

**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, 2025

**Contract Holder:** MAINE EYE CENTER, PA

**Group Contract Number:** GVA-72519-ME

**Covered Classes:** The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): All Full Time Staff working a minimum of 30 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 Outline of Coverage. 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 Outline of Coverage. Prudential has a website that describes these state-specific requirements. You may access the website at [www.prudential.com/etonline](http://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 VAI1.**

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.

**THIS DOES NOT APPLY TO NEW MEXICO RESIDENTS.**

## VOLUNTARY ACCIDENT COVERAGE FOR YOU AND YOUR DEPENDENTS

This Coverage pays benefits for Accidental Loss. Some Accidental Losses are not covered or are limited. The items below are only highlights of the Covered Person's coverage. For a full description please read the entire Group Insurance Certificate.

### Basic Accidental Death

### Benefit Amount Payable

For Employees .....	\$50,000
For Your Spouse .....	\$25,000
For Your Child .....	\$12,500

### Accidental Death Common Carrier

For Employees .....	\$75,000
For Your Spouse .....	\$37,500
For Your Child .....	\$18,750

## CORE BENEFITS

### All other Accidental Losses:

#### Accidental Dismemberment/Functional Loss

##### Dismemberment

##### Benefit

Loss of both hands .....	\$50,000
Loss of both feet .....	\$50,000
Loss of one foot .....	\$25,000
Loss of one hand .....	\$25,000
Loss of one hand and one foot .....	\$50,000
Loss of thumb and index finger of the same hand .....	\$5,000

##### Functional Loss Benefit

Loss of Hearing in both ears .....	\$25,000
Loss of Hearing in one ear .....	\$12,500
Loss of Sight in both eyes .....	\$50,000
Loss of Sight in one eye .....	\$25,000
Loss of Speech .....	\$25,000
Loss of Speech and hearing in both ears .....	\$50,000

##### Broken Tooth Benefit

Crown .....	\$300
Extraction .....	\$100

##### 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**

Due to Burns  
(Payable as % of the applicable Burn Benefit) .....50%

**Coma Benefit** .....\$10,000

**Concussion Benefit** .....\$150

**Dislocation Benefit:**

**Full Dislocation Benefit**

Benefit for	Closed Reduction	Open Reduction
Lower jaw .....	\$500.....	\$1,000
Collar Bone.....	\$500.....	\$1,000
Shoulder Joint.....	\$500.....	\$1,000
Elbow .....	\$500.....	\$1,000
Wrist.....	\$500.....	\$1,000
Hand except Fingers .....	\$500.....	\$1,000
Finger .....	\$125.....	\$250
Hip .....	\$2,000.....	\$4,000
Knee .....	\$1,250.....	\$2,500
Ankle.....	\$1,250.....	\$2,500
Foot.....	\$1,250.....	\$2,500
Toe.....	\$125.....	\$250
Partial Dislocation.....	25% .....	25%

**Eye Injury Benefit (removal of foreign object)**.....\$200

**Eye Injury Benefit (surgery)**.....\$500

**Fracture Benefit:**

Benefit for	Closed Reduction	Open Reduction
Skull (simple non-depressed) .....	\$1,000 .....	\$2,000
Skull (depressed) .....	\$4,000.....	\$8,000
Facial Bone including nose except upper or lower jaw .....	\$500.....	\$1,000
Upper jaw .....	\$500.....	\$1,000
Lower jaw .....	\$500.....	\$1,000
Spine (vertebral processes) .....	\$500.....	\$1,000
Spine (vertebral body except vertebral processes) .....	\$750.....	\$1,500
Collar Bone.....	\$1,000.....	\$2,000
Shoulder Blade.....	\$1,000.....	\$2,000
Breast Bone.....	\$1,000.....	\$2,000
Rib .....	\$250.....	\$500
Pelvis, except tailbone.....	\$4,000.....	\$8,000
Tailbone.....	\$250.....	\$500
Upper Arm .....	\$500.....	\$1,000
Forearm .....	\$500.....	\$1,000
Wrist .....	\$500.....	\$1,000
Hand except fingers .....	\$500.....	\$1,000
Finger .....	\$125.....	\$250

Hip or thigh or both .....	\$2,000.....	\$4,000
Kneecap .....	\$750.....	\$1,500
Leg except thigh .....	\$1,000.....	\$2,000
Ankle.....	\$500.....	\$1,000
Foot except toes .....	\$500.....	\$1,000
Toe.....	\$125.....	\$250
Chip Fracture.....	25% .....	25%

#### **Laceration Benefit**

Repaired without stitches .....	\$100
Repaired with stitches:	
Lacerations, total is less than two inches .....	\$125
Lacerations, total is two to six inches .....	\$250
Lacerations, total is over six inches.....	\$500

#### **Paralysis Benefit**

Paralysis, four limbs .....	\$50,000
Paralysis, three limbs .....	\$37,500
Paralysis, two limbs .....	\$25,000
Paralysis, one limb .....	\$12,500

### **ACCIDENT MEDICAL TREATMENT AND SERVICES BENEFITS**

#### **Advanced Diagnostic Testing Benefits**

CAT .....	\$200
CT .....	\$200
EEG .....	\$200
MRI .....	\$200
MR .....	\$200
NCV .....	\$200
PET .....	\$200
MRA.....	\$200
SPECT .....	\$200
Bone Scintigraphy (Bone Scan) .....	\$200

