



Accident Insurance Plan Summary and Rate Sheet

Falcon Jacksonville, LLC

Coverage Effective: 2/1/2025

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 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 active, full-time & part-time employees working a minimum of 30 hours per week.
Employee termination age	Employee - Age 100
Spouse termination age	Dependent Spouse - Age 100
Child(ren) termination age	Dependent Child - Live birth to end of month when they turn age 26
Guaranteed Issue	All coverages

Type of Loss

Benefit Amount

Fracture Benefit	Up to Closed \$3,000 / Open \$6,000
Dislocation Benefit	Up to Closed \$3,000 / Open \$6,000
Burn Benefit	Up to \$5,000
Skin Graft – Due to Burns	50% of Burn Benefit
Skin Graft – Not due to Burns	Up to \$1,000
Eye Injury Benefit	Up to \$150
Laceration Benefit	Up to \$200
Torn Knee Cartilage Benefit	\$500
Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff Benefit	Up to \$1,000

Broken Tooth Benefit	Up to \$150
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Additional Injuries Benefit	Benefit Amount
Concussion	\$300
Coma	\$10,000
Ruptured Disc with Surgical Repair	\$750
Puncture Wound	\$50

Hospital Benefits	Benefit Amount
Non-ICU Hospital Admission	\$1,000
ICU Hospital Admission	\$1,500
Non-ICU Hospital Confinement	\$200
ICU Confinement	\$400
Inpatient Rehabilitation Benefit	\$100
Transportation Benefit	\$200
Lodging Benefit	\$100

Optional Benefits and Provisions	Benefit Amount
Emergency Care Benefit	Up to \$200
X-Ray Benefit	\$50

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

Paralysis Benefit	Benefit Amount
Four Limbs	\$10,000
Three Limbs	\$7,500
Two Limbs	\$5,000
One Limb	\$2,500

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
Employee	\$7.68
Employee and Spouse	\$10.75
Employee and Child(ren)	\$11.71
Employee and Family	\$16.32

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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