Supplemental Medical Plans Guide

Medical insurance does not prevent all the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance.
Please note: These plans are not replacements for medical insurance.

Click on plan overview or plan details below for information on your available options

- **Critical Illness** — **Plan Overview** — **Plan Details**
- **Hospital Indemnity** — **Plan Overview** — **Plan Details**
- **Accident** — **Plan Overview** — **Plan Details**

** The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit*

Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.

Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly. Don't go another day unprotected. Enroll in your supplemental medical plans and be prepared for whatever tomorrow brings.*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses include (but not limited to):

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure

Plan Features

Guaranteed Acceptance: There are no health questions or physical exams required to enroll.

Family Coverage: You can elect to cover your spouse and children.

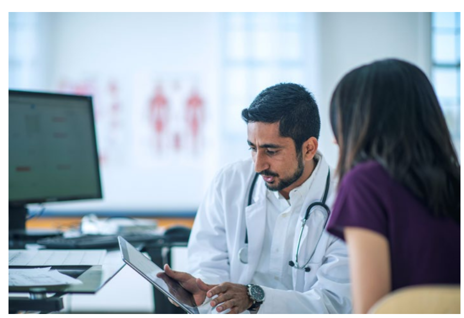
Portable Coverage: You can take your policy with you if you change jobs or retire.

Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

How Critical Illness Insurance Works

When Sam had a stroke, he was grateful the doctors were able to stabilize his condition, but he learned there was some permanent damage to his vision. He began to see his out-of-pocket costs adding up quickly. The good news is he received a lump sum payment of $10,000 from the Critical Illness coverage he elected at Open Enrollment to help cover these expenses.



** The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit*

Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit if you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.
- **Family Coverage:** You can elect to cover your spouse and children.
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.

Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

How Hospital Indemnity Insurance Works

Taylor is injured in a car accident and is in the hospital for four days. She is then moved to a rehabilitation unit for three additional days. She receives a benefit for being admitted into the hospital and a benefit for each day of her in-patient and rehab stays because she enrolled in Hospital Indemnity Insurance during Open enrollment.

How Taylor's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	$1,000 per admission	$1,000
Hospital Confinement	$200 per day *(4 days)*	$800
Inpatient Rehabilitation Unit	$200 per day *(3 days)*	$600
TOTAL SAMPLE BENEFIT		**$2,400**

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

Plan Features

Guaranteed Acceptance: There are no health questions or physical exams required to enroll.

Family Coverage: You can elect to cover your spouse and children.

Portable Coverage: You can take your policy with you if you change jobs or

Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

How Accident Insurance Works

Pat loves working in the backyard garden on the weekends. One day while carrying some supplies, she tripped and sprained her ankle and broke her big toe!

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments. Fortunately, Pat has Accident Insurance which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.

How Pat's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	$ 300
Fracture Benefit	$ 500
Physician Follow-Up Visits (2)	$ 200 *($100 per visit)*
Physical Therapy Visits (6)	$ 540 *($90 per visit)*
TOTAL SAMPLE BENEFIT	**$1,540**

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

Critical Illness Insurance Plan Summary

APTIM

Coverage Effective: 1/1/2025

Critical Illness Insurance from **The Prudential Insurance Company of America (Prudential)** pays you regardless of your medical or disability plans. Benefits are paid directly to you to spend however you like, including out-of-pocket medical costs and everyday living expenses.[1]

Below is a summary of the benefits included in the coverages available to you, your spouse/domestic partner and child(ren).

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Critical Illness Plan Design

Coverage Summary	
Eligibility	All active, full-time & part-time employees working a minimum of 20 hours per week.
Employee	Employee - Up to age 100
Spouse/Domestic Partner	Dependent Spouse/Domestic Partner - Up to age 100
Children	Dependent Child - Up to age 26
Employee	Any multiple of $10,000 but not less than $10,000 and not more than $30,000
Spouse/Domestic Partner	Any multiple of $10,000, but not more than the lesser of $30,000 or 100% of the Employee Amount.
Children	Any multiple of $5,000, but not more than the lesser of $15,000 or 50% of the Employee Amount
Guaranteed Issue Amount	Employee - $30,000 Spouse/Domestic Partner - $30,000 Child - $15,000 All amounts are Guaranteed Issue during initial eligibility, annual enrollment, and Qualified Life Events. Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted.
Age Reduction Schedule	No Age Reduction Applies to Employee and Spouse/Domestic Partner Coverage.
Lifetime Benefit Maximum	None
Recurrence	100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit. Recurrence means positive diagnosis of a Critical Illness or Procedure for which a benefit was paid, and the date of diagnosis of recurrence is more than 90 Days after prior benefit payment.

