MESSA Choices/Choices II
Medical Plan Highlights

MESSA
www.messa.org

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Romeo Community Schools
ROSPA

MESSA Choices/Choices II $500/$1,000 In-Network $1,000/$2,000 Out-of-Network Deductible $20 Office Visit MESSA Saver Rx Adult Immunizations with XVA-2 Rider (7F)

Health Care Benefits for You and Your Covered Dependents

All services must be **medically necessary** and performed by a qualified provider.

	In-Network	Out-of-Network
■ **Deductible Maximum** *(per calendar year)* Applies to all services except preventive care and prescription drugs	$500 per person / $1,000 per	$1,000 per person / $2,000 per family
■ **Out-of-pocket Maximum** *(per calendar year)* Excludes deductibles, flat-dollar co-payments, charges above the approved amount, charges for services not covered under the plan	None - due to minimal copayments and 100% coverage for most services	$2,000 individual / $4,000 Family
■ **Lifetime Benefit Maximum**	Unlimited	Unlimited

Type of Service	In-Network Provider *(after deductible)*	Out-of-Network Provider *(after deductible)*
Office Visits	$20 co-payment	80% of the approved amount
Prescription Drug Coverage (mail order available)	MESSA Saver Rx	75%, minus the co-payment
Inpatient Hospital ■ Semi-private room and board *(includes supplies and services)* ■ Physician charges	100%	80% of the approved amount
Surgical Services *Includes*: surgeon, assistant surgeon and anesthesiologist charges	100%	80% of the approved amount
Hospital Emergency Room (ER) *Co-payment waived if admitted or due to accidental injury* ■ Hospital Charges	$50 co-payment	$50 co-payment
■ ER Physician Charges	100%	80% of the approved amount
Urgent Care *Co-payment waived if services are required to treat a medical emergency or accidental injury*	$25 co-payment	80% of the approved amount
Preventive Care ■ Well baby and well child care visits: ◦ 6 visits per year through age 1 ◦ 2 visits per year ages 2 through age 3 ◦ 1 visit per year for children ages 4 through age 15 ■ Childhood and Adult Immunizations - As recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics ■ Cancer Screenings ■ Health Maintenance Exams - age 16 through adult, 1 per calendar year	100% No deductible *(Adult Immunizations are covered)*	Not Covered *(except for mammograms)*

DATE PREPARED: January 7, 2011

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Continued

Type of Service	In-Network Provider *(after deductible)*	Out-of-Network Provider *(after deductible)*
Chiropractic Services including Modalities Up to 38 visits *(combination of in-network and out-of-network visits)* per calendar year	100%	80% of the approved amount
Diagnostic Lab & X-Ray	100%	80% of the approved amount
Radiation & Chemotherapy	100%	80% of the approved amount
Allergy Testing & Therapy	100%	80% of the approved amount
Additional Covered Services ■ Medical Supplies and Equipment ■ Ambulance ■ Hearing Care *(plan limits apply)* ■ Skilled Nursing Facility ■ Hospice ■ Home Health Care ■ Human Organ Transplant - when authorized and performed at an approved facility *(plan limits apply)*	100%	100% of the approved amount In-network deductible applies when there is no network for services
Mental Health and Substance Abuse ***Outpatient Care*** ■ Mental health care ■ Substance abuse treatment ***Inpatient Care*** ■ Pre-authorization required	$20 co-payment $20 co-payment 100%	80% of the approved amount 80% of the approved amount
Outpatient Physical, Occupational & Speech Therapy Up to a combined benefit maximum of 60 visits per member per calendar year, whether obtained from an in-network or out-of-network provider	100%	80% of the approved amount

■ Medical Case Management (MCM)

MESSA offers Medical Case Management (MCM), a unique program tailored to meet the medical needs of our members who may need extraordinary care if diagnosed with a catastrophic illness or injury. It is designed to help MESSA members and their families through these difficult times by providing flexibility, support and direct involvement in the management of their health care.

■ MESSA Help Lines - NurseLine and Healthy Expectations

Plan participants have access to a 24/7 NurseLine for general medical information. To access NurseLine, call 800-414-2014 to speak to a specialy trained Registered Nurse who can answer your medical questions and provide health related information. MESSA's prenatal information and support program for expectant mothers is Healthy Expectations. Please call the MESSA Member Service Center at 800-336-0013 for information or to enroll. These services are not intended to replace regular medical care by a doctor or other qualified medical professional.

■ Covered Services and Approved Amounts

In-Network providers bill BCBSM and MESSA directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan co-payment requirements. **Out-of-Network providers** may or may not bill BCBSM or MESSA directly. The member is responsible to the provider for any deductibles, co-payments and **amounts that are in excess of the approved amount** for the services as predetermined by MESSA and BCBSM. **These amounts may be substantial.**

Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) & BCS Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.

Additional Benefits for You

Life Insurance - $5,000
Accidental Death & Dismemberment Insurance (AD&D) $5,000

Life and AD&D insurance may be continued following termination of employment by direct payment to MESSA. AD&D terminates at age 65 or when employment terminates, whichever happens last.

Life and AD&D insurance underwritten by Life Insurance Company of North America.

This is a brief summary of the MESSA Choices/Choices II Plan. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800-336-0013.

ROMEO COMMUNITY SCHOOLS (0145)
SECRETARIES – ROSPA – PAK A (with dental COB)
(Who do choose the health program and do have dental through another source)
MESSA DENTAL PLANS– Group #6319-0014
Underwritten by Delta Dental Plan of Michigan

Class I **50%**	*Class II* **50%**	*Class III* **50%**	*Class IV* **50%**
Diagnostic ● Oral Examination ● Prophylaxes ● Topical Fluoride ● Emergency Palliative **Riders** ☐ Sealants ☐ 3 Cleanings ☐ 4 Cleanings	**Basic Services** ● Radiographs ● Restoratives ● Crowns Jackets ● Oral Surgery ● Endodontic services ● Periodontal Services	Procedures for the construction of fixed bridgework partial and complete dentures	**Orthodontics** Necessary treatment and procedures required for the correction of malposed teeth to age 19 ☑ Initial exam, radiographs and extractions are covered under Class I **Riders** ☑ None ☐ Adult Ortho-removes age limitation
$ 1,000 Class I, II, and III Annual Maximum Per Person			**$1,000 Class IV Lifetime maximum per person**

ROMEO COMMUNITY SCHOOLS (0145)
SECRETARIES - ROSPA – PAK A (without dental COB)
(Who do choose the health program and do not have dental through another source)
MESSA DENTAL PLANS – Group #6319-0013
Underwritten by Delta Dental Plan of Michigan

Class I **80%**	*Class II* **80%**	*Class III* **80%**	*Class IV* **80%**
Diagnostic ● Oral Examination ● Prophylaxes ● Topical Fluoride ● Emergency Palliative **Riders** ☐ Sealants ☐ 3 Cleanings ☐ 4 Cleanings	**Basic Services** ● Radiographs ● Restoratives ● Crowns Jackets ● Oral Surgery ● Endodontic Services ● Periodontal Services	Procedures for the construction of fixed bridgework partial and complete dentures	**Orthodontics** Necessary treatment and procedures required for the correction of malposed teeth to age 19 ☑ Initial exam, radiographs and extractions are covered under Class I **Riders** ☑ None ☐ Adult Ortho-removes age limitation
$ 1,000 Class I, II, and III Annual Maximum Per Person			**$1,300 Class IV Lifetime maximum per person**

ROMEO COMMUNITY SCHOOLS (0145)
SECRETARIES - ROSPA–PAK B (with dental COB)
(Who do not choose the health program and do have dental through another source)
MESSA DENTAL PLANS–Group #6319-0016
Underwritten by Delta Dental Plans of Michigan

Class I **50%**	*Class II* **50%**	*Class III* **50%**	*Class IV* **50%**
Diagnostic ● Oral Examination ● Prophylaxes ● Topical Fluoride ● Emergency Palliative **Riders** ☐ Sealants ☐ 3 Cleanings ☐ 4 Cleanings	**Basic Services** ● Radiographs ● Restoratives ● Crowns Jackets ● Oral Surgery ● Endodontic Services ● Periodontal Services	Procedures for the construction of fixed bridgework partial and complete dentures	**Orthodontics** Necessary treatment and procedures required for the correction of malposed teeth to age 19 ☑ Initial exam, radiographs and extractions are covered under Class I **Riders** ☑ None ☐ Adult- Ortho-removes age limitation
$1,000 Class I, II, and III Annual Maximum Per Person			**$1,000 Class IV Lifetime maximum per person**

