

GROUP SHORT-TERM DISABILITY INSURANCE

BENEFIT HIGHLIGHTS - Synoligo Biotechnologies, Inc.



Coverage Information – Class Name - All_Active_Full-Time_Employees

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	INJURY BENEFIT STARTS / SICKNESS BENEFIT STARTS	BENEFIT PERIOD
60%	\$1,000	8th Day Accident/8th Day Illness	12 weeks

PREMIUMS

Your employer pays 100% of the premium for your coverage.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your health. If you are a late entrant, evidence of insurability is required for the full coverage amount.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer.

Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

OFFSETS

May differ by state - please reference policy booklet for details

Benefit Highlight Sheets are strictly used for illustrative purposes. For additional details, such as state specific regulations, please reference the policy booklet.

GROUP SHORT TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation
 - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
 - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment

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OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions to your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Disability policy provides disability income 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.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

GROUP LONG-TERM DISABILITY INSURANCE

BENEFIT HIGHLIGHTS – Synoligo Biotechnologies, Inc.



Coverage Information – Class Name - All_Active_Full-Time_Employees

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
60%	\$6,000	The greater of \$100 or 10% of the benefit	90 Day Elimination Period	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 4 years

PREMIUMS

Your employer pays 100% of the premium for your coverage.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your health. This coverage is subject to a pre-existing condition exclusion.

HOW DO I PAY FOR THIS INSURANCE?

Your employer pays 100% of the premium for your coverage.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 60% of your pre-disability earnings. Pre-disability earnings are defined in your policy.

Benefit Highlight Sheets are strictly used for illustrative purposes. For additional details, such as state specific regulations, please reference the policy booklet.
OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Workers' compensation
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)

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- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

LIMITATIONS AND EXCLUSIONS GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation

PRE-EXISTING CONDITIONS

- Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
 - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
 - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
 - You have already satisfied the pre-existing condition requirement of your previous insurer
 - For cases situated in MO, there is a treatment free period of 3 months

LIMITATIONS AND EXCLUSIONS GENERAL EXCLUSIONS

- **Mental Illness and Substance Abuse Limitation.** If you are disabled because of Mental Illness or because of alcoholism or the use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Disability policy provides disability income 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.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

BASIC GROUP TERM LIFE INSURANCE AND AD&D INSURANCE BENEFIT HIGHLIGHTS - Synoligo Biotechnologies, Inc.



Coverage Information – Class Name -All_Active_Full-Time_Employees

PARTICIPANT	BENEFIT AMOUNT	GUARANTEE ISSUE AMOUNT	AGE REDUCTION	AD&D COVERAGE
Employee	1X Salary Up to \$100,000	Up to \$100,000	35% @ 65; 50% of original @ age 70	Included
Dependents	Spouse: \$ 10,000 Child(ren): \$ 5,000	Equal to benefit	Not applicable	Not Included

PREMIUMS

Your employer pays 100% of the premium for your coverage.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Your employer pays 100% of the premium for your (employee & dependent/s) coverage.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage. If you have not already done so, you must designate a beneficiary.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective for you on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate.

Benefit Highlight Sheets are strictly used for illustrative purposes. For additional details, such as state specific regulations, please reference the policy booklet.

