

Policyholder Name: North American Division of Seventh-Day Adventist
c/o Adventist Risk Management, Inc.
12501 Old Columbia Pike
Silver Spring, MD 20904

Policy Number: T5MP-P-054064-000

PLAN OF INSURANCE

Term of Coverage: August 1, 2025 to August 1, 2026

Eligibility: Class 1 - All enrolled students (grades PK-12, includes enrolled and registered early childhood infants to school age), including the graduating class trip, religious services or instructions and all interscholastic student athletes, excluding senior high football, are covered under the Policyholder program for whom premium has been paid.

Class 2 - All enrolled boarding students (grades PK-12), excluding senior high football, are covered under the Policyholder program for whom premium has been paid.

Insured Risk: Class 1 - Coverage is provided while attending School and while attending or participating in Sponsored and Supervised activities while on or off School premises. Coverage is provided while participating in preseason tryouts or regularly scheduled athletic games or competition or practice sessions for the sports listed on file with the Policyholder.

Coverage is also provided while traveling as part of a group in transportation authorized or arranged by the Policyholder or while traveling directly and without interruption between the Insured's home and approved locations authorized by the Policyholder or the site of the Sponsored or Supervised Activity.

Class 2 - 24-hour coverage.

Benefits:

A. <u>Class</u>	<u>Insuring Provision(s) Applicable</u>	<u>Benefit Provision(s) Applicable</u>
1	868MS-EZ - Sponsored Activity	1359MS-EZ AD & Specific Loss 851MS-EZ AME
2	866MS-EZ - 24-Hour Accident	1359MS-EZ AD & Specific Loss 851MS-EZ AME

B. The amount of benefits for each Benefit Provision shown above is as follows:

Accidental Death & Specific Loss	1359MS-EZ
Principal Sum	\$20,000.00
Loss Period	Loss within 365 Days of Injury
Accident Medical Expense: Full Excess (0LC7M)/Primary Excess (0LC8M) (see below)	851MS-EZ
Medical Expense Maximum	\$25,000.00 per Injury
Benefit Percentage	100% of U&C
Accident Medical Deductible - Corridor	*See Below*
Loss Period	Initial treatment received within 90 days of Injury
Benefit Period	Benefits payable for 104 weeks from accident date

Durable Medical Equipment

Maximum Benefit

Not to Exceed 100% of U&C per Injury

Orthopedic Appliances

Maximum Benefit

Not to Exceed 100% of U&C per Injury

Dental Expense

(covers injuries to sound, natural teeth)

Maximum Benefit

Not to Exceed 100% of U&C per Injury

Prescription Drug Expense

Maximum Benefit

Not to Exceed 100% of U&C per Injury

Outpatient Physical Therapy Expense

Maximum Benefit

Not to Exceed 100% of U&C per Injury

*Corridor – The amount of eligible Medical Expenses incurred by an Insured for each loss before benefits are payable under this policy. It applies separately to each Insured and each Injury.

The following riders are attached to and made a part of this policy:

Facility of Payment Rider

779MS

Maryland Amendment Rider

9734MS

Extension of Certain Health Insurance Benefits

0HK4M

Guarantee Notice

M20817_1021

Amendment Rider

335MS-NN

- Amend "CLAIMS PROVISIONS" of the policy
- Amend Benefit Provision 851MS-EZ

Premiums: Rates shown below are per Student

Class 1:	Corridor Deductible	Preschool & Kindergarten	*Day Students Grades 1-8	Day Students Grades 9-12
Full Excess	\$0.00	\$6.10	\$12.40	\$38.33
Full Excess	\$100.00	\$4.19	\$9.53	\$28.79
\$500 Primary Excess	\$0.00	\$9.15	\$17.54	\$51.09

Class 2:	Corridor Deductible	Boarding Students
Full Excess	\$0.00	\$119.73
Full Excess	\$100.00	\$88.08
\$500 Primary Excess	\$0.00	\$202.09

***If a school has 9th & 10th grade students and no 11th & 12th grade students, use rates for Grades 1-8 for the 9th & 10th grade students.**

This Plan has a minimum premium of \$1,000.00 per policy year, which is fully earned upon issuance of the policy.

