

SCHEDULE OF BENEFITS

The Schedule of Benefits provides a brief outline of the coverage and benefits including the maximum benefit amount, benefit periods, and any limitations applicable to benefits provided in this Policy for each Covered Person, unless otherwise indicated.

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Policy provisions carefully.

Covered Classes:

Class 1 All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week, who are United States citizens or permanent resident aliens, regularly working in the United States.

The following pages contain a Schedule of Benefits for each class of eligible Employees. For an explanation of these benefits, please see the *Description of Benefits* section.

GAI-00-1100.00

SCHEDULE OF BENEFITS FOR CLASS 1

Subscriber: New Beginnings Schools Foundation

Effective Date of Subscriber: September 1, 2016

Minimum Subscriber Participation Requirements:

10% of eligible Employees must be enrolled

Eligibility Waiting Period:

For Employees hired 31 days or more before the Policy Effective Date, first of the month following 30 days of Active Service

For Employees hired less than 31 days before the Policy Effective Date, first of the month following 30 days of Active Service

Waiting Period: 0 days unless otherwise specified

BENEFIT AMOUNTS PAYABLE

All Employee benefits are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

ACCIDENT INDEMNITY BENEFITS

EMPLOYEE BENEFITS

PLAN 1

INITIAL CARE AND EMERGENCY CARE BENEFITS

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|---------------------------------|-----------------------|
| Emergency Care Treatment | |
| Benefit Amount | \$100 |
| Physician Office Visit | |
| Benefit Amount | \$50 |
| Diagnostic Exam | |
| Benefit Amount | \$10 |
| Ground Ambulance | |
| Benefit Amount | \$100 |
| Water Ambulance | |
| Benefit Amount | \$100 |
| Air Ambulance | |
| Benefit Amount | \$300 |

HOSPITALIZATION BENEFITS

Benefit Type

Hospital Admission

Benefit Waiting Period 0 days

Benefit Amount \$500

Hospital Stay

Benefit Waiting Period 0 days

Benefit Amount \$100 per day

Maximum Benefit Period Up to 365 days

Intensive Care Unit Stay

Benefit Waiting Period 0 days

Benefit Amount \$200 per day

Maximum Benefit Period Up to 365 days

FRACTURES BENEFIT

Benefit Type

FRACTURES

Must be diagnosed and treated by a physician within 90 days of a Covered Accident

| | Non-Surgical | Surgical |
|---|-----------------------|-----------------------|
| | <u>Benefit Amount</u> | <u>Benefit Amount</u> |
| Skull Pays for non-depressed or depressed skull fractures but not bones of face | \$1,000 | \$2,000 |
| Hip or Thigh | \$1,000 | \$2,000 |
| Vertebrae or Pelvis Pays for vertebrae, body of vertebrae, or pelvis fracture Will not pay for Coccyx, leg, or vertebral processes fractures | \$1,000 | \$2,000 |
| Upper Arm Pays for arm fractures located between elbow and shoulder Will not pay for Shoulder, Lower Arm, or Elbow fractures | \$500 | \$1,000 |
| Shoulder or Collarbone Pays for shoulder or collarbone fractures only Will not pay for Upper Arm fractures | \$500 | \$1,000 |
| Leg Will not pay for Thigh, knee, or ankle fractures | \$500 | \$1,000 |
| Ankle Will not pay for leg, foot, or heel fractures | \$400 | \$800 |
| Kneecap Will not pay for leg fractures | \$400 | \$800 |
| Lower Arm Pays for arm fractures located to the elbow and below the elbow Will not pay for Upper Arm or Bones of Wrist fractures | \$400 | \$800 |

| | | |
|--|---|-------|
| Foot Will not pay for toe, ankle, or heel fractures | \$400 | \$800 |
| Hand or Wrist Will not pay for lower Arm or finger fractures | \$400 | \$800 |
| Upper Jaw Will not pay for lower jaw, teeth, or bones of face fractures | \$300 | \$600 |
| Lower Jaw Will not pay for Upper Jaw, Teeth, or Bones of face fractures | \$300 | \$600 |
| Bones of Face or Nose Will not pay for Upper Jaw, Lower Jaw, or Teeth fractures | \$300 | \$600 |
| Vertebral Processes | \$300 | \$600 |
| Rib More than 1 rib fracture pays 2 times the Benefit Amount | \$100 | \$200 |
| Coccyx We will not pay for Vertebrae or Pelvis fractures | \$100 | \$200 |
| Finger More than 1 finger pays 2 times the Benefit Amount. We will not pay for fractures to Hand or Wrist. | \$50 | \$100 |
| Toe More than 1 toe fracture pays 2 times the Benefit Amount shown on schedule. We will not pay for Foot, Heel or Ankle fractures. | \$50 | \$100 |
| Sternum | \$50 | \$100 |
| Heel We will not pay for Foot, Toe, or Ankle fractures | \$50 | \$100 |
| Chip Fracture We will not pay in addition to Closed fracture benefit | 25% of Closed fracture benefit | N/A |
| Multiple Fractures We will not pay in addition to single fracture benefits | 200% of the single fracture benefit for multiple fractures to the same bone | N/A |