ROMEO COMMUNITY SCHOOLS (0145)
SECRETARIES - ROSPA – PAK B (without dental COB)
(Who do not choose the health program and do not have dental through another source)
MESSA DENTAL PLANS– Group #6319-0015
Underwritten by Delta Dental Plans of Michigan

Class I **100%**	*Class II* **90%**	*Class III* **90%**	*Class IV* **90%**
Diagnostic ● Oral Examination ● Prophylaxes ● Topical Fluoride ● Emergency Palliative **Riders** ☐ Sealants ☐ 3 Cleanings ☐ 4 Cleanings	**Basic Services** ● Radiographs ● Restoratives ● Crowns Jackets ● Oral Surgery ● Endodontic Services ● Periodontal Services	Procedures for the construction of fixed bridgework partial and complete dentures	**Orthodontics** Necessary treatment and procedures required for the correction of malposed teeth to age 19 ☑ Initial exam, radiographs and extractions are covered under Class I **Riders** ☑ None ☐ Adult- Ortho-removes age limitation
$1,000 Class I, II, and III Annual Maximum Per Person			**$1,500 Class IV Lifetime maximum per person**

VSP-2 Silver Benefits

Panel Providers

When you see a MESSA VSP participating panel provider for services which are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for the covered charges after satisfaction of a deductible. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP panel providers is available on the Web at **www.messa.org** > Members > Provider Search > Find an Eye Doctor.

Non-Panel Providers (Maximum Reimbursement to Patient)

Non-panel providers are providers who do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames which are obtained from a non-panel (non-participating) provider are subject to a maximum reimbursement. Members and dependents who choose to see a non-panel provider must pay the provider and submit an itemized receipt to VSP for reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Features	VSP-2 Silver Panel Provider	VSP-2 Silver Non-Panel Provider
Exam Deductible		
■ Optometrist	$6.50	$28.50 max
■ Opthalmologist		$38.50 max
Contact Lens Allowance (includes exam)		
■ Cosmetic (Elective)	$110	$90
■ Disposable		
Frame Allowance	**$130***	**$44 max**
Lenses		
■ Single Vision	Covered: Subject to maximum frame allowance and $18 deductible on lenses and frames	$29 max
■ Bifocal		$51 max
■ Trifocal		$63 max
■ Lenticular		$75 max
Extra Lens Features		
■ Pink #1 or #2 tint	Covered	**
■ Rimless		
■ Oversize		
■ Blended		
■ Progressive	Not Covered	
Tinted		
● Tinted Single Vision	Covered	$33 max
● Tinted Bifocal		$61 max
● Tinted Trifocal		$75 max
● Tinted Lenticular		$89 max
Polarized		
● Polarized Single Vision	Covered	$ 47 max
● Polarized Bifocal		$ 81 max
● Polarized Trifocal		$101 max
● Polarized Lenticular		$119 max

**The frame allowance is the total maximum frame benefit payable for each insured person in each year. The frame allowance for VSP-2 Silver for materials provided by a panel provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.*

***Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement.The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount.*

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VSP-3 Gold Benefits

MESSA
Good health. Good business. Great schools.

Panel Providers

When you see a MESSA VSP participating panel provider for services which are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for the covered charges. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP panel providers is available on the Web at **www.messa.org** > Members > Provider Search > Find an Eye Doctor.

Non-Panel Providers (Maximum Reimbursement to Patient)

Non-panel providers are providers who do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames which are obtained from a non-panel (non-participating) provider are subject to a maximum reimbursement. Members and dependents who choose to see a non-panel provider must pay the provider and submit an itemized receipt to VSP for reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Features	VSP-3 Gold Panel Provider	VSP-3 Gold Non-Panel Provider
Exam Deductible		
■ Optometrist	No Deductible	$35 max
■ Opthalmologist		$45 max
Contact Lens Allowance (includes exam)		
■ Cosmetic (Elective)	$135	$115 max
■ Disposable		
Frame Allowance	**$130***	**$55 max**
Lenses		
■ Single Vision	Covered	$ 38 max
■ Bifocal		$ 60 max
■ Trifocal		$ 72 max
■ Lenticular		$108 max
Extra Lens Features		
■ Pink #1 or #2 tint	Covered	**
■ Rimless		
■ Oversize		
■ Blended		
■ Progressive	Not Covered	
Tinted		
● Tinted Single Vision	Covered	$ 42 max
● Tinted Bifocal		$ 70 max
● Tinted Trifocal		$ 84 max
● Tinted Lenticular		$118 max
Polarized		
● Polarized Single Vision	Covered	$ 56 max
● Polarized Bifocal		$ 90 max
● Polarized Trifocal		$110 max
● Polarized Lenticular		$138 max

**The frame allowance is the total maximum frame benefit payable for each insured person in each year.*

***Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement. The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount. The frame allowance for VSP-3 Gold for materials provided by a panel provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.*

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LIFE & ACCIDENT INSURANCE CERTIFICATE BOOKLET

GROUP INSURANCE FOR
ROMEO COMMUNITY SCHOOLS

SCHOOL NUMBER 145

ROSPA WITH HEALTH

The benefits for which you are insured are set forth in the pages of this booklet. Consult these pages for a further description of the terms and conditions of this coverage. Application must be made and signed by the individual before any coverage can become effective. If your plan requires contributions from you, the coverage will not become effective unless you are making the required contributions

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SCHEDULE OF BENEFITS

To be attached to and made part of your Certificate Booklet

Participating Employer

ROMEO COMMUNITY SCHOOLS

PLAN EFFECTIVE DATE: January 1, 2008

EMPLOYEES INCLUDED: ROSPA WITH HEALTH

DATE OF ELIGIBILITY: You will be eligible on the Plan Effective Date, the date of your employment, or the day following completion of the eligibility waiting period as determined by your Employer, whichever is later.

Life Insurance $40,000

Accidental Death and Dismemberment..... $40,000

WHEN YOUR INSURANCE BEGINS

BECOMING ELIGIBLE

You will be eligible for insurance as determined in accordance with the sections entitled Employees Eligible for Insurance and Date of Eligibility in the Schedule of Benefits.

BECOMING INSURED

If you are not required to contribute toward the cost of your insurance, you will become insured on the day you become eligible.

If you are required to pay any portion of the cost of your insurance, you will become insured on the latest of:

a) the day you become eligible, if you enroll for your insurance on or before the day you become eligible,
b) the day you enroll for your insurance, if you enroll on or before the thirty-first (31st) day following the day you become eligible,
c) the first day of the month following the date your evidence of insurability, to be obtained at your own expense, is approved by the Insurance Company, if you enroll for your insurance more than thirty-one (31) days following the day you become eligible.

You must be actively at work on the day that your insurance is to become effective. If you are absent from work because of bodily injury or sickness on that day, you will become insured on the day you return to active work. To be considered actively at work for insurance purposes, you must be physically able to perform your normal duties for a regularly scheduled workday at the time you report to work.

LIFE INSURANCE

DEATH BENEFIT

In the event of your death from any cause, the amount of your Life Insurance as determined in accordance with the Schedule of Benefit, is payable to your beneficiary in a single sum or, if you desire, in installments. You may, at any time, change your beneficiary or the method of benefit payment.

PROTECTION WHILE DISABLED

If, before you reach age 60 and after the effective date of your insurance but prior to your termination of school employment, you become totally disabled by bodily injury or disease so as to be prevented from engaging in any occupation for compensation or profit, your Group Life Insurance protection will be extended. Your protection will be extended up to the first anniversary of the date the total disability is approved, so long as you remain totally disabled. In order for contributions to be waived while your protection is extended, the initial proof of disability must be furnished within one year of the onset of the disability. Contributions will be waived on the first of the month coincident with or next following the date that satisfactory proof of disability is received by the Insurance Company but in no event prior to 6 months from the date the disability commenced. Your protection may be extended further, without payment of contributions, if proof of your continued total disability is submitted to Connecticut General within the 3-month period prior to each anniversary of the date the total disability was approved.

