

BENEFITS AT A GLANCE

LONG TERM DISABILITY PLAN

This long term disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: April 1, 2011

POLICY NUMBER: 206287 001

ELIGIBLE GROUP(S):

All Full-Time Employees of the Fort Rucker, AL Project who are members in good standing of Professional Helicopter Pilots Local 102 in active employment in the United States with the Employer. Your Eligibility will be determined based on your original Date of Hire with your Employer, not the date of membership with the Professional Helicopter Pilots Local 102. in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before April 1, 2011: None

For employees entering an eligible group after April 1, 2011: None

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other policy provisions apply.

WHO PAYS FOR THE COVERAGE:

You pay the cost of your coverage.

ELIMINATION PERIOD:

90 days

Benefits begin the day after the elimination period is completed.

MONTHLY BENEFIT:

During the first 24 months of disability payments:

50% of monthly earnings to a maximum benefit of \$6,000 per month.

Beyond 24 months of disability payments:

70% of monthly earnings to a maximum benefit of \$6,000 per month.

Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

MAXIMUM PERIOD OF PAYMENT:

Age at Disability
Less than age 60
Age 60

Maximum Period of Payment
To age 65, but not less than 5 years
60 months

Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

No premium payments are required for your coverage while you are receiving payments under this plan.

REHABILITATION AND RETURN TO WORK ASSISTANCE BENEFIT:

10% of your gross disability payment to a maximum benefit of \$1,000 per month.

In addition, we will make monthly payments to you for 3 months following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

DEPENDENT CARE EXPENSE BENEFIT:

While you are participating in Unum's Rehabilitation and Return to Work Assistance program, you may receive payments to cover certain dependent care expenses limited to the following amounts:

Dependent Care Expense Benefit Amount: \$350 per month, per dependent

Dependent Care Expense Maximum Benefit Amount: \$1,000 per month for all eligible dependent care expenses combined

TOTAL BENEFIT CAP:

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings.

OTHER FEATURES:

Continuity of Coverage

Minimum Benefit

Pre-Existing: 6/12/24

Survivor Benefit

Work Life Assistance Program

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.

The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.

BENEFITS AT A GLANCE

LIFE INSURANCE PLAN

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: November 1, 2002

IDENTIFICATION

NUMBER: 566681 002

ELIGIBLE GROUP(S):

Group 1

All full time employees of the Fort Rucker, AL Project or the Fort Irwin, CA Project who are members in good standing of Professional Helicopter Pilots Local 102 in active employment in the United States

Group 2

Retirees

For retirees, certain terms and conditions in this life insurance plan are affected as follows:

- references to "employee" will read "retiree" as it applies
- references to "active employment" will not apply
- references to "minimum hours" will not apply
- references to "waiting period" will not apply
- the "life insurance premium waiver" provision will not apply

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before November 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

For employees entering an eligible group after November 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ELIMINATION PERIOD:

All full time employees of the Fort Rucker, AL Project or the Fort Irwin, CA Project who are members in good standing of Professional Helicopter Pilots Local 102

Premium Waiver: 9 months

Disability-based benefits begin the day after Unum approves your claim and the elimination period is completed.

LIFE INSURANCE BENEFIT:

AMOUNT OF LIFE INSURANCE FOR YOU

\$5,000

AMOUNT OF LIFE INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 65, but not age 70, your amount of life insurance will be:

- 65% of the amount of life insurance you had prior to age 65; or
- 65% of the amount of life insurance shown above if you become insured on or after age 65 but before age 70.

There will be no further increases in your amount of life insurance.

If you have reached age 70 or more, your amount of life insurance will be:

- 50% of the amount of life insurance you had prior to your first reduction; or
- 50% of the amount of life insurance shown above if you become insured on or after age 70.

There will be no further increases in your amount of life insurance.

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

All full time employees of the Fort Rucker, AL Project or the Fort Irwin, CA Project who are members in good standing of Professional Helicopter Pilots Local 102

Accelerated Benefit

Conversion

Portability

Retirees

Accelerated Benefit

Conversion

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section. The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.

