

# A&S ENHANCED COVERAGE GUIDE



## **Why Accident and Sickness Coverage?**

The VFIS Accident and Sickness Program provides insurance protection to help with the expenses of an unexpected injury or illness a Member may suffer as a result of participation in any normal duty of emergency service work. These expenses can be from medical expenses, lost income due to disability, or other physical losses which affect a Member or his/her family.

The National Fire Protection Association estimates that, on average, over 88,000 emergency service personnel are injured each year. Despite this statistic many emergency service members continue to believe that accidents only happen to others or that workers' compensation will meet all their financial needs in the event of injury, illness, or even death. This is simply not always the case.

Even in states with generous workers' compensation benefits, there can be gaps in coverage. Common gaps are caused by waiting and retroactive periods, maximum disability income benefits limits, and pre-existing condition limitations such as heart or circulatory malfunction. In addition, workers' compensation may not provide benefits for fundraising events, junior members, auxiliary members, and trustees or directors.

For over 35 years, VFIS has been offering insurance coverage which has helped to insure emergency service personnel for the financial impact of unexpected illness or injury while performing duties on behalf of the Emergency Service Organization. As the hazards of emergency service work have changed and evolved, our program has also evolved to keep pace with them. That's why VFIS is widely considered the premier provider throughout the United States and Canada in Emergency Service Organization Accident and Sickness insurance protection.

## **Preface**

This proposal provides an abbreviated description of the benefits available under the VFIS Accident and Sickness insurance program underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. For a complete description of the coverages, please refer to the policy for your state.

We, us, or ours in this proposal refers to National Union Fire Insurance Company of Pittsburgh, Pa.

All benefits described in this proposal are based on an Insured Person's participation in a Covered Activity. The term "Member" used throughout this proposal refers to an Insured Person.

Throughout this proposal, key items such as Policy definitions and benefit tables are included in text boxes for your ease of reference. Capitalized terms are defined in the Policy. The policy (ies) under which insurance coverages will be issued, will contain reductions, limitations, exclusions, and termination provisions.

## RISK MANAGEMENT

Emergency Service Organizations are faced with many challenges. The responsibility to protect life and property continues to grow and more time is spent dealing with financial and legal aspects of your organization.

You have requested this Accident and Sickness insurance proposal from VFIS to help cover your members. Although well known for our specialized insurance products, VFIS is equally recognized as the national leader in providing Risk Management services to protect our clients and reduce their exposure to loss.

Your most important responsibility extends to the health and safety of your personnel. As part of VFIS's commitment to help you with this responsibility, we have developed a comprehensive series of training and educational programs that are provided at little or no cost to clients who purchase our insurance products. While insurance coverages are designed to transfer financial responsibility of loss, it is just as important that we help you prevent a loss from occurring or if it does occur, limit its impact.

The following are a few of the education and training programs that VFIS provides, which may help protect your personnel. We strongly recommend that you review this material and consider the implementation of these programs as part of your total Risk Management program. If you have questions concerning the implementation of these recommendations please contact VFIS. We are "**Here to help**".

**VFIS Patient Handling** addresses proper EMS patient movement, partner pairing, maximum unassisted lifting weights and limitations of equipment. The program includes an instructor's guide, participant manual, a CD-Rom and video. This program will help your organization provide training to minimize strains and sprains while lifting.

The **VFIS Infectious Disease Program** is available to assist you in the development and implementation of your administrative and operational infection control program. The program includes an instructor's guide and participant manual.

The **VFIS Emergency Vehicle Driver Training Program** is available to provide the basis for your driver training program. The program includes an instructor's guide, participant manual, CD-ROM for PowerPoint, and competency course video. VFIS Risk Control Communiqués on Intersections, Response Speed, and Warning Devices are also available to help your organization develop standard operating guidelines.

As a VFIS client, you may request these training resources which are available at no charge.

## Who is Covered Under the Accident and Sickness Program?

Coverage is provided for ALL membership classes including auxiliary members, junior members, members in training, officers, directors, and trustees.

Non-member volunteers asked by the organization to help in non-emergency events (e.g. fundraising) are also covered.

Deputized bystanders are covered at the time of the emergency while participating in the emergency.

Benefits do not change based on membership class. For example, junior members are entitled to the same benefits as fully trained emergency response volunteers.

Benefits are also available for career members for an additional premium.