DISLOCATIONS BENEFITS

Benefit Type

DISLOCATIONS:

Must be diagnosed and treated by a doctor within 90 days of a Covered Accident

| | Non-Surgical | Surgical |
|---|-----------------------|-----------------------|
| | <u>Benefit amount</u> | <u>Benefit amount</u> |
| Hip Joint | \$1,000 | \$2,000 |
| Knee Joint | \$500 | \$1,000 |
| Bones of Foot | \$500 | \$1,000 |
| Ankle | \$500 | \$1,000 |
| We will not pay for Bones of Foot or Toes | | |
| Wrist | \$400 | \$800 |
| Elbow | \$300 | \$600 |
| Shoulder | \$200 | \$400 |
| Hand | \$200 | \$400 |
| Collarbone | \$200 | \$400 |
| Lower Jaw | \$200 | \$400 |
| Finger or Toe | \$50 | \$100 |

More than 1 finger or toe pays 2 times the benefit

FOLLOW UP CARE

Benefit Type

Benefit Amount

Follow up Physician Office Visit

\$50

Benefit is limited to 10 treatments per Accident

Follow up Physical Therapy Visits

\$25

Benefit is limited to 10 treatments per Accident

OPTIONAL BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS

PLAN 1

ACCIDENTAL DEATH BENEFITS

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|-----------------------|-----------------------|
| Loss of Life | \$25,000 |
| Automobile | \$50,000 |
| Common Carrier | \$75,000 |

Death must occur within 365 days of a Covered Accident.

CATASTROPHIC DISMEMBERMENT LOSS

In the event a death benefit under the Accidental Death Benefit is paid at a later date, these benefits will be deducted from the Accidental Death Benefit Amount.

Dismemberment or Loss must occur within 365 days of a Covered Accident.

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|--|-----------------------|
| Sight in Both Eyes | \$20,000 |
| Both Hands or Arms | \$20,000 |
| Both Feet or Legs | \$20,000 |
| Speech and Hearing in Both Ears | \$20,000 |
| Speech or Hearing in Both Ears | \$10,000 |
| One Hand or Arm and One Foot or Leg | \$10,000 |
| One Hand, Arm, Foot, Leg, or Sight in one Eye | \$10,000 |

DISMEMBERMENT LOSS

Dismemberment Loss must occur within 365 days of a Covered Accident

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|---------------------|-----------------------|
| Finger | \$1,000 |
| Toe | \$1,000 |

ENHANCED ACCIDENT BENEFITS RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS

PLAN 1

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|---|---|
| Small Burns | \$100 |
| Large Burns | \$300 |
| Skin-Graft Benefit | 50% of the applicable Benefit amount for Small Burns or Large Burns |
| Small Lacerations | \$50 |
| Large Lacerations | \$100 |
| General Anesthesia Benefit | \$100 |
| Medicine Benefit | \$5 |
| Medical Supply Benefit | \$5 |
| Abdominal or Thoracic Surgery | \$1,000 |
| Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair | \$200 |
| Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory | \$100 |
| Ruptured Disc Surgery - repair | \$500 |
| Eye Injury Surgery | \$200 |
| Eye Injury - Removal of Foreign Object | \$100 |
| Emergency Dental - Extraction | \$100 |
| Emergency Dental - Broken Tooth | \$50 |
| Concussion | \$100 |
| Coma | \$5,000 |
| Diagnostic Advanced | \$50 |
| Appliance | \$100 |
| Prosthesis | \$200 |
| Paralysis - Paraplegia | \$1,000 |
| Paralysis - Quadriplegia | \$2,000 |
| Blood, plasma, platelets | \$100 |
| Transportation | \$100 |
| Family Lodging | \$50 per day |

WELLNESS, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS

PLAN 1

Wellness Visit Benefit

Health Screening Test Benefit

Preventive Care Benefit

Benefit Amount \$50 per visit to a maximum of \$50 per year

If a Wellness Visit Benefit, Health Screening Test Benefit, or Preventive Care Benefit are payable for the same visit, only 1 benefit will be payable.