BENEFITS AT A GLANCE

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

This accidental death and dismemberment insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death or for you in the event of any other covered loss. The amount you or your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death or any other covered loss according to the terms and provisions of the plan.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: November 1, 2002

IDENTIFICATION

NUMBER: 566681 002

ELIGIBLE GROUP(S):

All full time employees of the Fort Rucker, AL Project or the Fort Irwin, CA Project who are members in good standing of Professional Helicopter Pilots Local 102 in active employment in the United States in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before November 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

For employees entering an eligible group after November 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU (FULL AMOUNT)

\$5,000

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 65, but not age 70, your amount of AD&D insurance will be:

- 65% of the amount of AD&D insurance you had prior to age 65; or
- 65% of the amount of AD&D insurance shown above if you become insured on or after age 65 but before age 70.

There will be no further increases in your amount of AD&D insurance.

If you have reached age 70 or more, your amount of AD&D insurance will be:

- 50% of the amount of AD&D insurance you had prior to your first reduction; or
- 50% of the amount of AD&D insurance shown above if you become insured on or after age 70.

There will be no further increases in your amount of AD&D insurance.

REPATRIATION BENEFIT FOR YOU

Maximum Benefit Amount:

Up to \$5,000

The Repatriation Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Repatriation Benefit, your accidental death benefit must be paid first.

SEATBELT(S) AND AIR BAG BENEFIT FOR YOU

Maximum Benefit Payment:

Seatbelt(s): \$10,000

Air bag: \$5,000

The Seatbelt(s) and Air Bag Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Seatbelt(s) and Air Bag Benefit, your accidental death benefit must be paid first.

EDUCATION BENEFIT

Each Qualified Child

Benefit Amount per Academic Term for which a Qualified Child is enrolled:

The lesser of:

- 12.5% of the Full Amount of the employee's accidental death and dismemberment insurance; or
- \$12,500

Maximum Benefit Payments:

8 per lifetime

Maximum Benefit Amount:

\$100,000

Maximum Benefit Period:

6 years from the date the first benefit payment has been made.

The Education Benefit is separate from any accidental death and dismemberment benefit which may be payable. In order for your Qualified Child to receive the Education Benefit, your accidental death benefit must be paid first.

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

Portability

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section. The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.

BENEFITS AT A GLANCE

LIFE INSURANCE PLAN

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan. You also have the opportunity to have coverage for your dependents.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: December 1, 2002

PLAN YEAR:

December 1, 2010 to January 1, 2012 and each following January 1 to January 1

IDENTIFICATION

NUMBER: 572914 001

ELIGIBLE GROUP(S):

All full time employees of the Fort Rucker, AL Project or the Fort Irwin, CA Project who are members in good standing of Professional Helicopter Pilots Local 102 in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before December 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

For employees entering an eligible group after December 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

WHO PAYS FOR THE COVERAGE:

For You:

You pay the cost of your coverage.

For Your Dependents:

You pay the cost of your dependent coverage.

ELIMINATION PERIOD:

Premium Waiver: 9 months

Disability-based benefits begin the day after Unum approves your claim and the elimination period is completed.

LIFE INSURANCE BENEFIT:

AMOUNT OF LIFE INSURANCE FOR YOU

Amounts in \$10,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of \$10,000, if not already an exact multiple thereof.

AMOUNT OF LIFE INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 70, but not age 75, your amount of life insurance will be:

- 65% of the amount of life insurance you had prior to age 70; or
- 65% of the amount of life insurance shown above if you become insured on or after age 70 but before age 75.

There will be no further increases in your amount of life insurance.

If you have reached age 75 or more, your amount of life insurance will be:

- 50% of the amount of life insurance you had prior to your first reduction; or
- 50% of the amount of life insurance shown above if you become insured on or after age 75.

There will be no further increases in your amount of life insurance.

EVIDENCE OF INSURABILITY IS REQUIRED FOR THE AMOUNT OF YOUR INSURANCE OVER:

\$100,000

OVERALL MAXIMUM BENEFIT OF LIFE INSURANCE FOR YOU:

The lesser of:

- 5 x annual earnings; or
- \$500,000.

AMOUNT OF LIFE INSURANCE FOR YOUR DEPENDENTS

Spouse:

Amounts in \$5,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of \$5,000, if not already an exact multiple thereof.

THE AMOUNT OF YOUR SPOUSE'S LIFE INSURANCE WILL REDUCE BY THE SAME PERCENTAGE AND AT THE SAME TIME YOUR LIFE INSURANCE REDUCES.

