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Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Seton Hall University

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 staff and Local 153 Employees of the Employer who are regularly working in the United States regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse and Dependent Children who are United States citizens or permanent resident aliens or Spouse or Dependent Child Inpats and who are legally residing in the United States.

You will be eligible for coverage on the first of the month after 30 days from date of hire or Active Service.

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 | Spouse | Children |
|--|------------------------|------------------------|------------------------|
| | 100% of benefits shown | 100% of benefits shown | 100% of benefits shown |
| Initial & Emergency Care | Plan 1 | Plan 2 | |
| Emergency Care Treatment | \$100 | \$200 | |
| Physician Office Visit (includes urgent care) | \$50 | \$100 | |
| Diagnostic Exam (x-ray or lab) | \$10 | \$50 | |
| Ground or Water Ambulance/Air Ambulance | \$300/\$1,200 | \$400/\$1,600 | |
| Hospitalization Benefits | Plan 1 | Plan 2 | |
| Hospital Admission | \$1,000 | \$2,000 | |
| 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 | \$50 | \$100 | |
| Follow-up Physical Therapy Visit | \$25 | \$50 | |
| 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 | |
| Large Lacerations (more than 6 inches long and requires 2 or more sutures) | \$400 | \$600 | |

| Enhanced Accident Benefits | Plan 1 | Plan 2 |
|----------------------------|--------|--------|
| Concussion | \$100 | \$150 |

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 and Preventive Care Benefit* | Benefit Amount |
|---|-----------------|
| Examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests. 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.</i> | \$50 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 under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

Employee's Bi-Weekly Cost of Coverage:

| Tier | Plan 1 | Plan 2 |
|-------------------------|--------|---------|
| Employee | \$2.52 | \$4.88 |
| Employee and spouse | \$4.44 | \$8.70 |
| Employee and child(ren) | \$5.25 | \$10.38 |
| Family | \$7.18 | \$14.20 |

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

Important Definitions and Policy Provisions:

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: • coverage for illness, accident, treatment or medical condition arising out of suicide or intentionally self-inflicted injury; • participation in a felony, riot or insurrection; • coverage for extra-hazardous activities. Extra-hazardous activities are defined as aviation and related activities; • coverage for illness, accident, treatment or medical condition arising out of war act of war (whether declared or undeclared); • coverage for illness, accident, treatment or medical condition arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; • service in the Armed Forces or units auxiliary thereto, 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 including any prescribed drug for which a written warning against operating a vehicle while taking it was provided; • coverage for services performed by a member of the insured's immediate family; • coverage for sickness but not excluding coverage for an infection that was the result of a covered accident; • coverage of mental or emotional disorders, alcoholism or drug addiction; coverage for treatment provided in a government hospital; benefits provided under Medicare or other governmental programs (except Medicaid); • coverage of mental or emotional disorders, alcoholism or drug addiction. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions & 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 Age 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 Ambulance or Water/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. Examination or treatment must be provided within 90 days and 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 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. Examination or treatment must be provided within 120 days and treatment must be completed within 365 days of the Covered Accident. **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. **Accidental Death and Dismemberment Rider:** To receive benefits, the death or loss must occur within 365 days of the covered accident. The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other loss of life benefits will not be paid. If the driver, he/she must hold a current and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit.

*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 SD, VT and WA, the exclusion for Physician Office Visit does not apply to residents of ID. **Common Exclusions** may vary for residents of AK, ID, LA, MN, SC, SD, VT and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment. **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, UT, VT, WA, WV, and WI. **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 ID and VT. **Benefits may not be available to residents of NM, OR, and UT.**

Series 1.0

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI110075. 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. 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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