



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

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|---|-------------------------------|------------------------------|
| • <u>Critical Illness</u> | Plan Overview | Plan Details |
| • <u>Hospital Indemnity</u> | Plan Overview | Plan Details |
| • <u>Accident</u> | 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.

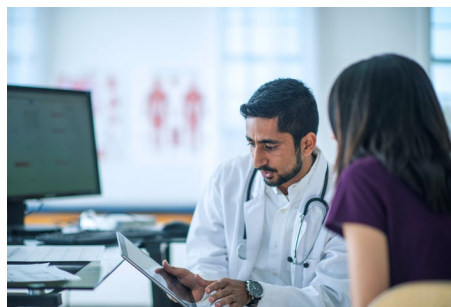


Health Screening Benefit

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.



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Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: Veralto Corporation

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or United States citizens working outside the United States for the duration of their assignment, except in OFAC sanctions countries not to exceed 24 months, and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are legally residing in the United States or with the Employee in the country of assignment for the duration of their assignment.

You will be eligible for coverage immediately.

Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

For the Recurrence benefit to be available, the Covered Person must be treatment free and a Physician has determined that there is no evidence of active disease.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$15,000, \$30,000	Up to \$30,000
Spouse	100% of employee amount	Up to \$30,000
Children	50% of employee amount, including Childhood Conditions.	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$750 2x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Aortic & Cerebral Aneurysm	25%	25%
Advanced Heart Failure	25%	Not Available

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
<u>Nervous System Conditions</u>		
Advanced Stage Alzheimer's Disease	100%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	100%	Not Available
Parkinson's Disease	100%	Not Available
Multiple Sclerosis	100%	Not Available
Mild Stage Alzheimer's Disease	100%	Not Available
Huntington's Disease	25%	Not Available
Myasthenia Gravis	25%	Not Available
<u>Infectious Conditions</u>		
Bacterial Meningitis	25%	25%
Malaria	25%	25%
Tuberculosis	25%	25%
Necrotizing Fasciitis	25%	25%
Osteomyelitis	25%	25%
Severe Sepsis	25%	25%
<u>Childhood Conditions*</u>		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Sickle Cell Anemia	100%	Not Available
Heart Wall Malformation	100%	Not Available
<u>Other Specified Conditions</u>		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%
Loss of Hearing	100%	Not Available
Loss of Speech	100%	Not Available
Systemic Lupus	25%	25%
Systemic Sclerosis	25%	25%
Advanced Obesity	25%	25%
Crohn's Disease	25%	Not Available
Pulmonary Embolism	25%	25%

For Childhood Conditions please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$75 1 per year

Benefits	
Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person.
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid.
Skin Cancer Benefit	Pays benefit stated above.

Additional Benefits

Hospital Indemnity - Pandemic Infectious Disease Admission Only Benefit*

Pays when a Covered Person is confined to a hospital due to any Pandemic Infectious Disease (PID) hospitalization, including COVID-19.

Hospital PID Admission: \$3000 per admission (Limited to 1 days, 1 benefit every 12 months)

Portability Feature: You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Bi-Weekly Cost of Coverage:

