

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: September 1, 2023

Contract Holder: ADVANCED RECOVERY SYSTEMS, LLC

Group Contract Number: GVA-71765-FL

Covered Classes: The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): All active, regular full-time 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	\$25,000
For Your Spouse or Domestic Partner	\$12,500
For Your Child	\$6,250

Accidental Death Common Carrier

For Employees	\$75,000
For Your Spouse or Domestic Partner	\$37,500
For Your Child	\$18,750

CORE BENEFITS

All other Accidental Losses:

Accidental Dismemberment/Functional Loss/Paralysis Benefits

Basic Dismemberment/Functional Loss	Benefit
Dismemberment, loss of all toes on one foot	\$2,500
Dismemberment, loss of big toe	\$2,500
Dismemberment, loss of both hands	\$10,000
Dismemberment, loss of both feet	\$10,000
Dismemberment, loss of four fingers of the same hand	\$2,500
Dismemberment, loss of one arm	\$5,000
Dismemberment, loss of one foot	\$5,000
Dismemberment, loss of one hand	\$5,000
Dismemberment, loss of one hand and one foot	\$10,000
Dismemberment, loss of one leg	\$5,000
Dismemberment, loss of thumb and index finger of the same hand	\$2,500

Broken Tooth Benefit

Crown	\$150
Extraction	\$75
Filling	\$50

Burn Benefit**Percentage of total surface
skin area that is burnt**

	Benefit for 2nd Degree burn	Benefit for 3rd Degree burn
Less than 10%.....	\$50	\$500
At least 10% but less than 25%	\$100	\$1,000
At least 25% but less than 35%.....	\$250	\$2,500
35% or more	\$500.....	\$5,000
Skin Graft Benefit	50%.....	50%

Catastrophic Accident

Loss of Hearing in both ears	\$25,000
Loss of Hearing in one ear	\$15,000
Loss of Sight in both eyes	\$25,000
Loss of Sight in one eye	\$15,000
Loss of Speech	\$25,000
Loss of Speech and Hearing in both ears	\$50,000

Coma Benefit.....\$5,000

Concussion Benefit\$200

Dislocation Benefit:**Full Dislocation Benefit**

	Benefit for Closed Reduction	Benefit for Open Reduction
Dislocation, lower jaw	\$300	\$600
Dislocation, spine	\$600	\$1,200
Dislocation, collar bone	\$250	\$500
Dislocation, shoulder joint	\$250	\$500
Dislocation, rib.....	\$250	\$500
Dislocation, elbow	\$250	\$500
Dislocation, wrist	\$250	\$500
Dislocation, hand except fingers	\$250	\$500
Dislocation, finger	\$50	\$100
Dislocation, hip	\$1,500	\$3,000
Dislocation, knee.....	\$1,000	\$2,000
Dislocation, ankle.....	\$500	\$1,000
Dislocation, foot except toes	\$500	\$1,000
Dislocation, toe	\$50	\$100
Dislocation, partial	25%	25%

Eye Injury Benefit (removal of foreign object)\$100

Eye Injury Benefit (surgery)\$200

Fracture Benefit:

	Benefit for Closed Reduction	Benefit for Open Reduction
Fracture, skull (simple non-depressed).....	\$1,000.....	\$2,000
Fracture, skull (depressed)	\$1,500.....	\$3,000
Fracture, facial bone including nose except upper or lower jaw.....	\$500	\$1,000
Fracture, upper jaw.....	\$500	\$1,000
Fracture, lower jaw	\$250.....	\$500
Fracture, spine (vertebral processes)	\$250.....	\$500
Fracture, spine (vertebral body except vertebral processes).....	\$1,000.....	\$2,000
Fracture, collar bone	\$250	\$500
Fracture, shoulder blade	\$250	\$500
Fracture, breast bone	\$250	\$500
Fracture, rib	\$250	\$500
Fracture, pelvis except tailbone	\$1,000	\$2,000
Fracture, tailbone	\$250.....	\$500
Fracture, upper arm	\$500.....	\$1,000
Fracture, forearm.....	\$250	\$500
Fracture, wrist.....	\$250	\$500
Fracture, hand except fingers	\$250	\$500
Fracture, finger	\$50	\$100
Fracture, hip or thigh or both.....	\$1,500	\$3,000
Fracture, kneecap	\$250	\$500
Fracture, leg except thigh.....	\$1,000	\$2,000
Fracture, ankle	\$250	\$500
Fracture, foot except toes	\$250	\$500
Fracture, toe	\$50	\$100
Fracture, chip.....	25%.....	25%

Laceration Benefit

Repaired without stitches.....	\$25
Repaired with stitches:	
Lacerations, total is less than two inches	\$50
Lacerations, total is two to six inches.....	\$100
Lacerations, total over six inches.....	\$200

Puncture Wound Benefit\$50

Paralysis Benefit

Paralysis, four limbs.....	\$10,000
Paralysis, three limbs	\$7,500
Paralysis, two limbs.....	\$5,000
Paralysis, one limb	\$2,500

