Accident Insurance Plan Summary and Rate Sheet

Light & Wonder, Inc.

Coverage Effective: 1/1/2025

Accident 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 or everyday living expenses.

Below is a summary of the benefits included in the coverage available to you, your spouse 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.

Coverage Summary	
Eligibility	All active, full-time employees working a minimum of 30 hours per week.
Employee termination age	Employee - Age 100
Spouse termination age	Dependent Spouse - Age 100
Child(ren) termination age	Dependent Child - Age 26
Guaranteed Issue	All coverages

Accidental Death Benefit	Benefit Amount High Plan	Benefit Amount Low Plan
Basic Accidental Death Benefit-Employee	$50,000	$32,000
Basic Accidental Death Benefit-Spouse	$25,000	$16,000
Basic Accidental Death Benefit-Children	$12,500	$8,000
Accidental Death - Common Carrier-Employee	$150,000	$37,500
Accidental Death - Common Carrier-Spouse	$75,000	$18,750
Accidental Death - Common Carrier-Children	$37,500	$9,375

Accidental Dismemberment Benefit	Up to $28,000	Up to $20,000
***Catastrophic Loss Benefit**	Up to $100,000	Up to $25,000

*Catastrophic Loss Benefit includes loss of sight, hearing and speech.

Type of Loss	Benefit Amount High Plan	Benefit Amount Low Plan
Fracture Benefit	Up to Closed $3,500 / Open $7,000	Up to Closed $3,000 / Open $6,000
Dislocation Benefit	Up to Closed $4,080 / Open $8,160	Up to Closed $2,200 / Open $4,400
Burn Benefit	Up to $22,500	Up to $12,500
Skin Graft – Due to Burns	25% of Burn Benefit	25% of Burn Benefit
Skin Graft – Not due to Burns	Up to $2,000	Up to $500
Eye Injury Benefit	Up to $420	Up to $275
Laceration Benefit	Up to $960	Up to $400
Torn Knee Cartilage Benefit	$1,000	$650
Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff Benefit	Up to $2,000	Up to $1,350
Broken Tooth Benefit	Up to $400	Up to $300

Additional Injuries Benefit	Benefit Amount High Plan	Benefit Amount Low Plan
Concussion	$500	$200
Coma	$20,000	$14,500
Ruptured Disc with Surgical Repair	$1,000	$650
Puncture Wound	$100	$25

Hospital Benefits	Benefit Amount High Plan	Benefit Amount Low Plan
Non-ICU Hospital Admission	$1,750	$1,125
ICU Hospital Admission*	$3,500	$2,250
Non-ICU Hospital Confinement	$450	$350
ICU Confinement	$700	$700
Inpatient Rehabilitation Benefit	$225	$150
Transportation Benefit	$840	$650
Lodging Benefit	$225	$150

*When a covered person is admitted to the ICU, this benefit pays in addition to the Non-ICU Hospital Admission benefit.

Optional Benefits and Provisions	Benefit Amount High Plan	Benefit Amount Low Plan
***Wellness Benefit[1]**	$100	$50
Child Care Benefit	$30	$20
Emergency Care Benefit	Up to $300	Up to $200
Child Organized Sports Benefit	25%	25%
X-Ray Benefit	$75	$40

* For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.

Paralysis Benefit	Benefit Amount High Plan	Benefit Amount Low Plan
Four Limbs	$30,000	$20,000
Three Limbs	$25,000	$15,000
Two Limbs	$20,000	$13,500
One Limb	$10,000	$5,000

Above is a summary of the benefits included in the coverages available to you. This coverage may include Emergency and Non-Emergency benefits. For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.

Insurance Rates

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

Coverage Options	Monthly Cost to you High Plan	Low Plan
Employee	$12.85	$7.53
Employee and Spouse	$18.52	$11.50
Employee and Child(ren)	$20.42	$14.59
Employee and Family	$28.65	$18.14

1 The Health Screening/Wellness Benefit is not available in all states. All Employees of Light & Wonder, Inc. are eligible to receive this benefit if they qualify.

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.

Group Accident 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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