

**National Health Insurance Company  
P. O. Box 61999  
Dallas, TX 75261-6199**

(Herein Called "the Company")

**Policyholder:** ROCKDALE, ISD

**State of Delivery:** Texas

**Policyholder Address:** P. O. BOX 632, ROCKDALE, TX 76567

**Policy Effective Date:** 08/01/2025

**Expiration Date:** 08/01/2026

**Policy Number:** 79325BF00N

**ACCIDENT ONLY POLICY**

We, National Health Insurance Company, agree with the Policyholder to insure, in accordance with the terms of the Policy, those Eligible Persons for whom the required premium is paid.

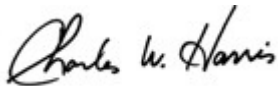
**EFFECTIVE DATE AND POLICY TERM:** This is a one-year non-renewable term Policy. The Policy takes effect on the Policy Effective Date, as stated above and in the Schedule of Benefits, and terminates at the expiration of the one-year term, except that Riders will terminate at the end of their term of coverage. All periods of insurance begin and end at 12:01 a.m. Standard Time at the Policyholder's address.

We have issued the Policy in consideration of the application by the Policyholder and payment of the required premium. It is subject to all of the terms, conditions and limits set forth in the Policy.

**THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE POLICYHOLDER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY, AND IF THE POLICYHOLDER IS A NON-SUBSCRIBER, THE POLICYHOLDER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE POLICYHOLDER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.**

The Policy is issued in and subject to the laws of the jurisdiction of the Policyholder's address. Signed for National Health Insurance Company:

NATIONAL HEALTH INSURANCE COMPANY



Charles W. Harris  
President



Chantelle Respert  
Secretary

**THIS IS A BLANKET ACCIDENT-ONLY POLICY; READ IT CAREFULLY  
BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS  
THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT-ONLY  
REGULAR SEASON FOOTBALL EXCLUDED UNLESS ADDED BY RIDER**

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## SCHEDULE OF BENEFITS

### Lone Star 2

**Policy Effective Date:** 08/01/2025  
**Maximum Benefit:** \$30,000.00 each Injury except Motor Vehicle Injury  
 \$5,000.00 each covered Motor Vehicle Injury  
**Deductible:** \$ 0.00  
**Benefit Period:** 52 weeks  
**Initial Treatment Period:** 90 days

<b>Premium:</b>	Accident Only Policy:	\$4,920.00
	Interscholastic Football Rider:	\$7,380.00
	<b>Total Single Premium:</b>	<b>\$12,300.00</b>

If an Injury to the Insured results in His incurring Covered Charges for any of the services specified below, We will pay the applicable benefit, subject to the Deductible and Coinsurance Percentage (if any), including an ERISA or self-funded group policy. Provided medical treatment by a Doctor begins within the Initial Treatment Period, benefits will be payable for Covered Charges incurred during the Benefit Period up to the maximum benefit per service as shown below. The total payable for all Covered Charges shall never exceed the Maximum Benefit stated above. This excess provision will not apply to coverage provided under the Texas Children's Health Insurance Program (CHIP). Covered Charges exclude amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements. Usual and Customary Charges are based on data provided by Context 4 HealthCare, Inc. using the 75th percentile.

#### Inpatient

Room & Board: Private room rate  
 Intensive Care: Private room rate (in lieu of Room & Board)  
 Hospital Miscellaneous: Usual & Customary Charges up to \$250.00 per day/\$5,000.00 maximum  
 Registered Nurse: Usual & Customary Charges  
 Doctor Visits: Usual & Customary Charges up to \$40.00 per day  
 Family Travel: \$300.00 per day/5 days maximum

#### Outpatient

Ambulatory Surgical Center: Usual & Customary Charges up to \$2,000.00 (facility charge)  
 Doctor Visits: Usual & Customary Charges up to \$40.00 per day  
 Physiotherapy: \$50.00 1<sup>st</sup> visit/\$25.00 per visit thereafter/8 visits maximum (limited to 1 visit per day)  
 Medical Emergency: Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury)  
 Medical Emergency Doctor: Usual & Customary Charges up to \$150.00  
 Shots and Injections: Usual & Customary Charges up to \$60.00 (within 24 hours of an Injury)  
 Diagnostic X-ray: Usual & Customary Charges up to \$200.00 and \$50.00 for reading  
 CAT Scan/MRI/Bone Scan: Usual & Customary Charges up to \$500.00 and \$50.00 for reading  
 Laboratory Procedures: Usual & Customary Charges up to \$50.00