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This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic life benefit will be reduced per the age reduction schedule listed above. Reductions will be applied to the original amount.
- You must be a citizen or legal resident of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your Life and AD&D benefit will be reduced per the age reduction schedule listed above. Reductions will be applied to the original amount.
- Exclusions: (Applicable to all benefits except the Life Insurance Benefit and the Accelerated Benefit) What is not covered under The Policy?
 - The Policy does not cover any loss caused or contributed to by:
 - anaphylactic shock;
 - any form of auto-erotic asphyxiation;
 - failure to wear a Seat Belt while driving or riding as a passenger in a Motor Vehicle;
 - intentionally self-inflicted Injury;
 - stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary, thrombosis or aneurysm;
 - suicide or attempted suicide, whether sane or insane;
 - war or act of war, whether declared or not;
 - injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve or National Guard Service;
 - injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
 - injury sustained while On any aircraft:
 - as a pilot, crewmember or student pilot;
 - as a flight instructor or examiner;
 - if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy; or
 - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
 - injury sustained in consequence of being under the influence of any narcotic or illegal drug unless as prescribed by or administered by a Physician;
 - injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
 - injury to which a contributing cause was committing or attempting to commit a felony;
 - injury sustained in consequence of being Intoxicated;
 - injury sustained while driving while Intoxicated;
 - injury sustained by illegal fireworks or the use of any legal fireworks when not following the manufacturer's lighting instructions;
 - driving and violating any applicable cellular device use or distracted driving laws; or
 - failure to wear a helmet while On or riding as a passenger On a motorcycle, bicycle, all-terrain vehicle (ATV) or any other type of motor bike.
 - You must be a citizen or legal resident of the United States, its territories and protectorates.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you have coverage.

Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

SUPPLEMENTAL GROUP TERM LIFE INSURANCE AND AD&D INSURANCE BENEFIT HIGHLIGHTS - Synoligo Biotechnologies, Inc.



Coverage Information – Class Name -All_Active_Full-Time_Employees

PARTICIPANT	BENEFIT AMOUNT & MAXIMUM	GUARANTEE ISSUE AMOUNT	AGE REDUCTION
Employee	Increments of \$10,000 to a maximum of \$350,000 Not to exceed 5 times earnings	Up to \$100,000	35% @ 65; 50% of original @ age 70
Spouse	Increments of \$5,000 to a maximum \$100,000	Up to \$25,000	35% @ 65; 50% of original @ age 70
Child(ren)	\$10,000	Equal to benefit	Not applicable

PREMIUMS

Your contribution for voluntary coverage is shown on the Premium Worksheet.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis. Your spouse and child(ren) are also eligible for coverage.

AM I GUARANTEED COVERAGE?

If you enroll during your initial enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your initial enrollment period, evidence of insurability will be required for all coverage amounts.

If your spouse application is submitted within 31 days of you becoming eligible, the guaranteed issue amount is available without evidence of insurability. You must submit evidence of insurability for your spouse if election is made after original eligibility period.

Child(ren) do not need to submit health information.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums for supplemental coverage are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect supplemental insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll in supplemental coverage during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, supplemental insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

Benefit Highlight Sheets are strictly used for illustrative purposes. For additional details, such as state specific regulations, please reference the policy booklet.

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT	
	SUPPLEMENTAL COVERAGE
Length of time after accident that covered accidents or death can occur within	365 days
Percent of coverage amount that the total benefit for all losses due to the same accident will not exceed	100%
LOSS FROM ACCIDENT	SUPPLEMENTAL COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

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This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your Supplemental Life benefit will be reduced by will be reduced per the age reduction schedule listed above. Reductions will be applied to the original amount.
- You must be a citizen or legal resident of the United States, its territories and protectorates.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your Life and AD&D benefit will be reduced by will be reduced per the age reduction schedule listed above. Reductions will be applied to the original amount.
- Exclusions: (Applicable to all benefits except the Life Insurance Benefit and the Accelerated Benefit) What is not covered under The Policy?
- The Policy does not cover any loss caused or contributed to by:
 - anaphylactic shock;
 - any form of auto-erotic asphyxiation;
 - failure to wear a Seat Belt while driving or riding as a passenger in a Motor Vehicle;
 - intentionally self-inflicted Injury;
 - stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or aneurysm;
 - suicide or attempted suicide, whether sane or insane;
 - war or act of war, whether declared or not;
 - injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve or National Guard Service;
 - injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
 - injury sustained while On any aircraft:
 - as a pilot, crewmember or student pilot;
 - as a flight instructor or examiner;
 - if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy; or
 - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
 - injury sustained in consequence of being under the influence of any narcotic or illegal drug unless as prescribed by or administered by a Physician;
 - injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
 - injury to which a contributing cause was committing or attempting to commit a felony;
 - injury sustained in consequence of being Intoxicated;
 - injury sustained while driving while Intoxicated;
 - injury sustained by illegal fireworks or the use of any legal fireworks when not following the manufacturer's lighting instructions;
 - driving and violating any applicable cellular device use or distracted driving laws; or
 - failure to wear a helmet while On or riding as a passenger On a motorcycle, bicycle, all-terrain vehicle (ATV) or any other type of motor bike.
- You must be a citizen or legal resident of the United States, its territories and protectorates.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you have coverage.

Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

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GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS - Synoligo Biotechnologies, Inc.



Coverage Information – Class Name - All_Active_Full-Time_Employees

	EMPLOYEE	SPOUSE	CHILD(REN)
BENEFIT	Increments of \$5,000 to a Maximum of \$10,000	100% of Employee Election*	50% of Employee Election*

In order to be insured under the Policy an Employee must elect coverage for themself and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

*Any amount of insurance for a Spouse/Partner or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)	
Employee	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 30 or more hours each week and be receiving compensation from the policyholder for work performed.
Dependent(s)	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26 otherwise allowed by the policy.
New Hire Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
Ongoing Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

CANCER & BENIGN TUMOR CATEGORY	INITIAL OCCURRENCE BENEFIT AMOUNT:	REOCCURRENCE BENEFIT AMOUNT:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$250	None
Bone Marrow Failure	25%	None
Benign Brain or Spinal Cord (Intradural) Tumor		
• Early Diagnosis	10%	None
• Advanced Diagnosis	50%	None

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HEART & VASCULAR CATEGORY	INITIAL OCCURRENCE BENEFIT AMOUNT:	REOCCURRENCE BENEFIT AMOUNT:
Heart Attack <ul style="list-style-type: none"> • ST-Segment Elevation Myocardial Infarction (STEMI) • Non-ST Segment Elevation Myocardial Infarction (NSTEMI) 	100% 25%	100% 100%
Coronary Artery Disease <ul style="list-style-type: none"> • Minor Diagnosis • Major Diagnosis 	10% 100%	100% 100%
Stroke <ul style="list-style-type: none"> • Mild Stroke • Moderate Stroke • Severe Stroke 	10% 25% 100%	100% 100% 100%
Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm – Major Diagnosis	100%	100%
MAJOR ORGAN CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None
NEUROLOGICAL CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Dementia – Advanced Diagnosis	100%	None
Parkinson's Disease – Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS) – Advanced Diagnosis	100%	None
Multiple Sclerosis (MS) – Advanced Diagnosis	100%	None
INFECTIOUS CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Severe Infectious Disease – Major Diagnosis	25%	None
FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY (Not available in ID)	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None
CHILD CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cerebral Palsy <ul style="list-style-type: none"> • Early Diagnosis • Advanced Diagnosis 	10% 100%	None None
Congenital Heart Defect	100%	None
Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None
Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood.		

ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

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Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

Initial Occurrence Benefit Separation Period [Related Critical Illness Limitation in CT]	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any other Critical Illness, an Initial Occurrence Benefit Separation Period of 30 days (90 days in CT) must be satisfied. This limitation is fully described in the Certificate.
Reoccurrence Benefit Separation Period	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.
Policy Benefit Maximum	Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.
Exclusions	<p>No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's:</p> <ul style="list-style-type: none"> • intentional self-inflicted illness or injury • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: <ul style="list-style-type: none"> - taken or used as prescribed by a Physician, or - taken according to package directions, for any over-the-counter drug, medication or sedative • voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation • incarceration or imprisonment in any type of penal or detention facility • active-duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate • involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer <p>In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder.</p> <p>In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.</p>

FEATURES	
Continuation of Coverage	You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.
Extended Continuation	You or an insured Spouse/Partner, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.
Ability Assist® EAP¹	24/7/365 access to help for financial, legal or emotional issues
HealthChampion^{SM1}	Administrative and clinical support following serious illness or injury

GROUP VOLUNTARY ACCIDENT BENEFIT HIGHLIGHTS - Synoligo Biotechnologies, Inc.



