

**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA  
(PRUDENTIAL)**

**SPECIFIED DISEASE/CRITICAL ILLNESS COVERAGE**

**THE COVERAGE UNDER THE GROUP CERTIFICATE  
PROVIDES LIMITED BENEFITS**

**THIS IS NOT HEALTH INSURANCE AND IT DOES NOT  
REIMBURSE FOR MEDICAL EXPENSES**

**THIS COVERAGE IS NOT A SUBSTITUTE FOR ESSENTIAL  
HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE  
AS DEFINED IN FEDERAL LAW**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE  
INTENDED TO COVER OUT OF POCKET EXPENSES  
RESULTING FROM THE DIAGNOSIS OF THE SPECIFIC  
CRITICAL ILLNESSES**

**OUTLINE OF COVERAGE**

**Program Date:** January 1, 2023

**Contract Holder:** HOWARD COUNTY GOVERNMENT

**Group Contract Number:** GC-71312-MD

**Covered Classes:** The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): Class 1: All active, Full-time and Part-time Employees of Howard County Government working a minimum of 20 hours per week.

This coverage provides for a lump sum payment ONLY upon the diagnosis of the specific Critical Illnesses listed below. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This coverage is designed only to help offset out of pocket expenses incurred as the result of a critical illness. It is NOT health insurance, does not reimburse the cost of medical expenses and should not be purchased unless you are already covered by a comprehensive health insurance policy. Read the Shopper's Guide to Cancer Insurance developed by the National Association of Insurance Commissioners to review the possible limits on benefits in this type of coverage.

You should consult with your tax advisor regarding the possible tax implications of the purchase and/or receipt of benefits under Prudential's Critical Illness Insurance on certain other coverage or benefits that you might have or that you might obtain, such as a Health Savings Account (HSA).

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare review A Guide to Health Insurance for People with Medicare developed jointly by the Centers for Medicare & Medicaid Services and the National Association of Insurance Commissioners and available from Prudential. It is

also important to note that the receipt of these limited benefits may affect eligibility for Medicaid or other governmental benefits and entitlements (collectively, the “governmental benefits”). Accordingly, persons who wish to maintain eligibility for governmental benefits should not purchase this limited benefit coverage without consulting a legal advisor.

Read Your Group Certificate Carefully – The following is a brief description of your coverage highlighting important features. It is not intended to provide comprehensive information. READ YOUR GROUP CERTIFICATE CAREFULLY. Your Group Certificate contains ALL of the coverage information and benefit details. This document is not the insurance contract and only the actual Group Contract, which includes the Group Certificate, will govern the insurance terms. The Group Certificate sets forth in detail the rights and obligations of both you and Prudential. Therefore, it is important that you READ YOUR GROUP CERTIFICATE CAREFULLY!

### **IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN**

**STATES:** *There are state-specific requirements that may change the provisions under the Coverage described in this Outline of Coverage. If you live in a state that has such requirements, those requirements will apply to your Coverage and are made a part of your Outline of Coverage. This means the requirements of the state where you reside at the time of loss could change the benefits to which you may be entitled if you become insured under the Coverage. Prudential has a website that describes these state-specific requirements. You may access the website at [www.prudential.com/etonline]. When you access the website, you will be asked to enter your state of residence and your Access Code. **Your Access Code is VCCC1.***

*If you are unable to access this website, want to receive a printed copy of these requirements or have any questions, call Prudential at 1-844-455-1002.*

### **CRITICAL ILLNESS COVERAGE FOR YOU AND YOUR DEPENDENTS**

This Coverage pays benefits for Critical Illnesses. Some Critical Illnesses are not covered or are limited. The items below are only highlights of Your coverage. For a full description please read this entire Group Insurance Certificate.

Benefits for a Critical Illness are payable only if the person is diagnosed by a Doctor with the Critical Illness while a Covered Person..

### **BENEFIT AMOUNTS FOR YOU:**

The Amount of Insurance is the amount for Your Benefit Class. You may enroll for the plan shown below. If You may choose the Amount of Insurance or if there are options from which to select, the amount for which You enroll will be recorded by Your Employer and reported to Prudential.

**Amount of Insurance For Each Benefit Class:**

<b>Benefit Classes</b>	<b>Amount of Insurance</b>
All Employees	
Option 1	\$5,000
Option 2	\$10,000
Option 3	\$15,000
Option 4	\$20,000
Option 5	\$25,000
Option 6	\$30,000

**BENEFIT AMOUNTS FOR YOUR DEPENDENTS:**

The Amount of Insurance is the amount for Your Benefit Class. You may enroll Your Qualified Dependents for the plan shown below. If You may choose the Amount of Insurance or if there are options from which to select, the amount for which You enroll will be recorded by Your Employer and reported to Prudential.

Your Benefit Class is determined by the classification of Your Qualified Dependents and the amount for which You enroll as shown in this table.