Benefit Amount: \$15,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.64	\$2.07	\$3.29	\$4.21	\$3.09	\$3.55	\$4.74	\$5.66
25 to 29	\$1.64	\$2.07	\$3.48	\$4.47	\$3.22	\$3.68	\$4.93	\$5.98
30 to 34	\$2.13	\$2.99	\$4.54	\$6.31	\$3.82	\$4.67	\$6.05	\$7.76
35 to 39	\$2.99	\$4.44	\$6.24	\$9.27	\$4.74	\$6.24	\$7.76	\$10.79
40 to 44	\$4.44	\$6.95	\$9.21	\$14.34	\$6.31	\$8.94	\$10.66	\$15.78
45 to 49	\$6.64	\$10.78	\$13.61	\$22.16	\$8.68	\$13.15	\$15.06	\$23.61
50 to 54	\$9.80	\$16.39	\$19.73	\$33.02	\$12.03	\$19.14	\$21.18	\$34.46
55 to 59	\$13.95	\$23.70	\$27.69	\$47.09	\$16.50	\$27.03	\$29.13	\$48.60
60 to 64	\$20.10	\$34.67	\$39.66	\$68.46	\$23.15	\$38.94	\$41.17	\$69.91
65 to 69	\$25.32	\$41.95	\$59.59	\$104.18	\$34.33	\$58.99	\$61.03	\$105.63
70 to 74	\$26.16	\$56.50	\$89.45	\$157.78	\$50.18	\$87.48	\$90.96	\$159.23
75 to 79	\$44.34	\$71.99	\$89.45	\$157.78	\$50.18	\$87.48	\$90.96	\$159.23
80 to 84	\$55.64	\$88.32	\$89.45	\$157.78	\$50.18	\$87.48	\$90.96	\$159.23
85 to 89	\$80.80	\$112.31	\$89.45	\$157.78	\$50.18	\$87.48	\$90.96	\$159.23
90 to 94	\$80.80	\$112.31	\$89.45	\$157.78	\$50.18	\$87.48	\$90.96	\$159.23
95+	\$80.80	\$112.31	\$89.45	\$157.78	\$50.18	\$87.48	\$90.96	\$159.23

Benefit Amount: \$30,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.28	\$4.14	\$6.58	\$8.42	\$6.18	\$7.10	\$9.47	\$11.31
25 to 29	\$3.28	\$4.14	\$6.96	\$8.94	\$6.44	\$7.37	\$9.86	\$11.96
30 to 34	\$4.26	\$5.97	\$9.07	\$12.63	\$7.63	\$9.33	\$12.10	\$15.52
35 to 39	\$5.97	\$8.89	\$12.49	\$18.54	\$9.47	\$12.49	\$15.52	\$21.57
40 to 44	\$8.89	\$13.89	\$18.42	\$28.68	\$12.63	\$17.89	\$21.31	\$31.57
45 to 49	\$13.28	\$21.56	\$27.22	\$44.32	\$17.36	\$26.31	\$30.12	\$47.22
50 to 54	\$19.61	\$32.77	\$39.46	\$66.03	\$24.06	\$38.27	\$42.36	\$68.93
55 to 59	\$27.90	\$47.40	\$55.37	\$94.18	\$33.01	\$54.06	\$58.26	\$97.20
60 to 64	\$40.21	\$69.33	\$79.31	\$136.92	\$46.30	\$77.87	\$82.34	\$139.82
65 to 69	\$50.65	\$83.91	\$119.17	\$208.36	\$68.66	\$117.98	\$122.07	\$211.25
70 to 74	\$52.31	\$113.00	\$178.89	\$315.55	\$100.36	\$174.95	\$181.91	\$318.45
75 to 79	\$88.67	\$143.97	\$178.89	\$315.55	\$100.36	\$174.95	\$181.91	\$318.45
80 to 84	\$111.28	\$176.65	\$178.89	\$315.55	\$100.36	\$174.95	\$181.91	\$318.45
85 to 89	\$161.60	\$224.61	\$178.89	\$315.55	\$100.36	\$174.95	\$181.91	\$318.45
90 to 94	\$161.60	\$224.61	\$178.89	\$315.55	\$100.36	\$174.95	\$181.91	\$318.45
95+	\$161.60	\$224.61	\$178.89	\$315.55	\$100.36	\$174.95	\$181.91	\$318.45

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all other Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred) • a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person.

Skin Cancer, basal cell/squamous cell carcinoma or certain forms of melanoma.

Invasive Cancer, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential.

Carcinoma in Situ, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ).

Heart Attack, includes the following that confirms permanent loss of heart muscle function: 1) EKG; 2) elevation of cardiac enzyme. Must have an inpatient admission.

