

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, 2023

Contract Holder: BRIGHT HEALTH MANAGEMENT, INC.

Group Contract Number: GVA -71254-MN

Covered Classes: The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): All Employees 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 Group Insurance Certificate. 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 Group Insurance Certificate. 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 VACC1.***

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 ACCIDENT COVERAGE FOR YOU AND YOUR DEPENDENTS

This Coverage pays benefits for the following Accidental Losses which result directly from a Covered Accident. Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Loss and meets all of the following conditions: (1) occurs while the Covered Person is insured under this Group Contract; and (2) is not otherwise excluded under the terms of this Group Contract.

Basic Accidental Death

Benefit Amount Payable

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

Accidental Death Common Carrier

For Employees.....	\$150,000
For Your Spouse or Domestic Partner	\$75,000
For Your Child.....	\$37,500

CORE BENEFITS

All other Accidental Losses:

Accidental Dismemberment/Functional Loss

Dismemberment

Benefit

Loss of both hands	\$20,000
Loss of both feet	\$20,000
Loss of one arm.....	\$10,000
Loss of one foot	\$10,000
Loss of one hand	\$10,000
Loss of one leg	\$10,000
Loss of one finger or one toe.....	\$2,500
Loss of two or more fingers or toes	\$5,000
Loss of both arms	\$20,000
Loss of both legs.....	\$20,000

Functional Loss

Loss of Hearing in both ears.....	\$50,000
Loss of Hearing in one ear.....	\$25,000
Loss of Sight in both eyes.....	\$50,000
Loss of Sight in one eye	\$25,000
Loss of Speech	\$50,000
Loss of Speech and Hearing in both ears	\$100,000

Broken Tooth Benefit

Crown	\$300
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Extraction.....	\$150
Filling.....	\$75

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%
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Coma Benefit	\$10,000
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Concussion Benefit	\$400
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Dislocation Benefit:

Full Dislocation Benefit

Benefit for	Closed Reduction	Open Reduction
Lower jaw	\$800.....	\$1,600
Spine.....	\$1,200	\$2,400
Collar bone.....	\$800.....	\$1,600
Shoulder joint.....	\$800.....	\$1,600
Rib.....	\$800.....	\$1,600
Elbow	\$800.....	\$1,600
Wrist.....	\$800.....	\$1,600
Hand except Fingers	\$800.....	\$1,600
Finger	\$150.....	\$300
Hip	\$3,000.....	\$6,000
Knee	\$2,000.....	\$4,000
Ankle	\$1,000.....	\$2,000
Foot except toes	\$1,000.....	\$2,000
Toe	\$150.....	\$300
Partial Dislocation	25%	25 %

Eye Injury Benefit (removal of foreign object)	\$150
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Eye Injury Benefit (surgery)	\$300
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Fracture Benefit:

Benefit for	Closed Reduction	Open Reduction
Skull (simple non-depressed)	\$2,000.....	\$4,000
Skull (depressed).....	\$4,000.....	\$8,000

Facial bone including nose, except upper or lower jaw	\$1,000	\$2,000
Upper jaw	\$1,000	\$2,000
Lower jaw	\$800	\$1,600
Spine (vertebral processes)	\$500	\$1,000
Spine (vertebral body, except vertebral processes)	\$2,000	\$4,000
Collar bone	\$800	\$1,600
Shoulder blade	\$800	\$1,600
Breast bone	\$800	\$1,600
Rib	\$600	\$1,200
Pelvis, except tailbone	\$2,000	\$4,000
Tailbone	\$600	\$1,200
Upper arm	\$1,000	\$2,000
Forearm	\$800	\$1,600
Elbow	\$800	\$1,600
Wrist	\$800	\$1,600
Hand except fingers	\$800	\$1,600
Finger	\$200	\$400
Hip or thigh or both	\$4,000	\$8,000
Kneecap	\$800	\$1,600
Leg except thigh	\$2,000	\$4,000
Ankle	\$800	\$1,600
Foot except toes	\$800	\$1,600
Toe	\$200	\$400
Chip Fracture	25%	25%

