

**Section II  
SCHEDULE OF BENEFITS**

This benefit plan provides separate limits for defined benefits and pays benefits subject to the terms, conditions and exclusions of this Plan in excess of a Deductible. Those limits are listed below. These limits are the maximum benefits payable under the Plan per eligible employee or person, per Occurrence under this Plan for qualified benefits. Payment for all benefits for each occurrence is limited to the Aggregate Occupational Benefit Limit Maximum.

**OCCUPATIONAL MEDICAL BENEFITS**

Occupational Medical Expense Maximum Per Person Per Occurrence	\$250,000
Maximum Benefit Expense Period	156 WEEKS
Occupational Medical Expense Deductible	\$1,000
Hospital Deductible	\$0
Coinsurance Rate – In Network	0%
Coinsurance Rate – Out Of Network	80%
Coinsurance Limit	Not Applicable
Co-payment	Not Applicable

*Occupational medical benefits provided per the terms, conditions, and limitations of the Plan.*

**ACCIDENTAL DEATH OR DISMEMBERMENT BENEFITS (AD&D)**

Maximum Occupational AD&D Maximum Per Person Per Occurrence	\$150,000
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*Accidental death or dismemberment benefits per the terms, conditions and limitations of the Plan.*

**OCCUPATIONAL WAGE BENEFITS**

Wage benefit percentage of gross wages per week	70%
Maximum wage continuation period	104 WEEKS
Maximum wage benefit per week	\$1,000
Occupational Disease Waiting Period Per Employee, Per Occurrence	7 days
Occupational Accident Waiting Period Per Employee, Per Occurrence	0 days

*Occupational wage benefits provided per the terms, conditions, and limitations of the Plan.*

**AGGREGATE OCCUPATIONAL BENEFIT MAXIMUM**

Aggregate Plan benefits per person per occurrence	\$500,000
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**This Schedule of Benefits has no full meaning by itself. It must be read in conjunction with all other provisions of the entire Summary Plan Description. Other terms, conditions, and limitations may be included by amendment and such amendment shall be attached to and is an integral part of this Summary Plan Description.**