EVIDENCE OF INSURABILITY IS REQUIRED FOR THE AMOUNT OF YOUR SPOUSE'S INSURANCE OVER:

\$25,000

MAXIMUM BENEFIT OF LIFE INSURANCE FOR YOUR SPOUSE:

The lesser of:

- 100% of your amount of insurance; or
- \$500,000.

Children:

Amounts in \$2,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of \$2,000, if not already a multiple thereof.

MAXIMUM BENEFIT OF LIFE INSURANCE FOR YOUR CHILDREN:

Attained age at death:

- Live birth to 14 days: \$1,000
- 14 days to 6 months: \$1,000
- 6 months to age 19 or to age 26 if a full-time student:

The lesser of:

- 100% of your amount of insurance; or
- \$10,000.

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

Accelerated Benefit

Conversion

Portability

NOTE: Portability under this plan is available to an insured spouse in the event of divorce from an insured employee, subject to all terms and conditions otherwise applicable to ported spouse coverage.

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section. The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.

BENEFITS AT A GLANCE

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

This accidental death and dismemberment insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death or for you in the event of any other covered loss. The amount you or your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death or any other covered loss according to the terms and provisions of the plan. You also have the opportunity to have coverage for your dependents.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: December 1, 2002

PLAN YEAR:

December 1, 2010 to January 1, 2012 and each following January 1 to January 1

IDENTIFICATION

NUMBER: 572914 001

ELIGIBLE GROUP(S):

All full time employees of the Fort Rucker, AL Project or the Fort Irwin, CA Project who are members in good standing of Professional Helicopter Pilots Local 102 in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before December 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

For employees entering an eligible group after December 1, 2002: First of the month coincident with or next following 30 days of continuous active employment

WHO PAYS FOR THE COVERAGE:

For You:

You pay the cost of your coverage.

For Your Dependents:

You pay the cost of your dependent coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU (FULL AMOUNT)

Amounts in \$10,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of \$10,000, if not already an exact multiple thereof.

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 70, but not age 75, your amount of AD&D insurance will be:

- 65% of the amount of AD&D insurance you had prior to age 70; or
- 65% of the amount of AD&D insurance shown above if you become insured on or after age 70 but before age 75.

There will be no further increases in your amount of AD&D insurance.

If you have reached age 75 or more, your amount of AD&D insurance will be:

- 50% of the amount of AD&D insurance you had prior to your first reduction; or
- 50% of the amount of AD&D insurance shown above if you become insured on or after age 75.

There will be no further increases in your amount of AD&D insurance.

MAXIMUM BENEFIT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU:

The lesser of:

- 5 x annual earnings; or
- \$500,000.

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOUR DEPENDENTS (FULL AMOUNT)

Spouse:

Amounts in \$5,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of \$5,000, if not already an exact multiple thereof.

THE AMOUNT OF YOUR SPOUSE'S AD&D INSURANCE WILL REDUCE BY THE SAME PERCENTAGE AND AT THE SAME TIME YOUR AD&D INSURANCE REDUCES.

MAXIMUM BENEFIT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOUR SPOUSE:

The lesser of:

- 100% of your amount of insurance; or
- \$500,000.

Children:

Amounts in \$2,000 benefit units as applied for by you and approved by Unum.

All amounts are rounded to the next higher multiple of \$2,000, if not already a multiple thereof.

MAXIMUM BENEFIT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOUR CHILDREN:

Attained age at death:

- Live birth to 14 days: \$1,000
- 14 days to 6 months: \$1,000
- 6 months to age 19 or to age 26 if a full-time student:

The lesser of:

- 100% of your amount of insurance; or
- \$10,000.

REPATRIATION BENEFIT FOR YOU AND YOUR DEPENDENTS

Maximum Benefit Amount:

Up to \$5,000

The Repatriation Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Repatriation Benefit, your or your dependent's accidental death benefit must be paid first.

SEATBELT(S) AND AIR BAG BENEFIT FOR YOU AND YOUR DEPENDENTS

Maximum Benefit Payment:

Seatbelt(s): \$10,000

Air bag: \$5,000

The Seatbelt(s) and Air Bag Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Seatbelt(s) and Air Bag Benefit, your or your dependents accidental death benefit must be paid first.

