

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

751 Broad Street
Newark, New Jersey 07102

ACCIDENT ONLY COVERAGE

THIS CERTIFICATE PROVIDES LIMITED BENEFITS

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO
COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE

Program Date: January 1, 2023

Contract Holder: HOWARD COUNTY GOVERNMENT

Group Contract Number: GVA-71312-MD

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

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of your coverage. This is not the insurance contract and only the actual Group Contract provisions will control. The Group Contract itself sets forth in detail the rights and obligations of both you and The Prudential Insurance Company of America (Prudential). It is, therefore, important that you READ YOUR GROUP CERTIFICATE CAREFULLY!

Accident Only Coverage. Coverage of this category is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Group Contract. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES: *There are state-specific requirements that may change the provisions under the Coverage(s) described in this Group Insurance Certificate. If You live in a state that has such requirements, those requirements will apply to Your Coverage(s) and are made a part of Your Group Insurance Certificate. 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 VACC1.***

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

VOLUNTARY ACCIDENT COVERAGE FOR YOU AND YOUR DEPENDENTS

This Coverage pays benefits for the following Accidental Losses which result directly from a Covered Accident. Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Loss and meets all of the following conditions: (1) occurs while the Covered Person is insured under this Group Contract; and (2) is not otherwise excluded under the terms of this Group Contract.

Basic Accidental Death	Benefit Amount Payable
For Employees	\$20,000
For Your Spouse	\$10,000
For Your Child	\$5,000

Accidental Death Common Carrier

For Employees	\$60,000
For Your Spouse	\$30,000
For Your Child	\$15,000

CORE BENEFITS

All other Accidental Losses:

Accidental Dismemberment/Functional Loss/Paralysis Benefits

Basic Dismemberment/Functional Loss	Benefit
Dismemberment, loss of both hands	\$20,000
Dismemberment, loss of both feet	\$20,000
Dismemberment, loss of one arm	\$1,000
Dismemberment, loss of one foot	\$1,000
Dismemberment, loss of one hand	\$1,000
Dismemberment, loss of one hand and one foot	\$20,000
Dismemberment, loss of one leg	\$10,000
Dismemberment, loss of thumb and index finger of the same hand	\$2,000

Broken Tooth Benefit

Crown	\$400
Extraction	\$100
Filling	\$75

Burn Benefit

Percentage of total surface skin area that is burnt

**Benefit for
2nd Degree burn**

**Benefit for
3rd Degree burn**

Less than 10%.....	\$100	\$1,000
At least 10% but less than 25%	\$200	\$2,000
At least 25% but less than 35%.....	\$500	\$5,000
35% or more	\$1,000	\$10,000
Skin Graft Benefit	50%.....	50%

Catastrophic Accident

Loss of Hearing in both ears	\$20,000
Loss of Hearing in one ear	\$10,000
Loss of Sight in both eyes	\$20,000
Loss of Sight in one eye.....	\$10,000
Loss of Speech	\$20,000
Loss of Speech and Hearing in both ears	\$40,000

Coma Benefit.....\$12,500

Concussion Benefit

Dislocation Benefit:

Full Dislocation Benefit

**Benefit for
Closed Reduction**

**Benefit for
Open Reduction**

Dislocation, lower jaw	\$600	\$1,200
Dislocation, spine	\$1,200	\$2,400
Dislocation, collar bone	\$500	\$1,000
Dislocation, shoulder joint	\$500	\$1,000
Dislocation, rib.....	\$500	\$1,000
Dislocation, elbow	\$500	\$1,000
Dislocation, wrist	\$500	\$1,000
Dislocation, hand except fingers	\$500	\$1,000
Dislocation, finger	\$100	\$200
Dislocation, hip	\$2,400	\$4,800
Dislocation, knee.....	\$2,000.....	\$4,000
Dislocation, ankle.....	\$1,000.....	\$2,000
Dislocation, foot except toes	\$1,000	\$2,000
Dislocation, toe	\$100	\$200
Dislocation, partial	25%	25%

Eye Injury Benefit (removal of foreign object)

Eye Injury Benefit (surgery)

Fracture Benefit:

**Benefit for
Closed Reduction**

**Benefit for
Open Reduction**

Fracture, skull (simple non-depressed).....	\$2,000	\$4,000
Fracture, skull (depressed)	\$3,500	\$7,000
Fracture, facial bone including nose except upper or lower jaw	\$1,000	\$2,000

