, or other person actually supporting the Insured. Unless the Company is requested otherwise in writing not later than the time of filing proofs of loss, such indemnities may be paid directly to the Hospital or person rendering such services; but it is not required that the services be rendered by a particular Hospital or person. Payment so made shall discharge the Company's liability with respect to the amount of insurance so paid.

### PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense shall have the right and opportunity to examine the person of the Insured when and so often as it may reasonably require during the pendency of claim hereunder and also the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

### OTHER INSURANCE WITH THIS COMPANY

Insurance effective at any one time on the Insured under a like policy or policies of the Company is limited to the one such policy elected by the Insured, or Insured's beneficiary or estate, as the case may be.

### LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy and no such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished in accordance with the requirements of this Policy.

### CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder is located on such date is hereby amended to conform to the minimum requirements.

### NON-PARTICIPATING

This Policy and Certificates issued under it are non-participating. No dividends will be paid.

## ADDITIONAL POLICY PROVISIONS

### EFFECTIVE DATE

Voluntary coverage under this Policy with respect to each Insured shall become effective on the later of the following dates:

- a) 12:01 a.m. following the date on which the required premium is actually received and dated by the Policyholder, the Company's Administrative Office, or its authorized agent; or
- b) 12:01 a.m. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service if not dated as specified in a) above; or
- c) 12:01 a.m. on the first day of the authorized sports or activity; or
- d) the Policy Effective Date.

Group coverage under this Policy with respect to each Insured shall become effective on the later of the following dates:

- a) 12:01 a.m. following the date the application and premium payment is received by the Company's Administrative Office or its authorized agent; or
- b) the Policy Effective Date.

The effective date of coverage for voluntary interscholastic sports that begin prior to the first day of the regular School year is the Policy Effective Date, if the premium is received by the Company's Administrative Office, the Policyholder or its authorized agent within ten (10) days of the Policy Effective Date.

### EXPIRATION DATE

Coverage under this Policy with respect to each Insured will end on the earliest of the following dates:

- a) 11:59 p.m. on the date on which the Insured ceases to be enrolled in the School if the School-Time or Interscholastic or intercollegiate sports and extracurricular activities coverage is purchased; or
- b) 11:59 p.m. on the date on which the Insured ceases to be enrolled in the Special Risk activity; or
- c) 11:59 p.m. on the last date of the period of coverage for which the premium was paid; or
- d) 11:59 p.m. on the last date of the authorized season or activity for the Interscholastic or Intercollegiate Sports, Football or Special Risk Activity or other covered Activity of the current Policy period; or
- e) 11:59 p.m. on the Policy Expiration Date.

## **ADDITIONAL POLICY PROVISIONS - Continued**

**RIGHT OF SUBROGATION:** If the Company provides payment for benefits under this Policy in an amount greater than \$100.00, the Company will have a right to be reimbursed from any payments an Insured obtains or has right to obtain from any third party. The Company may require an assignment from the Insured of the Insured's right to recover to the extent of payments by the Company, or for the reasonable value of benefits and services provided by the Company; The Company's subrogation rights will be valid only if an Insured is fully compensated for the loss for which benefits are provided under this Policy.

**RIGHT OF RECOVERY:** Payments made by the Company which exceed the Benefits payable under this Policy may be recovered by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated to pay benefits for any covered Injury or Sickness.

**GENERAL ENDORSEMENT FOR KANSAS**  
**This Endorsement is made a part of this Policy to which it is attached.**

**SECTION – DEFINITIONS**

**Other Valid Coverage** is deleted and is not a provision of this Policy, it is replaced with the Excess Provision under Additional Policy Provisions.

**SECTION - GENERAL POLICY PROVISIONS is revised as follows:**

**ENTIRE CONTRACT; CHANGES** is revised by adding the following statement:

The Insured or his designated beneficiary or assignee can request a copy of the application by requesting one in writing. The Company will furnish a copy of the application within fifteen (15) days of the day the Company received the request.