**Insured Person** means any officially designated member of a **Participating Organization/Policyholder** while acting as: (1) a volunteer member for the **Participating Organization/Policyholder**; (2) any junior member or member in training; (3) any commissioner, director, trustee, or other similar position associated with the **Participating Organization/Policyholder**; (4) any bystander deputized at the time of the emergency by an official of the **Participating Organization/Policyholder** to assist in an emergency, but only during the actual emergency; (5) an auxiliary member; (6) any non-member who is requested to participate by the auxiliary or **Participating Organization/Policyholder**; and (7) any member who receives remuneration for "on call" duty or out-of-pocket expenses subject to the following:

An **Insured Person** will not include a member who looks to the **Participating Organization/Policyholder** for their primary source of income while acting within the scope of their employment unless the policy is specifically endorsed to provide coverage for career members. A member will be deemed to look to the **Participating Organization/Policyholder** for their primary source of income if they: (1) average 25\* hours or more employment per week; or (2) are salaried and work a schedule of more than 25\* hours per week. The time frame used to determine the average hours or the salaried schedule will be the same time frame used to calculate the **Average Weekly Wage** as defined in the Policy.

\* May vary according to state. Please refer to state specific policy.

## When Does Coverage Apply?

Coverage is provided when a Member performs any normal duty of the emergency service organization when under the direction of an officer, whether it is an emergency or non-emergency duty.

Travel to and from these duties is covered.

Good Samaritan Acts are also covered.

Most non-league sport activities held on behalf of and for the benefit of the department are covered. We do not provide benefits for football, ice or field hockey, lacrosse, soccer, or boxing events.

League Sports can be covered but will require a separate rider purchased in addition to the base policy.

**Covered Activity** – means any activity, including travel directly to and from such activity, which is a normal duty of an **Insured Person**, including any: (1) emergency response for fire suppression and rescue or emergency medical activity; (2) training exercise which simulates an emergency and where active physical participation is required; (3) **Firematic Events or Contests**; (4) class room training; (5) fund-raising activities including athletic activities solely for the purpose of raising funds for the **Participating Organization/Policyholder** or other non-profit organization when such fund-raising is performed as an activity of the **Participating Organization/Policyholder**, except any activity in football, ice or field hockey, lacrosse, soccer or boxing; (6) official functions attended primarily by members of the **Participating Organization/Policyholder** for which the purpose is to further the business of the **Participating Organization/Policyholder** (i.e. installation dinners, banquets, etc.); (7) official conventions, conferences or meetings of emergency fire, rescue or medical personnel attended by the **Insured Person** on behalf of the **Participating Organization/Policyholder** including personal travel or activities undertaken attendant to such convention, conference or meeting; and (8) participation in pre-approved covered athletic events or programs conducted on the premises of the **Participating Organization/Policyholder**. Under no circumstances is there coverage for participation in the athletic events listed in Exclusion number 9.

The **Covered Activity** must be performed at the direction, or with the knowledge, of an officer of the **Participating Organization/Policyholder**, unless immediate action is required of the **Insured Person** at the scene of an emergency not on behalf of the **Participating Organization/Policyholder** or any other organization.

## **DEATH BENEFITS**

The following death benefits are paid in a lump sum to the beneficiary on record except for the Memorial Benefit. The amount paid is shown on the schedule of benefits. If no card is on record, then the death benefit is paid according to the policy/summary of coverage provisions specific to your state.

### **Injury or Illness Loss of Life**

Death benefits are paid when a Member dies as a result of an Injury or Illness while participating in a Covered Activity.

**Injury(ies)** means accidental bodily injury sustained by the **Insured Person**: (1) during and resulting from an **Insured Person's** participation in a specific **Covered Activity** while coverage under the policy is in force as to the **Insured Person**; (2) which directly (independent of sickness, disease, mental incapacity, or any other cause) causes a loss to the **Insured Person**; and (3) which is not otherwise defined as an **Illness**.

The term **Injury**, for the purposes of the policy, shall not include human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or AIDS related complex (ARC), or any heart or circulatory malfunction.

**Illness** means any disease, sickness, or infection of an **Insured Person** while coverage under the policy is in force as to the **Insured Person**. The **Illness** must: (1) manifest itself during a specific **Covered Activity** with the result that the **Insured Person** interrupts his or her participation in such **Covered Activity** in order to receive immediate medical treatment; or (2) directly result from participation in a **Covered Activity** and also result in the **Insured Person** receiving medical treatment within 48 hours of participation in such **Covered Activity**. The requirement that the medical treatment be received within 48 hours is waived for **Infectious Diseases**. Medical treatment means treatment by a **Physician** or at a **Hospital** for the **Illness**.

