



Plan Provisions

Coverage Summary	
Eligibility	All active, full-time employees working a minimum of 30 hours per week.
Employee	Employee - Up to age 100
Spouse/Domestic Partner	Dependent Spouse – Up to age 100
Child	Dependent Child - Live birth to age 26
Maximum Issue Age	Does not apply.
Benefit Waiting Period	None
Guaranteed Issue	All amounts are Guaranteed Issue during initial eligibility and at annual enrollments, as well as for Qualified Life Events. Enrollments will not be allowed outside of initial enrollment, annual enrollments and Qualified Life Events. Active at work and non-confinement requirements apply.
Evidence of Insurability (EOI)	Initial: All eligible employees and dependents are able to enroll without EOI. Annual enrollment: All eligible employees and dependents are able to enroll without EOI. Qualified Life Events: Coverage may be added within 31 days of a Qualified Life Event without EOI. Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted. Active at work and non-confinement requirements apply.
Age Reduction Schedule	No Age Reduction
Pre-existing Exclusion	None
Pregnancy	Pregnancy is covered under this plan with no waiting period on claims.
Termination of Coverage	Employee Coverage ends when any of the following occur for the employee;
Employee	<ul style="list-style-type: none"> - Is no longer a member of the eligible class - Reaches age 100 - Dies - Stops making Contributions
Dependent	Dependent(s) Coverage ends when any of the following occur for the dependent;
Spouse	<ul style="list-style-type: none"> - When the spouse/domestic partner reaches age 100. - When the dependent ceases to be a qualified dependent. - When employee coverage ends.
Children	<ul style="list-style-type: none"> - Child coverage ends when the child reaches age 26. - When the dependent ceases to be a qualified dependent. - When employee coverage ends



Continuation of Coverage at Employee's Option	Coverage will be continued at the active rates at the Employee's option. Coverage may be continued for the Employee only or the Employee and Dependents. Coverage may be continued provided premiums continue to be paid on a direct bill basis until the Employee reaches age 100
Waiver of Premium for Total Disability	Not Included

Schedule of Benefits

Hospital Indemnity Schedule of Benefits	
Benefit	MEDIUM
Hospital Admission Benefit	\$1,000
ICU Admission Benefit	\$1,000
Hospital Confinement Benefit	\$200
ICU Confinement Benefit	\$400
Rehabilitation Confinement Benefit	\$100

Benefit Descriptions

Hospital Indemnity Benefit Descriptions	
Hospital Admission	<p>Pays a benefit if a covered person is admitted for confinement to a Hospital for treatment of a covered accident, injury, or illness.</p> <ul style="list-style-type: none"> - Admissions must occur within 90 days of covered accident, injury or illness. - Not payable for ER treatment, outpatient treatment or stays of less than 24 hours. - Payable no more than one time per covered person, per covered accident, injury or illness. - Payable for a stay in observation status of at least 24 hours. - Payable up to 5 times per calendar year.
ICU Admission	<p>Pays a benefit, if a covered person, upon initial admission for confinement to a Hospital for treatment of a covered accident, injury, or illness, is admitted to an ICU.</p> <ul style="list-style-type: none"> - The ICU admission must occur within 90 days after the covered accident, injury or illness occurs. - Not payable for an ICU admission less than 24 hours. - Payable no more than one time per covered person, per covered accident, injury or illness. - Payable up to 5 times per calendar year. - When a covered person is admitted to the ICU, this benefit pays in addition to the Hospital Admission benefit (i.e., they would receive both the ICU Admission benefit and the Hospital Admission benefit).



Hospital Confinement	<p>Pays a benefit, if the covered person is confined in the hospital for treatment of a covered accident, injury, or illness. Payable for up to 30 days per confinement. When an Admission Benefit is included, the Hospital Confinement Benefit begins on Day 2.</p> <ul style="list-style-type: none"> - Not payable for a confinement less than 24 hours. - Initial hospital confinement must begin within 90 days after the covered accident, injury or illness occurs. - Payable to a maximum of 5 confinements per calendar year.
ICU Confinement	<p>Pays a benefit for each day the covered person is confined in an intensive care unit for treatment of a covered accident, injury, or illness. Payable for up to 30 days per confinement. When an Admission Benefit is included, the ICU Confinement Benefit begins on Day 2.</p> <ul style="list-style-type: none"> - Not payable for a confinement less than 24 hours. - Initial hospital confinement must begin within 90 days after the covered accident, injury or illness occurs. - Payable to a maximum of 5 times per calendar year.
Rehabilitation Confinement	<p>Pays a benefit if a covered person is transferred to a Rehabilitation Unit immediately after a period of Hospital Confinement due to a covered accident, injury, or illness. Payable to a maximum of 15 days per confinement. Payable to a maximum of 2 times per calendar year.</p>

Hospital Indemnity Limitations and Exclusions

Limitations and Exclusions

Limitations	
Regulatory Considerations	Mandated state variations may result in different benefits/plan offerings, with corresponding rate changes.
Limitations	<ul style="list-style-type: none"> • Prudential will not pay the daily Hospital Confinement benefit, ICU Confinement benefit, Skilled Nursing Facility benefit, Skilled Nursing At-Home Care benefit or the Hospice Facility Care benefit concurrently. Only one benefit will be payable, per covered person, per day. The benefit that is payable is whichever is greatest. • Prudential will not pay for Doctor Office Treatment, Urgent Care Treatment or Emergency Care Treatment, for the same covered accident, injury or illness, concurrently. The benefit that is payable is whichever is greatest. • Prudential will not pay for more than one childcare benefit concurrently. Only one childcare benefit will be payable, per covered person, per day. The benefit that is payable is whichever is greatest.



Exclusions

A Hospital Indemnity Claim or Procedure is not covered if it is caused by, contributed to by, or resulting from, directly or indirectly, any of these:

- (1) Suicide or attempted suicide, while sane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Taking part in any riot or insurrection.
- (4) War, or any act of war. War means declared or undeclared war, and includes resistance to armed aggression. Terrorism is not considered an act of war. Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.
- (5) An Accident that occurs while the person is serving on Full-Time active duty for more than 90 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- (6) Travel or flight in any vehicle used for aerial navigation, if:
 - (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - (b) the person is performing as a pilot or a crew member of any aircraft; or
 - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.
 This includes getting in, out, on or off any such vehicle.
- (7) Commission of or attempt to commit an assault or a felony.
- (8) Being under the influence of alcohol or alcohol intoxication, including but not limited to having a blood alcohol level above the limit for permissible operation of a motor vehicle in the jurisdiction where the Accident occurred, regardless of whether the person: (a) was operating a motor vehicle; and (b) was convicted of an alcohol related offense.
- (9) Being under the influence of or taking any non-prescription drug, medication, narcotic, stimulant, hallucinogen, barbiturate, amphetamine, gas, fumes or inhalants, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the person's Doctor.
- (10) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- (11) Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident, Covered Injury or Covered Illness;
- (12) Elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection, or other diseases
- (13) Cosmetic Surgery, except when such Surgery is performed to:
 - treat a Covered Accident, Covered Injury or Covered Sickness;
 - correct a disorder of normal bodily function or structure that was caused by an Accident Injury or Sickness for which Coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Accident, Injury or Sickness for which Coverage is not otherwise excluded under this Certificate;
- (14) The Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a Doctor; or
 - an "over the counter" drug, medication or sedative taken as directed; or



- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority
- (15) Hospital Confinement caused by, contributed to by, or resulting from Mental Illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this Policy

Exclusions may not be available or applicable in all states and may vary depending on state laws and regulations.