ACCIDENT INDEMNITY BENEFITS

EMPLOYEE BENEFITS

PLAN 2

INITIAL CARE AND EMERGENCY CARE BENEFITS

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|---------------------------------|-----------------------|
| Emergency Care Treatment | |
| Benefit Amount | \$200 |
| Physician Office Visit | |
| Benefit Amount | \$100 |
| Diagnostic Exam | |
| Benefit Amount | \$25 |
| Ground Ambulance | |
| Benefit Amount | \$200 |
| Water Ambulance | |
| Benefit Amount | \$200 |
| Air Ambulance | |
| Benefit Amount | \$600 |

HOSPITALIZATION BENEFITS

| <u>Benefit Type</u> | |
|---------------------------------|----------------|
| Hospital Admission | |
| Benefit Waiting Period | 0 days |
| Benefit Amount | \$1,000 |
| Hospital Stay | |
| Benefit Waiting Period | 0 days |
| Benefit Amount | \$200 per day |
| Maximum Benefit Period | Up to 365 days |
| Intensive Care Unit Stay | |
| Benefit Waiting Period | 0 days |
| Benefit Amount | \$400 per day |
| Maximum Benefit Period | Up to 365 days |

FRACTURES BENEFIT

Benefit Type

FRACTURES

Must be diagnosed and treated by a physician within 90 days of a Covered Accident

| | Non-Surgical | Surgical |
|---|-----------------------|-----------------------|
| | <u>Benefit Amount</u> | <u>Benefit Amount</u> |
| Skull Pays for non-depressed or depressed skull fractures but not bones of face | \$2,000 | \$4,000 |
| Hip or Thigh | \$2,000 | \$4,000 |
| Vertebrae or Pelvis Pays for vertebrae, body of vertebrae, or pelvis fracture Will not pay for Coccyx, leg, or vertebral processes fractures | \$1,500 | \$3,000 |
| Upper Arm Pays for arm fractures located between elbow and shoulder Will not pay for Shoulder, Lower Arm, or Elbow fractures | \$1,000 | \$2,000 |
| Shoulder or Collarbone Pays for shoulder or collarbone fractures only Will not pay for Upper Arm fractures | \$1,000 | \$2,000 |
| Leg Will not pay for Thigh, knee, or ankle fractures | \$1,000 | \$2,000 |
| Ankle Will not pay for leg, foot, or heel fractures | \$800 | \$1,600 |
| Kneecap Will not pay for leg fractures | \$800 | \$1,600 |
| Lower Arm Pays for arm fractures located to the elbow and below the elbow Will not pay for Upper Arm or Bones of Wrist fractures | \$800 | \$1,600 |
| Foot Will not pay for toe, ankle, or heel fractures | \$800 | \$1,600 |
| Hand or Wrist Will not pay for lower Arm or finger fractures | \$800 | \$1,600 |
| Upper Jaw Will not pay for lower jaw, teeth, or bones of face fractures | \$600 | \$1,200 |
| Lower Jaw Will not pay for Upper Jaw, Teeth, or Bones of face fractures | \$600 | \$1,200 |
| Bones of Face or Nose Will not pay for Upper Jaw, Lower Jaw, or Teeth fractures | \$600 | \$1,200 |
| Vertebral Processes | \$600 | \$1,200 |

| | | |
|--|---|-------|
| Rib More than 1 rib fracture pays 2 times the Benefit Amount | \$200 | \$400 |
| Coccyx We will not pay for Vertebrae or Pelvis fractures | \$200 | \$400 |
| Finger More than 1 finger pays 2 times the Benefit Amount. We will not pay for fractures to Hand or Wrist. | \$100 | \$200 |
| Toe More than 1 toe fracture pays 2 times the Benefit Amount shown on schedule. We will not pay for Foot, Heel or Ankle fractures. | \$100 | \$200 |
| Sternum | \$100 | \$200 |
| Heel We will not pay for Foot, Toe, or Ankle fractures | \$100 | \$200 |
| Chip Fracture We will not pay in addition to Closed fracture benefit | 25% of Closed fracture benefit | N/A |
| Multiple Fractures We will not pay in addition to single fracture benefits | 200% of the single fracture benefit for multiple fractures to the same bone | N/A |