#### Other (Inpatient and/or Outpatient)

Surgeon: Usual & Customary Charges up to \$2,000.00 (limited to primary procedure including removal of surgical implanted pins within two years of Injury)  
 Anesthetist: 25% of surgeon benefit  
 Assistant Surgeon: 25% of surgeon benefit  
 Ambulance: Usual & Customary Charges up to \$1,000.00  
 Dental Treatment: Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only)  
 Cosmetic Dental Benefit: Usual & Customary Charges up to \$500.00  
 Post Surgical Durable  
     Medical Equipment: Usual & Customary Charges up to \$175.00  
 Eye Glasses, Contact Lenses and  
     Hearing Aid Replacement: Usual & Customary Charges (as a result of a covered Injury only)  
 Prescription Drugs: Usual & Customary Charges  
 Post Surgical Orthopedic  
     Braces & Appliances: Usual & Customary Charges up to \$500.00

Expanded Medical Benefit: Pays for services per Schedule of Benefits up to \$350.00

## DEFINITIONS

**Accident:** A sudden, unforeseeable, external event which results in an Injury.

**Accident-Only Insurance:** Pursuant to Insurance Code Chapter 1205.004, Accident-Only Insurance is deemed “non creditable” coverage. Non creditable coverage pays benefits for medical care that are supplemental or incidental to other insurance benefits. Under this Policy, Benefits are payable at the percentage of Usual and Customary Charges shown in the Schedule of Benefits for the Covered Charges that are incurred by an Insured due to an Injury related to an Accident that are in excess of any similar benefits the Insured is eligible for due to the same accident under any other insurance benefits.

**Ambulance:** A vehicle which is licensed solely as an Ambulance by the local regulatory body to provide transportation to a Hospital or transportation from one Hospital to another when the Insured is unable to travel to receive medical care by another means. Air Ambulance charges are only eligible for transportation from the site of an emergency to the nearest appropriate facility.

**Ambulatory Surgical Center:** A surgical or medical center, which has:

permanent facilities for surgery; and  
an organized medical staff of Doctors and graduate registered Nurses (R.N.); and is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed under the law.

**Benefit Period:** The number of days following the date of an Injury during which Covered Charges must be incurred, subject to the Initial Treatment Period. The Benefit Period begins on the date of Injury and ends on the last day of the Benefit Period. The Benefit Period is shown in the Schedule of Benefits.

**Chronic Condition:** A condition having a slow progressive course of indefinite duration with frequent recurrence over time.

**Chronic Injury:** Means repetitive motion injuries overuse injuries, Chronic Conditions, shin splints, strains, tendonitis, stress fractures and lumbago resulting from sports participation in a School-Sponsored Activity.

**Company:** National Health Insurance Company. Also hereinafter referred to as We, Us and Our.

**Covered Charges:** A service or supply listed in the Policy and which is performed or given for the treatment of an Injury.

**Deductible:** A dollar amount of Covered Charges an Insured must pay before We pay any benefits under the Policy. The Deductible is shown in the Schedule of Benefits.

**Doctor:** A legally qualified Doctor practicing within the scope of His license and recognized as a Doctor in the state where services are rendered. A Doctor does not include a service or treatment provided by a dentist.

**Durable Medical Equipment (DME):** A device which:

is primarily and customarily used for medical purposes and is specially equipped with features and functions that are generally not required in the absence of Injury;  
is used exclusively by the Insured;  
is routinely used in a Hospital but can be used effectively in a non-medical facility;  
can be expected to make a meaningful contribution to the Insured's Injury; and  
is prescribed by a Doctor and the device is Medically Necessary for the Insured's rehabilitation.

## DEFINITIONS (continued)

Durable Medical Equipment does not include:

- comfort and convenience items;
- equipment that can be used by Family Members other than the Insured;
- health exercise equipment; and
- equipment that may increase the value of the Insured's residence.

Such items that do not qualify as Durable Medical Equipment include, but are not limited to, modifications to the Insured's residence, property or automobiles such as ramps, elevators, spas, air conditioners and vehicle hand controls; or corrective shoes, exercise and sports equipment.

**Eligible Person:** A registered student of the Policyholder participating in the Plan Selection indicated on the Policyholder's application.

**Experimental/Investigational:** A drug, device, medical care or treatment will be considered experimental/investigational if:

- the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- the informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- the drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- reliable evidence shows that the drug, device, medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational are of on-going Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- reliable evidence shows that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device, medical care or treatment. Covered Charges will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

**Field Trip:** A day-only trip or visit to a place of educational interest that is made by students traveling directly, uninterrupted and under the direct supervision of qualified School authorities with the intent to obtain a learning experience.