061925:scs



3300 Mutual of Omaha Plaza
Omaha, NE 68175

Policy Date: August 1, 2025

Policy No. T5MP-P-054064-000

MUTUAL OF OMAHA INSURANCE COMPANY (called "We," "Us" or "Our") agrees to insure certain persons (called Insureds) and promises to pay benefits according to the terms of this policy. The application of the Policyholder and payment of all premiums put this policy in force. This policy is issued to:

North American Division of Seventh-Day Adventist

(called the Policyholder)

POLICY TERM -- RENEWAL

This policy goes into effect on the Policy Date shown above. The initial term ends one year from the Policy Date. This policy may be renewed for additional terms with our consent. Each term begins and ends at 12:01 a.m., Standard Time, at the main office of the Policyholder.

This policy is signed for us by the Officers named below.

Chief Executive Officer

Corporate Secretary

Form T5MP -- Series 6440S

Blanket Policy

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

PART A.

DEFINITIONS

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injuries" means accidental bodily injuries: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s). The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

PART B.

INDIVIDUAL PROVISIONS

1. **Eligibility:** All persons within the classes stated in the Plan of Insurance are eligible for insurance under this policy.
2. **Effective Date of Individual Insurance:** Each eligible person will become insured on the date stated in the Plan of Insurance.
3. **Individual Terminations:** Unless otherwise stated in the Plan of Insurance, the insurance of any Insured shall end on the first of the following dates:
 - (a) The date any premium for the Insured is due and unpaid.
 - (b) The date the Insured ceases to be within a class of persons eligible for coverage under this policy.
 - (c) The date this policy is terminated.
4. **Change in Coverage:** Any change in an Insured's coverage because of a change in class will become effective as stated in the Plan of Insurance.
5. **Reinstatement or Reenrollment:** If the Insured's insurance is terminated for any reason, then again made effective through reinstatement or reenrollment, only covered loss resulting from covered injuries received after the date of reinstatement or reenrollment will be covered.
6. **Change of Beneficiary; Assignment:** Only the Insured has the right to change the beneficiary. Consent of the beneficiary is not required to make any change in this policy. Also, no such consent is required for surrender or assignment of the Insured's right under this policy.

PART C.

CLAIMS PROVISIONS

1. **Notice of Claim:** Written notice of a claim must be given to us within 30 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon as is reasonably possible. The Insured can give the notice or have someone else do it for him or her. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must identify the Insured.
2. **Claim Forms:** When we receive the Insured's notice, we will send the forms for filing proof of loss. If we do not send them within 15 days, the Insured can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.
3. **Proof of Loss:** The Insured must give us written proof of loss within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

4. **Payment of Claims:** All benefits will be paid to the Insured, the Insured's beneficiary or the Insured's estate as soon as we receive proof of loss.

Benefits for loss of life, if any, will be paid to the Insured's beneficiary (the Insured's estate if no beneficiary is named). Other benefits unpaid at the Insured's death will be paid, at our option, to the Insured's estate or the Insured's beneficiary.

If any benefits are payable to the Insured's estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000.00 to any relative of the Insured who we find entitled to the payment. Payment made in good faith shall fully discharge us to the extent of the payment.

5. **Legal Actions:** The Insured may not bring a legal action to recover under the policy for at least 60 days after the Insured has given us written proof of loss. The Insured may not start such an action more than three years after the date proof of loss is required.

PART D.

POLICY PROVISIONS

1. **Entire Contract; Changes:** This policy, and any attachments, is the entire contract of insurance. No agent may change it in any way. Only an officer of ours can approve a change. Any such change must be shown in this policy.

2. **Records -- Information to Be Furnished:** The Policyholder shall furnish us or our authorized agent with the information as we may deem necessary for the proper administration of this insurance. The records of the Policyholder which may have a bearing on this insurance shall be open to us for inspection at any time during the policy term and within one year after termination of the policy.

3. **Clerical Error:** Clerical error on our or the Policyholder's part in keeping records or furnishing information shall not void insurance otherwise in force or continue insurance otherwise terminated under the terms of the policy.

4. **Grace Period:** Premiums must be paid on or before the date they are due or during the 31-day grace period that follows. The policy stays in force during the grace period. A grace period always applies unless we inform the Policyholder that it does not apply.

5. **Time Limit on Certain Defenses:** After two years from the Policy Date, we cannot use misstatements, except fraudulent misstatements in the Policyholder's application to void coverage. After two years from the date an Insured becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in his or her application to void coverage or deny a claim for loss that happens after the two-year period.

6. **Physical Examinations and Autopsy:** We, at our expense, may have a covered person examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done (at our expense) where it is not forbidden by law.

