

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: March 1, 2018

Contract Holder: TEXAS MEDICAL ASSOCIATION INSURANCE TRUST

Group Contract Number: GB-82750

Covered Classes: All active Members of the Texas Medical Association.

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.

This 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.

VOLUNTARY ACCIDENT COVERAGE FOR YOU AND YOUR DEPENDENTS

This Coverage pays benefits for the following Accidental Losses which result directly from an Accidental Injury. Accidental Injury means physical harm or damage to the body that is the direct result of an Accident. Accident means an act or event which: (i) is unforeseen, unexpected and unanticipated; (ii) is definite as to time and place; (iii) is not a Sickness; and (iv) occurs while the person is a Covered Person.

Accidental Losses:	Benefit Amount Payable	
	Medium Low Plan	Medium High Plan
broken or chipped tooth (with no exposed dentine)	\$50	\$100
broken tooth (with exposed dentine)	\$200	\$400
burn (2 nd degree), less than 40 square centimeters of the body surface	\$500	\$900
burn (2 nd degree), at least 40 but less than 100 square centimeters of the body surface	\$800	\$1,200

burn (2 nd degree), at least 100 but less than 300 square centimeters of the body surface	\$1,000	\$1,400
burn (2 nd degree), at least 300 square centimeters of the body surface	\$1,200	\$1,700
burn (3 rd degree), less than 40 square centimeters of the body surface.....	\$2,000	\$4,000
burn (3 rd degree), at least 40 but less than 100 square centimeters of the body surface	\$3,000	\$5,000
burn (3 rd degree), at least 100 but less than 300 square centimeters of the body surface	\$4,000	\$6,000
burn (3 rd degree), at least 300 square centimeters of the body surface.....	\$5,000	\$7,000
Coma	\$10,000	\$12,000
concussion (with no loss of consciousness).....	\$150	\$300
concussion (with loss of consciousness).....	\$300	\$500
Dislocation, lower jaw	\$600	\$800
Dislocation, spine.....	\$1,500	\$2,000
Dislocation, collar bone.....	\$600	\$800
Dislocation, shoulder joint.....	\$600	\$800
Dislocation, rib	\$500	\$700
Dislocation, elbow	\$500	\$700
Dislocation, wrist.....	\$500	\$700
Dislocation, hand except fingers.....	\$500	\$700
Dislocation, finger	\$75	\$125
Dislocation, hip	\$2,000	\$2,500
Dislocation, knee	\$600	\$800
Dislocation, ankle.....	\$600	\$800
Dislocation, foot except toes.....	\$600	\$800
Dislocation, toe	\$75	\$125
dislocation, partial.....	35% of the Benefit Amount Payable for a Dislocation	65% of the Benefit Amount Payable for a Dislocation
Eye Injury.....	\$300	\$500
Fracture, skull (simple non-depressed)	\$800	\$1,200
Fracture, skull (depressed)	\$1,500	\$2,000
Fracture, facial bone including nose except upper or lower jaw.....	\$600	\$800
Fracture, upper jaw.....	\$600	\$800
Fracture, lower jaw	\$600	\$800
Fracture, spine (vertebral processes).....	\$1,000	\$1,400
Fracture, spine (vertebral body except vertebral processes)	\$1,250	\$1,750
Fracture, collar bone.....	\$600	\$800
Fracture, shoulder blade.....	\$600	\$800
Fracture, breast bone	\$1,250	\$1,750
Fracture, rib.....	\$400	\$600
Fracture, pelvis except tailbone	\$1,250	\$1,750
Fracture, tailbone.....	\$300	\$500
Fracture, upper arm.....	\$500	\$700
Fracture, forearm	\$500	\$700

Fracture, wrist	\$500	\$700
Fracture, hand except fingers	\$500	\$700
Fracture, finger	\$75	\$125
Fracture, hip or thigh or both	\$2,000	\$2,500
Fracture, kneecap.....	\$600	\$800
Fracture, leg except thigh	\$1,000	\$1,400
Fracture, ankle.....	\$600	\$800
Fracture, foot except toes.....	\$600	\$800
Fracture, toe	\$75	\$125
Fracture, chip.....	\$65	\$90
hernia, femoral.....	\$150	\$250
hernia, inguinal	\$150	\$250
herniated disc	\$500	\$700
Lacerations, total is less than 5 centimeters long.....	\$100	\$175
Lacerations, total is at least 5 but less than 15 centimeters long.....	\$300	\$500
Lacerations, total is at least 15 centimeters long	\$600	\$1,000
Paralysis, four limbs.....	\$15,000	\$25,000
Paralysis, three limbs.....	\$12,000	\$20,000
Paralysis, two limbs	\$8,000	\$12,500
Paralysis, one limb.....	\$4,000	\$7,500
ruptured disc	\$500	\$700
Tear, cartilage.....	\$600	\$800
Tear, ligament.....	\$600	\$800
Tear, rotator cuff	\$600	\$800
Tear, tendon	\$600	\$800

Limit Per Accident, Per Person: No more than the Per Person Limit Per Accident will be paid for all of a person's Accidental Losses resulting from Injuries sustained in the same Accident.

The Per Person Limit Per Accident is \$50,000.

Annual Limit, Per Person: No more than the Per Person Annual Limit will be paid for all of a person's Accidental Losses sustained in a Calendar Year.

The Per Person Annual Limit is \$100,000.

Lifetime Limit, Per Person: No more than the Lifetime Limit will be paid for all of a person's Accidental Losses sustained in that person's lifetime.

The Lifetime Limit is \$200,000.

Additional Benefits. The additional benefits are payable in addition to any other benefit payable under this Coverage and are not applied toward any Benefit Limits under the Coverage. The additional amount payable for each additional benefit and any additional conditions that apply to an additional benefit are shown in your Group Certificate. An additional benefit is payable only if those conditions are met.

- Hospital Stay Benefit

- Transportation Benefit
- Lodging Benefit

Benefit Exclusions.

An Accidental Loss is not covered if it results from any of these:

- (1) Suicide or attempted suicide, while sane or insane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Sickness, whether the claim results directly or indirectly from the Sickness.
- (4) Medical or surgical treatment, whether the claim results directly or indirectly from the treatment.
- (5) Taking part in any riot or insurrection.
- (6) 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.

- (7) 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.
- (8) 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.

- (9) Commission of or attempt to commit an assault or a felony.
- (10) 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.
- (11) 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.

(12) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.

Cost of Insurance: The insurance in this Booklet 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 Member Insurance under a Coverage or your Dependents Insurance under a Coverage will end when the first of these occurs:

- Your membership in the Covered Classes for the insurance ends for any reason.
- The part of the Group Contract providing the insurance ends.
- You reach age 80.
- You make a written request to the Contract Holder to end your Member or Dependents Insurance under a Coverage.
- You fail to pay, when due, any contribution required for an insurance of the Group Contract. But, failure to contribute for Dependents Insurance will not cause your Member Insurance to end.
- The insurance is Dependents Insurance under the Coverage and your Member Insurance under that Coverage ends.

Your Dependents Insurance for a Qualified Dependent under a Coverage will end when that person ceases to be a Qualified Dependent for that Coverage. A Spouse or Domestic Partner will cease to be a Qualified Dependent at age 65. A Child will cease to be a Qualified Dependent at age 26.

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.