GROUP VOLUNTARY ACCIDENT INSURANCE CERTIFICATE SUMMARY (OUTLINE OF COVERAGE)



This outline of coverage describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this outline of coverage. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This outline of coverage was published on February 2, 2023.

POLICY INFORMATION

Policyholder: Legacy Transportation Services Inc.
Policy Effective Date: January 1, 2023
Policy Anniversary: January 1
Policy Number: GUDH-C35S
Group Number: G000C35S
Class(es): All Eligible Employees

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

An Employee and any Dependent(s) must have major medical insurance, or basic hospital insurance and basic medical insurance, to be eligible for insurance under the Policy.

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions apply as described in the Certificate.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that coincides with or follows the day the Employee becomes eligible or the Employee submits a Written Request to enroll for insurance, subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

ACCIDENT INSURANCE – FULL PLAN 2M (CA-CC-CAT-NABM)

Accident insurance offers financial protection for You and Your insured Dependent(s) by paying a benefit if You or an insured Dependent are Injured in an Accident. The benefit amount(s) payable is/are based on the type and amount of insurance in effect on the date the Accident occurs. All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

You may elect insurance for Yourself and Your Dependent(s) under the Certificate for one of the following coverage options:

- Yourself only
- You and Your Spouse
- You and Your Dependent child(ren)
- You, Your Spouse and Your Dependent child(ren)

This summary represents the accident insurance available under Full Plan 2M (CA-CC-CAT-NABM), as selected by the Policyholder. Insurance is available for Accidents that occur any time of day, regardless of whether You or Your insured Dependent(s) are working or not. This is known as “24-hour coverage” or “on and off-job coverage” (the coverage type).

If You have questions regarding who is insured for accident insurance, the plan type or the coverage type, You may contact the Policyholder.

Express Benefit

If You or an insured Dependent are Injured as the result of an Accident, We will pay a benefit amount of $100 upon notification of the Accident. This benefit is payable once per Accident for each Insured Person that is Injured as a result of the Accident.

Basic Benefits

The basic benefits payable under this Certificate are organized into the following categories:

Category	Benefit Amount
Initial Care & Emergency	Up to $1,500
Specified Injuries	Up to $20,000
Hospital, Surgical & Diagnostic	Up to $600 per day and $1,500 for admission
Follow-Up Care	Up to $750

Within each category, benefits are payable up to the amount shown, depending on the type of Injury sustained or the type of medical Treatment that is received as the result of an Accident.

Additional Benefits

In addition to Basic Benefits, family care benefits (benefits for transportation, Lodging and/or Childcare) and a health screening benefit are available under the Certificate.

CATASTROPHIC INSURANCE – FULL PLAN 2M (CA-CC-CAT-NABM)

In addition to Basic Benefits, benefits for catastrophic losses and Injuries are available under this Certificate. Catastrophic insurance pays a benefit if You or an insured Dependent are in an Accident and experience a serious loss or Injury, such as death or dismemberment. The benefit amount payable is based on the amount of insurance that is in effect for You or an insured Dependent on the date the Accident occurs, subject to the definitions, limitations, exclusions and other provisions of the Policy.

Provided You have elected accident insurance, Your amount of catastrophic insurance is $50,000.

Provided You have elected accident insurance for Your Spouse, Your Spouse's amount of catastrophic insurance is $50,000.

Provided You have elected accident insurance for Your Dependent child(ren), the amount of catastrophic insurance for Your Dependent child(ren) is $10,000.

The amount of catastrophic insurance is also referred to as the Principal Sum. The Principal Sum for You or Your Spouse reduces by 50% when You reach the age of 70. If You have questions regarding the amount of catastrophic insurance for You or Your Dependent(s), You may contact the Policyholder.

GUARANTEE ISSUE AMOUNT(S) AND EVIDENCE OF INSURABILITY

All amounts of insurance under the Policy are guarantee issue. Evidence of insurability (proof of good health) is not required for any amount of insurance under the Policy.