7. **Cancellation:** After this policy has been in force for one year, it may be canceled at any time, by either the Policyholder or us, with written notice to the other stating the date and hour cancellation becomes effective. We shall give 60 days' prior notice to cancellation. Upon cancellation any unearned premium shall be returned.

8. **Conformity with State Statutes:** The provisions of this policy must conform with the laws of the state in which the Insured resides on the Policy Date. If any do not, they are hereby amended to conform.

9. **Notice of Annual Meeting:** Our Annual Meeting will be held at 10:00 a.m. on the second Saturday after the first day of February at our Home Office.

Countersigned by:

Licensed Resident Agent

INSURING PROVISION
(Coverage for Sponsored Activities, Including Travel To and From)

This provision applies only to the class or classes of Insureds specified on the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision. Such injuries must be received while: (a) participating in activities sponsored and supervised by the Policyholder; (b) traveling during such activities as a member of a group in transportation furnished or arranged for by the Policyholder; (c) traveling directly to or from the Insured's home premises and the site of such activities.

EXCEPTIONS AND LIMITATIONS. This provision does not cover:

- (a) injuries resulting from air travel, except while a passenger for transportation only;
- (b) the cost of eyeglasses, contact lenses or examinations for either;
- (c) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth;
- (d) injuries covered by workers' compensation or employer's liability laws;
- (e) injuries caused by an act of declared or undeclared war;
- (f) treatment of hernia;
- (g) suicide or attempted suicide, sane or insane.

INSURING PROVISION
(24-hour Accident Coverage)

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision.

EXCEPTIONS AND LIMITATION. This provision does not cover:

- (a) injuries resulting from air travel, unless received while a passenger for transportation only;
- (b) the cost of eyeglasses, contact lenses or examinations for either;
- (c) the cost of dental treatment, except benefits specifically provided for injuries to sound, natural teeth;
- (d) injuries for which any benefits are payable under workers' compensation or employer's liability laws;
- (e) injuries caused by an act of declared or undeclared war;
- (f) treatment of hernia; or
- (g) suicide or attempted suicide, sane or insane.

BENEFIT PROVISION
(Accidental Death and Specific Loss Benefits)

This provision applies only to the class or classes of Insureds who are specified in the Plan of Insurance.

The Principal Sum and Loss Period referred to in this provision are specified in the Plan of Insurance.

When, because of injuries, the Insured sustains any of the following losses within the Loss Period from the date of the accident, we will pay benefits as follows:

Loss of Life.....	Principal Sum
Loss of Both Feet, Both Hands or Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and One Eye or One Foot and One Eye.....	Principal Sum
Loss of One Hand, One Foot or One Eye	One-half Principal Sum
Loss of Speech and Hearing.....	Principal Sum
Loss of Speech or Hearing.....	One-half Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-fourth Principal Sum

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Loss of speech or hearing means the total and irrecoverable loss thereof. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrecoverable loss. Loss of thumb and index finger of the same hand means severance of two or more entire phalanges of both the thumb and the index finger.

Only one of the amounts shown above (the largest applicable) will be paid for injuries resulting from one accident. The benefit for loss of: (a) two limbs; (b) both eyes; (c) one limb and one eye; (d) speech and hearing; or (e) thumb and index finger of the same hand is payable only when such double loss is the result of the same accident.

This provision is subject to the Exceptions and Limitations of the insuring provision(s) applicable to the Insured.

BENEFIT PROVISION

This provision applies only to the class or classes of Insureds who are specified in the Plan of Insurance.

The Medical Benefit and Medical Deductible are specified in the Plan of Insurance.

PART A. MEDICAL EXPENSE BENEFITS

When injuries result in treatment by a physician or surgeon beginning within 30 days after the date of the accident, we will pay the expense incurred in excess of the Medical Deductible, if any. Benefits will not exceed the usual and customary charges in the geographic area. Eligible expenses are as follows:

- (a) Treatment by a physician or surgeon;
- (b) Care or services from a hospital;
- (c) Services from a registered graduate nurse (RN or LPN), not related to the Insured by blood or marriage;
- (d) Professional ambulance service; or
- (e) Orthopedic appliances.

Only expenses received by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate, the Medical Benefit.

PART B. EXCEPTIONS AND LIMITATIONS

This provision is subject to the Exceptions and Limitations of the insuring provisions applicable to the Insured.



3300 Mutual of Omaha Plaza
Omaha, NE 68175

EXCESS COVERAGE RIDER

This rider is made a part of the policy or certificate to which it is attached. It is subject to all of the terms of the policy or certificate that are not in conflict with this rider.

