

Critical Illness Insurance Plan Summary and Rate Sheet

Centric Consulting

Critical Illness Insurance from **The Prudential Insurance Company of America (Prudential)** pays you regardless of your medical or disability plans. Benefits are paid directly to you to spend however you like, including out-of-pocket medical costs and everyday living expenses.[1]

Below is a summary of the benefits included in the coverages available to you, your spouse/domestic partner and child(ren).

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.

Critical Illness Plan Design

Coverage Summary	
Eligibility	All active, full-time & part-time employees including W2 Temporary Employees working a minimum of 25 hours per week.
Employee	Employee - Up to age 100
Spouse/Domestic Partner	Dependent Spouse/Domestic Partner - Up to age 100
Children	Dependent Child - Up to age 26
Employee	Can elect $10,000, $20,000 or $30,000.
Spouse/Domestic Partner	50% of the Employee Benefit.
Children	50% of the Employee Benefit.
Guaranteed Issue Amount	Employee - $30,000 Spouse/Domestic Partner - 50% of the Employee Benefit. Child - 50% of the Employee Benefit. All amounts are Guaranteed Issue during initial eligibility, annual enrollment, and Qualified Life Events. Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted.
Age Reduction Schedule	No Age Reduction Applies to Employee and Spouse/Domestic Partner Coverage.
Lifetime Benefit Maximum	500% of amount of insurance.
Recurrence	100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit. Recurrence means positive diagnosis of a Critical Illness or Procedure for which a benefit was paid, and the date of diagnosis of recurrence is more than 90 Days after prior benefit payment.

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PAID AT 100% OF COVERAGE AMOUNT[2]	Alzheimer's Disease - Amyotrophic Lateral Sclerosis (ALS) - Benign Brain Tumor - Cancer – Invasive – Coma - Coronary Artery Bypass Graft - Heart Attack - Major Organ Failure - Multiple Sclerosis - Muscular Dystrophy - Parkinson's Disease - Renal Failure - Stroke **Childhood Benefits** Cerebral Palsy - Cleft Lip / Palate - Congenital Heart Disease - Cystic Fibrosis - Down Syndrome - Gaucher Disease Type 2 or 3 - Infantile Tay Sachs Disease - Niemann-Pick Disease - Pompe Disease - Sickle Cell Anemia
PAID AT 50% OF COVERAGE AMOUNT[2]	Blindness – Deafness - Loss of Speech - Type 1 Diabetes
PAID AT 25% OF COVERAGE AMOUNT[2]	Aneurysm - Cancer – Non-Invasive (in Situ – other than Skin Cancer) - Huntington's Chorea - Loss of Hands/Feet – Polio - Sudden Cardiac Arrest - Systemic Lupus Erythematosus - Terminal Illness - Transient Ischemic Attack (TIA) **Childhood Benefits** Autism
PAID AT $3,000 OF COVERAGE AMOUNT[2]	Premature Infant
PAID AT 25% OF COVERAGE AMOUNT[2] Recurrence for Infectious Diseases has a 5-day hospital stay requirement	Anthrax - Bacterial Cerebrospinal Meningitis – Cholera - COVID-19 – Diphtheria – Encephalitis - Legionnaire's Disease - Lyme Disease – Malaria - Methicillin-Resistant Staphylococcus Aureus (MRSA) - Necrotizing Fasciitis – Osteomyelitis - Pertussis (whooping cough) – Rabies - Rocky Mountain Spotted Fever – Tetanus – Tuberculosis - Typhoid Fever

Additional Benefits and Provisions	Your plan also provides coverage for the benefits listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under you plan
Wellness Benefit	Wellness benefit is a $50 benefit which is payable once per calendar year if the covered person receives one of the specified health screening tests while not confined in a hospital. Please refer to the booklet/certificate for details.[3]
National Cancer Institute Evaluation	National Cancer Institute Evaluation $750 lifetime benefit ($500 evaluation and $250 transportation) for a Covered Person's evaluation or consultation at an NCI designated cancer center.
Transportation Benefit	Transportation benefit for transportation expenses of the lesser of the actual charges incurred for commercial travel, plus $0.50/mile for noncommercial travel or $1,000 per round trip for travel between hospital or medical facility and the residence of the covered person for treatment of Critical Illness. The Transportation Benefit is limited to two benefit payment(s) per Calendar Year for each Covered Person receiving treatment during that visit.
Lodging Benefit	Lodging benefit of $100 per day for lodging needed in connection with treatment for Critical Illness. Limited to 60 days per calendar year per Covered Person receiving treatment.
Skin Cancer Benefit	Skin Cancer Benefit of $250 payable once per Covered Person per calendar year

Insurance Rates

Critical Illness Insurance may cost less than you think. Your Monthly rates per $1,000 of coverage are outlined below.

Uni-Smoker				
Attained age of Employee	**Employee**	**Employee + Spouse/Domestic Partner**	**Employee + Child(ren)**	**Employee + Family**
<25	$0.406	$0.609	$0.921	$1.124
25-29	$0.454	$0.681	$0.969	$1.196
30-34	$0.548	$0.822	$1.063	$1.337
35-39	$0.686	$1.029	$1.201	$1.544
40-44	$0.918	$1.377	$1.433	$1.892
45-49	$1.248	$1.872	$1.763	$2.387
50-54	$1.648	$2.472	$2.163	$2.987
55-59	$2.306	$3.459	$2.821	$3.974
60-64	$3.000	$4.500	$3.515	$5.015
65-69	$4.254	$6.381	$4.769	$6.896
70-74	$5.600	$8.400	$6.115	$8.915
75-79	$7.716	$11.574	$8.231	$12.089
80-84	$7.716	$11.574	$8.231	$12.089
85+	$7.716	$11.574	$8.231	$12.089

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse/Domestic Partner rate is based on employee's date of birth.

Follow this worksheet to determine the cost of insurance for you.

1. Select the desired amount of coverage	$_____
2. Locate the monthly rate	The monthly rate per $1,000 is $_____
3. Divide the selected amount of coverage by $1,000.Then multiply the result by the monthly rate to get the monthly cost of insurance.	$_____divided by $1,000 is $_____ _____ multiplied by $_____=$_____

1. Out-of-pocket expenses may be both medical and non-medical expenses.
2. Above is a summary of the benefits included in the coverages available to you. For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.
3. The Health Screening/Wellness Benefit is not available in all states. All Employees of Centric Consulting 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 Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Critical Illness 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. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 114774

This product is subject to filing and approval by the applicable jurisdictions. Product terms and conditions may vary from what is discussed herein.

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