(Note: Accidental Death and Dismemberment Insurance may not be extended in accordance with this provision.)

Contact your Employer for the forms for filing proof of your total disability within six months following onset of disability.

If you have converted your Group Life Insurance, the individual policy must be surrendered to the Insurance Company when the Insurance Companyl approves continuance of your Group Life Insurance protection under this provision. Any premiums paid under the individual policy will be refunded.

The amount of your insurance protection while you are so disabled will be the amount for which you were last insured under the Group Life Insurance Plan prior to your discontinuance of active work.

The Insurance Company will have the right to have its medical representative examine you when it may reasonably require, but after your Group Life Insurance protection has been extended for two full years, not more than once a year.

Proof that total disability continued to death must be submitted to the Insurance Company within one year after the date of your death. Upon receipt of that proof, the Insurance Company will pay to your beneficiary the amount of your insurance protection reduced by any amount of Group Life Insurance payable as a death benefit under any other provision of the Group Policy.

This protection will be discontinued when you are no longer so disabled, fail to submit to an examination or fail to furnish required proof, whichever occurs first. You will have the same rights on the date of the discontinuance as those described below in “Protection After Termination,” unless you become insured again under the Group Insurance Plan.

PROTECTION AFTER TERMINATION

A. If your Group Life Insurance terminates because you leave school employment or because of your termination of membership in the class or classes of employees insured under the Group Policy, you may, within sixty-two (62) days after such termination of insurance, make application for any type of Individual Life Insurance policy then customarily issued by the Insurance Company (except a policy of term insurance, a policy providing universal or variable insurance or a policy providing benefits in the event of total and permanent disability or additional benefits for accidental death). No medical examination is required and the policy will become effective sixty-two (62) days after your Group Life Insurance terminates, provided the premium is paid to Connecticut General not later than such date. The amount you may convert may, at your option, be equal to or less than the amount terminated under the Group Policy. However, if you cease to be a member of an eligible class of employees but continue to be employed by the Employer, the amount you convert will be reduced by the amount for which you are or become eligible under any other Group Policy within thirty-one (31) days after such termination.

You also have a conversion privilege with respect to any portion of your Life Insurance terminated due to retirement under the conditions set forth in the above paragraph.

If you die within sixty-two (62) days following termination of insurance as described in the section A, the Insurance Company will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

B. If your Group Life Insurance terminates because your Employer is no longer a Participating Employer under the Group Policy or the Group Policy is terminated or amended so as to terminate the insurance for the class of employees to which you belong, and you have been continuously insured under the Group Policy or any the Insurance Company policy it replaced, for at least five (5) years, you may also make application to convert your Group Life Insurance to an Individual Life Insurance policy upon the same conditions described in section A above. However, the maximum amount you may convert shall be the amount terminated under the Group Policy less any amount for which you may become eligible under any other Group Policy which replaces it within thirty-one (31) days after the Group Life Insurance terminates, but in no event shall the amount you may convert be more than $10,000.

If you die during the sixty-two (62) day period following the termination of your insurance as described in the section B, the Insurance Company will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

DEATH AND DISMEMBERMENT BENEFITS

Benefits are payable according to the following table if you suffer a loss as a result of accidental injury, while insured, whose cause is external, violent and purely accidental. The accident must happen while you are insured and the loss must occur within one hundred eighty (180) days after the date of the accident. All benefits other than benefits for loss of life are payable to you. Benefits for loss of life are payable to your beneficiary. You may change your beneficiary at any time.

The amount set forth in the Schedule of Benefits is payable for loss of:	The Benefit will be:
Life	Full Amount
Both hands or both feet	Full Amount
Sight of both eyes	Full Amount
One hand and one foot	Full Amount
One hand and sight of one eye	Full Amount
One foot and sight of one eye	Full Amount
One hand	½ of Full Amount
One foot	½ of Full Amount
Sight of one eye	½ of Full Amount
Speech or hearing	½ of Full Amount
Thumb and index finger of same hand	¼ of Full Amount

NOTE: Loss of hand or foot means loss by severance at or above the wrist or ankle joint, and loss of sight, speech or hearing means total and irrecoverable loss of sight, speech or hearing; loss of thumb and index finger means loss by severance at the proximal phalangeal joint.

If you suffer more than one loss due to any one accident, payment will be made only for that loss for which the greatest benefit is payable. Payment will be made for the specific loss resulting from the accident without considering any previous loss.

NOT COVERED

Losses resulting from, or caused directly or indirectly, wholly or partly by:

1. bodily or mental infirmity, bacterial infections (except infections cased by pyogenic organisms which shall occur with and through an accidental cut or wound) or disease or illness of any kind,

2. intentional self-destruction while sane or intentional self-inflicted injury,

3. participation in an insurrection or riot, war or an act of war, or service in any military or naval organization, unless such injuries are sustained while you are off-duty, or

4. participation in, or in consequence of having participated in, the committing of a felony.

5. riding in or descending from any aircraft as a pilot or crew member.

See also “General Information.”

980011-7 (PC-1001)

GENERAL INFORMATION

BENEFICIARY

You may change the beneficiary for your insurance for loss of life at any time. The change in beneficiary will take effect only upon its entry on the insurance records maintained in connection with the Group Policy.

Any part of your insurance for loss of life for which there is no designated beneficiary living at your death, will be payable in a single sum to the first surviving class of the following classes of successive preference beneficiaries: your (a) widow or widower; (b) surviving children; (c) surviving parents; (d) executors or administrators.

In the absence of the appointment of a legal guardian, any minor's share may be paid at a rate not exceeding $50 a month to such adult or adults as have in the Insurance Company's opinion assumed the custody and principal support of such minor.

ASSIGNMENT OF LIFE INSURANCE

No assignment by you of your Life Insurance under the Group Policy shall be valid except an assignment which recites that it is without consideration and that it is made to a named beneficiary. Such an assignment may be made without the consent of any beneficiary; however, such an assignment shall not be deemed to be effective unless in writing and accepted by the Insurance Company, and upon such acceptance it shall become effective as to the Insurance Company as of the date of assignment. Once such an assignment has been accepted and while it remains in force the assignee shall have the sole right to exercise any of the rights and privileges under the Group Policy theretofore granted to you (including, but not limited to, the conversion privilege), and shall become entitled to receive all claim payments under the insurance assigned with respect to which no beneficiary is designated by the assignee, anything in the Group Policy to the contrary notwithstanding.

Acceptance of an assignment by the Insurance Company shall be without further liability as to any action or any payment or other settlement made by the Insurance Company before such acceptance.

No assignment by you of your Accidental Death and Dismemberment Insurance shall be valid.

RIGHT OF RECOVERY

If an overpayment is made due to any reason, including but not limited to clerical error or misstatement of age, the Insurance Company shall have the right to recover such overpayment from the insured person, or his/her beneficiary(ies).

SUICIDE

If Accidental Death and Dismemberment Insurance is provided in the Schedule of Benefits, suicide while insane is no defense to payment under the Accidental Death provisions of the Group Policy if you are a Missouri resident unless the Insurance Company can show that you intended suicide when you applied for the insurance, regardless of any language to the contrary in the Group Policy. Suicide while sane is a defense.

WHEN INSURANCE TERMINATES

Your insurance terminates when you leave school employment, when you are no longer a member of an eligible class of employees, when your Employer is no longer a Participating Employer under the Group Policy, when the Group Policy terminated or upon cessation of contribution for the cost of your insurance, whichever happens first. A dependent's insurance terminates when your insurance terminates or when that dependent is no longer an eligible dependent, whichever happens first.

980011-8 PC-1001)

LIFE INSURANCE COMPANY OF NORTH AMERICA

hereby certifies that employees of the Participating Employer indicated in the Schedule of Benefits who are insured under Group Policy No. FLI-980011 issued by Life Insurance Company of North America to

THE TRUSTEES OF THE NATIONAL CONSUMER INISURANCE TRUST
(Herein called the Policyholder)

are, subject to the terms and conditions of said policy, insured for the benefits described in the pages of the booklet.

This Certificate, which is furnished in accordance with, and subject to, the terms of the Group Policy, replaces any and all Certificates previously issued to you by the Insurance Company under the Group Policy specified above covering the insurance described herein. This is not the contract of insurance. Each policy and the application of the Policyholder for it constitute the entire contract. This Certificate is merely evidence of insurance provided under the Group Policy. The insurance is effective only after the person concerned is eligible for insurance and becomes and remains insured in accordance with the terms, provisions and conditions of the Group Policy.