**“He”, “Him” and “His”** includes “She”, “Her” and “Hers”.

**Hospital** means a public, for profit, or non-profit institution licensed by this state that:

- has on its premises or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Doctors:
  - o laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by licensed Doctors;
  - o permanent and full-time facilities for the care of overnight resident bed patients under the supervision of licensed Doctors;
  - o 24-hour-a-day nursing service by graduate registered nurses; and
  - o a patient's written history and medical records;

## DEFINITIONS (continued)

The term Hospital shall not include any institution used by the Insured as:

- a place for rehabilitation;
- a place for rest, or for the aged;
- a nursing or convalescent home;
- a long term nursing unit or geriatrics ward;
- an extended care facility for the care of convalescent, rehabilitative or ambulatory patients; or
- a psychiatric/substance abuse facility.

**Hospital Confinement:** A Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a charge is made by the Hospital.

**Initial Treatment Period:** The number of days following an Injury during which an Insured must seek initial treatment for an Injury. The Initial Treatment Period is shown in the Schedule of Benefits.

**Injury:** Bodily Injury which is:

- directly and independently caused by specific accidental contact with another body or object;
- unrelated to any pathological, functional, or structural disorder;
- a source of loss;
- results in non-participation of a School-Sponsored Activity to allow for healing; and
- sustained while the Insured is covered under the Policy.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of these Injuries, will be considered one Injury.

Injury does not include loss, which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

A written and signed Medical Release from a Doctor must be obtained by the Insured to continue to participate in a School-Sponsored Activity after sustaining an Injury. Failure to obtain a signed Medical Release will result in any subsequent Injury being denied.

If benefits have been paid under the Policy for an Injury and a subsequent Injury to the same body part as the original Injury is incurred within four months from the date of the last treatment of the original Injury, the subsequent Injury will be considered a continuation of the original Injury.

If benefits have been paid under the Policy for an Injury and a subsequent Injury to the same body part as the original Injury is incurred after four months from the date of the last treatment of the original Injury, the subsequent Injury will be considered a new Injury.

**Insured:** An Eligible Person for whom proper premium has been paid.

**Interscholastic Football:** The play or practice of Interscholastic Football under the supervision of a regularly employed coach or trainer. Coverage is restricted to regular season Interscholastic Football games and practices and Interscholastic Football play-off games and practices as defined and sanctioned by the state interscholastic governing body.

**Medical Emergency:** An Injury for which the Insured seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe that without immediate medical care the Insured could reasonably expect that: (1) His life or health would be in serious jeopardy; (2) His bodily functions would be seriously impaired; or (3) a body organ or part would be seriously damaged.

**Medical Emergency Doctor:** Services rendered by a legally qualified Doctor practicing within the scope of His license and recognized as a Doctor in the state where services are rendered.

## DEFINITIONS (continued)

**Medically Necessary:** A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of an Injury as determined by the Doctor.

**Medical Release:** A written and signed statement from a Doctor that permits the Insured to continue to participate in a School-Sponsored Activity after sustaining an Injury.

**Nurse:** A professional, licensed, graduate registered Nurse (R.N.), a professional, licensed practical Nurse (L.P.N.) or a Certified Registered Nurse Anesthetist (CRNA).

**Physiotherapy:** Physical or mechanical therapy, diathermy, ultra-sonic therapy, heat treatment in any form, manipulation or massage administered by a Doctor.

**Prescription Drugs:** Drugs, which may only be dispensed by written prescription under Federal law, and approved for general use by the Food and Drug Administration. The drugs must be dispensed by a licensed pharmacy provider for an Insured's outpatient use.

**Relative:** A person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child).

**School:** The participating School or School district where the Insured is enrolled. The School must be a duly accredited or state certified, primary, elementary, or secondary School.

**School-Sponsored Activity:** A School authorized function:

- in which the Insured participates;
- which is organized by or under its auspices; and
- which is within the scope of customary activities for such entity.

This includes: classes and class trips under the direct supervision of qualified School authorities; summer School; and religious services or classes.

**Sound, Natural Teeth:** Natural teeth, the major portion of the individual tooth, which is present, regardless of fillings and caps; and is not carious, abscessed, or defective.

**Telehealth Service:** A health service, other than a Telemedicine Medical Service, delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a Telemedicine Medical Service that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including compressed digital interactive video, audio, or data transmission; clinical data transmission using computer imaging by way of still-image capture and store and forward; and other technology that facilitates access to health care services or medical specialty expertise.