Coverage Information – Class Name - All_Active_Full-Time_Employees

PREMIUMS

See the Premium Worksheet.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the premium worksheet. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier. Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

Benefit Highlight Sheets are strictly used for illustrative purposes. For additional details, such as state specific regulations, please reference the policy booklet.

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

BENEFITS		
Coverage Type		On and off-job (24 hour)
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$100
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$50
Ambulance – Air	Once per accident	\$2,000
Ambulance – Ground	Once per accident	\$750
Blood/Plasma/Platelets	Once per accident	\$300
Child Care (not available in CO)	Up to 30 days per accident while insured is confined	\$35

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Daily Hospital Confinement	Up to 365 days per lifetime	\$400
Daily ICU Confinement (not available in CO)	Up to 30 days per accident	\$600
Diagnostic Exam	Once per accident	\$300
Emergency Dental	Once per accident	Up to \$450 [Up to \$150 in NH]
Emergency Room	Once per accident	\$200
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	\$50
Hospital Admission	Once per accident	\$1,500
Initial Physician Office Visit	Once per accident	\$100
Lodging (not available in CO)	Up to 30 nights per lifetime	\$150
Medical Appliance	Once per accident	\$200
Rehabilitation Facility	Up to 15 days per lifetime	\$300
Transportation (not available in CO)	Up to 3 trips per accident	\$600
Urgent Care	Once per accident	\$150
X-ray	Once per accident	\$150
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$3,000
Arthroscopic Surgery	Once per accident	\$500
Burn	Once per accident	Up to \$15,000 [Up to \$1,500 in NH]
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$8,000
Eye Injury	Once per accident	Up to \$750
Fracture	Once per bone per accident	Up to \$10,000
Hernia Repair	Once per accident	\$400
Joint Replacement	Once per accident	\$4,000
Knee Cartilage	Once per accident	Up to \$2,000
Laceration	Once per accident	Up to \$1,000 [Up to \$500 in NH]
Ruptured Disc	Once per accident	\$2,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$2,000
CATASTROPHIC		
Accidental Death	Within 90 days Spouse @ 50% and child @ 25%	\$75,000
Common Carrier Death	Within 90 days	\$150,000
Coma	Once per accident	Up to \$15,000
Dismemberment	Once per accident	Up to \$75,000

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Home Health Care	Up to 30 days per accident	\$75
Paralysis	Once per accident	Up to \$75,000
Prosthesis	Once per accident	Up to \$3,000

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident 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.

05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

GROUP VOLUNTARY HOSPITAL INDEMNITY

BENEFIT HIGHLIGHTS - Synoligo Biotechnologies, Inc.



Coverage Information – Class Name - All Active Full-Time Employees

PLAN INFORMATION		EMPLOYEE & DEPENDENTS
Covered Events		Illness and injury
Covered Type		On and off-job (24 hour)
HOSPITAL CARE		PLAN 2
First Day Hospital Confinement	Up to 1 day per year	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$200
Daily ICU Confinement (Day 2+)	Up to 30 days per year (31 days in UT)	\$400
FAMILY CARE		
Health Screening	1 day per year	\$50

PREMIUMS

See the Premium Worksheet.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis. Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA.

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the premium worksheet. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier. Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

Synoligo Biotechnologies, Inc.

Benefit Highlight Sheets are strictly used for illustrative purposes. For additional details, such as state specific regulations, please reference the policy booklet.

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP HOSPITAL INDEMNITY INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered event, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Pre-Existing Condition Limitation. (Not applicable for companies situated in NH) Benefits will not be paid for any covered event or for any increase in benefits for any covered event for a pre-existing condition, unless at the time of the covered event a covered person has been continuously insured under the policy or any prior group plan for 6 months (12 months for companies situated in NC). Pre-existing condition, as used in this limitation, means any illness or injury for which a covered person receives treatment within the 3 (12 months for companies situated in NC) month period prior to the effective date of insurance for a covered person, or prior to the effective date of any increase in coverage for a covered person, under the policy or any prior group plan.

