



Accident Insurance Plan Summary

Hitachi Benefit Group

Coverage Effective: 1/1/2026

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	All Full-Time Active Employees of Hitachi Digital working a minimum of 20 hours per week
Employee termination age	Employee - Age 100
Spouse/Domestic Partner termination age	Dependent Spouse/Domestic Partner - Age 100
Child(ren) termination age	Dependent Child - Age 26
Guaranteed Issue	All coverages

Type of Loss	Benefit Amount
Fracture Benefit	Up to Closed \$3,360 / Open \$6,720
Dislocation Benefit	Up to Closed \$3,850 / Open \$7,700
Burn Benefit	Up to \$15,000
Skin Graft – Due to Burns	50% of Burn Benefit
Skin Graft – Not due to Burns	Up to \$1,000
Eye Injury Benefit	Up to \$350
Laceration Benefit	Up to \$480
Torn Knee Cartilage Benefit	\$800
Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff Benefit	Up to \$1,225
Broken Tooth Benefit	Up to \$350

Additional Injuries Benefit	Benefit Amount
Concussion	\$300
Coma	\$17,000
Ruptured Disc with Surgical Repair	\$1,000
Puncture Wound	\$50

Hospital Benefits	Benefit Amount
Non-ICU Hospital Admission	\$1,500
ICU Hospital Admission	\$3,000
Non-ICU Hospital Confinement	\$350
ICU Confinement	\$525
Inpatient Rehabilitation Benefit	\$200
Transportation Benefit	\$750
Lodging Benefit	\$180

Optional Benefits and Provisions	Benefit Amount
*Wellness Benefit ¹	\$100
Child Care Benefit	\$30
Emergency Care Benefit	Up to \$300
Prescription Drug Benefit	\$15
Organized Sports Activity Benefit	50%
X-Ray Benefit	\$75

* For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.

Paralysis Benefit	Benefit Amount
Four Limbs	\$24,000
Three Limbs	\$16,000
Two Limbs	\$15,000
One Limb	\$10,000

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.

1 The Health Screening/Wellness Benefit is not available in all states. All Employees of Hitachi Benefit Group are eligible to receive this benefit if they qualify.

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.

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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