



Accident Insurance Plan Summary and Rate Sheet

Exelixis, Inc.

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 active, full-time & part-time employees working a minimum of 30 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 High Plan |
|--|-----------------------------------|
| Fracture Benefit | Up to Closed 3,000 / Open \$6,000 |
| Dislocation Benefit | Up to Closed 3,000 / Open \$6,000 |
| Burn Benefit | Up to \$10,000 |
| Skin Graft – Due to Burns | 50% of Burn Benefit |
| Eye Injury Benefit | Up to \$300 |
| Laceration Benefit | Up to \$400 |
| Torn Knee Cartilage Benefit | \$750 |
| Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff Benefit | Up to \$1,000 |
| Broken Tooth Benefit | Up to \$300 |

| Additional Injuries Benefit | Benefit Amount High Plan |
|------------------------------------|--------------------------|
| Concussion | \$4,000 |
| Coma | \$10,000 |
| Ruptured Disc with Surgical Repair | \$1,000 |
| Puncture Wound | \$100 |

| Hospital Benefits | Benefit Amount High Plan |
|----------------------------------|--------------------------|
| Non-ICU Hospital Admission | \$1,500 |
| ICU Hospital Admission* | \$1,500 |
| Non-ICU Hospital Confinement | \$300 |
| ICU Confinement | \$600 |
| Inpatient Rehabilitation Benefit | \$200 |
| Transportation Benefit | \$400 |
| Lodging Benefit | \$200 |

*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 |
|----------------------------------|--------------------------|
| *Wellness Benefit ¹ | \$50 |
| Emergency Care Benefit | Up to \$150 |
| X-Ray Benefit | \$100 |

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

| Paralysis Benefit | Benefit Amount High Plan |
|-------------------|--------------------------|
| Four Limbs | \$20,000 |
| Three Limbs | \$15,000 |
| Two Limbs | \$10,000 |
| One Limb | \$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 |
|--------------------------------------|-------------------------------|
| Employee | \$9.24 |
| Employee and Spouse/Domestic Partner | \$13.35 |
| Employee and Child(ren) | \$13.22 |
| Employee and Family | \$20.59 |

¹ The Health Screening/Wellness Benefit is not available in all states. All Employees of Exelixis, Inc. 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.

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 Department of Financial Services.

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

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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