**Telemedicine Medical Service:** A health care service initiated by a Doctor or provided by a health professional acting under Doctor delegation and supervision, for purposes of patient assessment by a health professional, diagnosis or consultation by a Doctor, treatment, or the transfer of medical data, that requires the use of advanced telecommunications technology, other than by telephone for facsimile, including compressed digital interactive video, audio, or data transmission; clinical data transmission using computer imaging by way of still-image capture and store and forward; and other technology that facilitates access to health care services or medical specialty expertise.

**Treatment:** Any medical care, diagnosis, surgery, advice, therapy, appointment, or professional services received from a licensed healthcare provider for an injury.

**Usual & Customary Charges:** The usual fee is the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment by a doctor to the majority of his or her patients. The customary fee is one that is charged by the majority of doctors within a community for the same service.

## CONDITIONS OF INSURANCE

### ELIGIBILITY

Eligible Persons are as defined in the Policy. This includes anyone who may become eligible while the Policy is in force. We reserve the right to request evidence of eligibility.

### ALL INTERSCHOLASTIC ATHLETICS AND ACTIVITIES EXCLUDING INTERSCHOLASTIC FOOTBALL COVERAGE

Each Insured will be covered for Injury which occurs while the Insured is:

actually engaged, as an official representative of the Policyholder, in the play or practice of Interscholastic Athletics and Activities under the supervision of a regularly employed coach or trainer of the Policyholder. Interscholastic Athletics and Activities are defined by and limited to the following activities: Football spring training, Football summer passing league, Football off-season workouts, Baseball, Softball, Basketball, Volleyball, Soccer, Golf, Tennis, Swimming, Track and Field, Water Polo, Wrestling, Gymnastics, Power Lifting, Weight Lifting, Cross Country, off-season training and conditioning, Music (Band, Choir, Orchestra), Vocational Agricultural, Vocational Classes, FHA, FFA, ROTC, Day-Only Field Trips, Day-Only Summer Camps held on the premises of the Policyholder and under the direct supervision of an authorized adult School authority of the Policyholder, Physical Education Classes and Intramurals for grades 7-12, all UIL sanctioned activities and Academic Contests (such as Drama or Math), including Student Managers, Student Trainers, Cheerleaders, Drill Team, and Pep Squad for these interscholastic athletics and activities.

actually being transported in a designated vehicle provided by the School as a member of a group under the direct supervision of a qualified adult School authority of the Policyholder for the purpose of participating in the above mentioned Interscholastic Athletics and Activities.

Except that Coverage does not include normal classroom activities and is restricted to interscholastic athletics and activities as defined and sanctioned by the state interscholastic governing body.

Coverage becomes effective on the date specified by the state interscholastic governing body as the first official day of practice for each interscholastic sport and/or associated activity. Coverage expires the last day of the spring term with the exception of the state interscholastic governing body sanctioned competitions that extend beyond the last day of the regular school term, excluding summer school or intersession.

### EFFECTIVE DATE

Insurance for an Insured will become effective on the later of:

the Policy Effective Date; or  
the date He becomes an Eligible Person.

### TERMINATION

Insurance for an Insured will end on the earliest of:

the date He is no longer an Eligible Person; or  
the date the Policy terminates.

Termination will not affect a claim for a covered loss due to Injury, which occurred while coverage was in effect subject to the terms of the Policy.

**Extension of Benefits.** If the Insured is Hospital Confined or Totally Disabled due to an Injury on the date the Policy is terminated or expires, unless termination is due to non-payment of premium, benefits are payable under the Policy. This extension will terminate at the end of the Hospital Confinement or 90 days, whichever occurs first. If the Insured is receiving benefits under the Policy for such Injury prior to the date the Policy is terminated or expires, benefits will continue to be payable for the Covered Charges until the date the Maximum Benefit Period is reached or 90 days, whichever is greater. No benefits will be payable after the date the Maximum Benefit Amount is paid.

For the purposes of this provision, "Totally Disabled/Total Disability" means with respect to an Insured, who otherwise would be employed: 1) he or she cannot actively perform all the duties of his or her regular occupation; and 2) with respect to an Insured who is not otherwise employed he or she cannot regularly perform the normal activities of a person of like age and good health. The loss of a professional or occupational license for any reason does not, in itself, constitute Total Disability.]