**Air Ambulance Benefit** .....\$1,500

**Ground/Water Ambulance Benefit** .....\$500

**Blood/Plasma/Platelets Benefit** .....\$200

**Doctor Follow-Up Visits** .....\$75

#### **Emergency Care Benefit**

Emergency Room .....	\$150
Doctor's Office .....	\$75
Urgent Care .....	\$100

**Joint Replacement Benefit** .....\$2,000

**Lodging Benefit** .....\$125

**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
Wheelchair or motorized scooter (expected use less than 1 year) .....	\$100
Wheelchair or motorized scooter (expected use 1 year or longer) .....	\$100
Other Medical Device used for mobility .....	\$100

**Prosthetic Device Benefit**

One device only .....	\$1,000
More than one device .....	\$2,000

**Surgical Repair Benefit**

Abdominal Pelvic Cavity .....	\$2,000
Hernia Repair.....	\$200
Ruptured Disc .....	\$1,000
Thoracic Cavity .....	\$2,000
Tear, cartilage in knee .....	\$1,000

**Torn, ruptured or Severed Tendon/Ligament/Rotator Cuff**

One tendon/ligament/rotator cuff .....	\$750
Two or more tendons/ligaments/rotator cuffs .....	\$1,500

<b>Exploratory Surgery Benefit</b> (without repair) for any of the procedures listed above or outpatient surgery .....	\$250
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**Therapy Services Benefit**

Cognitive Behavioral Therapy .....	\$50
Occupational Therapy .....	\$50
Physical Therapy .....	\$50
Respiratory Therapy .....	\$50
Speech Therapy .....	\$50
Vocational Therapy .....	\$50

<b>Alternative Therapy Benefit</b> .....	\$25
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<b>Transportation Benefit</b> .....	\$400
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<b>X-Ray Benefit</b> .....	\$100
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**HOSPITAL BENEFITS**

<b>Accident - Hospital Admission Benefit</b> .....	\$1,000
<b>Accident - Hospital Confinement Benefit</b> .....	\$200

<b>Inpatient Rehabilitation Benefit</b> .....	\$150
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## ADDITIONAL BENEFITS

**Child Care Benefit** .....\$25

**Wellness Benefit** .....\$50

### Benefit Limits.

**Broken Tooth Benefit:** Prudential will pay the Broken tooth benefit no more than 2 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) 3 times per Covered Person, per Calendar Year.

**Skin Graft Benefit:** Prudential will pay the Skin Graft Benefit no more than: (1) one time per Covered Person, per Covered Accident; and (2) 3 times 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 Covered 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 Covered Accident.

**Laceration Benefit:** Prudential will pay the Laceration Benefit no more than one time per Covered Person, per Covered Accident; and 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:

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

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

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

**Blood/Plasma/Platelets Benefit:** Prudential will pay this benefit 1 time per Covered Person, per Covered Accident and a maximum of 3 times per Covered Person, per Calendar Year.

**Doctor 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.

**Emergency Care Benefit and Non-Emergency Initial Care Benefit:** Prudential will never pay both

the Emergency Care Benefit and the Non-Emergency Care Benefit per Covered Person, for the same Covered 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 Covered Accident.

**Joint Replacement Benefit:** Prudential will pay the Joint Replacement Benefit no more than one time per Covered Person, per Covered Accident.

**Lodging Benefit:** Prudential will pay the Lodging Benefit for up to 30 days 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 Covered Accident.

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

**Surgical Repair Benefit:** Prudential will pay the Surgical Repair Benefit no more than 1 time per Covered Person, per Covered Accident, up to a maximum of 3 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 Covered Accident; and 10 times per Covered Person, per Calendar Year.

**Alternative Therapy Benefit:** Prudential will pay the Alternative Therapy Benefit no more than: (1) 5 time per Covered Person, per Covered Accident; and (2) a maximum of 10 times per Covered Person, 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) 2 times per Covered Person, per Calendar Year.

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

## **ACCIDENT HOSPITAL BENEFITS**

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

**Accident - Hospital Confinement Benefit:** Prudential will pay the Accident - Hospital Confinement Benefit for up to 365 days per Covered Person, per Covered 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.

**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 malpractice.
- Taking part in any riot or insurrection.
- 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.

- Commission of a crime for which a person has been convicted under state or federal law.
- 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 Accident occurred, regardless of whether the person: (a) was operating a motor vehicle; and (b) was convicted of an alcohol related offense.
- Being under the influence of or taking any non-Prescription Drug, medication, narcotic, stimulant, hallucinogen, barbiturate, amphetamine, gas, fumes or inhalants, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the person's Doctor.
- 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 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 Group Insurance 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 Group Insurance Certificate.
- The Covered Person's mental illness, or the diagnosis or treatment of such mental 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.
- 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 Group Contract.

**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; or
- Your class is removed from the Covered Classes for the insurance; or
- The date the Group Contract providing the insurance ends; or
- You reach age 100; or
- 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.

- 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 working Full-time to earn a living. Prudential must receive proof of this within the next 31 days.
- (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.

**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.

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