

HTC AMERICA, INC.

All Full Time Employees working in NY

All coverages are issued by the Prudential Insurance Company of America.

Control Number: 60145

Coverage Options	
<p>Basic Term Life - 100% Employer Paid</p>	<ul style="list-style-type: none"> • Basic Term Life: You are automatically enrolled for 2 times your base annual earnings to a maximum of \$300,000. • If you are terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option. *Refer to the plan booklet for details. • Coverage will be reduced as you age by 35% at age 65 and 50% at age 70. • Coverage will end upon your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy insured by The Prudential Insurance Company of America.
<p>Basic Accidental Death & Dismemberment - 100% Employer Paid +</p>	<ul style="list-style-type: none"> • Basic AD&D pays you or your beneficiary a benefit for the loss of life or other injuries resulting from a covered Accident. Basic AD&D benefits are paid regardless of other coverages you may have. • Basic AD&D: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount. • With a single phone call, Travel Assist participants have access to assistance services when faced with an emergency while travelling internationally or domestically when more than 100 miles away from home.
<p>Short Term Disability - 100% Employer Paid ++</p>	<ul style="list-style-type: none"> • Your weekly Short Term Disability benefits will be 60% of your weekly pre-disability earnings, up to a maximum of \$2,300, less deductible sources of income. • If you meet the definition of disability, your benefits will begin on the 8th day following a non-occupational injury or the 8th day following a non-occupational sickness. The maximum period of payment is 24 weeks. You are considered disabled when you are unable to perform the material and substantial duties of your regular occupation, you have a 20% or more earnings loss and you are under the regular care of a doctor. • Deductible sources of income may include benefits from statutory plans, unemployment income, and salary continuation. • The minimum weekly benefit is \$25. • You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

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**New York Disability
Benefits Law (DBL)
- 100% Employer
Paid
++**

- All New York employees are eligible for coverage provided the employee has completed four or more consecutive weeks (25 days for part-time employees) of employment (not necessarily with the current employer). Refer to Article 9 Disability Benefits of the Workers' Compensation Law for exemptions.
- Your New York disability benefits are paid at the rate of 50% of weekly earnings. The maximum benefit is \$170 per week. The amount of benefit payable for each day you are disabled is generally one fifth of your weekly benefit (based on the actual number of days worked per week). New York Disability Benefits Law determines any applicable deductible sources of income.
- Your benefits will begin on the 8th day following an injury or the 8th day following a sickness. Benefits are payable for up to 26 weeks during any one period of disability.
- **Limitations:** Benefits are not payable under the following conditions:
 - o The disability is caused by accident or sickness arising out of or in the course of employment.
 - o You are receiving unemployment benefits.
 - o The disability is due to the willful intention of you to self-inflict injury or disability resulting from perpetration of an illegal act.
 - o For any period during which you performed work for remuneration or profit.
 - o When the disability benefit plus any remuneration from your employer exceeds your regular weekly wage prior to the disability.
 - o For more than 26 weeks of disability during a period of 52 consecutive weeks when combined with PFL.
 - o You are not under the care of a duly licensed physician, podiatrist, chiropractor, dentist or Case Nurse Manager acting within the scope of his/her practice.
 - o For any disability due to any act of war, declared or undeclared.
 - o For high school students while attending school.

Additional Information: This document provides a brief summary of your coverage under New York Disability Benefits Law. You may access the entire New York Disability Benefits Law on the New York State's Assembly website:

<http://public.leginfo.state.ny.us/menuf.cgi>

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New York Paid Family Leave (PFL) ++

- All New York employees are eligible for coverage provided the employee has completed 26 or more consecutive weeks (175 days for part-time employees) of employment (not necessarily with the current employer). Refer to Article 9 Disability Benefits of the Workers' Compensation Law for exemptions.
- Benefits are available: (1) to care for a seriously ill family member; (2) to bond with your new child during the 1st 12 months after child's birth, adoption, or foster care placement; or (3) for qualifying military exigency (as defined by FMLA).
- Your New York paid family leave benefits are paid at the rate of 60% of weekly earnings. The maximum benefit is \$840.7 per week. Leave may be taken in increments of one full day or 1/5 of the weekly benefit.
- Your benefits will begin on the 1st day of your leave. Benefits are payable for up to 10 weeks.
- **PFL Limitations:** Benefits are not payable under the following conditions:
 - o For any period you are receiving total disability payments under a claim for workers' compensation, volunteer firefighters' benefits or volunteer ambulance worker's benefits. (Exception: If you are receiving partial disability benefits, the amount of family leave benefits combined with the benefits under those laws may not exceed you average weekly wage.)
 - o For an employee on administrative leave.
 - o For any day in which you work at least part of that day during the same working hours as those claimed for family leave benefits.
 - o For more than 26 weeks during a period of 52 consecutive weeks when combined with DBL.

You may not receive DBL and PFL benefits concurrently.

Additional Information: This document provides a brief summary of your disability and paid family leave coverage under New York Disability Benefits Law. You may access the entire New York Disability Benefits Law on the New York State's Assembly website:

<http://public.leginfo.state.ny.us/menuf.cgi>

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**Long Term
Disability - 100%
Employer Paid
++**

- Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$10,000, less deductible sources of income.
- If you meet the definition of disability, your benefits will begin following the elimination period. The elimination period is 180 days.
- The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.
- You are considered disabled when you are unable to perform the material and substantial duties of your regular occupation, you have a 20% or more earnings loss and you are under the regular care of a doctor.
- During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- Deductible sources of income may include benefits from statutory plans, Social Security, workers' compensation, unemployment income, salary continuation, and other income.
- The minimum monthly benefit is the greater of 10% of your gross monthly benefit or \$100.
- Disabilities due to mental illness (including drug and alcohol abuse) are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders, and/or adjustment disorders.
- Long Term Disability benefits will not be paid for a disability due to a pre-existing condition that begins within 12 months of your effective date of coverage is excluded from coverage. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

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Benefits, exclusions and provisions may vary by state. Refer to the Booklet-Certificate for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to the Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

* Important Notice: The acceleration of life insurance benefits offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986 (under IRC Section 101(g)). If the acceleration of life insurance benefits qualify for such favorable treatment, the benefits will be excludable from your income and not subject to Federal taxation. Tax laws relating to acceleration of life benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits that are excludable from income under Federal law.

+ This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

++ This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

++ **NORTH CAROLINA RESIDENTS:** For Disability coverage, THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

FOR RESIDENTS OF ALL STATES EXCEPT DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, NEW JERSEY, NEW YORK, PENNSYLVANIA, UTAH, VERMONT, VIRGINIA AND WASHINGTON -

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

DISTRICT OF COLUMBIA RESIDENTS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA RESIDENTS - Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY RESIDENTS - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NEW JERSEY RESIDENTS - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PENNSYLVANIA AND UTAH RESIDENTS - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VERMONT RESIDENTS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

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VIRGINIA RESIDENTS - Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

WASHINGTON RESIDENTS - Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

++++ Group Term Life, Accidental Death & Dismemberment and Disability coverage(s) are issued by The Prudential Insurance Company of America, a New Jersey Company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support: 1-800-842-1718. **Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.** This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any 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 terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500 and 112251. California COA #1179 NAIC # 68241