

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

751 Broad Street
Newark, New Jersey 07102

HOSPITAL INDEMNITY COVERAGE

THIS CERTIFICATE PROVIDES LIMITED BENEFITS

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO
COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE

Program Date: January 1, 2023

Contract Holder: LEIDOS INC.

Group Contract Number: HG-52844-VA

Covered Classes: The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): All active, Full-time and Part-time Employees working a minimum of 12 hours per week.

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of your coverage. This is not the insurance contract and only the actual Group Contract provisions will control. The Group Contract itself sets forth in detail the rights and obligations of both you and The Prudential Insurance Company of America (Prudential). It is, therefore, important that you READ YOUR GROUP CERTIFICATE CAREFULLY!

Hospital Indemnity Coverage. Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the Group Contract. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare review the Guide to Health Insurance for People With Medicare available from the company.

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES: *There are state-specific requirements that may change the provisions under the Coverage described in this Group Insurance Certificate. If You live in a state that has such requirements, those requirements will apply to Your Coverage and are made a part of Your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When You access the website, You will be asked to enter Your state of residence and Your Access Code. **Your Access Code is HIP1.***

If You are unable to access this website, want to receive a printed copy

of these requirements or have any questions, call Prudential at 1-844-455-1002.

VOLUNTARY HOSPITAL INDEMNITY COVERAGE FOR YOU AND YOUR DEPENDENTS

This Coverage pays the following benefits for Hospital Indemnity.

| Core Benefit | Amount of Insurance |
|---------------------|----------------------------|
|---------------------|----------------------------|

Daily In-Hospital Stay Benefit:

| | |
|----------------------|-------|
| Daily Benefit Amount | \$150 |
|----------------------|-------|

Hospital Admission:

| | |
|----------------|---------|
| Annual Benefit | \$1,000 |
|----------------|---------|

ICU Admission Benefit:

| | |
|----------------------|---------|
| Daily Benefit Amount | \$1,000 |
|----------------------|---------|

Intensive Care Unit Stay Benefit:

| | |
|----------------------|-------|
| Daily Benefit Amount | \$300 |
|----------------------|-------|

Rehabilitation-Post Hospital Confinement Benefit:

| | |
|----------------------|-------|
| Daily Benefit Amount | \$150 |
|----------------------|-------|

Additional Benefits

Wellness Benefit:

| | |
|----------------------|-------|
| Daily Benefit Amount | \$100 |
|----------------------|-------|

Benefit Limits.

CORE BENEFITS:

Hospital Admission: Prudential will pay the Hospital Admission Benefit no more than: (1) one time per Covered Person, per Covered Accident, Covered Injury or Covered Illness; and (2) 5 times per Covered Person, per Calendar Year.

ICU Admission Benefit: Prudential will pay the ICU Admission Benefit no more than: (1) one time per Covered Person, per Covered Accident or Covered Injury; and (2) 5 times per Calendar Year.

Daily In-Hospital Stay Benefit: The Daily In-Hospital Stay Benefit is payable for up to 30 days per Covered Person, per Covered Accident, Covered Injury or Covered Illness. Prudential will pay the Daily In-Hospital Stay Benefit no more than 5 times per Covered Person, per Calendar Year.

Intensive Care Unit Stay Benefit: The ICU Confinement Benefit is payable for up to 30 days per Covered Person, per Covered Accident, Covered Injury or Covered Illness. Prudential will pay the ICU Confinement Benefit no more than 5 times per Calendar Year.

Rehabilitation Unit Confinement Benefit: Prudential will pay the benefit shown for each day of Confinement in a Rehabilitation Unit, to a maximum of 15 days per insured per Calendar Year or per Confinement.

ADDITIONAL BENEFITS:

Wellness: Prudential will pay the Wellness benefit 1 time per insured per Calendar Year.

Benefit Exclusions.

Prudential will not pay benefits for any loss caused by, contributed to by, or resulting from, directly or indirectly, any of the following:

- Suicide or attempted suicide, while sane.
- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Taking part in any riot or insurrection.
- War, or any act of war. War means declared or undeclared war, and includes resistance to armed aggression. Terrorism is not considered an act of war.

Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.