## MEDICAL EXPENSE BENEFITS

If an Injury to the Insured results in His incurring Covered Charges for any of the services specified in the Schedule of Benefits, We will pay the applicable benefit, subject to the Deductible and Coinsurance Percentage (if any), provided medical treatment by a Doctor begins within the Initial Treatment Period, benefits will be payable for Covered Charges incurred during the Benefit Period up to the maximum benefit per service as shown in the Schedule of Benefits. The total payable for all Covered Charges shall never exceed the Maximum Benefit stated in the Schedule of Benefits.

This is an Accident Only Policy. No benefits will be paid for services relating to illness or sickness.

No benefits will be paid for services designated as “No Benefits” in the Schedule of Benefits or for any matter described in “Exclusions and Limitations.” If a benefit is designated, Covered Charges include:

**Ambulance:** As noted in the Schedule of Benefits.

**Ambulatory Surgical Center:** In connection with outpatient day surgery, excluding non-scheduled surgery and surgery performed in a Hospital emergency room, trauma center, Doctor’s office, or clinic. Benefits will be paid for services and supplies such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs or medicines, therapeutic services, and supplies.

**Anesthetist:** Benefits will be paid for the Doctor who performs the actual administration of anesthesia. No benefits will be paid for supervision of an anesthetist.

**Assistant Surgeon:** In connection with surgery if provided in the Schedule of Benefits.

**Cat Scan/MRI/Bone Scan:** As noted in the Schedule of Benefits.

**Chronic Injury:** Expenses incurred for treatment of chronic sports conditions will be covered as shown in the Schedule of Benefits if they are aggravated by the Insured while participating in a covered sports activity. This benefit will terminate at 12:01 a.m. on the day after the School-Sponsored Activity ends, including post-season tournament play.

**Cosmetic Dental Benefit:** Expenses incurred for services provided by a Doctor of Medical Dentistry (DMD) or a Doctor of Dental Surgery (DDS) for the purpose of improving the appearance when form and function are satisfactory and no pathologic conditions exist (i.e. implants, veneers, bonding and teeth whitening). Expenses as the result of a covered Injury will be covered as shown in the Schedule of Benefits. No other cosmetic surgeries or cosmetic dentistry will be covered.

**Dental Treatment:** Performed by a Doctor of Medical Dentistry (DMD) or a Doctor of Dental Surgery (DDS), and made necessary by Injury to Sound, Natural Teeth. Benefits do not include cosmetic surgery or cosmetic dentistry.

**Diagnostic X-ray:** If so noted in the Schedule of Benefits, separate maximums apply to positive and negative X-rays.

**Doctor Visits (Inpatient):** When Hospital Confined. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.

**Doctor Visits (Outpatient):** Benefits are limited to one visit per day. Benefits do not apply when related to surgery or Physiotherapy.

**Expanded Medical Benefit:** Expenses incurred for treatment of chronic sports conditions or injuries, including but not limited to, overuse injuries, repetitive motion injuries, stress fractures, tendonitis, bursitis, shin splints, strains, and lumbago, that are normally excluded under the Policy will be covered as shown in the Schedule of Benefits if they are aggravated by the Insured while participating in a covered sports activity. This benefit will terminate at 12:01 a.m. on the day after the School-Sponsored Activity ends, including post-season tournament play.

**Eye Glasses, Contact Lenses and Hearing Aid Replacement:** As noted in the Schedule of Benefits.

## **MEDICAL EXPENSE BENEFITS (continued)**

**Family Travel:** Means a daily benefit payable for travel by a Relative when the Insured has been Hospital Confined for five continuous days outside a 100-mile radius of the Insured's residence. The benefit is payable for each continuous day beginning with the sixth day of Hospital Confinement.

**Hospital Miscellaneous:** While Hospital Confined, or as a precondition for being Hospital Confined. Benefits will be paid for services and supplies such as the cost of the operating room, laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. If a specific benefit is designated in the Schedule of Benefits for any of these miscellaneous services, no benefits will be paid in excess of the maximum specified therein. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.

This benefit only covers Hospital Confinement due to accidental Injury. No benefits will be paid for any service billed separately by the Doctor.

**Intensive Care:** Daily private room rate when Hospital Confined, and general nursing care provided and charged for by the Hospital.

**Laboratory Procedures:** As noted in the Schedule of Benefits.

**Medical Emergency:** Use of the emergency room facility and services.

**Medical Emergency Doctor:** As noted in the Schedule of Benefits.

**Physiotherapy:** Benefits are limited to one visit per day.

**Post Surgical Durable Medical Equipment:** As noted in the Schedule of Benefits.

**Post Surgical Orthopedic Braces & Appliances:** When prescribed by a Doctor after surgery only. Replacement orthopedic braces and appliances are not covered. No benefits will be paid for orthopedic braces and appliances used to protect an Injury which allows an Insured to participate in covered sports activities.

