



# Hospital Indemnity Plan Summary and Rate Sheet

## Lemonade, Inc.

Coverage Effective: 1/1/2026

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/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.

| Eligibility Summary                            |   |
|--|---|
| <b>Eligibility</b>                             | All active, full-time & part-time employees working a minimum of 30 hours per week. |
| <b>Employee termination age</b>                | Employee - Age 100  |
| <b>Spouse/Domestic Partner termination age</b> | Dependent Spouse/Domestic Partner - Age 100   |
| <b>Child(ren) termination age</b>              | Dependent Child - Live birth to age 26  |
| <b>Guaranteed Issue</b>                        | All coverages   |

| Benefit Type: Hospital Benefits | Benefit Limits   | Benefit Amounts |
|---------------------------------|--|-----------------|
| <b>Hospital Admission</b>       | Up to 5 time(s) per calendar year  | \$2,500         |
| <b>ICU Admission*</b>           | Up to 5 time(s) per calendar year  | \$2,500         |
| <b>Hospital Confinement</b>     | 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. | \$100           |
| <b>ICU Confinement</b>          | 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. | \$100           |

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

## Insurance Rates

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

| Coverage Options                     | Monthly Cost to you |
|--------------------------------------|---------------------|
| Employee                             | \$19.06             |
| Employee and Spouse/Domestic Partner | \$32.94             |
| Employee and Child(ren)              | \$28.32             |
| Employee and Family                  | \$44.44             |

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.**

This policy provides Hospital Indemnity insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

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

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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