- An Accident that occurs while the person is serving on Full-Time active duty for more than 90 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- Travel or flight in any vehicle used for aerial navigation, if:
 - (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - (b) the person is performing as a pilot or a crew member of any aircraft; or
 - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.

This includes getting in, out, on or off any such vehicle.

- Commission of or attempt to commit an assault or a felony.
- Being under the influence of alcohol or alcohol intoxication, including but not limited to having a blood alcohol level above the limit for permissible operation of a motor vehicle in the jurisdiction where the Accident occurred, regardless of whether the person: (a) was operating a motor vehicle; and (b) was convicted of an alcohol related offense.
- Being under the influence of or taking any non-prescription drug, medication, narcotic, stimulant, hallucinogen, barbiturate, amphetamine, gas, fumes or inhalants, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the person's Doctor.

- Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident, Covered Injury or Covered Illness.
- Elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection or other diseases.
- Cosmetic Surgery, except when such Surgery is performed to:
 - (a) treat a Covered Accident, Covered Injury or Covered Sickness;
 - (b) correct a disorder of normal bodily function or structure that was caused by an Accident, Injury or Sickness for which Coverage is not otherwise excluded under this Certificate; or
 - (c) reconstruct a part of the body which was disfigured or removed as a result of an Accident, Injury or Sickness for which Coverage is not otherwise excluded under this Certificate.
- The Covered Person's mental illness, or the diagnosis or treatment of such an illness, except for the Covered Person's use of:
 - (a) any drug, medication or sedative that is taken or used as prescribed by a Doctor; or
 - (b) an "over the counter" drug, medication or sedative taken as directed; or
 - (c) activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.
- Hospital Confinement caused by, contributed to by, or resulting from Mental Illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this Policy.

Cost of Insurance: The insurance described in this Outline of Coverage is Contributory Insurance. You will be informed of the amount of your contribution when you enroll. Any contribution due but unpaid at your death will be deducted from the death benefit (if any).

End of Coverage

Your Employee Insurance under the Coverage or Your Dependents Insurance under the Coverage will end on the first of these to occur:

- Your membership in the Covered Classes for the insurance ends because Your employment ends (see below) or for any other reason.
- Your class is removed from the Covered Classes for the insurance.
- The date the Group Contract providing the insurance ends.
- You reach age 100.
- You die.
- For Contributory Insurance under the Coverage, You fail to pay, when due, any required contribution. But, if Employee Insurance is Contributory, failure to contribute for Dependents

Insurance will not cause Your Employee Insurance to end.

- The insurance is Dependents Insurance, and Your Employee Insurance under the Coverage ends.
- Your Dependents Insurance for a Qualified Dependent under the Coverage will end when that person ceases to be a Qualified Dependent for the Coverage. A Spouse or Domestic Partner will cease to be a Qualified Dependent at age 100. (See Continued Coverage for an Incapacitated Child below.)

Continued Coverage for an Incapacitated Child: This applies only to the Dependents Insurance You have for a Child under the Coverage. The insurance for the Child will not end on the date the age limit in the definition of Qualified Dependent is reached if both of these are true:

- (1) The Child is then mentally or physically incapable of earning a living. Prudential must receive proof of this within the next 31 days.
- (2) The Child otherwise meets the definition of Qualified Dependent.

If these conditions are met, the age limit will not cause the Child to stop being a Qualified Dependent under that Coverage. This will apply as long as the Child remains so incapacitated.

Renewability. The Coverage(s) in this Outline are insured under a Group Contract issued by Prudential to the Contract Holder. The terms and conditions describing renewability are outlined in the Group Contract. Prudential may end the Group Contract on any Contract Anniversary. But notice of its intent to do so must be given to the Contract Holder in advance.

Cancellation of the Group Contract will not affect a payable claim that occurs prior to the cancellation of the Group Contract.

Premium Rate Changes. Under the terms and conditions of the Group Contract, Prudential has the right to change premium rates under certain circumstances. The premium rates may be changed as outlined in the Group Contract. Prudential will notify the Contract Holder in advance before a premium rate is changed. If the coverage under this Group Contract includes contributory insurance, and the premium rate change impacts the amount of your contribution, the Contract Holder will advise you of any change to your contribution.