No Illness Loss of Life Benefit will be payable, however, if an Accidental Death Indemnity Benefit is payable under the policy, or if, as a direct result of participation in the same **Covered Activity**, an HIV Positive Benefit was paid to the **Insured Person** under the policy.

### **Seat Belt Benefit**

If a Member was wearing a properly fastened seat belt at the time of a motor vehicle accident which caused death, we will pay the Seat Belt Benefit.

### **Dependent Child Benefit**

We will pay the benefit for each surviving Dependent Child.

**Dependent Child** means any unmarried child of the **Insured Person** who was dependent upon the **Insured Person** and either claimed on the **Insured Person's** final tax return, or was dependent as a result of a legally enforceable agreement filed with a court or other administrative body.

### **Spousal Support Benefit**

We will pay this benefit to the surviving spouse of a married Member. This benefit can be used to help provide for final expenses, grief counseling, etc.

### **Memorial Benefit**

The deceased Member's department (Participating Organization /Policyholder) will receive a lump sum benefit in the event of a Member's death. This benefit can be used for items such as final expenses incurred by the department, establishing a memorial or trust fund or it may be given to the beneficiaries.

**LUMP SUM LIVING BENEFITS**

**Accidental Dismemberment Benefit**

If the Member has an accidental Injury and suffers a dismemberment listed below, a lump sum benefit will be paid to the Member.

**Accidental Dismemberment Chart**

<b><u>For Loss of:</u></b>	<b><u>% of Accidental Dismemberment Principal Sum Payable</u></b>
Both Hands or Both Feet .....	100
One Hand and One Foot.....	100
Entire Sight of Both Eyes .....	100
One Hand and Entire Sight of One Eye.....	100
One Foot and Entire Sight of One Eye.....	100
Speech and Hearing .....	100
One Arm or One Leg .....	75
Speech or Hearing.....	50
One Hand or One Foot.....	50
Entire Sight of One Eye.....	50
Both Thumbs .....	10
One Thumb .....	5
Each Joint of a Finger or Toe .....	1

**Vision Impairment Benefit**

If a Member has an accidental Injury which causes permanent vision impairment, a lump sum will be payable to the Member. This chart shall apply separately to each eye.

**Vision Impairment Chart**

<b><u>Vision Impairment</u></b>	<b><u>% of Vision Impairment Benefit Payable Per Each Eye</u></b>
20/20 .....	0.00%
20/30 .....	2.75%
20/40 .....	5.50%
20/50 .....	8.25%
20/60 .....	11.00%
20/80 .....	16.50%
20/100.....	22.00%
20/120.....	28.00%
20/150.....	36.00%
20/180.....	44.50%
20/200 or poorer.....	50.00%

In no event will benefits be paid for both Vision Impairment Benefit and Accidental Dismemberment Benefit for the Injury to the same eye sustained while participating in the same Covered Activity.



## Injury Permanent Impairment Benefit

A lump sum benefit will be paid to any Member who suffers permanent loss of use of a body part as a result of an Injury.

To calculate the benefit paid, the Physician uses the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association to determine the impairment rating. The rating is then applied to the scheduled benefit to calculate the payment to the Member.

If the Member has a Permanent Impairment rating of 90% or higher, 125% of the Injury Permanent Impairment Benefit is payable.

An impairment value is assigned after the Member's impairment has reached a point where it will no longer improve with **Total Disability** therapy/rehabilitation.

Benefits for an Injury due to a Permanent Impairment paid or payable under this provision will be in addition to any Accidental Dismemberment Benefit or Vision Impairment Benefit paid or payable under the policy. However, in no event will the total amount of benefits payable as a result of any one accident exceed 100% of the largest Principal Sum shown in the Schedule for these benefits, unless the Permanent Impairment rating for an Injury is 90% or higher in which case 125% of the Principal Sum is payable.

**Permanent Impairment** - means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and which is considered stable or non-progressive by the **Physician** at the time an evaluation is made.

**Physician** means any duly licensed medical practitioner (1) who is acting within the scope of his or her license and (2) who is not the **Insured Person** or an **Immediate Family Member**.

## Heart Permanent Impairment Benefit

If a Member suffers a Heart Permanent Impairment which results in at least 26 weeks of Total Disability, the lump sum benefit shown in the Schedule will be payable. The benefit will be based upon the degree of heart impairment according to the Heart Permanent Impairment Benefit Chart.