DISLOCATIONS BENEFITS

Benefit Type

DISLOCATIONS:

Must be diagnosed and treated by a doctor within 90 days of a Covered Accident

| | Non-Surgical | Surgical |
|--|-----------------------|-----------------------|
| | <u>Benefit amount</u> | <u>Benefit amount</u> |
| Hip Joint | \$2,000 | \$4,000 |
| Knee Joint | \$1,000 | \$2,000 |
| Bones of Foot | \$1,000 | \$2,000 |
| Ankle We will not pay for Bones of Foot or Toes | \$1,000 | \$2,000 |
| Wrist | \$800 | \$1,600 |
| Elbow | \$600 | \$1,200 |
| Shoulder | \$400 | \$800 |
| Hand | \$400 | \$800 |
| Collarbone | \$400 | \$800 |
| Lower Jaw | \$400 | \$800 |
| Finger or Toe More than 1 finger or toe pays 2 times the benefit | \$100 | \$200 |

FOLLOW UP CARE

Benefit Type

Benefit Amount

Follow up Physician Office Visit

\$100

Benefit is limited to 10 treatments per Accident

Follow up Physical Therapy Visits

\$50

Benefit is limited to 10 treatments per Accident

OPTIONAL BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS

PLAN 2

ACCIDENTAL DEATH BENEFITS

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|-----------------------|-----------------------|
| Loss of Life | \$50,000 |
| Automobile | \$75,000 |
| Common Carrier | \$100,000 |

Death must occur within 365 days of a Covered Accident.

CATASTROPHIC DISMEMBERMENT LOSS

In the event a death benefit under the Accidental Death Benefit is paid at a later date, these benefits will be deducted from the Accidental Death Benefit Amount.

Dismemberment or Loss must occur within 365 days of a Covered Accident.

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|--|-----------------------|
| Sight in Both Eyes | \$30,000 |
| Both Hands or Arms | \$30,000 |
| Both Feet or Legs | \$30,000 |
| Speech and Hearing in Both Ears | \$30,000 |
| Speech or Hearing in Both Ears | \$15,000 |
| One Hand or Arm and One Foot or Leg | \$15,000 |
| One Hand, Arm, Foot, Leg, or Sight in one Eye | \$15,000 |

DISMEMBERMENT LOSS

Dismemberment Loss must occur within 365 days of a Covered Accident

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|---------------------|-----------------------|
| Finger | \$2,000 |
| Toe | \$2,000 |

ENHANCED ACCIDENT BENEFITS RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS**PLAN 2**

| <u>Benefit Type</u> | <u>Benefit Amount</u> |
|--|---|
| Small Burns | \$300 |
| Large Burns | \$900 |
| Skin-Graft Benefit | 50% of the applicable Benefit amount for Small Burns or Large Burns |
| Small Lacerations | \$100 |
| Large Lacerations | \$200 |
| General Anesthesia Benefit | \$200 |
| Medicine Benefit | \$10 |
| Medical Supply Benefit | \$10 |
| Abdominal or Thoracic Surgery | \$1,500 |
| Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair | \$400 |
| Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory | \$200 |
| Ruptured Disc Surgery - repair | \$750 |
| Eye Injury Surgery | \$400 |
| Eye Injury - Removal of Foreign Object | \$200 |
| Emergency Dental - Extraction | \$150 |
| Emergency Dental - Broken Tooth | \$75 |
| Concussion | \$150 |
| Coma | \$10,000 |
| Diagnostic Advanced | \$75 |
| Appliance | \$150 |
| Prosthesis | \$500 |
| Paralysis - Paraplegia | \$3,000 |
| Paralysis - Quadriplegia | \$6,000 |
| Blood, plasma, platelets | \$200 |
| Transportation | \$200 |
| Family Lodging | \$75 per day |

WELLNESS, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS

PLAN 2

Wellness Visit Benefit

Health Screening Test Benefit

Preventive Care Benefit

Benefit Amount \$75 per visit to a maximum of \$75 per year

If a Wellness Visit Benefit, Health Screening Test Benefit, or Preventive Care Benefit are payable for the same visit, only 1 benefit will be payable.

PORTABILITY

| | |
|--------------------------------|-----------------------------------|
| Portable Period | to age 100 |
| Amount of Portable Insurance | 100% |
| Coverage(s) that may be ported | Employee, Spouse, Dependent Child |
| Benefits that may be ported | All |
| Maximum Age | 70 |

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