Karen S. Rohan, President

EMPLOYEE LIFE INSURANCE

Upon receipt of due proof of your death, the amount of Life Insurance for which you are insured under the Group Policy shall be payable to the beneficiary designated by you, as entered on the insurance records maintained in connection with the insurance under the policy. Any part of such insurance for which no beneficiary is designated or surviving at your death will be payable in accordance with the terms of the policy.

PROTECTION AFTER TERMINATION

A. If your Group Life Insurance terminates because you leave school employment or because of your termination of membership in the class or classes of employees insured under the Group Policy, you may, within sixty-two (62) days after such termination of insurance, make application for any type of Individual Life Insurance policy then customarily issued by the Insurance Company (except a policy of term insurance, a policy providing universal or variable insurance or a policy providing benefits in the event of total and permanent disability or additional benefits for accidental death). No medical examination is required and the policy will become effective sixty-two (62) days after your Group Life Insurance terminates, provided the premium is paid to the Insurance Company not later than such date. The amount you may convert may, at your option, be equal to or less than the amount terminated, under the Group Policy. However, if you cease to be a member of an eligible class of employees but then continue to be employed by the Employer, the amount you may convert will be reduced by the amount for which you are or become eligible under any other Group Policy within thirty-one (31) days after such termination.

   You also have a conversion privilege with respect to any portion of your Life Insurance terminated due to retirement under the conditions set forth in the above paragraph.

   If you die within sixty-two (62) days following termination of insurance as described in this section A, the Insurance Company will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

B. If your Group Life Insurance terminates because your Employer is no longer a Participating Employer under the Group Policy or the Group Policy is terminated or amended so as to terminate the insurance for the class of employees to which you belong, and you have been continuously insured under the Group Policy or any the Insurance Company policy it replaced, for at least five (5) years, you may also make application to convert your Group Life Insurance to an Individual Life Insurance policy upon the same conditions described in section A above. However, the maximum amount you may convert shall be the amount terminated under the Group Policy less any amount for which you may become eligible under any other Group Policy which replaces it within thirty-one (31) days after this Group Life Insurance terminates, but in no event shall the amount you may convert be more than $10,000.

   If you die during the sixty-two (62) day period following the termination of your insurance as described in this section B, Connecticut General will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

GENERAL PROVISIONS APPLICABLE TO ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Upon receipt of due proof of claim, Accidental Death and Dismemberment benefits are payable to you, if living, otherwise to the beneficiary designated by you, as entered on the insurance records maintained in connection with the insurance under the policy. If no such designation is then effective, such benefits will be payable in accordance with the terms of the policy.

NOTICE OF CLAIM

Written notice of the event upon which claim may be based must be given to the Insurance Company within twenty (20) days after the date of the loss for which claim is made. Failure to give notice within the time required by the policy shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice within the required time and that notice was given as soon as was reasonably possible.

Upon receipt of such notice, you will be furnished forms for filing proof of claim. If such forms are not furnished within fifteen (15) days after the receipt of notice the claimant shall be deemed to have complied with the requirements of the policy as to proof of claim upon submitting within ninety (90) days after the date of the loss for which claim is made, written proof covering the occurrence, character and extent of the loss for which claim is made.

PROOF OF CLAIM

Written proof of claim must be furnished to the Insurance Company, on the Insurance Company's forms within ninety (90) days after the date of the loss for which claim is made. Failure to furnish written proof of loss within the time required by the policy shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof within the required time and that proof was furnished as soon as was reasonably possible.

EXAMINATIONS

The Insurance Company shall have the right and opportunity through its medical representative to examine any person when and so often as it may reasonably require during the pendency of claim under the policy and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover under the policy prior to the expiration of sixty (60) days after proof of claim has been furnished in accordance with the requirements of the policy, nor shall any such action be brought at all unless commenced within ten (10) years from the expiration of the time within which proof of claim is required by the provisions thereof.

980011-12 (PC-1001)

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA a
CIGNA company

11/2007

CIGNA Group Insurance
Life · Accident · Disability

LIFE & ACCIDENT INSURANCE CERTIFICATE BOOKLET

GROUP INSURANCE FOR
ROMEO COMMUNITY SCHOOLS

SCHOOL NUMBER 145

ROSPA WITHOUT HEALTH

The benefits for which you are insured are set forth in the pages of this booklet. Consult these pages for a further description of the terms and conditions of this coverage. Application must be made and signed by the individual before any coverage can become effective. If your plan requires contributions from you, the coverage will not become effective unless you are making the required contributions

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SCHEDULE OF BENEFITS

To be attached to and made part of your Certificate Booklet

Participating Employer

ROMEO COMMUNITY SCHOOLS

PLAN EFFECTIVE DATE: January 1, 2008

EMPLOYEES INCLUDED: ROSPA WITHOUT HEALTH

DATE OF ELIGIBILITY: You will be eligible on the Plan Effective date, the date of your employment, or the day following completion of the eligiblity waiting period as determined by your Employer, whichever is later.

Life Insurance $60,000

Accidental Death and Dismemberment..... $60,000

Dependent Life Insurance:

Spouse..... $10,000
Child..... $5,000

WHEN YOUR INSURANCE BEGINS

BECOMING ELIGIBLE

You will be eligible for insurance as determined in accordance with the sections entitled Employees Eligible for Insurance and Date of Eligibility in the Schedule of Benefits.

BECOMING INSURED

If you are not required to contribute toward the cost of your insurance, you will become insured on the day you become eligible.

If you are required to pay any portion of the cost of your insurance, you will become insured on the latest of:

a) the day you become eligible, if you enroll for your insurance on or before the day you become eligible,
b) the day you enroll for your insurance, if you enroll on or before the thirty-first (31st) day following the day you become eligible,
c) the first day of the month following the date your evidence of insurability, to be obtained at your own expense, is approved by the Insurance Company, if you enroll for your insurance more than thirty-one (31) days following the day you become eligible.

You must be actively at work on the day that your insurance is to become effective. If you are absent from work because of bodily injury or sickness on that day, you will become insured on the day you return to active work. To be considered actively at work for insurance purposes, you must be physically able to perform your normal duties for a regularly scheduled workday at the time you report to work.

WHEN YOUR DEPENDENTS' INSURANCE BEGINS

DEPENDENTS DEFINED

If you become insured, eligible dependents are: (a) your spouse, (b) your unmarried children from fourteen (14) days of age until the date they attain age 19 and (c) your unmarried children who are between the ages of 19 and 25 provided they are dependent on you for a majority of their support but in no event will they be eligible dependents beyond the end of the calendar year in which they attain age 25.

To maintain the eligibility under (c) above, due proof that your child continues to qualify as an eligible dependent must be furnished to MESSA as it reasonably requires.

BECOMING INSURED

If you are not required to contribute toward the cost of Dependents' Insurance each eligible dependent will be insured beginning with the later of these dates:

(a) the day on which your insurance begins, or

(b) the date he/she becomes an eligible dependent.

If you are required to contribute toward the cost of Dependents' Insurance, and your dependents are enrolled before their date of eligibility, they will be insured on the date they become eligible. If they are enrolled after their date of eligibility, but within thirty-one (31) days of it, they will become insured on the date you enroll them.

Enroll promptly. If you enroll your dependents more than thirty-one (31) days after their date of eligibility, Dependents' Insurance with respect to each of your dependents will become effective on the first day of the month following the date the Insurance Company determines evidence of insurability for such dependent is satisfactory, such evidence to be furnished at your expense.

No dependent's insurance with respect to a dependent who is confined in any institution for care or treatment of a bodily injury or sickness, shall become effective until the final discharge from such institution.

LIFE INSURANCE

DEATH BENEFIT

In the event of your death from any cause, the amount of your Life Insurance as determined in accordance with the Schedule of Benefit, is payable to your beneficiary in a single sum or, if you desire, in installments. You may, at any time, change your beneficiary or the method of benefit payment.

