



**Plans of Insurance for the  
Anne Arundel County, MD  
(Volunteer Fire & Rescue Personnel)**

*Benefits apply while performing a Covered Activity.*

**Class 1** All volunteer classes of membership including but not limited to a Volunteer Member, Emergency Volunteer, Auxiliary Member, Fire Corps, Community Volunteer, Board Member, Trustee, Administrative Personnel, Junior Member, Member in Training, Probationary Member, and Part-Time Employees of the Policyholder.

<b>Section I: Death Benefits</b>		<u>Present Plan</u>
<b>A.</b>	Covered Injury Death Benefit	\$50,000
<b>B.</b>	Covered Illness Death Benefit	\$50,000
<b>C.</b>	HIV Positive Diagnosis Lump Sum Benefit	\$50,000
<b>D.</b>	Bereavement Benefit	Up to \$5,000
<b>E.</b>	Dependent Child Benefit (Per Child)	\$10,000
<b>F.</b>	Seat Belt Benefit	\$12,500
	Airbag Benefit	\$12,500
<b>G.</b>	Final Expenses Benefit*	Up to \$10,000
<b>H.</b>	Spousal Benefit	\$15,000
<b>I.</b>	Surviving Spouse Education Benefit	Up to \$10,000
<b>J.</b>	Dependent Child Education Benefit	Up to \$10,000

\* Includes repatriation to the funeral home as well as other locations, cremation, burial services, grave marker/headstone.

<b>Section II: Impairment Benefits</b>			
<b>A.</b>	Dismemberment, Loss of Speech or Hearing Benefit**	Up to	\$50,000
<b>B.</b>	Vision Impairment Benefit**	Up to	\$50,000
<b>C.</b>	Cosmetic Disfigurement from Burns Benefit**	Up to	\$50,000
<b>D.</b>	Permanent Physical Impairment Benefit**	Up to	\$50,000
<b>E.</b>	Felonious Assault Benefit	Up to	\$25,000
<b>F.</b>	Impairment Modification Benefit**	Up to	\$50,000
<b>G.</b>	Paralysis Benefit**	Up to	\$50,000

\*\* Benefits payable are based on the percentage of impairment or loss as defined in the Policy.

<b>Section III: Income Protection Benefits</b>			
<b>A.</b>	Weekly Total Disability Benefits	Up to	\$800
<b>A.i.</b>	Covered Injury Minimum Weekly Total Disability Benefit		\$100
<b>A.ii.</b>	Covered Illness Minimum Weekly Total Disability Benefit		\$100
<b>A.iii.</b>	Covered Injury Weekly Earned Income Replacement Benefit***	Up to	\$700
<b>A.iv.</b>	Covered Illness Weekly Earned Income Replacement Benefit***	Up to	\$700
<b>B.</b>	Partial Disability Benefit ***	Up to	\$800
<b>C.</b>	Cost of Living Adjustment	Up to	\$2,400
<b>D.</b>	First Week Disability Benefit***	Up to	\$1,000
<b>E.</b>	Transition Benefit	Up to	\$800
<b>F.</b>	Retraining Benefit	Up to	\$20,000

\*\*\* Benefits are payable in coordination with the Loss of Earnings Coverage as defined in the Policy.

Highlighted areas denotes new benefits that have been added to the policy.

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**Section IV: Medical Expenses**

**Present Plan**

- A. Medical Expense Benefit\*\*\*\* Up to \$40,000
- B. Plastic Surgery Expense Benefit\*\*\*\* Up to \$25,000

\*\*\*\* We will not pay covered medical expenses incurred by an Insured Person that are paid or payable under Workers' Compensation, no fault auto or similar insurance.