## Heart Permanent Impairment Benefit Chart

Left Ventricular Ejection Fraction	New York Heart Association Functional Classification	Heart Permanent Impairment Benefit Due
26 to 30% function	Class II	25%
26 to 30% function	Class III or IV	50%
21 to 25% function	Class II or III	50%
21 to 25% function	Class IV	75%
Less than 21% function	Class II or III	75%
Less than 21% function	Class IV	100%

The benefit due is calculated by multiplying the percentage due and the Principal Sum. The benefit is further modified by the Insured Person's age on the date of the heart impairment, according to the following table:

- Age 40 or less - 125% of the amount payable
- Age 41 to 65 - 75% of the amount payable
- Age 66 or over - 50% of the amount payable

No benefit is payable if a Member had a pre-existing Left Ventricular Ejection Fraction of 35% or lower prior to the Covered Activity causing the Heart Permanent Impairment.

**Heart Permanent Impairment** means a medical condition which is a physical and functional abnormality or loss as a consequence of an **Insured Person** sustaining a heart impairment as a result of a **Covered Activity**, resulting in: (1) a "Left Ventricular Ejection Fraction" of 30% or less; and (2) a "New York Heart Association Functional Classification" of II, III, or IV; and (3) at least 26 weeks of **Total Disability**.

**Left Ventricular Ejection Fraction** means a clinically used measure of the percentage of blood the heart is able to eject from the left ventricle.

**New York Heart Association Functional Classification** is a standard measurement of how heart function affects activities of daily living. Below is a summary of the New York Heart Association Classification:

- I. No symptoms and no limitation in ordinary physical activity.
- II. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.
- III. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.
- IV. Severe limitations. Experiences symptoms even while at rest.

### Illness Permanent Impairment Benefit

If an Illness to a Member results in 260 weeks of Total Disability Benefits, the following percentage of the Illness Permanent Impairment Benefit shown in the schedule will be payable:

- 50% - If the Member is unable to return to his or her occupation.
- 75% - If the Member is unable to return to any Gainful Occupation.
- 125% - If the Member has been approved or, if not eligible, otherwise meets the eligibility criteria for Social Security disability benefits.

If a Member has received a Heart Permanent Impairment Benefit and later becomes eligible for payment under this benefit for the same condition, the amount payable under this benefit is reduced by the amount previously paid under the Heart Permanent Impairment Benefit. The percentages shown above will also apply to the total amount payable.

**Gainful Occupation** means an occupation for which an **Insured Person** is qualified by reason of education, training or experience, which has a reasonable expectation to provide more than 85% of pre-disability earnings.

### Cosmetic Disfigurement Resulting from Burns Benefit

If a Member suffers a cosmetic disfigurement due to a burn classified as a full thickness or third degree burn, as a result of an Injury we will provide a lump sum benefit to the Member.

The payment amount is based on the amount of surface area and body part burned according to the Cosmetic Burn Chart. Burns to body parts that are more visible will result in a higher benefit than burns occurring to less visible body parts.

### Cosmetic Burn Chart

Body Part	Area Classification	Maximum Allowable % for Area Surface Burned	Maximum % of Cosmetic Disfigurement from Burns Principal Sum
Face, Neck, Head	11	9.0%	99.0%
Hand and Forearm (Right or Left)	5	4.5%	22.5%
Upper Arm (Right or Left)	3	4.5%	13.5%
Torso (Front or back)	2	18.0%	36.0%
Thigh (Right or Left)	1	9.0%	9.0%
Lower Leg (Below Knee) (Right or Left)	3	9.0%	27.0%

Example using the **Cosmetic Burn Chart**

(a) if the entire surface of the right hand and forearm were burned the benefit would be  $5 \times 4.5\% = 22.5\%$  of the Cosmetic Disfigurement Resulting from Burns Principal Sum payable; or

(b) if 50% of surface of the right hand and forearm were burned the benefit would be  $5 \times 2.25\%$  (which is 50% of 4.5) = 11.25% of the Cosmetic Disfigurement Resulting from Burns Principal Sum payable.

If the **Insured Person** suffers burns in more than one area as a result of any one accident, benefits will not exceed more than 100% of the Cosmetic Disfigurement Resulting from Burns Principal Sum.

Any Cosmetic Disfigurement Resulting from Burns Benefit paid or payable hereunder will be in addition to any Accidental Dismemberment Benefit, Injury Permanent Impairment, Heart Permanent Impairment, or Illness Permanent Impairment Benefit paid or payable under the Policy. However, in no event will the total amount of benefits payable as a result of any one accident exceed 100% of the largest Principal Sum shown in the **Schedule** for these Benefits.