PROTECTION WHILE DISABLED

If, before you reach age 60 and after the effective date of your insurance but prior to your termination of school employment, you become totally disabled by bodily injury or disease so as to be prevented from engaging in any occupation for compensation or profit, your Group Life Insurance protection will be extended. Your protection will be extended up to the first anniversary of the date the total disability is approved, so long as you remain totally disabled. In order for contributions to be waived while your protection is extended, the initial proof of disability must be furnished within one year of the onset of the disability. Contributions will be waived on the first of the month coincident with or next following the date that satisfactory proof of disability is received by the Insurance Company but in no event prior to 6 months from the date the disability commenced. Your protection may be extended further, without payment of contributions, if proof of your continued total disability is submitted to Connecticut General within the 3-month period prior to each anniversary of the date the total disability was approved.

(Note: Accidental Death and Dismemberment Insurance may not be extended in accordance with this provision.)

Contact your Employer for the forms for filing proof of your total disability within six months following onset of disability.

If you have converted your Group Life Insurance, the individual policy must be surrendered to the Insurance Company when the Insurance Companyl approves continuance of your Group Life Insurance protection under this provision. Any premiums paid under the individual policy will be refunded.

The amount of your insurance protection while you are so disabled will be the amount for which you were last insured under the Group Life Insurance Plan prior to your discontinuance of active work.

The Insurance Company will have the right to have its medical representative examine you when it may reasonably require, but after your Group Life Insurance protection has been extended for two full years, not more than once a year.

Proof that total disability continued to death must be submitted to the Insurance Company within one year after the date of your death. Upon receipt of that proof, the Insurance Company will pay to your beneficiary the amount of your insurance protection reduced by any amount of Group Life Insurance payable as a death benefit under any other provision of the Group Policy.

This protection will be discontinued when you are no longer so disabled, fail to submit to an examination or fail to furnish required proof, whichever occurs first. You will have the same rights on the date of the discontinuance as those described below in “Protection After Termination,” unless you become insured again under the Group Insurance Plan.

PROTECTION AFTER TERMINATION

A. If your Group Life Insurance terminates because you leave school employment or because of your termination of membership in the class or classes of employees insured under the Group Policy, you may, within sixty-two (62) days after such termination of insurance, make application for any type of Individual Life Insurance policy then customarily issued by the Insurance Company (except a policy of term insurance, a policy providing universal or variable insurance or a policy providing benefits in the event of total and permanent disability or additional benefits for accidental death). No medical examination is required and the policy will become effective sixty-two (62) days after your Group Life Insurance terminates, provided the premium is paid to Connecticut General not later than such date. The amount you may convert may, at your option, be equal to or less than the amount terminated under the Group Policy. However, if you cease to be a member of an eligible class of employees but continue to be employed by the Employer, the amount you convert will be reduced by the amount for which you are or become eligible under any other Group Policy within thirty-one (31) days after such termination.

You also have a conversion privilege with respect to any portion of your Life Insurance terminated due to retirement under the conditions set forth in the above paragraph.

If you die within sixty-two (62) days following termination of insurance as described in the section A, the Insurance Company will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

B. If your Group Life Insurance terminates because your Employer is no longer a Participating Employer under the Group Policy or the Group Policy is terminated or amended so as to terminate the insurance for the class of employees to which you belong, and you have been continuously insured under the Group Policy or any the Insurance Company policy it replaced, for at least five (5) years, you may also make application to convert your Group Life Insurance to an Individual Life Insurance policy upon the same conditions described in section A above. However, the maximum amount you may convert shall be the amount terminated under the Group Policy less any amount for which you may become eligible under any other Group Policy which replaces it within thirty-one (31) days after the Group Life Insurance terminates, but in no event shall the amount you may convert be more than $10,000.

If you die during the sixty-two (62) day period following the termination of your insurance as described in the section B, the Insurance Company will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

DEPENDENT LIFE INSURANCE

DEATH BENEFIT

Benefits are payable to you in the event of the death of any insured dependent in an amount determined in accordance with the Schedule of Benefits. If you are not living at that time, payment will be made (a) in the case of the death of your spouse, to your spouse's executors or administrators; (b) in the case of the death of your child, to the first surviving class of the following classes of successive preference beneficiaries: the child's (1) surviving parent; (2) surviving brothers and sisters; (3) executors or administrators.

In the absence of the appointment of a legal guardian, any minor's share may be paid at a rate not exceeding fifty dollars ($50) a month to such adult or adults as have in the Insurance Company's opinion assumed the custody and principal support of such minor.

CONTINUANCE OF PROTECTION

If a dependent's insurance is terminated due to your death and the dependent dies within a period of six months following your death, or if a dependent's insurance is terminated due to the termination of your employment in the class or classes of employees insured under the Group Policy and the dependent dies within a period of thirty-one (31) days following such termination of employment, the Insurance Company will, upon receipt of due proof of the dependent's death within one year after its occurrence and subject to conditions set forth below, pay the amount of insurance for which the dependent's life was last insured under the Group Policy.

No payment shall be made hereunder if, at the date of a dependent child's death, such child is no longer an eligible dependent.

If your Group Life Insurance terminates because you leave school employment or because of your death, each dependent may have sixty-two (62) days within which he/she may convert the Dependent Group Life Insurance to the Insurance Company Individual Life Insurance without a medical examination. The amount such person may convert shall be the amount for which such person's life was last insured under the Group Policy, except that if such person has a privilege of conversion because your Employer is no longer a Participating Employer under the Group Policy or the Group Policy is terminated or amended, such amount may not exceed $10,000, if that is less.

If a benefit becomes payable hereunder on account of the death of a dependent after an individual policy shall have been issued in conversion of the dependent's insurance under the Group Policy, the amount, if any, paid as a death benefit under such individual policy shall be deemed to be a payment toward the amount of benefit becoming due hereunder and any premiums paid under the individual policy will be paid to the beneficiary thereunder upon surrender of the individual policy.

If the beneficiary named to receive the death benefit under such individual policy or in the application therefore is different from the beneficiary under the Group Policy, any amount becoming payable under the Group Policy will be payable to the beneficiary so named with respect to such individual policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

DEATH AND DISMEMBERMENT BENEFITS

Benefits are payable according to the following table if you suffer a loss as a result of accidental injury, while insured, whose cause is external, violent and purely accidental. The accident must happen while you are insured and the loss must occur within one hundred eighty (180) days after the date of the accident. All benefits other than benefits for loss of life are payable to you. Benefits for loss of life are payable to your beneficiary. You may change your beneficiary at any time.

The amount set forth in the Schedule of Benefits is payable for loss of:	The Benefit will be:
Life	Full Amount
Both hands or both feet	Full Amount
Sight of both eyes	Full Amount
One hand and one foot	Full Amount
One hand and sight of one eye	Full Amount
One foot and sight of one eye	Full Amount
One hand	½ of Full Amount
One foot	½ of Full Amount
Sight of one eye	½ of Full Amount
Speech or hearing	½ of Full Amount
Thumb and index finger of same hand	¼ of Full Amount

NOTE: Loss of hand or foot means loss by severance at or above the wrist or ankle joint, and loss of sight, speech or hearing means total and irrecoverable loss of sight, speech or hearing; loss of thumb and index finger means loss by severance at the proximal phalangeal joint.

If you suffer more than one loss due to any one accident, payment will be made only for that loss for which the greatest benefit is payable. Payment will be made for the specific loss resulting from the accident without considering any previous loss.

NOT COVERED

Losses resulting from, or caused directly or indirectly, wholly or partly by:

1. bodily or mental infirmity, bacterial infections (except infections cased by pyogenic organisms which shall occur with and through an accidental cut or wound) or disease or illness of any kind,

2. intentional self-destruction while sane or intentional self-inflicted injury,

3. participation in an insurrection or riot, war or an act of war, or service in any military or naval organization, unless such injuries are sustained while you are off-duty, or

4. participation in, or in consequence of having participated in, the committing of a felony.

5. riding in or descending from any aircraft as a pilot or crew member.

See also “General Information.”

980011-7 (PC-1001)

GENERAL INFORMATION

BENEFICIARY

You may change the beneficiary for your insurance for loss of life at any time. The change in beneficiary will take effect only upon its entry on the insurance records maintained in connection with the Group Policy.

Any part of your insurance for loss of life for which there is no designated beneficiary living at your death, will be payable in a single sum to the first surviving class of the following classes of successive preference beneficiaries: your (a) widow or widower; (b) surviving children; (c) surviving parents; (d) executors or administrators.