Other Hospital Indemnity Policy Limitation (Over-insurance Limitation): If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death). We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

Exclusions. This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentional self-infliction (not applicable in MN)
- Voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- Voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- Voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- Incarceration or imprisonment following conviction for a crime
- Travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- Ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- Participation in any organized sport in a professional or semi-professional capacity
- Participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- Travel or activity outside the United States or Canada
- Active-duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the certificate
- Involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

This insurance also does not provide benefits, unless required by law, for:

- Elective abortion or complications thereof
- For OH situated only - Pregnancy or childbirth, except Complications of Pregnancy
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof
- Aroma therapeutic, herbal therapeutic, or homeopathic services
- Any mental and nervous disorder, unless specifically allowed by a provision of the certificate
- Substance abuse, unless specifically allowed by a provision of the certificate
- Medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- Custodial care, unless specifically allowed by a benefit provision in the certificate or any rider attached to the policy (if applicable)
- Elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - Incidental to or following surgery for disease, infection or trauma of the involved body part
 - Due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- Dental care or treatment, except for:
 - Treatment due to an injury to sound natural teeth within 12 months of an accident
 - Treatment necessary due to congenital disease or anomaly

Synoligo Biotechnologies, Inc.

NOTICES

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health 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.

Exclusions will vary by the jurisdiction/state in which the policy is issued.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid. Rates and/or benefits may be changed on a class basis.

Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitatory care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

VOLUNTARY LIFE and AD&D INSURANCE PREMIUM WORKSHEET

Synoligo Biotechnologies, Inc.



Rates are based on the employee's age and increase as you enter each new age category.