### HIV Positive Lump Sum Living Benefit

If a Member contracts Human Immunodeficiency Virus (HIV) as a direct result of participation in a specific Covered Activity a lump sum benefit is payable to the Member.

If the Illness Loss of Life Benefit or the Illness Permanent Impairment Benefit and the HIV Positive Lump Sum Living Benefit are both payable under the Policy as a result of any one Illness, only the largest lump sum amount will be paid.

**HIV Positive** means the presence of **HIV** antibodies in the blood of an **Insured Person** as substantiated through both a positive screening test (enzyme-linked immunosorbent assay, ELISA) and a positive supplemental test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positivity as specified by the manufacturer(s).

### WEEKLY INCOME BENEFITS

#### Total Disability Benefit/Weekly Income Benefit

If a Member is unable to perform all of the material and substantial duties of his or her **own occupation** because of an Injury or Illness, we will pay the Total Disability Weekly Income Benefit.

**Total Disability, Totally Disabled** – means, for an **Insured Person** with an occupation producing wages as described in the definition of **Average Weekly Wage**, the inability to perform all of the material and substantial duties of his or her own occupation. If the **Insured Person** does not have an occupation producing wages as described in the definition of **Average Weekly Wage**, **Total Disability, Totally Disabled** means: (1) the inability to perform all of the material and substantial duties of an occupation for which the **Insured Person** is qualified by reason of education, training, or experience; or (2) the inability to perform all of the regular activities of the **Insured Person**. The **Insured Person** must be under the regular care of a **Physician** during **Total Disability**.

- **First Four Weeks of Total Disability**

For the first 28 days (four weeks) of Total Disability, we will pay the amount shown in the Schedule for each week This benefit is be paid regardless of the amount of lost income and is not coordinated with income from other sources (e.g. Workers' Compensation).

- **Beginning on the Fifth Week of Total Disability**

We will pay 100% of the members' pre-disability average income not to exceed up to the weekly benefit amount shown in the Schedule. This amount will be offset by Other Valid and Collectible Insurance or payable Workers' Compensation.

Our benefit for Total Disability is payable for up to two hundred sixty (260) weeks. (520 weeks is available as an additional option under the Extended Total Disability Benefit). **The definition of disability will not change during this five year period.**

Benefits cease if the Member:

- 1) returns to their own job or chooses to return to a different job, or
- 2) is approved for disability retirement or otherwise retires.

#### Payment Example for the Fifth Week of Disability:

Amount on Schedule after 28 days	\$400
Member's Average Weekly Wage:	\$1,000
Workers' Compensation Payment:	\$400
We will pay:	\$400

#### Partial Disability Benefit/Weekly Income Benefit

If the Member is unable to perform one or more, but not all, of the duties of his or her **own occupation** because of an Injury or Illness, We will pay the Partial Disability Weekly Income Benefit shown in the Schedule for the first 28 days of Partial Disability. The calculation will be similar to the Total Disability Benefit thereafter.

The benefit for Partial Disability is payable for up to one year.

**Partial Disability, Partially Disabled** means for an **Insured Person** with an occupation producing wages as described in the definition of **Average Weekly Wage**, the inability to perform one or more, but not all, of the material and substantial duties of his or her regular occupation. If the **Insured Person** does not have an occupation producing wages as described in the definition of **Average Weekly Wage**, **Partial Disability, Partially Disabled** means: (1) the inability to perform one or more, but not all, of the material and substantial duties of an occupation for which the **Insured Person** is qualified by reason of education, training, or experience; or (2) the inability to perform one or more, but not all, of the regular activities of the **Insured Person**. The **Insured Person** must be under the regular care of a **Physician** during **Partial Disability**.



## OCCUPATIONAL RETRAINING BENEFIT

If an Injury or an Illness causes Permanent Total Disability, we will pay Covered Retraining Expenses. This benefit is paid if the Member enrolls in an institution of higher learning or a professional or trade training program. The objective of any professional or trade training program must be to return the Member to a job for which he or she is suited. The professional or trade training program must be agreed upon by Us and the Member.

The maximum benefit amount is listed in the Schedule.

**Covered Retraining Expenses** includes, but is not limited to, expenses for tuition, books, and any other training materials required by the institution of higher learning or professional or trade training program.

**Permanently Totally Disabled** means that the **Insured Person** is permanently unable to perform the material and substantial duties of his or her occupation.