**Prescription Drugs:** As noted in the Schedule of Benefits.

**Registered Nurse:** Private duty nursing care only, while Hospital Confined and ordered by a licensed Doctor. General nursing care provided by the Hospital is not covered under this benefit.

**Room & Board:** Daily private room rate when Hospital Confined, and general nursing care provided and charged for by the Hospital.

**Shots and Injections:** As noted in the Schedule of Benefits.

**Surgeon:** Surgeon's fees for surgery. Payment will be made as specified in the Schedule of Benefits. If two or more procedures are performed through the same incision at the same operative session, the maximum amount paid will not exceed the benefit for the one of such procedures for which the largest benefit is payable.

## ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFITS

If, within 180 days from the date of an Accident covered by the Policy, Injury from such Accident results in one of the specific Losses listed below, the Insured or beneficiary may request Us to pay the Benefit Amount opposite such Loss in lieu of payment under the “Medical Expense Benefits” provision. If the Insured sustains more than one such Loss as the result of one Accident, only the largest will be applicable.

LOSS	BENEFIT AMOUNT
Loss of Life	\$20,000.00
Loss of Both Hands	\$20,000.00
Loss of Both Feet	\$20,000.00
Loss of Entire Sight of Both Eyes	\$20,000.00
Loss of One Hand and One Foot	\$10,000.00
Loss of One Hand and Entire Sight of One Eye	\$10,000.00
Loss of One Foot and Entire Sight of One Eye	\$10,000.00
Loss of One Hand	\$5,000.00
Loss of One Foot	\$5,000.00
Loss of Entire Sight of One Eye	\$5,000.00
Loss of Thumb and Index Finger of Same Hand	\$ 500.00

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye or eyes. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger of the same hand means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand) from the same Accident.

“Severance” means the complete separation and dismemberment of the part from the body.

## MANDATED BENEFITS

**Telemedicine Medical Service and Telehealth Service:** Benefits will be paid for services provided through Telemedicine Medical Service and Telehealth Service on the same basis as services provided through a face-to-face consultation. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of the Policy.

**Brain Injury:** Benefits will be paid the same as any other Injury for Medically Necessary services required for and related to a brain Injury to facilitate the recovery and progressive rehabilitation of survivors of acquired brain Injuries to the extent possible to their pre-Injury condition. Acquired brain Injury is defined as a neurological insult to the brain, which is not hereditary, congenital, or degenerative. The Injury to the brain has occurred after birth and results in a change in neuronal activity, which results in an impairment of physical functioning, sensory processing, cognition, or psychosocial behavior.

Coverage will not be denied based solely on the fact that treatment or services are provided at a facility other than a Hospital. Treatment may be provided at a facility at which appropriate services may be provided, including: a hospital regulated under Chapter 241, Health and Safety Code, including an acute or post-acute rehabilitation hospital; or an assisted living facility regulated under Chapter 247, Health and Safety Code.

The therapies listed and defined below shall be considered:

**Cognitive rehabilitation therapy:** Services designed to address therapeutic cognitive activities, based on an assessment and understanding of the Insured's brain-behavioral deficits.

**Cognitive communication therapy:** Services designed to address modalities of comprehension and expression, including understanding, reading, writing, and verbal expression of information.

**Neuro-cognitive therapy:** Services designed to address neurological deficits in informational processing and to facilitate the development of higher-level cognitive abilities.

**Neuro-cognitive rehabilitation:** Services designed to assist cognitively impaired Insureds to compensate for deficits in cognitive functioning by rebuilding cognitive skills and/or developing compensatory strategies and techniques.

**Neuro-behavioral testing:** An evaluation of the history of neurological and psychiatric difficulty, current symptoms, current mental status, and pre-morbid history, including the identification of problematic behavior and the relationship between behavior and the variables that control behavior. This may include interviews of the Insured, family, or others.

**Neuro-behavioral treatment:** Interventions that focus on behavior and the variables that control behavior.

**Neuro-physiological testing:** An evaluation of the functions of the nervous system.

**Neuro-physiological treatment:** Interventions that focus on the functions of the nervous system.

**Neuro-psychological testing:** The administering of a comprehensive battery of tests to evaluate neuro-cognitive, behavioral, and emotional strengths and weaknesses and their relationship with normal and abnormal central nervous system functioning.

**Neuro-psychological treatment:** Interventions designed to improve or minimize deficits in behavioral and cognitive processes.

