

Hospital Indemnity Plan Summary and Rate Sheet

Blue River Technology, LLC

Coverage Effective: 1/1/2024

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 employees, working a minimum of 30 hours per week. | |
| Employee termination age | Employee - Age 100 | |
| Spouse/Domestic Partner termination age | Dependent Spouse - Age 100 | |
| Child(ren) termination age | Dependent Child - Age 26 | |
| Guaranteed Issue | All coverages | |
| Benefit Type: Hospital Benefits | | |
| Benefit Type | Benefit Limits | Benefit Amounts |
| Hospital Admission | Up to 5 times per calendar year | \$1,000 |
| ICU Admission | Up to 5 times per calendar year | \$1,000 |
| Hospital 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. | \$100 |
| 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. | \$200 |
| Benefit Type: Additional Benefits | | |
| Benefit Type | Benefit Limits | Benefit Amounts |
| Health Screening/ Wellness¹ | Paid 1x per calendar year per insured person if they take one of the eligible screening/preventive tests. | \$50 |

¹Health 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.



Insurance Rates

Hospital Indemnity insurance may cost less than you think. Your Monthly rates are outlined below.

| Coverage Options | Monthly Cost to you |
|--------------------------------------|---------------------|
| Employee | \$11.09 |
| Employee and Spouse/Domestic Partner | \$25.83 |
| Employee and Child(ren) | \$18.81 |
| Employee and Family | \$35.43 |

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

Hospital Indemnity Insurance is not approved in all states.

Hospital Indemnity Insurance is not a Medicare Supplement insurance plan. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company. Hospital Indemnity Insurance is not medical coverage. It does not provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. Hospital Indemnity Insurance may be coordinated with Medicare or Medicaid. As a result, certain benefits payable to you under these plans may result in a corresponding reduction in the Medicare or Medicaid benefits otherwise payable to you.

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 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

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