## WEEKLY INJURY PERMANENT IMPAIRMENT BENEFIT: VOLUNTEERS ONLY

We will pay a weekly benefit if the Member suffers a Permanent Impairment of 50% or greater due to an accidental Injury. The benefit is payable:

- weekly for life
- even if the Member returns to work in any job
- in addition to any benefit paid or payable under the Policy.

Payments begin on the 261st week of disability or 521st week if the Extended Total Disability is selected. The weekly payment is calculated by applying the impairment rating percentage to the Weekly Income Benefit received by the Member on the 29th day of Total Disability.

Subsequent changes in the Permanent Impairment rating due to an Injury will not affect the Weekly Injury Permanent Impairment Benefits paid or payable.

This benefit is only available for volunteer Members.

**Permanent Impairment** means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and which is considered stable or non-progressive by the **Physician** at the time an evaluation is made.

Example:

If the **Total Disability Weekly Income Benefit** payable on the 29th day of **Total Disability** is \$600.00 and the **Insured Person's Permanent Impairment, due to an injury,** percentage value is 70%, the lifetime **Weekly Injury Permanent Impairment Benefit** would be \$420 per week.  
( $\$600 \times 70\% = \$420$ )

## OPTIONAL WEEKLY INJURY PERMANENT IMPAIRMENT BENEFIT COST OF LIVING ADJUSTMENT (COLA)

After a Member has collected Total Disability under the Weekly Injury Permanent Impairment Benefits for 52 consecutive weeks, the weekly benefit is adjusted based on the increase in the Consumer Price Index-Urban (CPI-U). The annual adjustment made each July 1 is compounded. There is no maximum limit on the benefit or the CPI-U percentage used to calculate the increase in the weekly benefits.

The increase will apply to either the **Insured Person's Average Weekly Wage** at the time of the **Covered Activity** which caused the **Injury** or **Illness**, or to the **Total Disability Benefit** or **Partial Disability Benefit**, whichever results in the higher benefit to the **Insured Person**. Any increase in benefits will become effective on July 1 next following the 52 week benefit period. Successive annual increases, if any, on July 1 of each subsequent year will be compounded.

**Consumer Price Index** means the consumer price index published by the U.S. Department of Labor's Bureau of Labor Statistics for All Urban Consumers, All Items (CPI-U).

## **MEDICAL EXPENSE BENEFITS**

**Reasonable and Customary Expense** means an expense which: (1) is charged for treatment, supplies or medical services medically necessary to treat the **Insured Person's** condition; (2) does not exceed the usual level of charges for similar treatment, supplies, or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

### **Medical Expenses Benefit**

If Injury or Illness causes a Member to incur expenses for medical care, we will pay the cost of any Reasonable and Customary Expenses. The maximum amount, we will pay is noted in the Schedule. Medical expenses include items such as:

- medical, Hospital, or surgical treatment
- Home Health Care
- nursing services prescribed and monitored by a Physician
- Post-exposure Prophylaxis Protocol (PEP) treatment, when such treatment is advised by the attending Physician
- Infectious Disease screening tests
- Post-exposure or preventive inoculations as a result of participation in a Covered Activity

### **Cosmetic/Plastic Surgery Benefit**

If a Member needs skin grafting or plastic surgery because of an Injury for which Medical Expense Benefits are paid or payable, We will pay for the Reasonable and Customary Expenses of the surgery.

This benefit is paid in addition to the Medical Expense Benefit. The maximum amount is listed in the Schedule.

### **Post-Traumatic Stress Disorder Benefit**

We will pay Reasonable and Customary Expenses up to the limit shown in schedule when a Member suffers from Post-Traumatic Stress Disorder as a result of witnessing or being involved in a Traumatic Incident from a single Covered Activity.

**Post-Traumatic Stress Disorder** means emotional stress resulting from a **Traumatic Incident** experienced by an **Insured Person** which adversely affects the psychological and physical well-being of the **Insured Person**.

**Traumatic Incident** means an abnormal experience, outside the range of usual human experiences and includes, but is not limited to: (a) line-of-duty death or serious injury to other **Insured Persons**; (b) a single incident having multiple casualties; (c) death or serious injury of a child; and (d) dealing with victims known to the **Insured Person**.

### **Critical Incident Stress Management Benefit**

When the department requires the use of a Critical Incident Stress Management Team, We will pay the expenses incurred by the team. These expenses include meals, lodging, and necessary travel.

The team must be requested and authorized by the Policyholder and needed due to a specific Covered Activity where a Traumatic Incident occurred.

The maximum amount payable for expenses is noted in the Schedule.