Fracture, upper jaw	\$1,000	\$2,000
Fracture, lower jaw	\$500	\$1,000
Fracture, spine (vertebral processes)	\$500	\$1,000
Fracture, spine (vertebral body except vertebral processes)	\$2,000	\$4,000
Fracture, collar bone	\$500	\$1,000
Fracture, shoulder blade	\$500	\$1,000
Fracture, breast bone	\$500	\$1,000
Fracture, rib	\$500	\$1,000
Fracture, pelvis except tailbone	\$2,000	\$4,000
Fracture, tailbone	\$500	\$1,000
Fracture, upper arm	\$1,000	\$2,000
Fracture, forearm	\$500	\$1,000
Fracture, wrist	\$500	\$1,000
Fracture, hand except fingers	\$500	\$1,000
Fracture, finger	\$100	\$200
Fracture, hip or thigh or both	\$3,500	\$7,000
Fracture, kneecap	\$500	\$1,000
Fracture, leg except thigh	\$1,000	\$2,000
Fracture, ankle	\$500	\$1,000
Fracture, foot except toes	\$500	\$1,000
Fracture, toe	\$100	\$200
Fracture, chip25%25%

Laceration Benefit

Repaired without stitches

Repaired without stitches	\$30
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Repaired with stitches:

Lacerations, total is less than two inches	\$100
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Lacerations, total is two to six inches	\$200
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Lacerations, total over six inches	\$500
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Puncture Wound Benefit

Puncture Wound Benefit	\$100
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Paralysis Benefit

Paralysis, four limbs	\$20,000
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Paralysis, three limbs	\$15,000
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Paralysis, two limbs	\$10,000
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Paralysis, one limb	\$5,000
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ACCIDENT MEDICAL TREATMENT AND SERVICES BENEFITS

Air Ambulance Benefit	\$2,000
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Ground Ambulance Benefit	\$200
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Blood/Plasma/Platelets Benefit	\$300
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Emergency Care Benefit

Emergency Room\$125

Physician's Office\$50

Urgent Care\$100

Non-Emergency Initial Care Benefit.....\$50

X-Ray Benefit\$50

Advanced Diagnostic Testing Benefits

CAT \$200

EEG \$200

MMRI \$200

MR\$200

NCV \$200

PET \$200

Physician Follow-Up Visits\$50

Medical Appliance Benefit

Brace \$100

Cane \$100

Crutches\$100

Walker-expected use less than 1 year\$100

Walker-expected use 1 year or longer\$100

Walking boot\$100

Wheel chair or motorized scooter-expected use less than 1 year\$100

Wheel chair or motorized scooter-expected use 1 year or more\$100

Other medical device used for mobility\$100

Prosthetic Device Benefit

One device only\$750

More than one device.....\$1,500

Therapy Services Benefit

Cognitive Behavioral Therapy	\$50
Occupational Therapy	\$50
Physical Therapy	\$50
Respiratory Therapy	\$50
Speech Therapy	\$50
Vocational Therapy	\$50
Lodging Benefit	\$150
Transportation Benefit	\$600
Surgical Repair Benefit	
Abdominal Pelvic Cavity	\$1,500
Cranial	\$1,500
Hernia Repair	\$200
Ruptured Disc	\$750
Tear, cartilage in knee	\$750
Torn, ruptured or severed tendon/ligament/rotator cuff	
One tendon/ligament/rotator cuff	\$750
Two or more tendons/ligaments/rotator cuffs	\$1,000
Thoracic cavity	\$1,500
Exploratory Surgery Benefit (without repair) for any of the procedures listed above or outpatient surgery	\$200
Other Outpatient Surgery Benefit	\$300
Pain Management Benefit	
Epidural anesthesia	\$100
General anesthesia	\$100
ACCIDENT HOSPITAL BENEFITS	
Hospital Admission Benefit	\$1,250
Intensive Care Unit (ICU) Admission Benefit	\$2,500
Hospital Confinement Benefit	\$250.00 per day
ICU Confinement Benefit	\$500.00 per day

Inpatient Rehabilitation Benefit\$150.00 per day

ADDITIONAL BENEFITS

Child Care Benefit\$25.00 per day

Modification Benefit.....\$1,000

Organized Sports Activity Benefit.....\$500

Wellness Benefit\$50.00

Benefit Limits.