Rider Date (same as Policy or Certificate Date if no date is shown here or on Plan of Insurance)

BENEFITS

Benefits within the policy or certificate will be paid only for medically necessary hospital, medical, dental and surgical services and supplies that are not recoverable from any insurance policy or service contract. This rider may only be issued with school accident-type insurance coverage.

MUTUAL OF OMAHA INSURANCE COMPANY

A handwritten signature in black ink that reads "Terrance S. DeWald".

Corporate Secretary



3300 Mutual of Omaha Plaza
Omaha, NE 68175

EXCESS COVERAGE RIDER

This rider is made a part of the policy or certificate to which it is attached. It is subject to all of the terms of the policy or certificate that are not in conflict with this rider.

Rider Date (same as Policy or Certificate Date if no date is shown here or on Plan of Insurance)

BENEFITS

After we have paid [\$100] in benefits for an accident, we will pay any subsequent benefits for medically necessary hospital, medical, dental and surgical services and supplies that are not recoverable from any insurance policy or service contract. This rider may only be issued with school accident-type insurance coverage.

MUTUAL OF OMAHA INSURANCE COMPANY

A handwritten signature in black ink that reads "Terrance S. DeWald".

Corporate Secretary



3300 Mutual of Omaha Plaza
Omaha, NE 68175

FACILITY OF PAYMENT RIDER

This rider is made a part of the policy to which it is attached and is subject to all provisions of the policy that are not in conflict with the provisions of this rider.

In consideration of the payment of the premium which is recited in the policy, it is hereby understood and agreed that all or a portion of any indemnities provided by the policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company's option, and unless the Company is requested otherwise in writing not later than the time of filing proof of loss, be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



3300 Mutual of Omaha Plaza
Omaha, NE 68175

MARYLAND AMENDMENT RIDER

This rider is made a part of the policy/certificate to which it is attached. It is subject to all provisions of the policy/certificate which are not in conflict with its provisions.

Rider Date (same as the Policy/Certificate Date if no date is shown)

1. If a second surgical opinion is required under a hospital utilization review program in Maryland, benefits will be payable for the expense incurred for the second surgical opinion.
2. If inpatient admission is denied as a result of review by a hospital utilization review program in Maryland, out-of-hospital benefits will be provided as follows.

When inpatient admission is denied, benefits will be payable for expenses incurred for services and supplies provided by an out-of-hospital facility in lieu of hospitalization. Benefits provided under this rider are subject to the following:

- (a) Benefits are payable only for those services and supplies which would have been provided during hospitalization and for which benefits would have been payable had hospitalization occurred.
- (b) Benefits are subject to the limitations and maximums stated in the policy/certificate for expenses incurred while hospitalized.

If the coverage provided under the policy/certificate to which this rider is attached includes coverage for out-of-hospital services and supplies, benefits will be computed under this rider and under the policy/certificate. Payment will then be made under this rider or the policy/certificate, whichever provides the greater benefit.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

EXTENSION OF CERTAIN HEALTH INSURANCE BENEFITS

This rider is made a part of your policy or certificate to which it is attached. It is subject to all parts of your policy or certificate not in conflict with this rider.

Rider Date (October 1, 1999 or the Policy or Certificate Date, whichever is later)

DEFINITION

Total Disability means Injury or Sickness which wholly and continuously keeps the covered person if a student:

- (a) from attending classes at the location where he is enrolled; and
- (b) if such classes are not in session from doing those activities that are normal for a person in good health of the same age and sex.

EXTENSIONS

1. **TOTAL DISABILITY:** If an insured person is totally disabled on the date coverage terminates, we will continue to pay benefits for expenses incurred by the insured person for the condition causing the disability in accordance with policy or certificate provisions until the earlier of:
 - (a) the date the insured person ceases to be totally disabled; or
 - (b) 12 months after the date coverage terminates.

We may at any time require the insured person to provide proof of total disability.