ACCIDENT BENEFITS

All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

INITIAL CARE & EMERGENCY BENEFITS

If more than one form of Initial Care is received by an Insured Person for the same Accident, We will only pay the highest applicable benefit for the Insured Person. We will reduce the amount payable for Initial Care by the amount paid for the Express Benefit for an Accident for an Insured Person. Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Initial Care			
Emergency Room	$200	72 hours	Once per Accident per Insured Person
Urgent Care Center	$125	72 hours	Once per Accident per Insured Person
Initial Physician Office Visit	$100	30 days	Once per Accident per Insured Person
Emergency Transportation			
Ground Ambulance	$300	72 hours	Once per Accident per Insured Person
Air Ambulance	$1,500	72 hours	Once per Accident per Insured Person

SPECIFIED INJURY BENEFITS

If an Insured Person sustains both a Fracture and Dislocation (or multiple Fractures and Dislocations) as the result of the same Accident, the maximum amount payable for all Fractures and Dislocations under the Policy is up to 200% of the amount payable for the Fracture or Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount.

Fractures (Broken Bones)

We will pay the applicable benefit amount shown in the Fracture Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Fracture sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Fracture is diagnosed as a Chip Fracture, We will pay 25% of the amount listed in the table for the Closed Reduction for the bone/bone group involved.

The maximum amount payable for all Fractures sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Fracture with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

Fracture Benefits Table

Bone/Bone Group (From Head to Toe)	Open Reduction Amount	Closed Reduction Amount
Skull, depressed (Cranial bones)	$7,500	$3,750
Skull, non-depressed (Cranial bones)	$3,500	$1,750
Bones of face (Except nose and lower jaw)	$1,500	$750
Nose (Nasal bones)	$1,200	$600
Lower jaw (Mandible)	$1,500	$750
Shoulder blade (Scapula)	$1,500	$750
Collarbone (Clavicle)	$1,200	$600
Breastbone (Sternum)	$1,500	$750
Rib	$1,200	$600
Upper arm (Humerus)	$1,500	$750
Forearm (Radius and/or ulna)	$1,500	$750
Wrist (Carpals)	$1,500	$750
Hand (Metacarpals, except fingers)	$1,500	$750
Fingers (Phalanges)	$600	$300
Vertebral body (Except vertebral processes)	$3,500	$1,750
Vertebral process	$1,500	$750
Tail bone (Coccyx)	$1,200	$600
Pelvis (Except tail bone and hip bones)	$4,000	$2,000
Hip bones (Illium, ischium and/or pubis)	$8,000	$4,000
Thigh (Femur)	$4,500	$2,250
Knee cap (Patella)	$1,500	$750
Lower leg (Tibia and/or fibia)	$3,500	$1,750
Ankle (Talus)	$1,500	$750
Foot (Metatarsals and calcaneus, except toes)	$1,500	$750
Toes (Phalanges)	$600	$300

Dislocations (Separated Joints)

We will pay the applicable benefit amount shown in the Dislocation Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Dislocation sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Dislocation is diagnosed as an Incomplete Dislocation, or if Treatment of a Dislocation occurs by a Physician or Medical Professional without the use of Anesthesia, We will pay 25% of the amount listed in the table for the Closed Reduction for the joint/joint group involved.

The maximum amount payable for all Dislocations sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

Dislocation Benefits Table

Joint/Joint Group (From Head to Toe)	Open Reduction Amount	Closed Reduction Amount
Lower jaw (Temporomandibular)	$2,100	$1,050
Shoulder (Glenohumeral)	$2,100	$1,050
Collarbone and breastbone (Sternoclavicular)	$2,100	$1,050
Elbow	$2,100	$1,050
Wrist (Radiocarpal and/or intercarpal)	$2,100	$1,050
Hand (Carpometacarpal and/or intrametacarpal)	$2,100	$1,050
Fingers (Interphalangeal and/or metacarpophalangeal)	$600	$300
Hip	$10,000	$5,000
Kneecap (Patella)	$5,500	$2,750
Ankle (Talocalcaneal and/or talocalcaneonavicular	$3,600	$1,800
Foot (Tarsometatarsal and/or intermetatarsal)	$3,600	$1,800
Toes (Interphalangeal and/or metatarsalphalangeal)	$600	$300