In the absence of the appointment of a legal guardian, any minor's share may be paid at a rate not exceeding $50 a month to such adult or adults as have in the Insurance Company's opinion assumed the custody and principal support of such minor.

ASSIGNMENT OF LIFE INSURANCE

No assignment by you of your Life Insurance under the Group Policy shall be valid except an assignment which recites that it is without consideration and that it is made to a named beneficiary. Such an assignment may be made without the consent of any beneficiary; however, such an assignment shall not be deemed to be effective unless in writing and accepted by the Insurance Company, and upon such acceptance it shall become effective as to the Insurance Company as of the date of assignment. Once such an assignment has been accepted and while it remains in force the assignee shall have the sole right to exercise any of the rights and privileges under the Group Policy theretofore granted to you (including, but not limited to, the conversion privilege), and shall become entitled to receive all claim payments under the insurance assigned with respect to which no beneficiary is designated by the assignee, anything in the Group Policy to the contrary notwithstanding.

Acceptance of an assignment by the Insurance Company shall be without further liability as to any action or any payment or other settlement made by the Insurance Company before such acceptance.

No assignment by you of your Accidental Death and Dismemberment Insurance shall be valid.

RIGHT OF RECOVERY

If an overpayment is made due to any reason, including but not limited to clerical error or misstatement of age, the Insurance Company shall have the right to recover such overpayment from the insured person, or his/her beneficiary(ies).

SUICIDE

If Accidental Death and Dismemberment Insurance is provided in the Schedule of Benefits, suicide while insane is no defense to payment under the Accidental Death provisions of the Group Policy if you are a Missouri resident unless the Insurance Company can show that you intended suicide when you applied for the insurance, regardless of any language to the contrary in the Group Policy. Suicide while sane is a defense.

WHEN INSURANCE TERMINATES

Your insurance terminates when you leave school employment, when you are no longer a member of an eligible class of employees, when your Employer is no longer a Participating Employer under the Group Policy, when the Group Policy terminated or upon cessation of contribution for the cost of your insurance, whichever happens first. A dependent's insurance terminates when your insurance terminates or when that dependent is no longer an eligible dependent, whichever happens first.

LIFE INSURANCE COMPANY OF NORTH AMERICA

hereby certifies that employees of the Participating Employer indicated in the Schedule of Benefits who are insured under Group Policy No. FLI-980011 issued by Life Insurance Company of North America to

THE TRUSTEES OF THE NATIONAL CONSUMER INISURANCE TRUST
(Herein called the Policyholder)

are, subject to the terms and conditions of said policy, insured for the benefits described in the pages of the booklet.

This Certificate, which is furnished in accordance with, and subject to, the terms of the Group Policy, replaces any and all Certificates previously issued to you by the Insurance Company under the Group Policy specified above covering the insurance described herein. This is not the contract of insurance. Each policy and the application of the Policyholder for it constitute the entire contract. This Certificate is merely evidence of insurance provided under the Group Policy. The insurance is effective only after the person concerned is eligible for insurance and becomes and remains insured in accordance with the terms, provisions and conditions of the Group Policy.

Karen S. Rohan, President

EMPLOYEE LIFE INSURANCE

Upon receipt of due proof of your death, the amount of Life Insurance for which you are insured under the Group Policy shall be payable to the beneficiary designated by you, as entered on the insurance records maintained in connection with the insurance under the policy. Any part of such insurance for which no beneficiary is designated or surviving at your death will be payable in accordance with the terms of the policy.

PROTECTION AFTER TERMINATION

A. If your Group Life Insurance terminates because you leave school employment or because of your termination of membership in the class or classes of employees insured under the Group Policy, you may, within sixty-two (62) days after such termination of insurance, make application for any type of Individual Life Insurance policy then customarily issued by the Insurance Company (except a policy of term insurance, a policy providing universal or variable insurance or a policy providing benefits in the event of total and permanent disability or additional benefits for accidental death). No medical examination is required and the policy will become effective sixty-two (62) days after your Group Life Insurance terminates, provided the premium is paid to the Insurance Company not later than such date. The amount you may convert may, at your option, be equal to or less than the amount terminated, under the Group Policy. However, if you cease to be a member of an eligible class of employees but then continue to be employed by the Employer, the amount you may convert will be reduced by the amount for which you are or become eligible under any other Group Policy within thirty-one (31) days after such termination.

   You also have a conversion privilege with respect to any portion of your Life Insurance terminated due to retirement under the conditions set forth in the above paragraph.

   If you die within sixty-two (62) days following termination of insurance as described in this section A, the Insurance Company will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

B. If your Group Life Insurance terminates because your Employer is no longer a Participating Employer under the Group Policy or the Group Policy is terminated or amended so as to terminate the insurance for the class of employees to which you belong, and you have been continuously insured under the Group Policy or any the Insurance Company policy it replaced, for at least five (5) years, you may also make application to convert your Group Life Insurance to an Individual Life Insurance policy upon the same conditions described in section A above. However, the maximum amount you may convert shall be the amount terminated under the Group Policy less any amount for which you may become eligible under any other Group Policy which replaces it within thirty-one (31) days after this Group Life Insurance terminates, but in no event shall the amount you may convert be more than $10,000.

   If you die during the sixty-two (62) day period following the termination of your insurance as described in this section B, Connecticut General will pay to your beneficiary the amount of Group Life Insurance you could have converted, even if you have not applied for conversion.

DEPENDENT LIFE INSURANCE

Upon receipt of due proof of a Dependent's death, the amount of Life Insurance for which such Dependent is insured under the Group Policy will be payable to you, if living at the death of such Dependent; otherwise such amount will be payable in accordance with the terms of the policy.

PROTECTION AFTER TERMINATION

A. If your Dependents' Group Life Insurance terminates because of your retirement or your death or under such circumstances that you have a privilege of conversion as described above in the section entitled "Employee Life Insurance," each dependent may obtain an individual policy of life insurance upon the same conditions as those applicable to you. The amount the dependent may convert shall be the amount for which the dependent's life was last insured under the Group Policy, except that if the dependent has a privilege of conversion because the Employer is no longer a Participating Employer under the Group Policy or the Group Policy is terminated or amended, such amount may not exceed $10,000.

B. If a dependent's Group Life Insurance is terminated because you leave school employment or you retire or because of termination of your membership in a class or classes of employees eligible for insurance and the dependent dies within thirty-one (31) days thereafter, or a dependent's Group Life Insurance is terminated due to your death and the dependent dies within six (6) months thereafter, the Insurance Company will pay the amount of Group Life Insurance for which the dependent was last insured.

No payment shall be made under this section B if, at the date of a dependent child's death, such child is no longer an eligible dependent.

GENERAL PROVISIONS APPLICABLE TO ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Upon receipt of due proof of claim, Accidental Death and Dismemberment benefits are payable to you, if living, otherwise to the beneficiary designated by you, as entered on the insurance records maintained in connection with the insurance under the policy. If no such designation is then effective, such benefits will be payable in accordance with the terms of the policy.

NOTICE OF CLAIM

Written notice of the event upon which claim may be based must be given to the Insurance Company within twenty (20) days after the date of the loss for which claim is made. Failure to give notice within the time required by the policy shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice within the required time and that notice was given as soon as was reasonably possible.

Upon receipt of such notice, you will be furnished forms for filing proof of claim. If such forms are not furnished within fifteen (15) days after the receipt of notice the claimant shall be deemed to have complied with the requirements of the policy as to proof of claim upon submitting within ninety (90) days after the date of the loss for which claim is made, written proof covering the occurrence, character and extent of the loss for which claim is made.

PROOF OF CLAIM

Written proof of claim must be furnished to the Insurance Company, on the Insurance Company's forms within ninety (90) days after the date of the loss for which claim is made. Failure to furnish written proof of loss within the time required by the policy shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof within the required time and that proof was furnished as soon as was reasonably possible.

EXAMINATIONS

The Insurance Company shall have the right and opportunity through its medical representative to examine any person when and so often as it may reasonably require during the pendency of claim under the policy and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover under the policy prior to the expiration of sixty (60) days after proof of claim has been furnished in accordance with the requirements of the policy, nor shall any such action be brought at all unless commenced within ten (10) years from the expiration of the time within which proof of claim is required by the provisions thereof.