Stroke, cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging studies and neurological deficits lasting 96 hours or more. Excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system. Must have an inpatient admission.

Coronary Artery Disease, heart disease/angina resulting in a blockage that restricts blood flow to the heart.

Aortic and Cerebral Aneurysm, expansion of blood vessel(s), which if not treated, can rupture. Excludes surgical repair of complications resulting from prior repair for an aneurysm.

Advanced Heart Failure, inadequate blood flow to meet the body's demands resulting in the inability to carry on any physical activity without intervention. Excludes heart attack, coronary artery disease, pulmonary embolism, and arrhythmias.

Advanced Stage Alzheimer's Disease, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and may also require the inability to perform at least 2 physical activities of daily living.

Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease), motor neuron disease resulting in muscular weakness and atrophy.

Parkinson's Disease, progressive, degenerative neurologic disease with indicated signs of the disease.

Multiple Sclerosis, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitis.

Mild Stage Alzheimer's Disease, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits that interfere with independence in everyday activities that require assistance with at least 2 instrumental

Specific Definitions, Benefit Exclusions and Limitations:

activities of daily living.

Huntington's Disease, progressive disorder causing breakdown of the nerve cells in the brain leading 1) Chorea; or 2) two of the following: involuntary/impaired movement, cognitive or psychiatric disorders.

Myasthenia Gravis, autoimmune, neuromuscular disease causing loss of muscle control.

Bacterial Meningitis, bacterial infection in the brain and spinal cord. Excludes viral (aseptic) meningitis.

Malaria, parasitic (mosquito-borne) disease resulting in infection. Excludes infection by the P. malaria, P. vivax, P. ovale.

Tuberculosis, airborne infectious disease with indicated signs of the disease. Excludes latent or inactive Tuberculosis.

Necrotizing Fasciitis (aka flesh-eating disease), bacterial infection in skin layers and tissue.

Osteomyelitis, chronic bacterial infection that deteriorates bone/bone marrow.

Severe Sepsis, Infection that spreads into the blood which results in organ dysfunction and low blood pressure. Excludes relapse of the underlying bacterial infection causing the Severe Sepsis. Must be treatment free for Invasive Cancer and Carcinoma in Situ and have an inpatient admission, and for recurrence benefits to be payable, discharged from inpatient admission stay for which the Initial Benefit was paid.

Cerebral Palsy, brain injury or abnormality occurring within 24 hours of birth resulting in developmental brain disorder.

Cystic Fibrosis, progressive disorder that affects exocrine glands.

Muscular Dystrophy, progressive disorder that interferes with formation of healthy muscles.

Poliomyelitis, acute, infectious disease caused by the poliovirus with indicated signs of the disease. Excludes non-paralytic polio or post-polio syndrome.

Sickle Cell Anemia, Blood disorder which produces distorted (sickled) red blood cells. Excludes the sickle cell trait.

Heart Wall Malformation, A congenital malformation of the heart for which a physician has prescribed surgery or catheter based treatment within 1 year of birth.

Benign Brain Tumor, non-cancerous abnormal cells in the brain.

Blindness, irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less. May require loss be due to specific illness.

Coma, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused. May require loss be due to specific illness.

End-Stage Renal (Kidney) Disease, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis.

Major Organ Failure, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid.

Paralysis, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis. May require loss be due to specific illness.

Advanced Obesity, condition whereas excess body fat results in a physician prescribing bariatric surgery consistent with evidence based medical standards.

Crohn's Disease, chronic inflammatory disease of the digestive tract. Excludes irritable bowel syndrome or ulcerative colitis.

Pulmonary Embolism, obstruction of the arteries that carries blood to the lungs. Excludes blood clot confined to the lower extremities or pelvis.

Loss of Hearing, permanent hearing loss in both ears; loss greater than 90dB HL. May require loss be due to specific illness.

Loss of Speech, permanent loss of speech which is irrecoverable by other means excludes loss due to specified conditions (i.e. Alzheimer's). May require loss be due to specific illness.