PAID AT 100% OF COVERAGE AMOUNT[2]	Benign Brain Tumor - Blindness - Cancer – Invasive - Coma - Deafness - Heart Attack - Loss of Speech - Major Organ Failure - Muscular Dystrophy - Occupational HIV Confirmed Diagnosis Benefit - Paralysis of Limbs - Parkinson's Disease - Renal Failure - Stroke - Systemic Lupus Erythematosus - Third Degree Burns **Childhood Benefits** Cerebral Palsy - Cleft Lip / Palate - Congenital Heart Disease - Cystic Fibrosis - Down Syndrome - Gaucher Disease Type 2 or 3 - Glycogen Storage Disease Type IV - Infantile Tay Sachs Disease - Niemann-Pick Disease - Pompe Disease - Sickle Cell Anemia - Spina Bifida - Zellweger Syndrome
PAID AT 50% OF COVERAGE AMOUNT[2]	Coronary Artery Bypass Graft - Type 1 Diabetes
PAID AT 25% OF COVERAGE AMOUNT[2]	Alzheimer's Disease - Amyotrophic Lateral Sclerosis (ALS) - Cancer – Non-Invasive (in Situ – other than Skin Cancer) - Multiple Sclerosis - Sudden Cardiac Arrest - Transient Ischemic Attack (TIA) **Childhood Benefits** Autism
PAID AT 25% OF COVERAGE AMOUNT[2] Recurrence for Infectious Diseases pays 10% and has a 5-day hospital stay requirement	Anthrax - Bacterial Cerebrospinal Meningitis - Cholera - COVID-19 - Diphtheria - Encephalitis - Legionnaire's Disease - Lyme Disease - Malaria - Methicillin-Resistant Staphylococcus Aureus (MRSA) - Necrotizing Fasciitis - Osteomyelitis - Pertussis (whooping cough) - Rabies - Rocky Mountain Spotted Fever - Tetanus - Tuberculosis - Typhoid Fever

Additional Benefits and Provisions	Your plan also provides coverage for the benefits listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under you plan
Wellness Benefit	Wellness benefit is a $100 benefit which is payable once per calendar year if the covered person receives one of the specified health screening tests while not confined in a hospital. Please refer to the booklet/certificate for details.[3]
Skin Cancer Benefit	Skin Cancer Benefit of $250 payable once per Covered Person per calendar year

1. Out-of-pocket expenses may be both medical and non-medical expenses.
2. Above is a summary of the benefits included in the coverages available to you. For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.
3. The Health Screening/Wellness Benefit is not available in all states. All Employees of APTIM are eligible to receive this benefit if they qualify

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

Group Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Critical Illness Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 114774

This product is subject to filing and approval by the applicable jurisdictions. Product terms and conditions may vary from what is discussed herein.

1081316-00001-00

Required disclosure, please go to next page for hospital indemnity plan details

Prudential

The Prudential Insurance Company of America

GROUP HOSPITAL INDEMNITY INSURANCE

ENROLLMENT/CHANGE FORM

751 Broad Street, Newark, NJ 07102

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Plan Summary

APTIM

Coverage Effective: 1/1/2025

Hospital Indemnity Insurance issued by **The Prudential Insurance Company of America (Prudential)** pays you regardless of what your medical plan covers. Your benefits are paid directly to you to spend however you like, including out-of-pocket medical and non-medical costs and everyday living expenses.

Below is a summary of the coverage available to you, your spouse/domestic partner and child(ren). For a complete list of benefits, limitations and exclusions, please refer to your Certificate of Coverage.

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Eligibility Summary	
Eligibility	All active, full-time & part-time employees working a minimum of 20 hours per week.
Employee termination age	Employee - Age 100
Spouse/Domestic Partner termination age	Dependent Spouse/Domestic Partner - Age 100
Child(ren) termination age	Dependent Child - Age 26
Guaranteed Issue	All coverages

Benefit Type: Hospital Benefits	Benefit Limits	Benefit Amounts
Hospital Admission	Up to 5 time(s) per calendar year	$1,000
ICU Admission*	Up to 5 time(s) per calendar year	$2,000
Hospital Confinement	Up to 365 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	$200
ICU Confinement	Up to 30 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	$400
Observation	Up to 6 times(s) per calendar year	$500

*When a covered person is admitted to the ICU, this benefit pays in addition to the Non-ICU Hospital Admission benefit.