980011-12 (PC-1001)

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA a
CIGNA company

11/2007

CIGNA Group Insurance
Life · Accident · Disability

LONG TERM DISABILITY INSURANCE CERTIFICATE BOOKLET

GROUP INSURANCE FOR
ROMEO COMMUNITY SCHOOLS
SCHOOL NUMBER 145

ROSPA

The benefits for which you are insured are set forth in the pages of this booklet. Consult these pages for a further description of the terms and conditions of this coverage. Application must be made and signed by the individual before any coverage can become effective. If your plan requires contributions from you, the coverage will not become effective unless you are making the required contributions.

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SCHEDULE OF BENEFITS

To be attached to and made part of your Booklet

For Members of

ROMEO COMMUNITY SCHOOLS

PLAN EFFECTIVE DATE: January 1, 2008

MEMBERS INCLUDED: ROSPA

DATE OF ELIGIBILITY: You will be eligible on the Plan Effective Date, the date of your employment, or the day following completion of the eligibility waiting period as determined by your Employer, whichever is later.

LONG TERM DISABILITY

Maximum Monthly Benefit: 66 2/3% of monthly earnings subject to a maximum benefit of $5,000.

Qualifying Period - Benefits begin:

(a) upon the exhaustion of accumulated sick days, or upon expiration of 90 calendar days of disability accumulated in any twelve (12) consecutive months, whichever is later, or,

(b) upon expiration of three (3) consecutive days of disability occurring during a school year in which the Qualifying Period was previously satisfied.

NOTE: The last three (3) sick days or days of disability under (a) above must be consecutive and due to the same or related cause.

Regular Occupation Total Disability Period: 2 years

Maximum Period of Payment:

(a) for disability commencing prior to age 60 - up to age 65,

(b) for disability commencing at or after age 60 and prior to age 66 - up to 5 years,

(c) for disability commencing at or after age 66 - up to the following periods:

Disabled at Age	Duration of Benefits
66	4 years
67	3 years
68	2 years
69 or later	1 year

Social Security Benefits Integrated with Monthly Benefits: Primary and Family Benefits

Minimum Monthly Benefit: Five percent (5%) of your Maximum Monthly Benefit before reduction of Income From Other Sources or $50, whichever is greater (for disabilities commencing on or after July 1, 1986).

Freeze on Offsets: Future monthly LTD benefits will not be reduced because of automatic, statutory or general cost of living increases in income amounts used as monthly benefit offsets. If any such income amounts are initially estimated, these amounts will be adjusted to reflect the final determination.

Limited Benefits for Disability due to Mental Disease or Illness:	Same as any other illness
Limited Benefits for Disability due to Alcoholism or Drug Abuse:	Same as any other illness
Benefits for Disabilities due to Pregnancy:	Included
Rehabilitation Benefits:	Included

Waiver of MESSA Health Care Plan Contributions During Total Disability: up to 24 months for any one period of disability commencing on or after July 1, 1986.

Monthly earnings shall mean one-twelfth (1/12) of your annual rate of compensation not including bonuses, commissions or any other special compensation.

WHEN YOUR INSURANCE BEGINS

BECOMING ELIGIBLE

You will be eligible for insurance as determined in accordance with the paragraph entitled Date of Eligibility in the Schedule of Benefits.

BECOMING INSURED

If you are not required to contribute toward the cost of your insurance, you will become insured on the day you become eligible.

If you are required to pay any portion of the cost of your insurance, you will become insured on the latest of:

(a) the day you become eligible, if you enroll for your insurance on or before the day you become eligible,

(b) the day you enroll for your insurance, if you enroll on or before the thirty-first (31st) day following the day you become eligible,

(c) the day your evidence of insurability (at your expense) is approved by Connecticut General, if you enroll for your insurance more than thirty-one (31) days following the day you become eligible.

You must be actively at work on the day that your insurance is to become effective. If you are absent from work because of bodily injury or sickness on that day, you will become insured on the day you return to active work. To be considered actively at work for insurance purposes, you must be physically able to perform your normal duties for a regularly scheduled workday at the time you report to work.

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LONG TERM DISABILITY BENEFITS

LOSS OF TIME BENEFITS

If you become totally disabled by an accidental injury or sickness while insured and remain continuously so disabled beyond the Qualifying Period shown in the Schedule of Benefits, monthly benefits will be paid to you. However, if a total disability commences while you are on an approved leave of absence without pay, the Qualifying Period shall not begin to accumulate until the date you are scheduled to return to active school employment.

HOW MUCH

The Monthly Benefit while you are totally disabled shall be the Maximum Monthly Benefit shown in the Schedule of Benefits based on your monthly earnings at the time disability commences, less any benefits you are eligible to receive for that month as income from other sources as described below.

INCOME FROM OTHER SOURCES

Your Maximum Monthly Benefit will be reduced by the amount of the following other income benefits:

(a) any earnings, including salary, wages, commissions or similar pay, you receive or are entitled to receive from work including earnings from your employer, any other employer or self-employment,

(b) the amount of any disability or retirement benefits you receive from your employer's retirement or pension plan, including the Michigan Public School Employees' Retirement Fund,

(c) any amount you receive or are eligible to receive from Social Security or Railroad Retirement (integrated as shown in the Schedule of Benefits) by reason of your disability or retirement,

(d) any amount you receive or are eligible to receive as a periodic benefit for disability under

  (i) any employer's, labor-management trustee, or union employee benefit plan, or

  (ii) any governmental (not military) agency or program or coverage required or provided by law; i.e., Workers' Compensation.

NOTE: Until you submit proof satisfactory to the Insurance Company that you are not entitled to the disability benefits provided above, the Insurance Company will assume that you are entitled to the maximum amount of such periodic benefit, including dependent benefits, applicable to the class of persons of which you are a member.

MINIMUM MONTHLY BENEFIT

Your Monthly Benefit will not, in any case, be less than five percent (5%) of your Maximum Monthly Benefit before reduction of Income From Other Sources or $50, whichever is greater.

Example:	$2,000.00	Monthly Earnings
	x 66 2/3	Monthly Benefit Percentage for this example
	1,334.00	Maximum Monthly Benefit
	-1,300.00	Income From Other Sources
	34.00	Monthly Benefit after total offsets
	$66.70	The amount equal to 5% of your Maximum Monthly Benefit

The Minimum Monthly Benefit Provision will increase the $34.00 to the greater of $50.00 or 5% of the Maximum Monthly Benefit, or in this example, $66.70.

SINGLE SUM PAYMENTS UNDER OTHER PLANS

If a single sum payment is made as a commutation of, or substitute for, any periodic benefits or payments referred to under “Income From Other Sources,” such payment shall be deemed to have been made in the amounts and for the period which would have been applicable in the absence of such single sum payment.

DEFINITION OF TOTAL DISABILITY

You will be considered “totally disabled” if you are wholly and continuously unable to perform any and every duty pertaining to your regular occupation during the Qualifying Period and the Regular Occupation Total Disability Period shown in the Schedule of Benefits. After benefits have been paid for the Regular Occupation Total Disability Period of any continuous disability you will be considered “totally disabled” for the balance of the period of disability if you are unable to engage in any occupation or perform work for compensation or profit for which you are, or may become, reasonably fitted by training, education or experience.

You are not totally disabled during any period in which you are not under the regular care and attendance of a physician.

DEFINITION OF QUALIFYING PERIOD

The term “Qualifying Period” means the period of days of total disability, shown in the Schedule of Benefits, for which no Monthly Benefit is payable.

WHEN DO BENEFITS BEGIN AND END

Monthly Benefits will accrue from the first day after the Qualifying Period and will be payable while you continue to be so totally disabled, if due proof of the disability is given to the Insurance Company. However, benefits will not be payable beyond the Maximum Period of Payment shown in the Schedule of Benefits.

SUCCESSIVE PERIODS OF DISABILITY

Successive periods of disability beginning while you are insured will be treated as one period of disability unless they are:

1. due to different and unrelated causes and separated by return to active school employment for at least one day, or

2. due to the same or related causes and separated by more than six (6) months of continuous active school employment.

WHEN INSURANCE TERMINATES

Your insurance terminates on the earliest of the following dates:

1. the date you leave school employment,

2. the date you are no longer a member of a class eligible for this insurance, or

3. the date the Group Policy terminates.