**Critical Incident Stress Management Team (CISMT)** means a formally organized group of mental health professionals and peer support individuals trained to provide support services to emergency service personnel. Such support services include stress debriefing, defusing, demobilization, stress education, spousal support, one-on-one interviews, or on the scene support.

**Traumatic Incident** means an abnormal experience, outside the range of usual human experiences and includes, but is not limited to: (a) line-of-duty death or serious injury to other **Insured Persons**; (b) a single incident having multiple casualties; (c) death or serious injury of a child; and (d) dealing with victims known to the **Insured Person**.

### **Family Expense Benefit**

When a Member is admitted to a Hospital for three (3) or more consecutive days for an accidental Injury or an Illness, We will pay a daily benefit to the Member. Once the Member has been in the Hospital for three days, the benefit will be calculated from first day of hospitalization.

After such Hospital confinement, we will provide 50% of the scheduled daily benefit for each day the Member participates in Out-Patient Physical Therapy.

This benefit is payable for a combined maximum of 26 weeks for any one accidental Injury or Illness regardless of whether it is paid at 100% or 50%.

This benefit is paid in addition to other income and medical benefits and does not require the Member to submit expenses or prove lost wages in order to receive the benefit.

### **CONTINUATION OF HEALTH INSURANCE PREMIUM BENEFIT**

We will pay a benefit equal to the Member's Continuation of Health Insurance Premium up to the maximum amount shown in the Schedule if:

- (1) as a result of Injury or Illness, a Member becomes Totally Disabled;
- (2) We have paid six weeks of Total Disability Benefits; and
- (3) the Member is responsible for his or her Continuation of Health Insurance Premiums.

The Member must submit to Us proof that the premium contribution was previously paid by the Member's employer or by the Member himself or herself. This coverage does not apply if the Policyholder provides health insurance benefits for the Member. The benefit also does not apply for a Member who is: (1) self-employed under item 4 of the Average Weekly Wage definition; or (2) an officer or partner in any organization that purchases health insurance for the Member.

**Continuation of Health Insurance Premium** means payments by the **Insured Person** to maintain employer-provided individual or family health insurance, after the employer paid premium or contribution becomes the responsibility of the **Insured Person**.

### **TRANSITION BENEFIT**

We will pay a weekly Transition Benefit equivalent to the last Total Weekly Disability Benefit if, while the Member is receiving Total Disability benefits, he or she is terminated from his or her regular employment and remains unemployed after Total Disability ends. This benefit is payable as long as the Member remains unemployed up to a maximum of 26 weeks.

### **FELONIOUS ASSAULT BENEFIT RIDER**

This benefit is payable if the Member suffers one or more losses for which benefits are payable under the Accidental Death Indemnity Benefit, Accident Dismemberment Benefit, Cosmetic Disfigurement Resulting from Burns Benefit, Injury Permanent Physical Impairment Benefit, Heart Permanent Impairment Benefit, Illness Permanent Impairment Benefit or Vision Impairment Benefit as the result of a Felonious Assault that is directed at the Member while participating in a Covered Activity.

The amount payable is an additional 50% of the total amount payable under all of the benefits specified above.

Only one benefit is payable for all losses as a result of the same Felonious Assault. This benefit does not apply if the Member is a police officer.

**Felonious Assault** means any willful or unlawful use of force upon the **Insured Person** (1) with the intent to cause bodily injury to the **Insured Person**, (2) that results in bodily harm to the **Insured Person**, and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.



## **HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

We will pay up to the maximum amount shown in the Schedule for this benefit if a Member suffers a covered Injury or Illness which results in a permanent and irrevocable loss, and the Member did not prior to this date of the Covered Activity require alterations to his or her home and/or modifications to his or her vehicle and as a direct result of such loss is now required to make alterations to his or her home or vehicle.

**Home Alteration and Vehicle Modification Expenses** means one-time expenses that (1) are charged for (a) alterations to the **Insured Person's** residence that are necessary to make the residence accessible and habitable for an impaired individual, and (b) modifications to a motor vehicle owned or leased by the **Insured Person** or modification to a motor vehicle newly purchased for the **Insured Person** that are necessary to make the vehicle accessible to and/or drivable by the **Insured Person**; and (2) do not include charges that would have not been made if no insurance existed; and (3) do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred. However, such alterations made to the **Insured Person's** residence and the modifications made to his or her motor vehicle are: (1) made on behalf of the **Insured Person**; (2) in compliance with any applicable laws or requirements for approval by the appropriate government authorities; and (3) agreed to and approved by **Us**.