ACCIDENT MEDICAL TREATMENT AND SERVICES BENEFITS

Air Ambulance Benefit\$750

Ground Ambulance Benefit\$200

Blood/Plasma/Platelets Benefit.....\$300

Emergency Care Benefit

Emergency Room\$100

Physician's Office\$50

Urgent Care\$50

Non-Emergency Initial Care Benefit.....\$25

X-Ray Benefit\$50

Advanced Diagnostic Testing Benefits

CAT\$100

EEG\$100

MMRI\$100

MR\$100

NCV\$100

PET\$100

Physician Follow-Up Visits\$50

Medical Appliance Benefit

Brace\$50

Cane\$50

Crutches\$50

Walker-expected use less than 1 year.....\$100

Walker-expected use 1 year or longer\$250

Walking boot\$50

Wheel chair or motorized scooter-expected use less than 1 year\$100

Wheel chair or motorized scooter-expected use 1 year or more\$500

Other medical device used for mobility\$50

Prosthetic Device Benefit

One device only\$500

More than one device.....\$1,000

Therapy Services Benefit

Cognitive Behavioral Therapy.....\$25

Occupational Therapy.....\$25

Physical Therapy.....\$25

Respiratory Therapy.....\$25

Speech Therapy.....\$25

Vocational Therapy.....\$25

Lodging Benefit.....\$100

Transportation Benefit.....\$200

Surgical Repair Benefit

Abdominal Pelvic Cavity\$1,000

Cranial\$1,000

Hernia Repair\$100

Ruptured Disc\$500

Tear, cartilage in knee.....\$500

Torn, ruptured or Severed Tendon/Ligament/Rotator Cuff

One tendon/ligament/rotator cuff.....\$500

Two or more tendons/ligaments/rotator cuffs\$750

Thoracic cavity\$1,000

Exploratory Surgery Benefit (without repair) for any of the
procedures listed above or outpatient surgery.....\$100

Other Outpatient Surgery Benefit.....\$150

Pain Management Benefit

Epidural	\$100
General Anesthesia.....	\$100

ACCIDENT HOSPITAL BENEFITS

Hospital Admission Benefit	\$750
Intensive Care Unit (ICU) Admission Benefit	\$750
Hospital Confinement Benefit	\$100.00 per day
ICU Confinement Benefit	\$200.00 per day
Inpatient Rehabilitation Benefit	\$100.00 per day

ADDITIONAL BENEFITS

Modification Benefit	\$500
Wellness Benefit	\$50.00

Benefit Limits.

CORE BENEFITS:

Broken Tooth Benefit: Prudential will pay the Broken tooth benefit no more than 3 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.

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 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 Accident.

Laceration Benefit: Prudential will pay the Laceration Benefit no more than one time per Covered Person, per Accident; and up to a maximum of 3 times per Covered Person, per Calendar Year.

Puncture Wound Benefit: Prudential will pay the Puncture Wound Benefit no more than 1 time per Covered Person, per Accident, 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.

ACCIDENT-MEDICAL TREATMENT AND SERVICES BENEFITS:

Air Ambulance Benefit: Prudential will pay this benefit 1 time per Accident and a maximum of 2

times per Covered Person, per Calendar Year.

Ground Ambulance Benefit: Prudential will pay this benefit 1 time per 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 Accident and a maximum of 3 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 for the same Covered Person, for the same 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 Accident.

X-ray Benefit: Prudential will pay the X-ray Benefit no more than 1 time per Covered Person, per Accident, up to a maximum of 3 times per Covered Person, per Calendar Year.

Advanced Diagnostic Testing Benefits: Prudential will pay the Diagnostic Testing Benefit no more than 1 time per Covered Person, per Accident and up to a maximum of 3 times per Covered Person, per Calendar Year.

Physician 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.

Medical Appliance Benefit: The amount Prudential will pay for all Medical Appliances combined will be no more than \$1,000 per Covered Person, per Accident.

Prosthetic Device Benefit: For a Dependent Child who is under age 18, Prudential will pay the Prosthetic Device Benefit no more than: (1) 1 time, per Accident; and (2) 1 time per calendar year. For all other Covered Persons, Prudential will pay the Prosthetic Device Benefit no more than: (1) 1 time per Covered Person, per Accident; and (2) 1 time 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 Accident; and 10 times per Covered Person, per Calendar Year.

Lodging Benefit: Prudential will pay the Lodging Benefit for up to 30 days 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.

Surgical Repair Benefit: Prudential will pay the Surgery Benefit no more than 1 time per Covered Person, per Accident, up to a maximum of 3 times per Covered Person, per Calendar Year.

Exploratory Surgery Benefit: Prudential will pay the Surgery Benefit no more than 1 time per Covered Person, per Accident, up to a maximum of 3 times 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 Accident and up to a maximum of 3 times per Covered Person, per Calendar Year.

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

ACCIDENT HOSPITAL BENEFITS:

Hospital Admission Benefit: We will pay the Admission Benefit no more than: (1) one time per Covered Person, per Accident; and (2) 3 times per Covered Person, per Calendar Year.

Intensive Care Unit (ICU) Admission Benefit: We will pay the ICU Admission Benefit no more than: (1) one time per Covered Person, per Accident; and (2) 3 times per Covered Person, per Calendar Year.

Hospital Confinement Benefit: Prudential will pay the Hospital Confinement Benefit for up to 365 days per Covered Person, per Accident and no more than 3 times per Covered Person, per Calendar Year.

ICU Confinement Benefit: Prudential will pay the ICU Confinement Benefit for up to 30 days per Covered Person, per Accident and no more than 3 times per Covered Person, per Calendar Year.

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 per Covered Person, per Accident; and (2) 1 time per Covered Person, 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:

- Suicide or attempted suicide, while sane.
- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Medical or surgical treatment, whether the claim results directly or indirectly from the treatment.
- 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 or attempt to commit an assault or a felony.
- 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.
- Voluntarily 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.

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.
- Your class is removed from the Covered Classes for the insurance.
- The date the Group Contract providing the insurance ends.
- You reach age 100.
- 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.
- Your Dependents Insurance for a Qualified Dependent under the Coverage will end, when 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.