Other Injuries

Lacerations and Burns require Treatment within 72 hours of an Accident. The Laceration benefit is based on the total length of all Lacerations that require repair, and is payable once per Accident per Insured Person. The Burn benefit is based on the severity of the most severe burn, and is payable once per Accident per Insured Person. Additional limitations apply as described below and in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Lacerations			
Less than 2 inches	$100	See above	See above
2 inches to 6 inches	$600	See above	See above
Greater than 6 inches	$1,000	See above	See above
No repair required	$50	See above	See above
Burns			
2nd degree <= 9% TBSA	$400	See above	See above
2nd degree 10 - 36% TBSA	$750	See above	See above
2nd degree > 36% TBSA	$2,000	See above	See above
3rd degree < 18% TBSA	$2,500	See above	See above
3rd degree 18 - 36% TBSA	$10,000	See above	See above
3rd degree > 36% TBSA	$20,000	See above	See above
Skin Graft (% of burn benefit)	25%	72 hours	Once per Accident per Insured Person
Note: "TBSA" is an acronym for "total body surface area."			
Dental Care			
Crown or Filling Repair	$500	30 days	Once per Accident per Insured Person
Extraction	$150	30 days	Once per Accident per Insured Person

HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS

If any surgery listed below occurs concurrently with an Open Reduction for a Fracture or Dislocation of the same bone/bone group or joint/joint group as a result of the same Accident, only the highest applicable benefit is payable. Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Hospital			
Admission	$1,500	Begins within 90 days	Once per Accident per Insured Person
Daily Confinement	$300	Begins within 90 days	Per day up to 365 days
ICU Confinement	$600	Begins within 30 days	Per day up to 15 days
Rehab. Facility Confinement	$150	Begins within 365 days	Per day up to 30 days
Surgical			
Exploratory/Arthroscopic	$200	365 days	Once per Accident per Insured Person
Abdominal/Cranial/Thoracic	$2,000	365 days	Once per Accident per Insured Person
Herniated Disc	$900	365 days	Once per Accident per Insured Person
Torn Knee Cartilage	$750	365 days	Once per Accident per Insured Person
Ligament/Rotator Cuff/Tendon	$750	365 days	Once per Accident per Insured Person
Eye Procedure	$400	90 days	Once per eye per Accident per Insured Person
Blood Products	$450	90 days	Once per Accident per Insured Person
Pain Management	$150	90 days	Once per Accident per Insured Person

Diagnostic			
X-Ray	$75	90 days	Once per Accident per Insured person
Diagnostic Exam	$300	90 days	Once per Accident per Insured person
Brain Injury Diagnosis	$200	30 days	Once per Accident per Insured person

FOLLOW-UP CARE BENEFITS

Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Physician Follow-Up Office Visit	$75	365 days	Up to 6 times per Accident per Insured Person
Therapy Services	$25	365 days	Up to 6 times per Accident per Insured Person
Medical Device	$100	365 days	Once per Accident per Insured Person
Prosthetic Device(s)	$750	365 days	Up to 2 times per Accident per Insured Person

ADDITIONAL BENEFITS

Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Transportation per trip	$500	365 days	Up to 3 per Accident per Insured Person
Lodging per night	$175	365 days	Up to 30 per Accident per Insured Person
Childcare per day	$30	365 days	Up to 30 per Accident per Dependent Child
Health Screening	$50	N/A	Once per Calendar Year per Insured Person

CATASTROPHIC BENEFITS

The benefit amounts shown below are a percentage of the Principal Sum for an Insured Person, unless otherwise stated. The treatment timeframe for all catastrophic benefits is 365 days. For all Dismemberment & Paralysis benefits, up to 100% of the Principal Sum is payable per Accident per Insured Person. We will reduce the amount payable for any death benefit by the amount paid for any other catastrophic benefit for an Insured Person, unless otherwise stated in the Certificate. Additional limitations apply as described below and in the Certificate.

Benefit	Amount	Frequency
Accidental Death		
Basic Accidental Death	100%	Once per Insured Person
Common Carrier Accidental Death	300%	Once per Insured Person
Transportation of Remains	Up to $5,000	Once per Insured Person
Dismemberment & Paralysis		
Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses	100%	See above
Loss of Speech and Loss of Hearing (Both ears)	100%	See above
Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)	50%	See above
Loss of Thumb and Index Finger of the Same Hand	25%	See above
Loss of Multiple Fingers or Loss of Multiple Toes	10%	See above
Quadriplegia (Paralysis of both upper and both lower limbs)	100%	See above
Triplegia (Paralysis of three limbs)	75%	See above
Hemiplegia (Paralysis of an upper and a lower limb)	50%	See above
Paraplegia (Paralysis of both lower limbs)	50%	See above
Uniplegia (Paralysis of a limb)	25%	See above
Other Benefits		
Reasonable Modifications	Up to 10%	Once per Accident per Insured Person
Coma	25%	Once per Accident per Insured Person