Systemic Lupus, chronic, inflammatory, auto-immune disease with indicated signs of the disease.

Systemic Sclerosis, chronic, degenerative, auto-immune disease with indicated signs of the disease.

No Evidence of Disease, for cancer means recommended treatment has been completed and a physician through a round of bloodwork or special imaging studies confirms there is no evidence of active primary malignant disease. For Heart Attack and Stroke means person discharged from the hospital. For Aortic and Cerebral Aneurysm means the natural aorta or cerebral vessel was repaired.

***Benefits-Specific Conditions, Exclusions and Limitations (Additional Benefits):

Hospital Indemnity: The Common Exclusions apply to this Additional Benefit. In addition, the following applies:

Hospital Pandemic Infectious Disease Admission: Must be admitted inpatient due to a Pandemic Infectious Disease. Excludes: treatment in an emergency room, provided on an outpatient basis.

Intensive Care Unit (ICU) Stay: Must be admitted as an inpatient and confined in an ICU of a Hospital, due to injury or sickness, including COVID-10 and PID hospitalization at the direction and under the care of a physician. ICU stays within 90 days for the same or a related covered injury or covered illness is considered one ICU stay. Not available to residents of NH, ID and WA.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

*State Variations

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. Heart Attack benefits available for residents of AK. Not all shown covered conditions may be available and the **Specific Definitions, Benefit Exclusions and Limitations** for some of the conditions may vary for residents of ID, MD, NH, OR, WA. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. Portability conditions may differ for residents of UT, TX and VT. **Exclusions** may vary for residents of ID, LA, MN, NC, NH, SC, SD, VT, TX and WA. **Wellness Treatment and Preventive Care Benefit** is referred to as Health Screening Test or Preventive Care Benefit in WA and not available to residents of OR. **Healthy Living** Preventive Care Benefits may not be available to NC residents. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. **Hospital Chronic Admission Only** benefits are not available to residents of ID. Covid-19 benefits are not available to residents of NH. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLs only applies to the Spouse. For residents of ID, NH, WA the effective date won't be deferred due to ability to perform ADLs.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI110971. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



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HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: Veralto Corporation

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay or undergoes a broad range of medical treatments or care resulting from a Covered Injury or Covered Illness See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or United States citizens working outside the United States for the duration of their assignment, except in OFAC sanctions countries not to exceed 24 months, and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are legally residing in the United States or with the Employee in the country of assignment for the duration of their assignment.

You will be eligible for coverage immediately.

Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 180 days.	\$1,000	\$1,500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$100	\$100
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$150	\$200
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$300	\$400
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	\$200 per 24-hour period	\$200 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$500	\$500
Additional Care Benefits*	Plan 1	Plan 2
Skilled Nursing Facility Care (Includes Rehabilitation Confinement) No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	\$150 per day	\$200 per day
Additional Benefits	Plan 1	Plan 2
Wellness Treatment, Health Screening Test and Preventative Care Incentive Benefit* Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.	\$50, limited to 1 per year.	\$50, limited to 1 per year.

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Bi-Weekly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee Only	\$4.36	\$8.63
Employee & Spouse	\$9.87	\$19.30
Employee & Child(ren)	\$7.59	\$15.01
Employee & Family	\$13.70	\$26.94

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition and treatment for a covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Newborn Nursery Care Admission: Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.

Benefit-Specific Conditions, Exclusions & Limitations (Additional Care Benefits):

- Excludes routine health examinations or immunizations or for visits by a Physician or other licensed health care professional while confined to a Hospital.
- Some benefits require services to be performed, prescribed or recommended by a Physician
- Skilled Nursing Facility Care:** Must be confined in such facility due to a Covered Injury or Covered Illness at the direction and under the care of a physician or licensed health care professional. Care must begin within 30 day(s) of a 1 day(s) Hospital or ICU Stay for which benefits were paid. Benefits are not payable during same period as a Hospital, ICU stay or other Facility Stay. Facility stays or care provided within 90 days for the same or a related Covered Injury or Covered Illness is considered one stay or one period of care. Benefits for care beginning during the Benefit Waiting Period will payable after such period. The Exclusions that apply to this benefit are in the Common Exclusions Section.