**Section V: Additional Benefits**

- A. Daily Hospital Confinement and Outpatient Treatment Benefit \$20
- B. Daily Critical Care Benefit \$40
- C. Family Expense Benefit Up to \$10,000
- D. Occupational Rehabilitation Benefit Up to \$10,000
- E. Mental Stress Management Benefit Up to \$10,000
- F. Traumatic Incident Benefit Up to \$10,000
- G. Health Insurance Premium Benefit Up to \$12,000

**GARDNER INSURANCE ASSOCIATES**

*Life, Health and Retirement*

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Preparation Date: February 12, 2018  
 Renewal Date: March 1, 2018  
 Proposal ID: 26802

This proposal is valid for 90 days from the Preparation Date or until 1 day prior to the Renewal Date, whichever is later.  
 Underwritten by: AXIS Insurance Company

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### **DISCLOSURE STATEMENT**

All U.S. insurance coverage described in this proposal is provided by AXIS Accident & Health and underwritten by AXIS Insurance Company. Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the state in which it is issued.

This insurance coverage is administered by Provident Agency, Inc. of Pittsburgh, PA and in California, Provident of Pennsylvania Insurance Agency, Inc. of Pittsburgh, PA March 1, 2018.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Accident & Health from providing insurance, including, but not limited to, the payment of claims. Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act (PPACA). However, there are a number of types of insurance that are specifically exempt from the requirements of the PPACA.

Based on our understanding of the current law and regulations, it is our belief that the accident and health benefits provided under this program are exempt from the requirements of the PPACA. Similarly, we do not believe that this accident and health coverage qualifies as minimum essential benefits as set forth in the PPACA. AXIS Insurance Company continues to monitor PPACA laws and regulations to determine any impact on its products. Should there be any change that requires modification of this coverage, we reserve the right to change the policy and rates accordingly.

### **GENERAL EXCLUSIONS AND LIMITATIONS**

The benefits contained in the Policy are subject to the following limitations:

1. All Covered Injuries and Covered Illnesses arising from the same Covered Activity shall be treated as a single Covered Injury or Covered Illness. If the Insured Person sustained a Covered Injury and a Covered Illness from the same Covered Activity and the amount payable or benefit period for a specific benefit is different for Covered Injuries and Covered Illnesses, the Company will pay the higher amount or adhere to the longer benefit period.
2. If an Insured Person suffers a Covered Injury or Covered Illness that is payable under more than one of the following benefits, the most the Company will pay is the greater of the largest principal sum or the largest single benefit amount payable shown on the *Policy Schedule of Benefits* for any benefit for which the Insured Person qualifies: Covered Injury Death Benefit; Covered Illness Death Benefit; HIV Positive Diagnosis Lump Sum Benefit; Dismemberment, Loss of Speech or Hearing Benefit; Vision Impairment Benefit; Permanent Physical Impairment Benefit or Paralysis Benefit.
3. If an Insured Person is covered under more than one Sponsoring Organization Blanket Accident Policy issued by the Company, the total benefits payable will not exceed those payable under the policy that provides the greatest benefit.

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided in the Policy: declared or undeclared war or act of war; suicide or any attempt at it, while sane or insane; or intentionally self-inflicted injuries while sane; mental or emotional disorders, except as specifically provided for by the Traumatic Incident Benefit or the Mental Stress Management Benefit; any Organized League Athletic Event, except as provided under the Policy; or commission of a felony. In addition, benefits will not be paid for services or treatment rendered by any person who is: employed or retained by Sponsoring Organization; living in the Insured Person's household; an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or the Insured Person.

### **EXCLUSIONS THAT APPLY TO THE INCOME PROTECTION BENEFITS**

In addition to the Exclusions provided under the Policy, no Income Protection Benefits shall be payable in the following instances, unless coverage is specifically provided: (1) during the Insured Person's incarceration in a penal or corrections institution. Payments may resume after incarceration as long as the Insured Person remains Totally Disabled and remains covered under the Policy; or (2) the Insured Person is not receiving Appropriate Care.

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1. Total Disability or Partial Disability claims resulting from athletic events that are not Organized League Athletic Events will be limited to a maximum period of up to 156 weeks.
2. In no event will benefits be payable to an Insured Person for more than one disability at the same time.
3. An Insured Person may reopen his or her claim at any time up to 5 years following a period of Total Disability or Partial Disability for either Covered Injuries or Covered Illnesses for which payments were made under this Policy.
4. If an Insured Person is covered by multiple Accident Policies issued by the Company, the total amount of Income Protection Benefits payable under all policies will be a weekly benefit amount up to a maximum of \$1,000.