Monthly Premium per Covered Employee

Benefit Amount	Age 0-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$10,000	\$1.09	\$0.82	\$0.90	\$1.13	\$1.55	\$2.30	\$3.40	\$4.92	\$6.69	\$9.56	\$16.20	\$42.98
\$20,000	\$2.18	\$1.64	\$1.80	\$2.26	\$3.10	\$4.60	\$6.80	\$9.84	\$13.38	\$19.12	\$32.40	\$85.96
\$30,000	\$3.27	\$2.46	\$2.70	\$3.39	\$4.65	\$6.90	\$10.20	\$14.76	\$20.07	\$28.68	\$48.60	\$128.94
\$40,000	\$4.36	\$3.28	\$3.60	\$4.52	\$6.20	\$9.20	\$13.60	\$19.68	\$26.76	\$38.24	\$64.80	\$171.92
\$50,000	\$5.45	\$4.10	\$4.50	\$5.65	\$7.75	\$11.50	\$17.00	\$24.60	\$33.45	\$47.80	\$81.00	\$214.90
\$60,000	\$6.54	\$4.92	\$5.40	\$6.78	\$9.30	\$13.80	\$20.40	\$29.52	\$40.14	\$57.36	\$97.20	\$257.88
\$70,000	\$7.63	\$5.74	\$6.30	\$7.91	\$10.85	\$16.10	\$23.80	\$34.44	\$46.83	\$66.92	\$113.40	\$300.86
\$80,000	\$8.72	\$6.56	\$7.20	\$9.04	\$12.40	\$18.40	\$27.20	\$39.36	\$53.52	\$76.48	\$129.60	\$343.84
\$90,000	\$9.81	\$7.38	\$8.10	\$10.17	\$13.95	\$20.70	\$30.60	\$44.28	\$60.21	\$86.04	\$145.80	\$386.82
\$100,000	\$10.90	\$8.20	\$9.00	\$11.30	\$15.50	\$23.00	\$34.00	\$49.20	\$66.90	\$95.60	\$162.00	\$429.80
\$110,000	\$11.99	\$9.02	\$9.90	\$12.43	\$17.05	\$25.30	\$37.40	\$54.12	\$73.59	\$105.16	\$178.20	\$472.78
\$120,000	\$13.08	\$9.84	\$10.80	\$13.56	\$18.60	\$27.60	\$40.80	\$59.04	\$80.28	\$114.72	\$194.40	\$515.76
\$130,000	\$14.17	\$10.66	\$11.70	\$14.69	\$20.15	\$29.90	\$44.20	\$63.96	\$86.97	\$124.28	\$210.60	\$558.74
\$140,000	\$15.26	\$11.48	\$12.60	\$15.82	\$21.70	\$32.20	\$47.60	\$68.88	\$93.66	\$133.84	\$226.80	\$601.72
\$150,000	\$16.35	\$12.30	\$13.50	\$16.95	\$23.25	\$34.50	\$51.00	\$73.80	\$100.35	\$143.40	\$243.00	\$644.70
\$160,000	\$17.44	\$13.12	\$14.40	\$18.08	\$24.80	\$36.80	\$54.40	\$78.72	\$107.04	\$152.96	\$259.20	\$687.68
\$170,000	\$18.53	\$13.94	\$15.30	\$19.21	\$26.35	\$39.10	\$57.80	\$83.64	\$113.73	\$162.52	\$275.40	\$730.66
\$180,000	\$19.62	\$14.76	\$16.20	\$20.34	\$27.90	\$41.40	\$61.20	\$88.56	\$120.42	\$172.08	\$291.60	\$773.64
\$190,000	\$20.71	\$15.58	\$17.10	\$21.47	\$29.45	\$43.70	\$64.60	\$93.48	\$127.11	\$181.64	\$307.80	\$816.62
\$200,000	\$21.80	\$16.40	\$18.00	\$22.60	\$31.00	\$46.00	\$68.00	\$98.40	\$133.80	\$191.20	\$324.00	\$859.60
\$210,000	\$22.89	\$17.22	\$18.90	\$23.73	\$32.55	\$48.30	\$71.40	\$103.32	\$140.49	\$200.76	\$340.20	\$902.58
\$220,000	\$23.98	\$18.04	\$19.80	\$24.86	\$34.10	\$50.60	\$74.80	\$108.24	\$147.18	\$210.32	\$356.40	\$945.56
\$230,000	\$25.07	\$18.86	\$20.70	\$25.99	\$35.65	\$52.90	\$78.20	\$113.16	\$153.87	\$219.88	\$372.60	\$988.54
\$240,000	\$26.16	\$19.68	\$21.60	\$27.12	\$37.20	\$55.20	\$81.60	\$118.08	\$160.56	\$229.44	\$388.80	\$1031.52
\$250,000	\$27.25	\$20.50	\$22.50	\$28.25	\$38.75	\$57.50	\$85.00	\$123.00	\$167.25	\$239.00	\$405.00	\$1074.50
\$260,000	\$28.34	\$21.32	\$23.40	\$29.38	\$40.30	\$59.80	\$88.40	\$127.92	\$173.94	\$248.56	\$421.20	\$1117.48
\$270,000	\$29.43	\$22.14	\$24.30	\$30.51	\$41.85	\$62.10	\$91.80	\$132.84	\$180.63	\$258.12	\$437.40	\$1160.46
\$280,000	\$30.52	\$22.96	\$25.20	\$31.64	\$43.40	\$64.40	\$95.20	\$137.76	\$187.32	\$267.68	\$453.60	\$1203.44
\$290,000	\$31.61	\$23.78	\$26.10	\$32.77	\$44.95	\$66.70	\$98.60	\$142.68	\$194.01	\$277.24	\$469.80	\$1246.42
\$300,000	\$32.70	\$24.60	\$27.00	\$33.90	\$46.50	\$69.00	\$102.00	\$147.60	\$200.70	\$286.80	\$486.00	\$1289.40
\$310,000	\$33.79	\$25.42	\$27.90	\$35.03	\$48.05	\$71.30	\$105.40	\$152.52	\$207.39	\$296.36	\$502.20	\$1332.38
\$320,000	\$34.88	\$26.24	\$28.80	\$36.16	\$49.60	\$73.60	\$108.80	\$157.44	\$214.08	\$305.92	\$518.40	\$1375.36
\$330,000	\$35.97	\$27.06	\$29.70	\$37.29	\$51.15	\$75.90	\$112.20	\$162.36	\$220.77	\$315.48	\$534.60	\$1418.34
\$340,000	\$37.06	\$27.88	\$30.60	\$38.42	\$52.70	\$78.20	\$115.60	\$167.28	\$227.46	\$325.04	\$550.80	\$1461.32
\$350,000	\$38.15	\$28.70	\$31.50	\$39.55	\$54.25	\$80.50	\$119.00	\$172.20	\$234.15	\$334.60	\$567.00	\$1504.30