**PAYMENT OF CLAIMS** is replaced with the following provision:

All benefits under the policy shall be payable to the person insured, or to his designated beneficiary or beneficiaries, or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parents, guardian, or other person actually supporting him. Unless the Company is requested otherwise in writing not later than the time of filing proofs of loss, such indemnities may be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person. Payment so made shall discharge the Company's liability with respect to the amount of insurance so paid.

**LEGAL ACTIONS** is revised to read five (5) years instead of three (3) years.

**SECTION - ADDITIONAL POLICY PROVISIONS is revised as follows:**

**RIGHT OF SUBROGATION** is deleted and is not a provision of this Policy.

**EXCESS PROVISION** is new and added to this Policy:

The Company's liability for benefits payable on account of expense incurred, for any hospitalization, medical, surgical, and other services resulting from covered Injury of the covered person, shall be limited to that part of the expense, if any, which is in excess of the total benefits payable for the same loss, on a provision of service basis or on an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid). If one or more of the other policies, plans or service contracts provides benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy or service contract has been in effect for the longer period of time at the date of such loss.

**RIGHT OF RECOVERY** is deleted and not a provision of this Policy.

**ERROR RELATED TO YOUR COVERAGE** is new and added to this Policy:

The Company has the right to correct benefit payments that are made in error. Providers and/or the Insured have the responsibility to return any overpayments to the Company. The Company has the responsibility to make additional payments if any underpayments have been made.

Nothing contained in this endorsement shall be held to alter, extend, vary or waive any other terms of the Policy, except as stated above. All such other terms of the Policy apply.

Executed by Ameritas Life Insurance Corp. on the Policy Date.



Corporate Secretary



President

## EXTENDED DENTAL COVERAGE ENDORSEMENT

This endorsement is made a part of this Policy to which it is attached. It provides benefits for loss resulting from an Accidental Injury to a tooth or teeth, incurred while coverage under this Policy is in force. Coverage is subject to the benefits and exclusions of this endorsement and all such other applicable terms, conditions, and limitations of this Policy.

**IN FORCE COVERAGE** – An Insured for whom the required Extended Dental Coverage premium has been paid, as set forth in this Policy, will have coverage in force on a 24-hour per day basis.

**BENEFITS** – Treatment must begin within 60 days from the date of Accident causing the dental Injury. When dental Injury results in treatment by a Dentist, the Company will pay the Usual and Customary (U&C) Charges for covered Dental Services and Supplies listed below incurred within one year from the date of the Injury. Benefits are paid up to a Maximum Benefit of \$5,000 per Injury. Benefits are subject to the Excess Provision of the Policy.

**DENTAL COVERED SERVICES** – Covered dental services related to an Accidental Injury include:

1. Hospital services and supplies.
2. Necessary dental care to the tooth or teeth, including root canal treatment, examination and x-rays.
3. Dental prosthesis, including procedures performed to install them. Benefits are payable up to \$500 per Injury. Dental prostheses include but are not limited to: crowns; dentures; bridges, and implants.
4. Deferred Dental Treatment. Benefits are payable up to \$200 per tooth for the estimated cost of necessary deferred dental treatment. The Insured's attending Dentist must certify within the one year period following the date of Accident that dental treatment and/or replacement must be deferred beyond the one year period. Benefits are not payable for deferred dental prosthesis if the dental prosthesis maximum benefit limit in 3. above has been paid for the same Accident.

**EXCLUSIONS** – the Extended Dental Coverage does not provide benefits for any expense or loss resulting or complicated by:

1. Orthodontics treatment for any purpose.
2. Dental disease, including but not limited to treatment of cavities, removal of abscessed, diseased, decayed or impacted teeth or periodontal treatment.
3. Benefits for estimated deferred dental prosthesis that exceeds the dental prosthesis maximum benefit limit.

Nothing contained in this endorsement shall be held to alter, extend, vary or waive any other terms of the Policy, except as stated above.

Executed by Ameritas Life Insurance Corp. on the Policy Date.



Corporate Secretary



President