

Hospital Indemnity Plan Summary and Rate Sheet

Centric Consulting

Hospital Indemnity 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 and everyday living expenses.

Below is a summary of 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.

Eligibility Summary	
Eligibility	All active, full-time & part-time employees including W2 Temporary Employees working a minimum of 25 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

Benefit Type: Hospital Benefits	Benefit Limits	High Plan Benefit Amounts	Low Plan Benefit Amounts
Hospital Admission	Up to 5 time(s) per calendar year	$1,000	$500
ICU Admission	Up to 5 time(s) per calendar year	$2,000	$1,000
Hospital Confinement	Up to 30 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	$200	$100
ICU Confinement	Up to 30 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	$400	$200

Benefit Type: Other Care Benefits	Benefit Limits	High Plan Benefit Amounts	Low Plan Benefit Amounts
Doctor Visits	Up to 6 time(s) per calendar year	$50	$25

Benefit Type: Additional Benefits	Benefit Limits	High Plan Benefit Amounts	Low Plan Benefit Amounts
Health Screening/ Wellness[1]	Paid 1x per calendar year per insured person if they take one of the eligible screening/preventive tests.	$50	$50

*Health Screening/Wellness Benefit: Prudential will pay an annual benefit (defined above) when you or a covered dependent take one of the eligible screening/ preventive measures. You will not receive an additional payment if you take more than one.

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Insurance Rates

Hospital Indemnity insurance may cost less than you think. Your Monthly rates are outlined below.

Coverage Options	Monthly Cost to you High Plan	Low Plan
Employee	$15.72	$7.43
Employee and Spouse/Domestic Partner	$31.98	$19.40
Employee and Child(ren)	$26.50	$15.14
Employee and Family	$44.40	$23.99

1 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.

Hospital Indemnity Insurance is not approved in all states.

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

Hospital Indemnity insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Hospital Indemnity 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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