**Psycho physiological testing:** An evaluation of the interrelationships between the nervous system and other bodily organs and behavior.

## MANDATED BENEFITS (continued)

**Psycho physiological treatment:** Interventions designed to alleviate or decrease abnormal physiological responses of the nervous system due to behavioral or emotional factors.

**Neuro-feedback therapy:** Services that utilize operant conditioning learning procedure based on electroencephalography (EEG) parameters, and which are designed to result in improved mental performance and behavior, and stabilized mood.

**Remediation:** The process (es) of restoring or improving a specific function.

**Post-acute transition services:** Services that facilitate the continuum of care beyond the initial neurological insult through rehabilitation and community reintegration.

**Community reintegration services, including outpatient day treatment services:** Services that facilitate the continuum of care as affected individual transitions into the community.

**Other post-acute treatment services:** Advanced rehabilitation services provided through an interdisciplinary team approach. Services are based on an assessment of the individual's cognitive deficits, with a treatment goal of achieving functional changes in a patient with brain Injury by reinforcing, strengthening or re-establishing previously learned patterns of behavior and/or establishing new patterns of cognitive activity or compensatory mechanisms. Services include cognitive rehabilitation services, behavior management and the development of coping skills and compensatory strategies.

**Reasonable expenses for periodic reevaluation:** Reasonable charges for periodic reevaluation of the care of an Insured who: has an acquired brain Injury; has been unresponsive to treatment; and becomes responsive to treatment at a later date. A determination of reasonable expenses may include consideration of: cost; the time expired since the last evaluation; any difference in the expertise of the health care practitioner performing the evaluation; changes in technology; and advances in medicine.

**Diagnosis or Treatment of Temporomandibular Joint:** Benefits will be paid for Covered Charges for diagnostic and surgical procedures for treatment of the temporomandibular (jaw) joint if the treatment is necessary as the result of an accident. No benefits are provided for any other services or supplies for treatment or related services to the temporomandibular (jaw) or jaw-related neuromuscular conditions, including oral appliances, oral splints, oral orthotics, devices, prosthetics, dental restorations, orthodontics, physical therapy, or alternation of the occlusal relationships of the teeth or jaws to eliminate pain or dysfunction of the temporomandibular joint and all adjacent or related muscles and nerves.

**Prosthetic Devices and Orthotic Devices:** Prosthetic devices, orthotic devices, and professional services related to the fitting and use of these devices. Covered Charges are limited to the most appropriate model of prosthetic or orthotic device that adequately meets the medical needs as determined by the treating Doctor and prosthetist or orthotist.

This includes the repair or replacement of prosthetic or orthotic devices, unless the repair or replacement is due to misuse or loss by the Insured. No benefits will be paid for orthopedic braces and appliances used to protect an Injury which allows an Insured to participate in covered sports activities.

## EXCLUSIONS AND LIMITATIONS

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

- Acupuncture.
- Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including, but not limited to, two or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
- Osgood-Schlatters, spondylolysis, osteochondritis and osteomyelitis.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
- Dental treatment, except for accidental Injury to Sound, Natural Teeth.
- Elective Surgery or Elective Treatment.
- Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting (not to include heat stroke); rhabdomyolysis; fainting; hernia, regardless of how caused; illness or disease in any form.
- Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury.
- Intoxicants and narcotics. The Company is not liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Doctor.
- Injury for which benefits are paid or payable by workers' compensation or employer's liability or occupational disease law.
- Injury where the Insured is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
- Nuclear reactions or radiation contamination; war, declared or undeclared; participation in a riot or civil disorder; or while a member of the Armed Services.
- Orthodontics (braces) for any reason, damage to, or loss of orthodontics.
- Orthopedic appliances used to protect an Injury which allows an Insured to participate in athletic activities.
- Treatment for Re-Injury, except when an Insured is treatment free during the four months prior to the Effective Date of the Policy.
- Routine physical examinations and routine testing, preventive testing or treatment, screening exams or testing in the absence of Injury.
- Skiing, scuba diving, surfing, roller skating, ice skating, or riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
- Supplies, except as specifically provided in the Policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Insured being engaged in an illegal occupation.
- Participation in Interscholastic Football during the months of August through December unless such coverage is specifically added by rider.

## GENERAL PROVISIONS

**Entire Contract, Changes:** The Policy, the attached Policyholder's application and the Insureds' enrollment forms (if any) constitute the entire contract of insurance. All statements made in a written instrument shall, in the absence of fraud, be deemed representations and not warranties. No such statement shall be used in defense to a claim under the Policy, unless it is contained in a written application or enrollment form and a copy of the application has been furnished to the Policyholder, the Insured, or the Insured's beneficiary, if any.

