

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

751 Broad Street
Newark, New Jersey 07102

HOSPITAL INDEMNITY 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, 2024

Contract Holder: ASPEN DENTAL MANAGEMENT, INC.

Group Contract Number: HG-70791-IL

Covered Classes: The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): All active, full-time Employees working a minimum of 30 hours per week who are enrolled in Low Plan.

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 CERTIFICATE CAREFULLY!

Hospital Indemnity Coverage. Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the Group Contract. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

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.

THIS GROUP CONTRACT IS NOT MEDICAL COVERAGE. It does NOT provide any type of medical Coverage and is not a substitute for medical Coverage or disability insurance.

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN

STATES: *There are state-specific requirements that may change the provisions under the Coverage described in this Outline of Coverage. If you live in a state that has such requirements, those requirements will apply to your Coverage and are made a part of your Outline of Coverage. This means the requirements of the state where you reside at the time of loss could change the benefits to which you may be entitled if you become insured under the Coverage. 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 VHIP1.***

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 HOSPITAL INDEMNITY COVERAGE FOR YOU AND YOUR DEPENDENTS

This Coverage pays the following benefits for Hospital Indemnity.

CORE BENEFITS

Amount of Insurance

Hospital Admission Benefit

\$1,000 per admission

No more than 5 Confinements per Covered Person, per Calendar Year.

Hospital Confinement Benefit

\$100 per day

No more than 5 Confinements per Covered Person, per Calendar Year.

Intensive Care Unit (ICU) Admission Benefit:

\$2,000 per admission

No more than 5 Confinements per Covered Person, per Calendar Year.

Intensive Care Unit (ICU) Confinement Benefit:

\$200 per day

No more than 5 Confinements per Covered Person, per Calendar Year.

ADDITIONAL BENEFITS

Amount of Insurance

High Risk Pregnancy Benefit:

25%.

Mental/Nervous Disorders Facility Care Benefit:

\$50 per day.

No more than 30 day(s) per Calendar Year.

No more than 90 day(s) during their lifetime.

Premature Infant And NICU Benefit:

25%

Substance Abuse Facility Care Benefit:

\$50 per day.

No more than 30 day(s) per Calendar Year.

No more than 60 day(s) per Covered

Person, during their lifetime.

Wellness Benefit:

\$75 per day.

No more than 1 day(s) per Covered Person, per Calendar Year.

Please note: If more than one of the following benefits listed below are payable for the same day as a result of a Covered Loss, We will only pay one benefit for that day, whichever is greatest:

- Hospital Admission Benefit;
- Hospital Confinement Benefit;
- Intensive Care Unit (ICU) Admission Benefit;
- Intensive Care Unit (ICU) Confinement Benefit;
- Mental/Nervous Disorders Facility Care Benefit;
- Substance Abuse Facility Care 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.
- 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 a crime for which a person has been convicted under state or federal law or engaged in an illegal occupation.
- 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 Loss.
- 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 a Covered Loss;
 - (b) correct a disorder of normal bodily function or structure that was caused by an Covered Loss 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 Covered Loss for which Coverage is not otherwise excluded under this Group Insurance Certificate.

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 on the last day of the month in which 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; or
- For Contributory Insurance under the Coverage, You fail to pay, when due, any required contribution; or
- 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 or Domestic Partner will cease to be a Qualified Dependent at age . A Dependent Child will cease to be a Qualified Dependent at age 26. (See Continued Coverage for an Incapacitated Child below); or
 - You reach age 100.

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. 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 within 45 days 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.