**We** will pay any "Home Alteration and Vehicle Modification Expenses" incurred by an **Insured Person** in excess of benefits paid or payable under any Workers' Compensation act or similar law, no fault automobile insurance plan or similar law, and any **Other Valid and Collectible Insurance**.

## **OPTIONAL BENEFITS**

### **Weekly Hospital Indemnity Benefit**

A Member will receive this benefit in addition to the Weekly Income Benefit when hospitalized or required Out-Patient Physical Therapy for either an Injury or Illness.

This benefit is payable for a maximum period of 52 weeks

If the Member is in an intensive, cardiac or critical care unit, the Weekly Hospital Indemnity Benefit Amount shown in the Schedule is doubled.

### **Additional Disability Weekly Benefit**

A Member will receive an additional payment for the first week of Total Disability as a result of an Injury or Illness. If the Member is Totally Disabled for less than one full week, We will pay a daily benefit for each day of disability. This daily benefit will be 1/7 of the scheduled weekly benefit.

This benefit is paid in addition to other weekly income benefits.

### **Special Events Benefit Rider**

When purchased, this optional benefit rider will provide for medical expenses and/or Total Disability benefits if the Member or a participant is injured in a specified activity which is not considered a normal duty.

### **Extended Total Disability Benefit (Volunteer Members Only)**

The Extended Total Disability Benefit is show on the Schedule. The maximum Total Disability Benefit period is increased from 260 to 520 weeks. This benefit is payable if the Member is Totally Disabled because of an Injury or Illness.

### **Organized Team Sports Rider**

When purchased, this optional benefit will provide accidental death, accidental dismemberment, total disability, or medical expenses benefits if Injury or Loss of Life to an Insured Person results from participation in (including travel directly to and from) a specific organized team league event, including a game or practice.

## **OPTIONAL DEATH AND DISMEMBERMENT BENEFITS**

### **24 Hour Accidental Death and Dismemberment Benefit**

This benefit provides a lump sum amount if a Covered Person dies or suffers a dismemberment or vision loss due to an accidental Injury. The benefit is paid if the death, dismemberment or vision loss is caused by a Covered Activity or an off-duty activity.

If the Covered Person dies or suffers a dismemberment or vision loss as a result of a Covered Activity, then the benefits from both this optional coverage and the policy will be paid.

If the Covered Person dies or suffers a dismemberment or vision loss as a result of an off-duty activity, only the benefit from this optional coverage will be paid.

**Covered Person**, as used in this benefit, means all Members who are listed on the **Participating Organization's/Policyholder's** roster. The roster will be maintained and periodically updated by the **Participating Organization /Policyholder**. The roster will be kept on file with the **Participating Organization/Policyholder** and a copy provided to VFIS.

### **Off-Duty Activity Accidental Death and Dismemberment Benefit**

This benefit provides a lump sum amount if a Covered Person dies or suffers a dismemberment due to an accidental Injury. The benefit will be paid only if the Injury is not caused by a Covered Activity.

Only one Optional Accidental Death Benefit is available under the policy.

**Covered Person**, as used in this benefit, means all Members who are listed on the **Participating Organization's/Policyholder's** roster. The roster will be maintained and periodically updated by the **Participating Organization /Policyholder**. The roster will be kept on file with the **Participating Organization/Policyholder** and a copy provided to VFIS.

**Please note: Coverage provided under the optional Off-Duty/24 Hour AD&D Benefit cannot be issued until a roster listing the covered Members is submitted.**

## **EXCLUSIONS**

We will not cover any loss caused by or resulting from:

- (1) suicide or any attempt at it, while sane or insane; or intentionally self-inflicted injuries while sane;
- (2) injuries that happen while flying except: (a) as a passenger on a commercial aircraft; or (b) a passenger on any aircraft while taking part in a Covered Activity;
- (3) injuries that happen while flying as a crew member, or during parachute jumps from the aircraft;
- (4) war or any act of war, whether declared or undeclared;
- (5) mental or emotional disorders, except as specifically provided for covered Post Traumatic Stress Disorder;
- (6) treatment of alcoholism or drug addiction and any complications arising therefrom, except loss caused by Injury sustained during and resulting from a Covered Activity;
- (7) illness, except as provided by the policy;
- (8) military service of any state or country;
- (9) any activity in football, ice hockey, field hockey, lacrosse, soccer, and boxing;
- (10) any league sports event, except as covered under the Organized Team Sports Rider.



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