

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Hospital Indemnity Plan Summary and Rate Sheet

Light & Wonder, Inc.

Coverage Effective: 1/1/2025

Hospital Indemnity Insurance issued by **The Prudential Insurance Company of America (Prudential)** pays you regardless of what your medical plan covers. Your benefits are paid directly to you to spend however you like, including out-of-pocket medical and non-medical costs and everyday living expenses.

Below is a summary of the coverage available to you, your spouse and child(ren). For a complete list of benefits, limitations and exclusions, please refer to your Certificate of Coverage.

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

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

Benefit Type: Hospital Benefits	Benefit Limits	High Plan Benefit Amounts	Low Plan Benefit Amounts
Hospital Admission	Up to 5 time(s) per calendar year	\$2,000	\$1,000
ICU Admission*	Up to 5 time(s) per calendar year	\$4,000	\$2,000
Hospital Confinement	Up to 30 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	\$200	\$100
ICU Confinement	Up to 30 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	\$400	\$200

Observation	Up to 6 times(s) per calendar year	\$750	\$500
Mental Illness / Nervous Disorder Facility Care Benefit	Up to 30 days per calendar year. The treatment must begin within 30 days following a related Hospital Confinement or ICU Confinement for 1 consecutive day(s) or more for which benefits were paid.	\$100	\$100
Substance Abuse Facility Care Benefit	Up to 30 days per calendar year. The treatment must begin within 30 days following a related Hospital Confinement or ICU Confinement for 1 consecutive day(s) or more for which benefits were paid.	\$100	\$100

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

Benefit Type: Hospital Benefits	Benefit Limits	High Plan Benefit Amounts	Low Plan Benefit Amounts
High Risk Pregnancy	Increases value of all your hospital benefits when you are confined because of a High Risk Pregnancy except for normal childbirth	25%	25%
Premature Infant and NICU	Increases value of all your newborn's hospital benefits when they are confined because of premature birth	25%	25%

Benefit Type: Additional Benefits	Benefit Limits	High Plan Benefit Amounts	Low Plan Benefit Amounts
Health Screening/Wellness¹	Paid 1x per calendar year per insured person if they take one of the eligible screening/preventive tests.	\$50	\$50

*Health Screening/Wellness Benefit: Prudential will pay an annual benefit (defined above) when you or a covered dependent take one of the eligible screening/preventive measures. You will not receive an additional payment if you take more than one.

Insurance Rates

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

Coverage Options	Monthly Cost to you High Plan	Low Plan
Employee	\$18.53	\$9.35
Employee and Spouse	\$38.45	\$20.13
Employee and Child(ren)	\$36.08	\$19.20
Employee and Family	\$56.00	\$29.98

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.

Hospital Indemnity Insurance is not approved in all states.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

Hospital Indemnity insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Hospital Indemnity 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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