Laceration Benefit

Repaired without stitches \$75

Repaired with stitches:

Lacerations, total is less than two inches \$150

Lacerations, total is two to six inches \$300

Lacerations, total is over six inches \$600

Paralysis Benefit

Four limbs (Quadriplegia) \$20,000

Three limbs (Triplegia) \$15,000

Two limbs (Paraplegia/Hemiplegia) \$10,000

One limb (Uniplegia) \$5,000

Puncture Wound Benefit \$100

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	\$1,000
Ground/Water Ambulance Benefit	\$300
Blood/Plasma/Platelets Benefit	\$500
Doctor Follow-Up Visits	\$75
Emergency Care Benefit	
Emergency Room	\$150
Doctor's Office	\$100
Urgent Care	\$100
Non-Emergency Initial Care Benefit	\$50
Lodging Benefit	\$200
Medical Appliance Benefit	
Brace	\$100
Cane	\$100
Crutches	\$100
Walker (expected use less than 1 year)	\$200
Walker (expected use 1 year or longer)	\$500
Walking boot	\$100
Wheelchair or motorized scooter (expected use less than 1 year)	\$200
Wheelchair or motorized scooter (expected use 1 year or longer)	\$1,000
Other medical device used for mobility	\$100
Pain Management Benefit	
Epidural Anesthesia	\$100
General Anesthesia	\$100
Prosthetic Device Benefit	
One device only	\$750
More than one device	\$1,500
Surgical Repair Benefit	
Abdominal Pelvic Cavity	\$2,000
Cranial	\$2,000
Hernia Repair.....	\$200
Ruptured Disc	\$1,000
Thoracic Cavity	\$2,000
Tear, cartilage in knee	\$800

Torn, ruptured or severed tendon/ligament/rotator cuff

One tendon/ligament/rotator cuff	\$800
Two or more tendons/ligaments/rotator cuffs	\$1,200

Exploratory Surgery Benefit (without repair) for any of the
procedures listed above or outpatient surgery \$200

Other Outpatient Surgery Benefit \$300

Therapy Services Benefit

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

Alternative Therapy Benefit \$50

Transportation Benefit \$400

X-Ray Benefit \$100

HOSPITAL BENEFITS

Accident - Hospital Admission Benefit \$1,000

Accident - Intensive Care Unit (ICU) Admission Benefit \$2,000

Accident - Hospital Confinement Benefit \$200 per day

Accident - ICU Confinement Benefit \$400 per day

Inpatient Rehabilitation Benefit \$200 per day

ADDITIONAL BENEFITS:

Modification Benefit \$1,000

Organized Sports Activity 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) 1 time 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.

Puncture Wound Benefit: Prudential will pay the Puncture Wound 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-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.

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.

Pain Management – General Anesthesia Benefit: Prudential will pay the Pain Management - General Anesthesia Benefit no more than 1 time per Covered Person, per Covered Accident and a up to a maximum of 3 times per Covered Person, per Calendar Year.

Pain Management – Epidural Anesthesia Benefit: Prudential will pay the Pain Management - Epidural Anesthesia Benefit no more than 1 time per Covered Person, per Covered Accident and a up to a maximum of 3 times per Covered Person, per Calendar Year.

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.

Other Outpatient Surgery Benefit: We will pay the Other Outpatient Surgery 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.

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) 3 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 - Intensive Care Unit (ICU) Admission Benefit: We will pay the Accident - ICU 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.

Accident – Intensive Care Unit (ICU) Confinement Benefit: Prudential will pay the **Accident - ICU** Confinement Benefit for up to 30 days per Covered Person, per Covered Accident and no more than 3 times per Covered Person, per Calendar Year.

Hospital Observation Benefit: Prudential will pay the Hospital Observation Benefit no more than one time per Covered Person.

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:

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

Organized Sports Activity: Prudential will pay this benefit no more than once per Dependent Child, per Covered Accident and up to a maximum of 2 times per Dependent Child, 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:

- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Sickness, whether the claim results directly or indirectly from the Sickness.
- 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.

- 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 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 or Domestic Partner 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 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 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.