**EXCLUSIONS FOR MEDICAL EXPENSE BENEFIT AND THE PLASTIC SURGERY EXPENSE BENEFIT-** In addition to the Exclusions provided under the Policy, no Medical Expense Benefit or Plastic Surgery Expense Benefits shall be payable for the following treatments or services, unless coverage is specifically provided:

1. benefits paid or payable under any Workers' Compensation Act or similar law, or under any no fault automobile insurance plan or similar law. If an Insured Person settles a Workers' Compensation claim, including medical expenses under Workers' Compensation, medical expenses rising from the injury or occupational disease that led to the Workers' Compensation claim will be deemed to be payable under Workers' Compensation for purpose of determining Covered Medical Expenses; or
2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.

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**DESCRIPTION OF BENEFITS**

**Section I: Death Benefits**

- A. Covered Injury Death Benefit** - This benefit is payable if an Insured Person sustains a Covered Injury that directly causes the loss of life.
- B. Covered Illness Death Benefit** - This benefit is payable if an Insured Person suffers a Covered Illness that directly causes the loss of life.
- C. HIV Positive Diagnosis Lump Sum Benefit** - If Insured Person tests HIV Positive as a result of participation in a Covered Activity, the Insured Person may choose to receive the HIV Positive Diagnosis Lump Sum Benefit in lieu of the Permanent Physical Impairment Benefit and/or Covered Illness Death Benefit or Covered Injury Death Benefit.
- D. Bereavement Benefit** - If a Covered Injury Death Benefit or Covered Illness Death Benefit is payable under the Policy, an amount up to the Maximum Benefit Amount will be paid for out-of-pocket expenses actually incurred by the Sponsoring Organization or Participating Organization for the following expenses that are directly associated with an Insured Person's loss of life: 1) reasonable cost of bereavement counseling and 2) the reasonable costs associated with the memorial service, wake, honor guard, or other tribute to the Insured Person. This benefit is payable to the Sponsoring Organization or Participating Organization.
- E. Dependent Child Benefit** - If a Covered Injury or Covered Illness Death Benefit is payable under the Policy, an additional benefit is payable for each Dependent Child.
- F. Seatbelt Benefit** - If a Covered Injury Death Benefit is payable under the Policy and the Insured Person's death occurred in an Accident while he or she was wearing a properly fastened automobile seatbelt, the Seatbelt Benefit is payable.  
**Airbag Benefit** - If the Seatbelt Benefit is payable, the additional Airbag Benefit Amount will be paid if the Insured Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag) when the Accident occurred.
- G. Final Expenses Benefit** - If a Covered Injury or Covered Illness Death Benefit is payable under the Policy, an additional benefit will be paid for out-of-pocket expenses actually incurred by the beneficiary for expenses directly associated with an Insured Person's loss of life.
- H. Spousal Benefit** - If a Covered Injury Death Benefit or Covered Illness Death Benefit is payable under the Policy, an additional benefit is payable to the Insured Person's Spouse.
- I. Surviving Spouse Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death, a benefit is payable for the surviving Spouse to enroll in an institution of higher learning, professional or trade training program as set forth in a written agreement between the Spouse and the Company which can be periodically reviewed. The Company shall pay the actual costs incurred by the Insured Person for tuition, books and supplies charged by the institution up to the Maximum Benefit Amount provided in the Policy.
- J. Dependent Child Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, a benefit is payable for expenses incurred by each Dependent Child for tuition, fees, books, room and board, transportation and any other costs payable directly to a school, or approved and certified by the school, up to the Maximum Benefit Amount provided in the Policy.