EDUCATION BENEFIT

Each Qualified Child

Benefit Amount per Academic Term for which a Qualified Child is enrolled:

The lesser of:

- 12.5% of the Full Amount of the employee's accidental death and dismemberment insurance; or
- \$12,500

Maximum Benefit Payments:

8 per lifetime

Maximum Benefit Amount:

\$100,000

Maximum Benefit Period:

6 years from the date the first benefit payment has been made.

The Education Benefit is separate from any accidental death and dismemberment benefit which may be payable. In order for your Qualified Child to receive the Education Benefit, your accidental death benefit must be paid first.

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

Portability

NOTE: Portability under this plan is available to an insured spouse in the event of divorce from an insured employee, subject to all terms and conditions otherwise applicable to ported spouse coverage.

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section. The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.

BENEFITS AT A GLANCE

This accident policy provides financial protection for you by paying a benefit if you suffer a covered accident. The amount you receive is based on the amount of coverage in effect on the date of the accident according to the terms and provisions of the policy. You also have the opportunity to have coverage for your spouse and dependent child(ren).

EMPLOYER'S ORIGINAL POLICY

EFFECTIVE DATE: March 1, 2017

POLICY NUMBER: R0388322 GRP_ACC_VOL_11

ELIGIBLE GROUP(S):

All Employees in **Active Employment** in the United States with the **Employer**.

MINIMUM HOURS REQUIREMENT:

Employees must be in active employment at least 30 hours per week.

PAYING FOR COVERAGE:

For You:

You must make contributions for your coverage.

For Your Spouse:

You must make contributions for coverage for your spouse.

For Your Dependent Child(ren):

You must make contributions for coverage for your **Dependent Child(ren)**.

COVERAGE TYPE:

On & Off Job Accident

ACCIDENT BENEFIT:

COVERAGE FOR EMPLOYEE, SPOUSE AND DEPENDENT CHILD(REN)

Your confirmation of coverage will indicate those covered for accident benefits under this policy.

If a benefit amount below does not indicate an amount for the spouse and dependent child(ren), the benefit amount will be the same as the employee benefit amount.

For limitations regarding the number of benefit payments per covered accident please refer to the BENEFIT INFORMATION section of the policy.

Accidental Death

Employee	\$100,000
Spouse	\$40,000
Dependent Child(ren)	\$20,000

Accidental Death - Common Carrier

Employee	\$200,000
Spouse	\$80,000
Dependent Child(ren)	\$40,000

Accidental Dismemberment

Initial Accidental Dismemberment

loss of both hands or both feet; or	\$30,000
loss of one hand and one foot; or	\$30,000
loss of one hand or foot; or	\$15,000
loss of two or more fingers, toes or any combination; or	\$2,500
loss of one finger or toe	\$1,500

Catastrophic Accidental Dismemberment

loss of both hands or both feet; or
loss of one hand and one foot

	<u>Prior to age 65</u>	<u>Age 65 - 69</u>	<u>Age 70 and over</u>
Employee	\$100,000	\$50,000	\$25,000
Spouse	\$50,000	\$25,000	\$12,500
Dependent Child(ren)	\$50,000	\$25,000	\$12,500

Accidental Loss

Initial Accidental Loss

Permanent Paralysis; or	\$30,000
loss of sight of both eyes; or	\$30,000
loss of sight of one eye; or	\$15,000
loss of the hearing of one ear	\$15,000

Catastrophic Accidental Loss

Permanent Paralysis; or
loss of sight of both eyes; or
loss of the hearing of both ears; or
loss of the ability to speak

	<u>Prior to age 65</u>	<u>Age 65 - 69</u>	<u>Age 70 and over</u>
Employee	\$100,000	\$50,000	\$25,000
Spouse	\$50,000	\$25,000	\$12,500
Dependent Child(ren)	\$50,000	\$25,000	\$12,500

Ambulance, Air \$2,500

Ambulance, Ground \$600

Appliance \$200

Blood / Plasma / Platelets \$500

Burns

2nd degree

35 or more square inches of the body surface \$1,500

3rd degree

At least 10 square inches, but less than 20 square inches; or \$3,750
At least 20 square inches, but less than 35 square inches; or \$7,500
35 or more square inches of the body surface \$15,000