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent

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VOLUNTARY DEPENDENT LIFE and AD&D INSURANCE PREMIUM WORKSHEET

Synoligo Biotechnologies, Inc.



Rates are based on the employee's age and increase as you enter each new age category.

Monthly Premium for Dependent Spouse												
Benefit Amount	Age 0-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$5,000	\$0.61	\$0.46	\$0.51	\$0.65	\$0.90	\$1.35	\$2.00	\$2.90	\$3.96	\$5.67	\$9.65	\$25.80
\$10,000	\$1.23	\$0.93	\$1.02	\$1.29	\$1.80	\$2.69	\$4.00	\$5.79	\$7.91	\$11.33	\$19.30	\$51.61
\$15,000	\$1.84	\$1.40	\$1.53	\$1.94	\$2.70	\$4.04	\$6.00	\$8.69	\$11.87	\$17.00	\$28.95	\$77.41
\$20,000	\$2.46	\$1.86	\$2.04	\$2.58	\$3.60	\$5.38	\$8.00	\$11.58	\$15.82	\$22.66	\$38.60	\$103.22
\$25,000	\$3.08	\$2.33	\$2.55	\$3.23	\$4.50	\$6.73	\$10.00	\$14.48	\$19.78	\$28.32	\$48.25	\$129.02
\$30,000	\$3.69	\$2.79	\$3.06	\$3.87	\$5.40	\$8.07	\$12.00	\$17.37	\$23.73	\$33.99	\$57.90	\$154.83
\$35,000	\$4.30	\$3.25	\$3.57	\$4.52	\$6.30	\$9.42	\$14.00	\$20.27	\$27.69	\$39.66	\$67.55	\$180.63
\$40,000	\$4.92	\$3.72	\$4.08	\$5.16	\$7.20	\$10.76	\$16.00	\$23.16	\$31.64	\$45.32	\$77.20	\$206.44
\$45,000	\$5.54	\$4.18	\$4.59	\$5.80	\$8.10	\$12.11	\$18.00	\$26.06	\$35.59	\$50.98	\$86.85	\$232.24
\$50,000	\$6.15	\$4.65	\$5.10	\$6.45	\$9.00	\$13.45	\$20.00	\$28.95	\$39.55	\$56.65	\$96.50	\$258.05
\$55,000	\$6.76	\$5.12	\$5.61	\$7.10	\$9.90	\$14.80	\$22.00	\$31.85	\$43.51	\$62.31	\$106.15	\$283.85
\$60,000	\$7.38	\$5.58	\$6.12	\$7.74	\$10.80	\$16.14	\$24.00	\$34.74	\$47.46	\$67.98	\$115.80	\$309.66
\$65,000	\$8.00	\$6.04	\$6.63	\$8.38	\$11.70	\$17.48	\$26.00	\$37.64	\$51.41	\$73.64	\$125.45	\$335.46
\$70,000	\$8.61	\$6.51	\$7.14	\$9.03	\$12.60	\$18.83	\$28.00	\$40.53	\$55.37	\$79.31	\$135.10	\$361.27
\$75,000	\$9.22	\$6.97	\$7.65	\$9.68	\$13.50	\$20.18	\$30.00	\$43.43	\$59.33	\$84.97	\$144.75	\$387.07
\$80,000	\$9.84	\$7.44	\$8.16	\$10.32	\$14.40	\$21.52	\$32.00	\$46.32	\$63.28	\$90.64	\$154.40	\$412.88
\$85,000	\$10.46	\$7.91	\$8.67	\$10.96	\$15.30	\$22.87	\$34.00	\$49.22	\$67.23	\$96.31	\$164.05	\$438.68
\$90,000	\$11.07	\$8.37	\$9.18	\$11.61	\$16.20	\$24.21	\$36.00	\$52.11	\$71.19	\$101.97	\$173.70	\$464.49
\$95,000	\$11.69	\$8.83	\$9.69	\$12.26	\$17.10	\$25.56	\$38.00	\$55.01	\$75.15	\$107.64	\$183.35	\$490.29
\$100,000	\$12.30	\$9.30	\$10.20	\$12.90	\$18.00	\$26.90	\$40.00	\$57.90	\$79.10	\$113.30	\$193.00	\$516.10
DEPENDENT CHILDREN 6 months to age 22		\$10,000 Death Benefit			\$ 2.14 per Unit Per Child unit represents the total cost to cover all of an employee's dependent children with \$10,000 death benefit.							