**Section II: Impairment Benefits**

- A. Dismemberment, Loss of Speech or Hearing Benefit** - If an Insured Person sustains a Covered Injury that directly causes a loss of speech, hearing or a dismemberment as defined in the Policy, an amount equal to 6.25% up to 100% of the Principal Sum is payable, based on the level of loss or dismemberment.
- B. Vision Impairment Benefit** - If the Insured Person, as a result of a Covered Injury, suffers a vision impairment as defined in the Policy, an amount equal to 2.75% up to 100% of the Principal Sum is payable. Benefits are payable for partial loss of sight as well as total loss of sight.
- C. Cosmetic Disfigurement from Burns Benefit** - If an Insured Person, as a result of a Covered Injury, suffers a Cosmetic Disfigurement from Burn due to a burn that is classified as third degree or a full thickness burn, a benefit is payable. The amount of the benefit will be based on a formula, which will be multiplied by the Principal Sum. The formula will take into account the area of the body which was burned. This benefit will be paid in addition to any other benefit payable under the Policy, with the exception of a benefit paid under the Dismemberment, Loss of Speech or Hearing Benefit for the same burned area.
- D. Permanent Physical Impairment Benefit** - If an Insured Person suffers a Covered Injury or Covered Illness which results in a Permanent Physical Impairment of a body part, we will pay a PPI Benefit. The impairment percentage assigned by the Physician is multiplied by the Principal Sum to determine the benefit payable.

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- E. Felonious Assault Benefit** - If an Insured Person is participating in a Covered Activity and sustains a Covered Injury caused by a Felonious Assault directed at the Insured Person, an additional benefit is payable.
- F. Impairment Modification Benefit** - This benefit may be payable if, due to Total or Partial Disability, an Insured Person's physical limitation or impairment poses a safety risk or inhibits the Insured Person's ability to maintain independence in their current transportation or living situation. The benefit may pay for alterations to make the Insured Person's residence wheelchair accessible and/or habitable, and modifications to his or her motor vehicle. Impairment modifications are subject to written agreement and other requirements outlined in the Policy.
- G. Paralysis Benefit** - If an Insured Person suffers Paralysis resulting from a Covered Injury or Covered Illness, the Company will pay a percentage of the Principal Sum based on the type of Paralysis, provided that the Paralysis occurs within 365 days.

**Section III: Income Protection Benefits**

**A. Weekly Total Disability Benefits**

- A.i. Covered Injury Minimum Weekly Total Disability Benefit** – For Volunteers, payable up to lifetime while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.
- A.ii. Covered Illness Minimum Weekly Total Disability Benefit** – For Volunteers, payable up to later of age 67 or five years, whichever is greater while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.
- A.iii. Covered Injury Weekly Earned Income Replacement Benefit** – For Volunteers, payable up to lifetime and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
- A.iv. Covered Illness Weekly Earned Income Replacement Benefit** - For Volunteers, payable up to later of age 67 or five years, whichever is greater and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
- B. Partial Disability Benefit** - If a Covered Injury or Covered Illness results in a Partial Disability and permits the Insured Person to return to any Reasonable Occupation but at a lower rate of Weekly Earned Income, a benefit is payable of up to the Maximum Weekly Total Disability Benefit which would have been paid had the Insured Person been Totally Disabled. For Volunteers, benefits are payable up to later of age 67 or five years.
- C. Cost of Living Adjustments** - Adjustments are made at the greater of 5% or the CPI-U (up to 8%) on the Review Date of the Covered Injury or Covered Illness continuous disability. COLA adjustments are compounded after each Review Date not to exceed three times the Maximum Weekly Total Disability Benefit amount.
- D. First Week Total Disability Benefit** - For the first week of Total Disability, a benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit, the Weekly Earned Income Replacement Benefit and the Loss of Earnings Coverage.
- E. Transition Benefit** – If an Insured Member is released to return to his or her primary employment after having received disability benefits under this Policy due to Covered Injury or Covered Illness, and their position at their primary employer has been terminated due to said Covered Injury or Covered Illness, disability benefits previously payable will continue to be paid for a period of up to 26 weeks while the Insured Person actively seeks employment.
- F. Retraining Benefit** - If as a result of a Covered Injury or Covered Illness an Insured Person cannot find and maintain a Regular Occupation, the Company will pay for the Insured Person to enroll in an institution of higher learning, professional or trade training program as set forth in a written agreement between the Insured Person and us which can be periodically reviewed. The Company shall pay the actual costs incurred by the Insured Person for tuition, books and supplies charged by the institution up the Maximum Benefit Amount provided in the Policy. Benefits for disability will continue as provided by the Policy while the Insured Person is actively participating in the program.

