



# Critical Illness Insurance Plan Summary and Rate Sheet

Diversified Holding Co.

Coverage Effective: 1/1/2022

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.<sup>1</sup>

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 working a minimum of 20 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
Employee Benefit Amounts	Multiple of \$10,000, to \$30,000.
Spouse/Domestic Partner Benefit Amounts	Multiple of \$5,000, to \$15,000, not to exceed 50% of your amount.
Child(ren) Benefit Amounts	Multiple of 5,000, to \$15,000, not to exceed 50% of your amount.
Guaranteed Issue Amount	Employee - \$30,000 Spouse/Domestic Partner - \$15,000 Child - \$15,000  Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted.
Age Reduction Schedule	No Age Reduction
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.

Your plan pays an initial lump-sum benefit upon the first diagnosis of a covered condition. It also pays a Recurrence Benefit for some covered conditions upon a 2nd diagnosis, see the benefit chart below for details. You can receive benefit payments until you reach your Lifetime Benefit amount.

PAID AT 100% OF COVERAGE AMOUNT <sup>2</sup>	Invasive Cancer-Heart Attack-Major Organ Failure-Stroke-Renal Failure-Alzheimer's Disease-Severe Coronary Artery Disease-Coma-Paralysis of Limbs-Third Degree Burns-Benign Brain Tumor-Sickle Cell Anemia (for children)-Cystic Fibrosis (for children)-Cerebral Palsy (for children)-Muscular Dystrophy-Down Syndrome (for children)-Spina Bifida (for children)-Cleft Lip / Palate (for children)
PAID AT 25% OF COVERAGE AMOUNT <sup>2</sup>	Cancer in Situ
PAID AT \$250	Skin Cancer

#### Additional Benefits and Provisions

Your plan also provides coverage for the benefit[s] listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under you plan

Wellness benefit is a \$100 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.<sup>3</sup>

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 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 calendar year 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 one benefit payment per Calendar Year for each Covered Person receiving treatment during that visit.

Lodging benefit of \$100.00 per day for lodging needed in connection with treatment for Critical Illness. Limited to 60 days per calendar year per covered person receiving treatment.

## Insurance Rates

Critical Illness Insurance may cost less than you think. Your Bi-Weekly rates per 1,000 are outlined below.

#### Bi-Weekly Rates

Attained age	Employee	Spouse/Domestic Partner
<25	\$0.28	\$0.32
25-29	\$0.34	\$0.37
30-34	\$0.41	\$0.42
35-39	\$0.47	\$0.48
40-44	\$0.51	\$0.52
45-49	\$0.73	\$0.79
50-54	\$1.04	\$1.19
55-59	\$1.52	\$1.83
60-64	\$2.14	\$2.63
65-69	\$3.44	\$4.31
70-74	\$4.22	\$5.22
75-79	\$5.46	\$6.53

80-84	\$7.01	\$7.60
85+	\$9.38	\$9.78

Child Up to Age 26
\$0.23

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.

- Select the desired amount of coverage \$\_\_\_\_\_
  - Locate the monthly rate The bi-weekly rate per \$1,000 is \$\_\_\_\_\_
  - Divide the selected amount of coverage by \$1,000. Then multiply the result by the bi-weekly rate to get the bi-weekly cost of insurance. \$\_\_\_\_\_ divided by \$1,000 is \$\_\_\_\_\_  
\_\_\_\_\_ multiplied by \$\_\_\_\_\_ = \$\_\_\_\_\_  
Total bi-weekly Cost of Insurance = \$\_\_\_\_\_
  - Multiply the bi-weekly cost of insurance by 26 and divide by 12/24/52 to get your monthly/semi-monthly/weekly cost. \_\_\_\_\_ multiplied by 26 = \$\_\_\_\_\_  
\$\_\_\_\_\_ divided by (12/24/52) = \$\_\_\_\_\_
- Total (monthly/semi-monthly/weekly) cost of insurance = \$\_\_\_\_\_**

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 Wellness Benefit is not available 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.

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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