Common Exclusions and Limitations:

Exclusions:* In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy): • Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • A Covered Injury or Covered Illness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; • Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage (excludes WA residents); •

Common Exclusions and Limitations:

Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents); • Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect; • Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aroma-therapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

Important Definitions:

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

Covered Injury: Any bodily harm that results in a covered loss.

Covered Person: An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

Elimination Period: The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

Hospital:* An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.

Skilled Nursing Facility: an institution or distinct part of an institution which: (1) provides skilled nursing care for sick and injured persons; (2) is supervised at all times by a physician or registered professional nurse; (3) has a physician available at all times; (4) meets all licensing and legal requirements; (5) is not mainly a place for rest, custodial care, or care of the aged, drug addicts, alcoholics, or those with mental or nervous disorders, or a hotel or similar establishment.

Policy Provisions:

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home; disabled or receiving disability benefits or unable to perform activities of daily living. Deferral of the effective date will not apply to the Newborn Nursery Care Admission Benefit.

When your coverage ends: Coverage for any Covered Person ends on the earliest of the date they are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your Spouse and Dependent Child(ren), if applicable, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the *Continuation of Insurance* provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

*State Variations

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Spouse definition includes civil union partners in New Hampshire and Vermont. **Hospital Stay, Hospital Intensive Care Unit (ICU) Stay, and Newborn Nursery Care Stay** the number of days benefits are payable may differ for residents of ID. **Hospital Stay Hospital Intensive Care Unit (ICU) Stay** benefits will always be included for residents of ND. **Hospital Intensive Care Unit (ICU) Stay** Additional ICU Admission benefit is not available for residents of TX, NH. **Hospital Stay** benefits will always be included for residents of AK **Observation Stay** the Elimination Period is referred to as an Observation Period for residents of ID and ND. Skilled Nursing Facility Care is not available to residents of TX. **Elimination Period** will not apply to residents ID and NH. **Exclusions** may vary for residents of MN, SC, SD, and WA. **Newborn Nursery Care Admission Benefits** are not available to residents in ID, NH, OR, and WA. **Portability** in TX, VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to

*State Variations

continue coverage. **Wellness Treatment, Health Screen Test or Preventive Care Incentive Benefit** are not available to residents of ID. The Wellness benefit does not include preventive care in NH. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. Covid- 19 benefits are not available to residents of ID, NH.

Series 1.0/1.1/1.2

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Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc

Terms and conditions of coverage for coverage are set forth in Group Policy No. HC110787. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation, are administered by Cigna Health and Life Insurance Company, and are insured by either (i) Life Insurance Company of North America ("LINA") (Philadelphia, PA); or (ii) New York Life Group Insurance Company of NY ("NYLGICNY") (New York, NY), formerly known as Cigna Life Insurance Company of New York. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. LINA and NYLGICNY are not affiliates of Cigna.

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ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Veralto Corporation

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or United States citizens working outside the United States for the duration of their assignment, except in OFAC sanctions countries not to exceed 24 months, and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are legally residing in the United States or with the Employee in the country of assignment for the duration of their assignment.

You will be eligible for coverage immediately.