CORE BENEFITS:

Broken Tooth Benefit: Prudential will pay the Broken tooth benefit no more than 3 times per Covered Person, per Calendar Year.

Burn Benefit: Prudential will pay the Burn Benefit no more than: (1) one time per Covered Person, per Covered Accident or Covered Injury; and (2) 1 time per Covered Person, per Calendar Year.

Coma Benefit: Prudential will pay the Coma Benefit no more than 1 time per Covered Person, per Accident and a maximum of 1 time per Covered Person, per Calendar Year.

Concussion Benefit: Prudential will pay the Concussion Benefit no more than 1 time per Covered Person, per Calendar Year.

Eye Injury Benefit: Prudential will pay the Eye Injury Benefit no more than: (1) 1 time per Covered Person, per Accident; and (2) 3 times per Covered Person, per Calendar Year.

Fracture Benefit: Prudential will pay no more than one Fracture Benefit per bone, per Accident.

Laceration Benefit: Prudential will pay the Laceration Benefit no more than one time per Covered Person, per Accident; and up to a maximum of 3 times per Covered Person, per Calendar Year.

Puncture Wound Benefit: Prudential will pay the Puncture Wound Benefit no more than 1 time per Covered Person, per Accident, up to a maximum of 3 times per Covered Person, per Calendar Year.

Paralysis Benefit: Prudential will pay the Paralysis Benefit no more than one time per Covered Person, per Covered Accident or Covered Injury.

ACCIDENT-MEDICAL TREATMENT AND SERVICES BENEFITS:

Air Ambulance Benefit: Prudential will pay this benefit 1 time per Accident and a maximum of 2 times per Covered Person, per Calendar Year.

Ground Ambulance Benefit: Prudential will pay this benefit 1 time per Accident, Covered Injury and a maximum of 2 times per Covered Person, per Calendar Year.

Emergency Care Benefit and Non-Emergency Initial Care Benefit: Prudential will never pay both the Emergency Care Benefit and the Non-Emergency Care Benefit for the same Covered Person, for the same Accident. If Prudential pays either the Emergency Care Benefit or the Non-Emergency Initial Care Benefit, Prudential will pay the benefit no more than one time per Covered Person, per Accident.

X-ray Benefit: Prudential will pay the X-ray Benefit no more than 1 time per Covered Person, per Accident, up to a maximum of 3 times per Covered Person, per Calendar Year.

Advanced Diagnostic Testing Benefits: Prudential will pay the Diagnostic Testing Benefit no more than 1 time per Covered Person, per Accident and up to a maximum of 3 times per Covered Person, per Calendar Year.

Physician Follow-Up Visits: Prudential will pay this benefit no more than 2 times per Covered Person, per Covered Accident, and up to a maximum of 6 times per Covered Person per Calendar Year.

Medical Appliance Benefit: The amount Prudential will pay for all Medical Appliances combined will be no more than \$1,000 per Covered Person, per Accident.

Prosthetic Device Benefit: For a Dependent Child who is under age 18, Prudential will pay the Prosthetic Device Benefit no more than: (1) 1 time, per Accident; and (2) 1 time per calendar year. For all other Covered Persons, Prudential will pay the Prosthetic Device Benefit no more than: (1) 1 time per Covered Person, per Accident; and (2) 1 time per Covered Person, per Calendar Year.

Therapy Services Benefit: Prudential will pay the Therapy Services Benefit for Therapy Services no more than 10 times per Covered Person, per Accident; and 10 times per Covered Person, per Calendar Year.

Lodging Benefit: Prudential will pay the Lodging Benefit for up to 30 days per Calendar Year.

Transportation Benefit: Prudential will pay the Transportation Benefit no more than: (1) 1 time per Covered Person, per Covered Accident; and (2) 3 times per Covered Person, per Calendar Year.

Surgical Repair Benefit: Prudential will pay the Surgery Benefit no more than 1 time per Covered Person, per Accident, up to a maximum of 3 times per Covered Person, per Calendar Year.

Exploratory Surgery Benefit: Prudential will pay the Surgery Benefit no more than 1 time per Covered Person, per Accident, up to a maximum of 3 times per Covered Person, per Calendar Year.