Burns - Skin Grafts

Skin grafts for 2nd or 3rd degree burns 50% of applicable
Burn benefit

Skin grafts for any other accidental traumatic loss of skin:
At least 10 square inches, but less than 20 square inches; or \$225
At least 20 square inches, but less than 35 square inches; or \$375

35 or more square inches of the body surface	\$750
Chiropractic Treatment	\$35
Coma	\$15,000
Concussion	\$200
Dental Work (emergency)	
Dental Crown	\$450
Dental Extraction	\$150

Dislocation (separated joint)

<u>Joint</u>	<u>Closed Reduction</u>	<u>Open Reduction</u>
Hip	\$4,000	\$8,000
Knee (except patella)	\$2,000	\$4,000
Ankle - Bone or Bones of the Foot (other than toes)	\$1,600	\$3,200
Collarbone (sternoclavicular)	\$1,000	\$2,000
Lower Jaw	\$600	\$1,200
Shoulder (glenohumeral)	\$600	\$1,200
Elbow	\$600	\$1,200
Wrist	\$600	\$1,200
Bone or Bones of the Hand (other than fingers)	\$600	\$1,200
Collarbone (acromioclavicular and separation)	\$200	\$400
One Toe or Finger	\$200	\$400

Incomplete dislocation or dislocation reduction without anesthesia - 25% of the applicable amount for closed reduction of joint involved.

Emergency Room Treatment \$150

Emergency Treatment in a Physician Office / Urgent Care Facility

Physician's office; or	\$100
Urgent Care Facility	\$100

Eye Injury with surgical repair \$400

Fracture (broken bone)

<u>Bone</u>	<u>Closed Reduction</u>	<u>Open Reduction</u>
Depressed Skull fracture (except bones of face or nose)	\$5,000	\$10,000
Simple Non-depressed Skull fracture (except bones of face or nose)	\$2,000	\$4,000
Hip, Thigh (femur)	\$3,000	\$6,000
Vertebrae, Body of (excluding vertebral processes)	\$1,600	\$3,200
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$1,600	\$3,200
Leg (tibia and/or fibula)	\$1,600	\$3,200
Bones of Face or Nose (except mandible or maxilla)	\$700	\$1,400
Upper Jaw, Maxilla (except alveolar process)	\$700	\$1,400
Upper Arm between Elbow and Shoulder (humerus)	\$700	\$1,400
Lower Jaw, Mandible (except alveolar process)	\$600	\$1,200
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$600	\$1,200
Vertebral Processes	\$600	\$1,200
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$600	\$1,200
Kneecap (patella)	\$600	\$1,200
Foot (except toes)	\$600	\$1,200
Ankle	\$600	\$1,200
Rib	\$500	\$1,000
Coccyx	\$400	\$800
Finger, Toe	\$100	\$200

Chip fracture - 25% of the applicable amount for closed reduction of the bone listed above.

Hospitalization	
Hospital Admission; or	\$1,500
Hospital Intensive Care Unit Admission	\$2,250
Hospital Confinement; or	\$400
Hospital Intensive Care Unit Confinement	\$600
Knee Cartilage	
Torn with surgical repair	\$1,000
Exploratory without repair	\$200
Laceration	
Laceration(s)	\$50
Repaired by stitches:	
Total of all lacerations is less than two inches (5.08 centimeters) long	\$100
Total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long	\$400
Total of all lacerations is over six inches (over 15.24 centimeters) long	\$800
Lodging	\$200
Medical Imaging	\$400
Open Abdominal and Thoracic / Hernia	
Open abdominal or thoracic surgery	\$2,000
Hernia with surgical repair	\$200
Exploratory without repair	\$200
Outpatient Surgery Facility Service	\$500
Pain Management	\$150
Physician Follow-up Visit	
Physician's office; or	\$100
Urgent Care Facility	\$100
Prosthetic Device / Artificial Limb	
One	\$1,000
More than one	\$2,000
Rehabilitation Unit Confinement	\$150
Ruptured Disc with surgical repair	\$1,000
Tendon / Ligament / Rotator Cuff	
One with surgical repair	\$1,000
Two or more with surgical repair	\$1,500
Exploratory without repair	\$200
Therapy Services	
Occupational, Physical, or Speech Therapy	\$35
Transportation (plane, car, bus or train)	.50 per mile
<u>Additional Benefits</u>	
In addition to the benefits listed above, the following additional benefits may provide financial protection for you by paying a benefit if you become hospitalized due to a covered sickness and also may provide a benefit for a wellness test.	
Hospital Confinement due to Covered Sickness	
Employee/Spouse	\$300
Dependent Child(ren)	\$225
Wellness Benefit	\$50

SOME LOSSES MAY NOT BE COVERED UNDER THIS POLICY.