2. **CLAIM IN PROGRESS:** If an insured person has a claim in progress on the date coverage terminates, we will continue to pay benefits related to that claim in accordance with policy or certificate provisions until the earlier of:
 - (a) the date the insured person is released from the care of a physician for the condition that is the basis of the claim; or
 - (b) 12 months after the date coverage terminates.
3. **HOSPITAL CONFINEMENT:** If an insured person is confined in a hospital on the date coverage terminates, we will continue to pay benefits for the confinement in accordance with policy or certificate provisions until the earlier of:
 - (a) the date the insured person is discharged from the hospital; or
 - (b) 12 months after the date coverage terminates.
4. **ACCIDENT:** We will pay benefits in accordance with policy or certificate provisions for a covered loss that occurs after the date coverage terminates if:
 - (a) an accident occurred while the policy or certificate was in force; and
 - (b) the covered loss occurs within 90 days after the date of the accident.
5. **DENTAL:** If your policy or certificate provides dental benefits, we will pay benefits in accordance with policy or certificate provisions for a course of dental treatment for at least 90 days after the date coverage terminates if the treatment:
 - (a) began before the date coverage terminates; and
 - (b) requires two or more visits on separate days to a dentist's office.

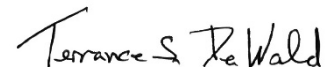
6. ORTHODONTICS: If your policy or certificate provides coverage for orthodontics, we will pay benefits in accordance with policy or certificate provisions in effect at the time coverage terminates, for orthodontics:
- (a) for 60 days after the date coverage terminates if the orthodontist has agreed to or is receiving monthly payments; or
 - (b) until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the orthodontist has agreed to accept or is receiving payments on a quarterly basis.

CONDITIONS

Extension of Benefits will not be provided if:

- 1. Coverage is terminated because the insured person fails to pay a required premium;
- 2. Coverage is terminated due to fraud or material misrepresentation by the insured person; or
- 3. Any coverage provided by a succeeding health benefit plan:
 - (a) is provided at a cost to the insured person that is less than or equal to the cost to the insured person of these extended benefits; or
 - (b) does not result in an interruption of benefits.

MUTUAL OF OMAHA INSURANCE COMPANY



Corporate Secretary

NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This notice provides a brief summary of the Maryland Life and Health Insurance Guaranty Corporation (the Corporation) and the protection it provides for policyholders and contract holders. This safety net was created under Maryland law, which determines who and what is covered and the amounts of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

The Corporation was established to provide protection in the unlikely event that your health maintenance organization of your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Corporation are:

- Life Insurance
 - \$300,000 in death benefits.
 - \$100,000 in cash surrender or withdrawal values.
- Health Insurance or Health Benefit Plans
 - \$500,000 for basic coverage provided by health benefit plans.
 - \$300,000 for disability insurance.
 - \$300,000 for long-term care insurance.
 - \$100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above.
- Annuities
 - \$250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values.
 - With respect to each payee under a structured settlement annuity, or beneficiary of the payee, \$250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values.

The maximum amount of protection for each individual, regardless of the number of policies or contracts is:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of coverage provided by health benefit plans.
- \$500,000 in aggregate for coverage provided by health benefit plans.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at www.mdlife.ga.org, or contact:

Maryland Life and Health
Insurance Guaranty Corporation
6210 Guardian Gateway
Suite 195APG
Aberdeen, Maryland 21005
410-248-0407

Insurance companies, health maintenance organizations, and insurance producers are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance or health benefit plan. When selecting an insurance company or health maintenance organization, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.

AMENDMENT RIDER

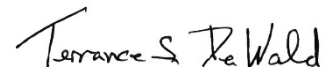
This rider is attached to and made a part of Policy No. T5MP-P-054064-000 and is subject to the provisions and conditions contained therein.

The effective date of this rider is the same as the Policy Date.

The policy to which this rider is attached is hereby amended as follows:

- Within the **Part C** section of the policy entitled “**CLAIMS PROVISIONS,**” the first sentence of the sub-section entitled “**Notice of Claim**” is amended to read as follows:
“Written notice of claim must be given to us within **90 days** after loss covered by this policy occurs or starts.”
- Within **PART A. MEDICAL EXPENSE BENEFITS** of Benefit Provision 851MS-EZ, the Loss Period within which treatment must be received is changed from 30 days to **90 days**.
- Within **PART A. MEDICAL EXPENSE BENEFITS** of Benefit Provision 851MS-EZ, the Benefit Period within which expenses received by the Insured are covered is changed from 52 weeks to **104 weeks** from the date of the accident.
- Within **PART A. MEDICAL EXPENSE BENEFITS** of Benefit Provision 851MS-EZ the Eligible Medical Expenses will include the following:
 - (f) Treatment by a Physician’s Assistant (PA), other than the insured, trained and licensed to provide basic medical services.

MUTUAL OF OMAHA INSURANCE COMPANY



Corporate Secretary