Other Outpatient Surgery Benefit: We will pay the Other Outpatient Surgery Benefit no more than 1 time per Covered Person, per Accident and up to a maximum of 3 times per Covered Person, per Calendar Year.

Pain Management Benefit: Prudential will pay the Pain Management Benefit no more than 1 time per Covered Person, per Accident and up to a maximum of 3 times per Covered Person, per Calendar Year.

ACCIDENT HOSPITAL BENEFITS:

Hospital Admission Benefit: We will pay the Admission Benefit no more than: (1) one time per Covered Person, per Accident; and (2) 3 times per Covered Person, per Calendar Year.

Intensive Care Unit (ICU) Admission Benefit: We will pay the ICU Admission Benefit no more than: (1) one time per Covered Person, per Accident; and (2) 3 times per Covered Person, per Calendar Year.

Hospital Confinement Benefit: Prudential will pay the Hospital Confinement Benefit for up to 365 days per Covered Person, per Accident and no more than 3 times per Covered Person, per Calendar Year.

ICU Confinement Benefit: Prudential will pay the ICU Confinement Benefit for up to 30 days per

Covered Person, per Accident and no more than 3 times per Covered Person, per Calendar Year.

Inpatient Rehabilitation Benefit: Prudential will pay the Inpatient Rehabilitation Benefit for each day of the Covered Person's continuous stay as a resident inpatient in a Rehabilitation Facility, up to a maximum stay of 15 days per Covered Person, per Covered Accident or Covered Injury but not to exceed 30 days per Calendar Year.

ADDITIONAL BENEFITS:

Child Care Benefit: Prudential will pay the Child Care Benefit for the days You or Your Spouse are Confined or an inpatient in a Rehabilitation Facility up to 30 days per Covered Person, per Covered Accident, up to a maximum of 90 days per Covered Person, per Calendar Year.

Modification Benefit: Prudential will pay the Modification Benefit no more than: (1) 1 time per Covered Person, per Accident; and (2) 1 time per Covered Person, per Calendar Year.

Organized Sports Activity: Prudential will pay this benefit no more than once per Covered Person, per Accident and up to a maximum of 2 times per Covered Person, per Calendar Year.

Wellness Benefit: Prudential will pay the Wellness Benefit no more than: (1) 1 time per Covered Person, per day; and (2) 1 time per Covered Person, per Calendar Year.

Benefit Exclusions.

Prudential will not pay benefits for any loss caused by, contributed to by, or resulting from, directly or indirectly, any of the following:

- Suicide or attempted suicide, while sane.
- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Medical or surgical treatment, whether the claim results directly or indirectly from the treatment.
- 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.

Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.

- An Accident that occurs while the person is serving on Full-Time active duty for more than 90 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- 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.

- Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident, Covered Injury or Covered Illness.
- Elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection or other diseases.
- Cosmetic Surgery, except when such Surgery is performed to:
 - (a) treat an Injury or Sickness;
 - (b) correct a disorder of normal bodily function or structure that was caused by an Injury or Sickness for which Coverage is not otherwise excluded under this Certificate; or
 - (c) reconstruct a part of the body which was disfigured or removed as a result of an Injury or Sickness for which Coverage is not otherwise excluded under this Certificate.
- The Covered Person's mental illness, or the diagnosis or treatment of such an illness, except for the Covered Person's use of:
 - (a) any drug, medication or sedative that is taken or used as prescribed by a Doctor; or
 - (b) an "over the counter" drug, medication or sedative taken as directed; or
 - (c) activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.
- Hospital Confinement caused by, contributed to by, or resulting from Mental Illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this Policy.

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. Any contribution due but unpaid at your death will be deducted from the death benefit (if any).

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 below) or for any other reason.
- Your class is removed from the Covered Classes for the insurance.
- The date the Group Contract providing the insurance ends.
- You reach age 100.
- You die.

- For Contributory Insurance under the Coverage, You fail to pay, when due, any required contribution. But, if Employee Insurance is Contributory, failure to contribute for Dependents Insurance will not cause Your Employee Insurance to end.
- 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:
- That person ceases to be a Qualified Dependent for the Coverage. A Spouse will cease to be a Qualified Dependent at age 100. (See Continued Coverage for an Incapacitated Child below.)

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..
- (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.