



Hospital Indemnity Insurance Plan Summary and Rate Sheet

Diversified Holding Co.

Coverage Effective: 1/1/2022

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 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.

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

Benefit Type: Additional Benefits	Benefit Limits	High Plan Benefit Amounts	Low Plan Benefit Amounts
Wellness¹	Paid 1x per calendar year per insured person if they take one of the eligible screening/preventive tests.	\$100	\$100

*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.

Insurance Rates

Bi-Weekly cost to you

Insured	High Plan	Low Plan
Employee	\$15.36	\$7.72
Employee and Spouse/Domestic Partner	\$27.77	\$13.96
Employee and Child/ren	\$22.02	\$11.08
Family	\$36.05	\$18.13

¹ The Screening/Wellness Benefit is not available in all states.

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 Accident 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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