OTHER FEATURES

Portability

The above items are only highlights of this policy. For a full description of coverage, continue reading the certificate of coverage section. The plan includes enrollment, risk management and other support services related to the employer's benefit program.

**BENEFITS AT A GLANCE
CRITICAL ILLNESS**

This Critical Illness Policy provides financial protection for You by paying a benefit if You are diagnosed with a critical illness. The amount You receive is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy. You also have the opportunity to have coverage for Your Spouse.

EMPLOYER'S ORIGINAL POLICY

EFFECTIVE DATE: January 1, 2013

POLICY NUMBER: R0388322 GCI_EE_PAY

ELIGIBLE GROUP(S):

All Employees in Active Employment in the United States with the Employer.

MINIMUM HOURS REQUIREMENT:

Employees must be in Active Employment at least 20 hours per week.

PAYING FOR COVERAGE:

For You:

You must make contributions for Your coverage.

Coverage on Your eligible Dependent Children is automatically included with Your coverage.

For Your Spouse:

You must make contributions for coverage for Your Spouse.

CRITICAL ILLNESS BENEFIT

Coverage Amount

Employee:	\$5,000 - \$50,000 in \$1,000 increments as applied for by You and approved by Unum.
Spouse, if Covered:	\$5,000 - \$30,000 in \$1,000 increments as applied for by You and approved by Unum.
Dependent Child(ren):	25% of Employee Coverage Amount

Critical Illnesses	Percentage of Coverage Amount
<u>Base Covered Conditions</u>	
Benign Brain Tumor Initial Diagnosis Benefit	100%
Blindness Initial Diagnosis Benefit	100%
Coma as the Result of Severe Traumatic Brain Injury Initial Diagnosis Benefit	100%
Coronary Artery Bypass Surgery Initial Diagnosis Benefit	25%
End Stage Renal (Kidney) Failure Initial Diagnosis Benefit	100%

Heart Attack (Myocardial Infarction) Initial Diagnosis Benefit	100%
Major Organ Failure Initial Diagnosis Benefit	100%
Occupational HIV Initial Diagnosis Benefit	100%
Permanent Paralysis as the result of a Covered Accident Initial Diagnosis Benefit	100%
Stroke Initial Diagnosis Benefit	100%
<u>Cancer Conditions</u>	
Cancer Initial Diagnosis Benefit	100%
Carcinoma in Situ Initial Diagnosis Benefit	25%
<u>Additional Critical Illnesses for Dependent Children</u>	
Cerebral Palsy Initial Diagnosis Benefit	100%
Cleft Lip or Palate Initial Diagnosis Benefit	100%
Cystic Fibrosis Initial Diagnosis Benefit	100%
Down Syndrome Initial Diagnosis Benefit	100%
Spina Bifida Initial Diagnosis Benefit	100%

WELLNESS BENEFIT

Wellness Benefit Amount \$75 per Calendar Year for each Insured

BENEFIT PLAN COVERAGE CHOICES:

You may select one of the following plans:

Benefit Plan 1:

Base Covered Conditions with Additional Critical Illnesses for Dependent Children; and Wellness Benefit

Benefit Plan 2:

Base Covered Conditions with Additional Critical Illnesses for Dependent Children; Cancer Conditions; and Wellness Benefit

SOME LOSSES MAY NOT BE COVERED UNDER THIS POLICY.

OTHER FEATURES

Portability

The above items are only highlights of this Policy. For a full description of Your coverage, continue reading Your Certificate of Coverage section and if You make contributions for Your

coverage, refer to Your confirmation of coverage. The plan includes enrollment, risk management and other support services related to Your Employer's benefit program.