<b>Qualified Dependents Classification</b>	<b>Amount of Insurance*</b>
Your Spouse	
Option 1	\$5,000
Option 2	\$10,000
Option 3	\$15,000
Option 4	\$20,000
Option 5	\$25,000
Option 6	\$30,000
Your Children	
Option 1	\$2,500
Option 2	\$5,000
Option 3	\$7,500
Option 4	\$10,000
Option 5	\$12,500

Option 6

\$15,000

\*The Amount of Insurance on Your Qualified Dependent Spouse will not exceed 100% of the amount for which You are insured under the Critical Illness Coverage. The Amount of Insurance on each of Your Qualified Dependent Children will not exceed 50% of the amount for which You are insured under the Critical Illness Coverage.

**First Occurrence Benefit Amount Payable:** The amount payable for the First Occurrence of a Critical Illness depends on the type of Critical Illness as shown below. We will pay the First Occurrence Benefit Amount upon receiving proof of a diagnosis of Cancer as defined. This applies to the following benefits: Cancer – Invasive, Cancer – Non-Invasive, Cancer –Skin Cancer, Cancer Death. Benefits are subject to the Lifetime Maximum Benefit as described below.

**Percent of the  
Person's Amount of Insurance or  
Benefit Amount Payable**

**Critical Illness:**

Alzheimer's Disease .....	100%
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease) .....	100%
Benign Brain Tumor .....	100%
Blindness .....	100%
Cancer – Invasive .....	100%
Cerebral Palsy.....	100%
Cleft Lip or Cleft Palate .....	100%
Coma.....	100%
Cystic Fibrosis .....	100%
Deafness .....	100%
Down Syndrome.....	100%
Heart Attack .....	100%
Loss of Speech .....	100%
Major Organ Failure .....	100%
Muscular Dystrophy .....	100%
Occupational Exposure to HIV Confirmed Diagnosis Benefit .....	100%
Paralysis of Limbs .....	100%
Parkinson's Disease.....	100%
Renal (kidney) Failure .....	100%
Severe Coronary Artery Disease .....	100%
Sickle Cell Anemia .....	100%
Spina Bifida .....	100%
Stroke... ..	100%
Third Degree Burn.....	100%
Cancer - Non-Invasive .....	25%
Multiple Sclerosis .....	25%
Cancer - Skin Cancer.....	\$250
Organ Donor (Match) .....	\$500

**Recurrence Benefit Amount Payable for Critical Illness other than Skin Cancer:** The amount payable for a Recurrence of a Critical Illness other than Skin Cancer is 100% of the amount paid to the person for the First Occurrence of the Critical Illness.

Recurrence of a Critical Illness other than Skin Cancer means:

- (1) a person is positively diagnosed by a Doctor as having an additional occurrence or recurrence of a Critical Illness other than Skin Cancer for which a benefit was paid under this Coverage; and
- (2) the date of the diagnosis of the additional occurrence or recurrence is more than 180 days after the date of the last medical treatment for the previous occurrence.

**Recurrence Benefit Amount Payable for Skin Cancer:** The amount payable for a Recurrence of Skin Cancer is \$250, subject to the Annual Limit for Skin Cancer.

Recurrence of Skin Cancer means a person is positively diagnosed by a Doctor as having an additional occurrence or recurrence of Skin Cancer for which a benefit was paid under this Coverage.

**Annual Limit for Skin Cancer:** \$250 per Calendar Year for each Covered Person.

**Lifetime Maximum Benefit:** No more than the Lifetime Maximum Benefit will be paid for all of a Covered Person's Critical Illnesses.

Critical Illness benefits that do not contribute to the Lifetime Maximum Benefit and are not subject to the Lifetime Maximum Benefit include:

- (1) Chemotherapy
- (2) Egg Harvesting and Cryopreservation
- (3) Hospital Admission
- (4) Immunotherapy
- (5) Lodging
- (6) NCI (National Cancer Institute) Evaluation
- (7) Organ Donor (Match)
- (8) Post Traumatic Stress Disorder (PTSD)
- (9) Quarantine
- (10) Radiation Therapy
- (11) Second Opinion
- (12) Skin Cancer
- (13) Transportation
- (14) Wellness

The Lifetime Maximum Benefit for a Covered Person is 500% of the person's Amount of Insurance.

**ADDITIONAL BENEFIT AMOUNTS UNDER THE CRITICAL ILLNESS COVERAGE**

For the purposes of determining benefits under the Coverage, Amount of Insurance does not include any additional amount payable as shown below.

**Infectious Disease Benefit Amount Payable:** The additional amount payable is 25% of the Amount of Insurance on the First Occurrence. Amount payable for a Recurrence for an Infectious Diseases is 10% of the Amount of Insurance.

**Infectious Disease Benefit Limit:** The Infectious Disease benefit is payable for a Covered Person who is confined to a Hospital for 5 consecutive days.