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VOLUNTARY SUPPLEMENTAL HEALTH PREMIUM WORKSHEET

Synoligo Biotechnologies, Inc.



VOLUNTARY CRITICAL ILLNESS/SPECIFIED DISEASE INSURANCE

Rates are based on the employee's age and increase as you enter each new age category.

HEALTH SCREENING BENEFIT - \$50 once per year for each covered person

Employee/Child Monthly Rates				
AGE BAND	Tobacco		Non Tobacco	
	\$5,000	\$10,000	\$5,000	\$10,000
<25	\$1.95	\$3.90	\$1.95	\$3.90
25-29	\$2.70	\$5.40	\$2.40	\$4.80
30-34	\$3.40	\$6.80	\$2.65	\$5.30
35-39	\$4.25	\$8.50	\$3.10	\$6.20
40-44	\$5.95	\$11.90	\$4.00	\$8.00
45-49	\$9.30	\$18.60	\$5.75	\$11.50
50-54	\$13.20	\$26.40	\$7.55	\$15.10
55-59	\$17.70	\$35.40	\$9.70	\$19.40
60-64	\$25.45	\$50.90	\$13.05	\$26.10
65-69	\$36.25	\$72.50	\$18.45	\$36.90
70-74	\$47.50	\$95.00	\$24.10	\$48.20
75-79	\$60.35	\$120.70	\$30.50	\$61.00
80+	\$73.15	\$146.30	\$36.90	\$73.80

Spouse Monthly Rates				
AGE BAND	Tobacco		Non-Tobacco	
	\$5,000	\$10,000	\$5,000	\$10,000
<25	\$1.30	\$2.60	\$1.30	\$2.60
25-29	\$2.05	\$4.10	\$1.70	\$3.40
30-34	\$2.75	\$5.50	\$2.00	\$4.00
35-39	\$3.55	\$7.10	\$2.45	\$4.90
40-44	\$5.25	\$10.50	\$3.35	\$6.70
45-49	\$8.70	\$17.40	\$5.10	\$10.20
50-54	\$12.55	\$25.10	\$6.90	\$13.80
55-59	\$17.05	\$34.10	\$9.05	\$18.10
60-64	\$24.80	\$49.60	\$12.40	\$24.80
65-69	\$35.65	\$71.30	\$17.80	\$35.60
70-74	\$46.85	\$93.70	\$23.45	\$46.90
75-79	\$59.65	\$119.30	\$29.85	\$59.70
80+	\$72.45	\$144.90	\$36.25	\$72.50

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VOLUNTARY SUPPLEMENTAL HEALTH PREMIUM WORKSHEET

Synoligo Biotechnologies, Inc.



VOLUNTARY ACCIDENT INSURANCE Health Screening Benefit - \$50 once per year for each covered person

PLAN TYPE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
MONTHLY RATES	8.35	13.14	13.96	21.96

VOLUNTARY HOSPITAL INDEMNITY INSURANCE Health screening benefit - \$50 once per year for each covered person

PLAN TYPE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
MONTHLY RATES	17.92	37.07	33.91	55.84

Accident Form Series includes GED-2000, GED-2300, or state equivalent.

Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent

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