**Section IV: Medical Expense Benefits**

- A. Medical Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person incurs charges for Covered Medical Expenses as defined in the Policy, we will pay 100% of the Reasonable and Customary Charges up to the Maximum Medical Expense Benefit Amount provided. This Maximum is

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payable for all Covered Medical Expenses resulting from the same Covered Injury or Covered Illness.

- B. Plastic Surgery Expense Benefit** - If an Insured Person incurs expenses that exceed the Maximum Medical Expense Benefit Amount provided under the Medical Expense Benefit, an additional amount from Covered Medical Expenses incurred for Medically Necessary plastic surgery due to a Covered Injury will be paid.

**Section V: Additional Benefits**

- A. Daily Hospital Confinement and Outpatient Treatment Benefit** - If, due to a Covered Injury or Covered Illness, an Insured Person:
- is admitted to a Hospital on an Inpatient basis, a Daily Benefit Amount is payable for each full day of Inpatient Hospital confinement, not to exceed 730 days;
  - If after a period of being confined as an Inpatient in a Hospital, an Insured Person requires Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not exceed 730 days; or
  - If an Insured Person does not require confinement as an Inpatient in a Hospital, but does require Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not to exceed 365 days.
- For Outpatient treatment, only one payment per day will be made, regardless of the number of appointments the Insured Person attends.
- B. Daily Critical Care Benefit** - If, due to a Covered Injury or Covered Illness, an Insured Person is Hospital confined to an intensive care, trauma, critical care, burn or similar specialty unit, a Daily Benefit Amount is payable for each full day of such confinement, not to exceed 730 days. This payment is in lieu of the Daily Hospital Confinement Benefit.
- C. Family Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person requires medical treatment that causes an Immediate Family Member or a significant other to accompany the Insured Person for treatment or to help treat the Insured Person, a benefit is payable for reasonable expenses actually incurred and not reimbursed by another source up to the Family Expense Benefit limit. Expenses may include, but are not limited to; loss of wages, out of pocket expenses, hotel accommodations, parking, and childcare.
- D. Occupational Rehabilitation Benefit** - If an Insured Person is receiving Weekly Total Disability Benefits or Partial Disability Benefits, he or she may be eligible for a rehabilitation program. The Company will pay up to the Maximum Benefit Amount for the program as set forth in a written agreement. The goal of the rehabilitation program will be to return an Insured Person to the workforce in a Reasonable Occupation for which he or she is reasonably suited considering the Covered Injury or Covered Illness sustained.
- E. Mental Stress Management Benefit** - If, as a direct result of being actively engaged in a single emergency incident or repeated active engagement in emergency incidents involving the organization, an Insured Person suffers psychiatric or mental stress, a Mental Stress Management Benefit is payable. The Insured Person must be receiving care by a Physician properly licensed to provide care appropriate for the condition causing the psychiatric or mental stress.
- F. Traumatic Incident Benefit** - A benefit is payable for reasonable expenses for the services provided by a Traumatic Incident Stress Management Team, if such services are requested and authorized by the organization as a result of a Traumatic Incident. Expenses must be incurred within one year of the Traumatic Incident and are subject to the Traumatic Incident Benefit limit in the policy. The Traumatic Incident Aggregate Maximum Benefit Amount is the maximum that will be paid per Traumatic Incident regardless of the number of persons treated.
- G. Health Insurance Premium Benefit** - If, disability benefits are paid under the Policy, and as a result of a Covered Injury or Covered Illness, the medical or health insurance premiums previously paid the Insured Person's employer have been discontinued, the Company shall pay the amount the employer previously paid for those premiums. The benefit is payable if the Insured Person incurs out of pocket costs for said premiums.