Your Spouse*: Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee 100% of benefits shown	Spouse 100% of benefits shown	Children 100% of benefits shown
Initial & Emergency Care	Plan 1	Plan 2	
Emergency Care Treatment	\$150	\$200	
Physician Office Visit (includes urgent care)	\$150	\$250	
Diagnostic Exam (x-ray or lab)	\$100	\$200	
Ground or Water Ambulance/Air Ambulance	\$500/\$1,200	\$800/\$1,600	
Hospitalization Benefits	Plan 1	Plan 2	
Hospital Admission	\$500	\$1,000	
Hospital Stay	\$100	\$200	
Intensive Care Unit Stay	\$200	\$400	
Fractures and Dislocations	Plan 1	Plan 2	
Per covered surgically-repaired fracture	\$100-\$4,000	\$200-\$8,000	
Per covered non-surgically-repaired fracture	\$50-\$2,000	\$100-\$4,000	
Chip Fracture (percent of fracture benefit)	25%	25%	
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$6,000	
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$3,000	
Follow-Up Care	Plan 1	Plan 2	
Follow-up Physician (or medical professional) Office Visit	\$100	\$150	
Follow-up Physical Therapy Visit	\$50	\$75	
Enhanced Accident Benefits	Plan 1	Plan 2	
Examples:			
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$100	

Enhanced Accident Benefits	Plan 1	Plan 2
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$400	\$600
Concussion	\$200	\$400
Coma (lasting 7 days with no response)	\$5,000	\$10,000

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

Wellness Treatment, Health Screening Test & Preventive Care Benefit*	Plan 1	Plan 2
Wellness Treatment, Health Screening Test and Preventive Care Benefit:* Benefit paid for all covered persons is 100% of the benefit shown. <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$75	\$75

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Bi-Weekly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$2.24	\$4.00
Employee and spouse	\$4.23	\$7.45
Employee and child(ren)	\$4.87	\$8.60
Family	\$6.04	\$10.78

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by Subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions and Limitations: *

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons aged 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic**

Exam: payable once per Covered Accident, per Covered Person; Treatment must occur within 90 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident; Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident. **Hospital Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident.

Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Follow-up Physician Office Visit: Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits; Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 90 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. Follow Up Office Visit can include treatment by providers that are appropriately licensed professionals practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with traumatic Covered Accidents. **Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits; Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 120 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident.

Wellness Treatment, Health Screening Test and Preventive Care Benefit: Limit: 1 per year per Covered Person.

Large Lacerations: Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 times per Covered Accident.

Coma: Limits: payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma.

*State Variations

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative. **Specific Benefit Exclusions and Limitations:** The timeframe to obtain services following a covered accident is extended in NM, VT and WA, the exclusion for Physician Office Visit does not apply to residents of ID. For residents of TX Emergency Care exclusion is limited to treatment provided by an Immediate Family Member and does not apply to a licensed dentist. **Hospital/ICU Stay** requires a 31-day minimum for Idaho residents. See your Certificate for detail. For residents of NH Hospital/ICU stays within 180 days for the same or a related Covered Accident are considered one Stay. Common Exclusions may vary for residents of AK, ID, LA, MN, NC, NM, SC, SD, VT and WA. **Wellness Treatment, Health Screening Test and Preventive Care Benefit** is not available to residents of ID. For residents of WA it is titled Health Screening Test or Preventive Care. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID the effective date won't be deferred due to ability to perform ADLs. Ground or Water Ambulance/Air Ambulance benefits may differ for residents of CT. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Portability conditions may differ for residents of AK, AR, CT, FL, ID, LA, ME, MD, MS, NH, NC, ND, SC, TX, VT, WA, and WI. Covid- 19 benefits are not available to residents of ID, OR and WA. **Physician Office Visit** will always be available to residents of AK, VT, and WA. Emergency Care Treatment, Diagnostic Exam, and Ambulance benefit[s] will always be available to residents of VT and WA. **Hospital Stay/Intensive Care Unit Stay** benefit[s] will always be available to residents of VT. **Hospital Stay/Intensive Care Unit Stay** additional benefits may be available to resident of ID and NH. **Covered Accident** definition differs for residents of AR, ID, NM, VT and WA. Benefits may not be available or may be limited to residents of NM. Covered Injury definition differs for residents of NM. Covered Loss definition differs for residents of NM, VT. Hospital definition differs for residents of NH and VT.

Series 1.0

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI111010. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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