



Accident Insurance Plan Summary and Rate Sheet

Newell Brands

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/domestic partner 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	Class 1: Full-Time Non-union Employees working a minimum of 30 hours per week Class 2: Full-Time Non-union Employees (Legacy Plan) working a minimum of 30 hours per week Class 3: Full-Time NUK Union Hourly Employees working a minimum of 30 hours per week Class 4: Full-Time Muncie Union Hourly Employees working a minimum of 30 hours per week
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Employee termination age	Employee - Age 100
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Spouse/Domestic Partner termination age	Dependent Spouse/Domestic Partner - Age 100
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Child(ren) termination age	Dependent Child - Age 26
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Guaranteed Issue	All coverages
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Accidental Death Benefit	Benefit Amount High Plan	Benefit Amount Low Plan
Basic Accidental Death Benefit-Employee	\$50,000	\$25,000
Basic Accidental Death Benefit-Spouse/Domestic Partner	\$25,000	\$12,500
Basic Accidental Death Benefit-Children	\$12,500	\$6,250
Accidental Death - Common Carrier-Employee	\$150,000	\$75,000
Accidental Death - Common Carrier-Spouse/Domestic Partner	\$75,000	\$37,500
Accidental Death - Common Carrier-Children	\$37,500	\$18,750

Accidental Dismemberment Benefit	Up to \$40,000	Up to \$20,000
*Catastrophic Loss Benefit	Up to \$80,000	Up to \$40,000

*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 \$5,000 / Open \$10,000	Up to Closed \$4,000 / Open \$8,000
Dislocation Benefit	Up to Closed \$5,000 / Open \$10,000	Up to Closed \$4,000 / Open \$8,000
Burn Benefit	Up to \$15,000	Up to \$10,000
Skin Graft – Due to Burns	50% of Burn Benefit	50% of Burn Benefit
Skin Graft – Not due to Burns	Up to \$2,000	Up to \$500
Eye Injury Benefit	Up to \$400	Up to \$300
Laceration Benefit	Up to \$700	Up to \$400
Torn Knee Cartilage Benefit	\$1,500	\$750
Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff Benefit	Up to \$2,000	Up to \$1,500
Broken Tooth Benefit	Up to \$300	Up to \$200

Additional Injuries Benefit	Benefit Amount High Plan	Benefit Amount Low Plan
Concussion	\$500	\$250
Coma	\$10,000	\$7,500
Ruptured Disc with Surgical Repair	\$2,000	\$750
Puncture Wound	\$100	\$25

Hospital Benefits	Benefit Amount High Plan	Benefit Amount Low Plan
Non-ICU Hospital Admission	\$1,500	\$1,000
ICU Hospital Admission*	\$3,000	\$2,000
Non-ICU Hospital Confinement	\$300	\$200
ICU Confinement	\$600	\$400
Inpatient Rehabilitation Benefit	\$200	\$150
Transportation Benefit	\$400	\$300
Lodging Benefit	\$200	\$100

*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
Emergency Care Benefit	Up to \$200	Up to \$150
Child Organized Sports Benefit	25%	25%
X-Ray Benefit	\$150	\$50

Paralysis Benefit	Benefit Amount High Plan	Benefit Amount Low Plan
Four Limbs	\$40,000	\$20,000
Three Limbs	\$30,000	\$15,000
Two Limbs	\$20,000	\$10,000
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	\$10.04	\$6.83
Employee and Spouse/Domestic Partner	\$17.20	\$12.31
Employee and Child(ren)	\$18.04	\$13.12
Employee and Family	\$22.55	\$16.64

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.

[THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.]

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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