No change in the Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change the Policy or to waive any of its provisions.

**Incontestability:** After this Policy has been in force for two years no statement made by any Insured relating to his insurability, except a fraudulent misstatement, shall be used to contest the validity of any insurance with respect to which that statement was made unless it is contained in a written instrument signed by him.

This provision does not apply to contest based on nonpayment of premiums.

**Payment of Premium:** All premiums are payable in advance for each Policy term in accordance with the Company's premium rates. Premiums are payable to National Health Insurance Company. In the event the Policyholder ceases operations during the Benefit Period, the Company will refund the unearned portion of the premium to the Policyholder.

**Notice of Claim:** Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured or the beneficiary to National Health Insurance Company 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 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 proof of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.

**Proof of Loss:** Written proof of loss must be furnished to National Health Insurance Company in case of claim for loss within 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 of Payment of Claims:** Indemnities payable under the Policy for any loss will be paid immediately but in no event later than 60 days after the Company receives due written proof of such loss.

**Payment of Claims:** All of any indemnities provided by the Policy unless the Insured requests otherwise in writing not later than the time of filing proofs of such loss, may be paid directly to the Hospital or person rendering such service. Otherwise, accrued indemnities will be paid to the Insured or the Insured's assignee.

If any indemnity of the Policy shall be payable to an Insured who is a minor or otherwise not competent to give a valid release or to the estate of the Insured, the Company may pay such indemnity to any Relative by blood or connection by marriage of the Insured who is deemed by the Company to be equitably entitled thereto.

**Physical Examination and Autopsy:** The Company at its own expense shall have the right and opportunity to examine the person of any Insured when and as often as it may reasonably require during the pendency of a claim hereunder; and 2) to have an autopsy made in case of death unless prohibited by law.

**Legal Actions:** No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

## GENERAL PROVISIONS (continued)

**Subrogation:** The Company shall be subrogated to all rights of recovery which any Insured has against any person, firm or corporation to the extent of payments for benefits made by the Company to or for benefit of an Insured.

The Company may take whatever legal action the Company sees fit against a third party to recover the benefits paid under the Policy. This will not affect the Insured's right to pursue other forms of recovery, unless the Insured or the Insured's legal representative consent otherwise.

The Insured will advise the Company of a claim or suit against a third party or insurance carrier within 60 days of the action. The Company has the right to the Insured's full cooperation. The Insured is obligated to give the Company all information, assistance, and records the Company requires to enforce the Company's rights under this provision.

This provision is subject to the Civil Practices and Remedies Code, Chapter 140.

**Right of Recovery:** Payments made by the Company which exceed the Covered Charges (after allowance for Deductible and coinsurance clauses, if any) payable hereunder shall be recoverable 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 in respect of any covered Injury as their liability may appear.

This provision is subject to the Civil Practices and Remedies Code, Chapter 140.

**Right to Appeal:** If the Company has denied a claim for benefits, in whole or in part, then an appeal request may be submitted in writing within 90 days from the date of the notice of claim denial. The Company will review the initial decision and send a written determination within 60 days of receipt of the appeal request.

**Payment to State:** Benefits will be payable to the Texas Department of Human Services for Covered Charges under the Policy for an Insured when the Texas Department of Human Services pays for such expenses and notification is given to the Company with the claim. Benefits payable on behalf of a child under the Policy will be paid to the Texas Department of Human Services after the Company receives written notice that:

the parent who purchased the coverage is: (a) a possessory conservator of the child under an order issued by a court in this state or is not entitled to possession of or access to the child; and (b) is required by court order or court-approved agreement to pay child support;

the Texas Department of Human Services is paying benefits on behalf of the child under Chapter 31 or Chapter 32, Human Resources Code; and

the Company is notified through an attachment to the claim for insurance benefits when the claim is first submitted to the Company that benefits must be paid directly to the Texas Department of Human Services.

**Benefit Payments to Parent of a Minor:** Benefits will be payable to a managing conservator responsible for an Insured minor child provided such managing conservator has paid all or any portion of a medical bill that would be covered under the terms of the Policy. The managing conservator of the Insured minor child must provide a certified copy of a court order establishing the person as managing conservator or other evidence designated by the State Board of Insurance before the benefits can be paid to the managing conservator. The managing conservator must also submit valid receipts and invoices for such medical payments on behalf of the Insured minor child.