**Lodging Benefit Amount Payable:** \$100 per day.

**Lodging Benefit Annual Limit:** The Lodging Benefit is limited to 60 days per Calendar Year for each Covered Person receiving treatment for a Critical Illness or to have a critical procedure during that visit.

**National Cancer Institute (NCI) Evaluation Benefit Amount Payable:** An amount equal to:

- (1) \$500; plus
- (2) \$250 for the transportation and lodging of the Covered Person requiring the evaluation if the NCI facility is more than 100 miles from the Covered Person's primary residence.

**NCI Evaluation Benefit Lifetime Limit:** The NCI Evaluation Benefit is payable once during the lifetime of each Covered Person. If You receive an evaluation that qualifies under this benefit and the Second Opinion Benefit, we will pay the benefit with the higher amount.

**Transportation Benefit Amount Payable:** The Transportation Benefit is payable \$0.50 per mile.

**Transportation Benefit Annual Limit:** The Transportation Benefit is limited to one benefit payments per Covered Person, per Critical Illness.

**Wellness Benefit Amount Payable:** \$50

**Wellness Benefit Daily Limit:** The Wellness Benefit is limited to payment of one benefit per Covered Person, per day.

**Wellness Benefit Annual Limit:** The Wellness Benefit is limited to one benefit payment(s) per Calendar Year for each Covered Person.

## Exclusions

A Critical Illness is not covered if it is caused by, contributed to by, or resulting from, directly or indirectly, any of the following:

- (1) Attempted suicide, while sane or insane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) War, or any act of war. "War" means declared or undeclared war and includes resistance to armed aggression. Terrorism is not considered an act of war.
- (4) Travel or flight in any vehicle used for aerial navigation if:

- (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - (b) the person is performing as a pilot or a crew member of any aircraft; or
  - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates. This includes getting in, out, on or off any such vehicle
- (5) Commission of a crime for which you have been convicted under state or federal law.
- (6) Being under the influence of alcohol or alcohol intoxication, including but not limited to having a blood alcohol level above the limit for permissible operation of a motor vehicle in the jurisdiction where the Critical Illness occurred, regardless of whether the person:
- (a) was operating a motor vehicle; and
  - (b) was convicted of an alcohol related offense.
- (7) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parasailing; or ballooning.

**Cost of Insurance:** The insurance described in this Outline of Coverage is Contributory Insurance. You will be informed of the amount of your contribution when you enroll.

**End of Coverage.**

Your Employee Insurance under the Coverage or Your Dependents Insurance under the Coverage will end on the first of these to occur:

- Your membership in the Covered Classes for the insurance ends because Your employment ends (see End of Employment) or for any other reason; or
- Your class is removed from the Covered Classes for the insurance; or
- Your Employer is no longer an Included Employer; or
- The date the Group Contract providing the insurance ends; or
- You reach age 100; or
- You reach Your Lifetime Maximum Benefit; or
- You die; or
- For Contributory Insurance under the Coverage, You fail to pay, when due, any required contribution; or
- The insurance is Dependents Insurance, and Your Employee Insurance under the Coverage ends.

Your Dependents Insurance for a Qualified Dependent under the Coverage will end on the first of these to occur:

- The Qualified Dependent reaches the Lifetime Maximum Benefit for that Qualified Dependent; or
- That person ceases to be a Qualified Dependent for the Coverage. A Spouse will cease to be a Qualified Dependent at age 100. A Dependent Child will cease to be a Qualified Dependent at age 26 (See Continued Coverage for an Incapacitated Child below.); or

- You reach age 100.

**Continued Coverage for an Incapacitated Child:** This applies only to the Dependents Insurance You have for a Child under the Coverage. The insurance for the Child will not end on the date the age limit in the definition of Qualified Dependent is reached if both of these are true:

- (1) The Child is then mentally or physically incapable of earning a living; and
- (2) The Child otherwise meets the definition of Qualified Dependent.

If these conditions are met, the age limit will not cause the Child to stop being a Qualified Dependent under that Coverage. This will apply as long as the Child remains so incapacitated. You should notify Prudential of the Child's continued incapacity.

**Renewability.** The Coverage(s) in this Outline are insured under a Group Contract issued by Prudential to the Contract Holder. The terms and conditions describing renewability are outlined in the Group Contract. Prudential may end the Group Contract on any Contract Anniversary. But notice of its intent to do so must be given to the Contract Holder in advance.

Cancellation of the Group Contract will not affect a payable claim that occurs prior to the cancellation of the Group Contract.

**Premium Rate Changes.** Under the terms and conditions of the Group Contract, Prudential has the right to change premium rates under certain circumstances. The premium rates may be changed as outlined in the Group Contract. Prudential will notify the Contract Holder in advance before a premium rate is changed. If the coverage under this Group Contract includes contributory insurance, and the premium rate change impacts the amount of your contribution, the Contract Holder will advise you of any change to your contribution.

---