In addition, your insurance terminates on the date you cease performing all the usual duties of your job, except that your coverage may be extended while:

1. you are unable to work because you are sick or injured,

2. you are on a leave of absence with pay, for a period not to exceed one year, or

3. you are on a leave of absence without pay, for a period not to exceed one year, provided there is a signed contract or other written agreement stating the date you will be returning to active work.

In no event may any insurance provided on a contributory basis be continued beyond the end of the period for which the Member has made the premium contribution required.

Any claim established prior to the date your insurance terminates will not be affected by such termination.

NOT COVERED

No benefits are payable for disability due to:

1. self-inflicted injuries if intentional or while insane,

2. war,

3. participation in, or in consequence of having participated in, the committing of a felony, or

4. cosmetic surgery unless (a) occasioned by accidental bodily injury sustained while insured or active illness contracted while insured, and (b) you have been continuously insured under this Group Long Term Disability program since such injury was sustained or such illness was contracted.

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WAIVER OF HEALTH PLAN CONTRIBUTIONS DURING DISABILITY

The monthly contributions for your MESSA health plan will be waived during any one period of disability under the following conditions:

1. The Waiver will begin when you become entitled to Monthly Benefits and will continue while you are totally disabled but not to exceed twenty-four (24) months.

2. The Waiver will apply to health plan contributions which become due while you are entitled to Monthly Benefits but not beyond the date that twenty-four (24) monthly contributions have been waived.

3. The Waiver will not apply during any part of this twenty-four (24) month period in which:

   (a) your Employer, because of your disability, is required by contract or other agreement to make monthly contributions for your MESSA health plan, or

   (b) you are eligible for benefits under the Michigan Public School Employees' Retirement System.

4. Health plan does not include the Hospital Confinement Indemnity plan.

NOTE: Until you submit proof satisfactory to the Insurance Company that you are not entitled to the disability benefits provided above, the Insurance Company will assume that you are entitled to the maximum amount of such periodic benefit, including dependent benefits, applicable to the class of persons of which you are a member.

MINIMUM MONTHLY BENEFIT

Your Monthly Benefit will not, in any case, be less than the Minimum Monthly Benefit as shown in the Schedule of Benefits.

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REHABILITATION BENEFITS

REHABILITATION SERVICES

If you become disabled as a result of injury or sickness, the Insurance Company may, at its sole discretion, provide rehabilitation services. The decision to provide these services will be based on an objective review of the medical condition causing your disability, your potential to return to work and the types of services needed to improve your quality of life as a disabled person. The Insurance Company will pay benefits up to the reasonable and customary charges for rehabilitation services furnished under this provision.

BENEFIT DURING REHABILITATIVE EMPLOYMENT

If you have received Long Term Disability Benefits for any one period of disability and you accept Rehabilitative Employment, you will receive a Monthly Benefit for an additional twenty-four (24) months during such Rehabilitative Employment. Your Monthly Benefit will be the Monthly Benefit otherwise payable less fifty percent (50%) of the amount of your earnings from Rehabilitative Employment.

“Rehabilitative Employment” means any occupation or employment for compensation or profit for which you are reasonably fitted by training, education or experience provided such Rehabilitative Employment is performed during a period in which you are unable to perform any and every duty pertaining to your regular occupation.

LIFE INSURANCE COMPANY OF NORTH AMERICA
hereby certifies that, member of

MICHIGAN EDUCATION
SPECIAL SERVICES ASSOCIATION
(Herein called the Policyholder)

who are insured under Group Policy Number LK-980031 issued by Life Insurance Company of North America to the Policyholder are, subject to the terms and conditions of said policy, insured for the benefits described in the Benefits provision.

BENEFITS

Connecticut General benefits for which you are insured are set forth in the pages of this booklet. Consult these pages for a further description of the terms and conditions of these coverages. If there is any coverage for which you are eligible which does not become effective unless you make the required election and contributions therefore, such coverage will not become effective unless you so elect and are making such contributions.

This Certificate, which is furnished in accordance with, and subject to, the terms of the Group Policy, replaces any and all Certificates previously issued to you by the Insurance Company under the Group Policy specified above covering the insurance described herein. This is not the contract of insurance. Each policy and the application of the Policyholder for it constitute the entire contract. This Certificate is merely evidence of insurance provided under the Group Policy. The insurance is effective only after the person concerned is eligible for insurance and becomes and remains insured in accordance with the terms, provisions and conditions of the Group Policy.

Gregory H. Wolf, President

LONG TERM DISABILITY INSURANCE

Long Term Disability insurance benefits are payable pursuant to the following provisions:

TIME LIMIT ON CERTAIN DEFENSES

No statement relating to insurability made by any Member eligible for coverage under the policy shall be used to deny a claim or in contesting the validity of the insurance with respect to which such statement was made after the insurance has been in force prior to the contest for a period of three (3) years during the lifetime of the person with respect to whom any such statement was made.

NOTE: For the purpose of the following provisions, information submitted to MESSA shall be considered to have been furnished to the Insurance Company as herein specified.

NOTICE OF CLAIM

Written notice of claim must be given to the Insurance Company no later than thirty (30) days prior to the expiration of the Qualifying Period, or as soon thereafter as is reasonably possible. Notice given by or on behalf of you or the beneficiary to the Insurance Company at its Home Office or to any authorized agent of the insurance Company, with information sufficient to identify you, shall be deemed notice to the Insurance Company.

CLAIM FORMS

The Insurance Company, upon receipt of a written notice of claim, will furnish to the Member such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the Member shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PROOFS OF LOSS

Written proof of loss must be furnished to the Insurance Company within ninety days after the termination of the first due monthly period of benefits following the expiration of the Qualifying Period. Subsequent written proof of the continuance of such disability must be furnished to The Insurance Company at such intervals as it may reasonably require. The Insurance Company shall require as part of proof of loss satisfactory evidence (1) of the amount of all benefits and payments referred to in the insurance plan, and (2) that you have made application for such benefits and payments and have furnished all required proofs therefore.

TIME OF PAYMENT OF CLAIMS

Subject to the due written proof of loss, all accrued benefits for loss for which the policy provides periodic payment shall be paid to the Member monthly during the period for which benefits are payable thereunder, and any balance remaining unpaid at the termination of the period of liability will be paid immediately upon receipt of due written proof.

PHYSICAL EXAMINATION

The Insurance Company (at its own expense) shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim under the policy.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

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GENERAL INFORMATION

HOW TO FILE A CLAIM

You should notify the MESSA Benefits office 30 days prior to the end of your Qualifying Period that you wish to file a Long Term Disability claim. MESSA will immediately send you the necessary claim form and detailed claim filing instructions.

HOW TO APPEAL A CLAIM DENIAL

If you do not agree with a claim denial, you may request that a review be made of your claim. You should submit a written request for a review of your claim within 60 days after receiving notice of denial. Your request should be addressed to the attention of the MESSA Benefits office.

You may submit additional information with your request for review. You may request and receive copies of pertinent documents, although in some cases authorization may be needed for the release of confidential information, such as medical records. You should submit the facts and any supporting comments in writing.

A decision will be made by the Insurance Company within 60 days following MESSA's receipt of request for review or the date all information required of you is furnished, whichever date is later. Notification of the decision on review will be written in a manner calculated to be understood by you and will specify the reasons for the decision.

RIGHT OF RECOVERY

If an overpayment is made due to any reason, including but not limited to a payment under any Worker's Disability or Occupational Disease Act or Law, clerical error or misstatement of age, the Insurance Company shall have the right to recover such overpayment from the insured person, or to deduct such amount of overpayment from future benefits.

If you incur expenses on account of bodily injury or sickness, caused by negligence or wrong of a third party and benefits are payable, under the Group Policy, you will receive the benefits, provided that, if there is recovery by you or a personal representative from the third party, or his or her personal representative whether by judgment settlement or otherwise, on account of such bodily injury or sickness, you shall reimburse the Insurance Company to the extent of the total amount of such benefits paid under the Group Policy, but not to an amount in excess of the proceeds of any such recovery after the deduction of reasonable and necessary expenditures, including attorney's fees, incurred in effecting such recovery.

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA a CIGNA company

05/2006

CIGNA Group Insurance
Life • Accident • Disability