EXCLUSIONS

We will not pay any benefits under the Policy for any loss or claim which does not result directly from an Accident or occurs more than 365 days after an Accident. We will also not pay any benefits under the Policy for an Accident that directly results from:

- Any Sickness, or medical or surgical Treatment thereof
- Cosmetic surgery or procedures
- Whether an Insured Person is sane or insane, from an intentionally self-inflicted Injury or Sickness, or suicide or attempted suicide

- An Insured Person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician
- An Insured Person's intentional or voluntary use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption, including self-infliction of carbon monoxide poisoning emanating from a motor vehicle
- An Insured Person's voluntary participation in a riot, commission of a felony or participation in an illegal occupation
- An Insured Person is incarcerated or imprisoned
- An act of declared or undeclared war or armed aggression
- An Insured Person operating, learning to operate, riding as a passenger, boarding, departing or jumping from any aircraft (including those that are not motor driven, such as a hot air balloon), unless riding as a fare-paying passenger in a commercial aircraft on a regularly-scheduled flight or while Traveling on Business of the Policyholder
- An Insured Person riding in or on any motor vehicle or aircraft engaged in racing, endurance tests, off-road activities (for motor vehicles), acrobatic tricks or stunts (for motor vehicles), or acrobatic or stunt flying (for aircraft)
- An Insured Person practicing for, participating in or officiating any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received by the Insured Person
- An Insured Person engaged in skydiving, parachuting, hang gliding, wingsuit flying, proximity flying, sky surfing, paramotoring, paragliding, jet powered flight, bungee jumping, sail gliding, parasailing, parakiting, kite surfing, kiteboarding, scuba diving, cave diving, freediving, mountaineering, mountain climbing, mountain biking, mountain boarding, rock climbing, ice climbing, missed climbing, abseiling, base jumping, cliff jumping, rock climbing, free climbing, bouldering, slacklining, ski jumping, speed flying, speed riding, Parkour, Bossaball, Sepak Tekraw, Jai Alai, tricking, freerunning, sandboarding or train surfing
- An Insured Person on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable

FEATURE(S)

Domestic Partner, Civil Union Partner Coverage

Any reference to "Spouse" includes Your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the county, city or local government in Your jurisdiction of residence.

Continuation of Insurance for Layoff or Leave

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

Portability

In the event Your insurance under the Policy ends, You have the right to continue insurance for You and Your Dependent(s), subject to certain conditions.

WHEN INSURANCE ENDS

Insurance for an Insured Person will end on the last day of the month in which an Insured Person no longer satisfies the applicable eligibility conditions of the Policy, or end on the last day of the month in which You reach the age of 80. Additional circumstances under which insurance will end are described in the Certificate.

PREMIUMS

The premium rate structure for accident insurance under the Policy is comprised of a monthly rate for each coverage option shown in the Schedule that applies to You and Your Dependent(s).

You are responsible for the payment of premiums for insurance under the Policy. The premium owed by You equals the total premium for all Insured Person(s).

Premiums will be automatically deducted from Your paychecks by the Policyholder, then remitted to Us, as authorized by You during the enrollment process. Please contact the Policyholder for information regarding Your paycheck deductions.

Payment of premium does not guarantee eligibility for insurance. Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Contact the Policyholder or Your benefits administrator for additional information about the current premium rate structure for the Policy.

Coverage Tier	Monthly Premium Rate
Employee/Member	**$13.57** ($0.45 per day)
Employee/Member + Spouse	**$17.65** ($0.58 per day)
Employee/Member + Child(ren)	**$19.41** ($0.64 per day)
Employee/Member + Family	**$23.29** ($0.77 per day)

Premium Changes

Premium amounts will change if premium rates under the Policy are changed.

If there is a change in the amount of insurance for any Insured Person, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

To obtain a copy of the Certificate, first contact the Policyholder or Your benefits administrator. If You do not receive what You need, You may then contact Us at 1-800-948-9478 (toll-free).