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Benefit Type: Hospital Benefits	Benefit Limits	Benefit Amounts
High Risk Pregnancy	Increases value of all your hospital benefits when you are confined because of a High Risk Pregnancy except for normal childbirth	25%
Premature Infant and NICU	Increases value of all your newborn's hospital benefits when they are confined because of premature birth	25%

Benefit Type: Other Care Benefits	Benefit Limits	Benefit Amounts
Rehabilitation Confinement	Up to 2 time(s) per calendar year	$200

Benefit Type: Additional Benefits	Benefit Limits	Benefit Amounts
Health Screening/ Wellness[1]	Paid 1x per calendar year per insured person if they take one of the eligible screening/preventive tests.	$100
Lodging	30 time(s) per calendar year, up to 30 days	$200

*Health Screening/Wellness Benefit: Prudential will pay an annual benefit (defined above) when you or a covered dependent take one of the eligible screening/preventive measures. You will not receive an additional payment if you take more than one.

[1] The Health Screening/Wellness Benefit is not available in all states. All Employees of APTIM are eligible to receive this benefit if they qualify.

Hospital Indemnity Insurance is not approved in all states.

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

Hospital Indemnity insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Hospital Indemnity Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 83500.

1081318-00001-00

Accident Insurance Plan Summary

APTIM

Coverage Effective: 1/1/2025

Accident Insurance issued by **The Prudential Insurance Company of America (Prudential)** pays you regardless of what your medical plan covers. Your benefits are paid directly to you to spend however you like, including out-of-pocket medical and non-medical costs or everyday living expenses.

Below is a summary of the benefits included in the coverage available to you, your spouse/domestic partner and child(ren). For a complete list of benefits, limitations and exclusions, please refer to your Certificate of Coverage.

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Coverage Summary	
Eligibility	All active, full-time & part-time employees working a minimum of 20 hours per week.
Employee termination age	Employee - Age 100
Spouse/Domestic Partner termination age	Dependent Spouse/Domestic Partner - Age 100
Child(ren) termination age	Dependent Child - Age 26
Guaranteed Issue	All coverages

Accidental Death Benefit	Benefit Amount
Basic Accidental Death Benefit-Employee	$50,000
Basic Accidental Death Benefit-Spouse/Domestic Partner	$25,000
Basic Accidental Death Benefit-Children	$12,500
Accidental Death - Common Carrier-Employee	$150,000
Accidental Death - Common Carrier-Spouse/Domestic Partner	$75,000
Accidental Death - Common Carrier-Children	$37,500
Accidental Dismemberment Benefit	Up to $50,000
***Catastrophic Loss Benefit**	Up to $100,000

*Catastrophic Loss Benefit includes loss of sight, hearing and speech.

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Type of Loss	Benefit Amount
Fracture Benefit	Up to Closed $3,000/ Open $6,000
Dislocation Benefit	Up to Closed $3,000/ Open $6,000
Burn Benefit	Up to $10,000
Skin Graft – Due to Burns	50% of Burn Benefit
Skin Graft – Not due to Burns	Up to $1,000
Eye Injury Benefit	Up to $300
Laceration Benefit	Up to $400
Torn Knee Cartilage Benefit	$750
Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff Benefit	Up to $750
Broken Tooth Benefit	Up to $300

Additional Injuries Benefit	Benefit Amount
Concussion	$400
Coma	$10,000
Ruptured Disc with Surgical Repair	$2,000
Puncture Wound	$50

Hospital Benefits	Benefit Amount
Non-ICU Hospital Admission	$1,000
ICU Hospital Admission*	$2,000
Non-ICU Hospital Confinement	$200
ICU Confinement	$400
Inpatient Rehabilitation Benefit	$200
Transportation Benefit	$200
Lodging Benefit	$200

*When a covered person is admitted to the ICU, this benefit pays in addition to the Non-ICU Hospital Admission benefit.

Optional Benefits and Provisions	Benefit Amount
***Wellness Benefit[1]**	$100
Emergency Care Benefit	Up to $150
Child Organized Sports Benefit	25%
X-Ray Benefit	$250

* For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.

Paralysis Benefit	Benefit Amount
Four Limbs	$50,000
Three Limbs	$37,500
Two Limbs	$25,000
One Limb	$12,500

Above is a summary of the benefits included in the coverages available to you. This coverage may include Emergency and Non-Emergency benefits. For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.

1 The Health Screening/Wellness Benefit is not available in all states. All Employees of APTIM are eligible to receive this benefit if they qualify.

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

Group Accident Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Accident Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 83500.

1081309-00001-00