



Prudential

Group Benefits Proposal

Proposal to Provide Group Supplemental Health

For: Hall County D/B/A Hall County
Board of Commissioners

By: Lauren Mitchell & Chris Sauer

Coverages: Accident, Critical Illness &
Hospital Indemnity

Effective Date: 1/1/2025

Valid Through: 08/17/2024



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Prudential: Future focused. Customer obsessed. Outcomes driven.

Prudential Group Insurance delivers a future-focused benefits approach that is thoughtful, ambitious, and dedicated to meeting the evolving needs of organizations and the individuals who rely on them. We continue to make strategic investments in products, technology, and service that are powered by data and designed to deliver better results for everyone, at every step of their journey.

A customer-obsessed journey with Prudential

Every investment and enhancement we make is focused entirely on customer needs today — and tomorrow. We offer you experiences that deliver:

Flexibility

- Comprehensive and competitively priced products
- Evolving product suite to incorporate emerging medical trends
- Claims analytics to inform strategic plan design and pricing

Efficiency

- Deep platform provider relationships, powered by our PruExchange™ data framework
- Plan setup and enrollment APIs that support faster implementations
- API integrations that simplify the billing process

Value

- Simple, right-touch claims experience with no forms needed or medical records to submit
- Less work as we can work directly with medical providers to fully adjudicate claims
- Help maximize benefits through ongoing claim consultation and monitoring, and Accident and Critical Illness benefit bundling

Driving outcomes that provide employees with financial security during a difficult time

Prudential is committed to helping your employees maximize their benefits with a market-leading claims experience and right-touch support.

Modernizing the claims experience

- Simple 3-step online claim submission
- Proactive prompts for non-medical related benefits (e.g., travel and lodging)
- Auto-pay for Wellness claims with a benefit of \$100 or less — no evidence needed
- Benefit bundling for Accident and Critical Illness
- No paper or electronic forms required



- Mobile optimized

Right-touch support

- Claims integration¹ with Disability, Absence, and Medical
- Auto-pay of claims based on eligible Disability or Absence claims²
- Personal reach out when claim integration is identified to ensure all eligible services are submitted
- Quarterly benefit reminders

30% of Disability claims are from a participant also enrolled in Supplemental Health³

¹ Medical claims integration is available to customers with self-funded medical and over 1,000 eligible lives; ² If Prudential has access to all the necessary medical documentation. If not, we will initiate the claim and reach out to the employee via phone and/or mail to get permission to obtain the necessary documents and ensure all eligible services are submitted; ³ Prudential Book of Business 2020

Group Accident, Group Critical Illness and Group Hospital Indemnity Insurance coverages are limited benefit policies and are not substitutes for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and they do not provide reimbursement for such expenses.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial Company, Newark, NJ.

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Accident Rates and Plan Designs

SIC Code	9111
Situs State	Georgia
Number of Eligible	1,760
Commissions	<p>Our offer includes member heaped commissions. The member heaped commission rates are;</p> <p style="text-align: center;">1st year 70.00%, 2nd year 10.00%, 3rd plus year 10.00%</p> <p>A list bill or pay as deduct billing method are required to pay member heaped commissions. If the employer is unable to support either of these methods, group heaped commission will be payable.</p>
Financial Arrangement	Coverage is offered on a non-participating, fully insured basis
Premium Contribution	100% Employee Paid. Payroll deductions will be taken on a post-tax basis.
Age Reduction Schedule	None
Participation Requirement	Waived
Enrollment Mode	Preferred
Effective Date	1/1/2025
Rate Guarantee	4 Years

Rates

Accident Rates	
Tier Level 4	Medium Plan - Monthly Rate
EE Only	\$10.39
EE + Spouse	\$17.28
EE + Child(ren)	\$18.61
Family	\$27.57



The above table reflects preferred rates that assume optimal enrollment conditions. Optimal enrollment conditions include either the use of an enrollment firm or “On Ballot” enrollment next to medical, active enrollment, and a minimum of 3 communication touch points (including a group meeting). Non-preferred rates that reflect sub-optimal enrollment conditions are available upon request.

Accident Plan Design

Coverage Summary	
Eligibility	<p>All active, full-time & part-time employees working a minimum of 20 hours per week.</p> <p>Employee - Up to age 100 Dependent Spouse – Up to age 100 Dependent Child - Live birth to age 26</p> <p>Eligibility is subject to state laws and regulations.</p> <p>Employee enrollment is required for dependent eligibility. A dependent child(ren) cannot be covered by more than one insured employee.</p> <p>Active at work and dependent non-confinement requirements apply.</p>
Benefit Waiting Period	None
Coverage Type	24 Hour
Accident Day Limit	90 days.
Guaranteed Issue	All Amounts

Covered Benefits	
Type of Loss	Medium Option
Accidental Death Benefits	
Basic Accidental Death [Employee]	\$50,000
Basic Accidental Death [Spouse]	\$25,000
Basic Accidental Death [Children]	\$12,500
Accidental Death - Common Carrier [Employee]	\$50,000
Accidental Death - Common Carrier [Spouse]	\$25,000
Accidental Death - Common Carrier [Children]	\$12,500
Accidental Dismemberment Benefits	



Loss of both hands	\$50,000
Loss of both feet	\$50,000
Loss of one arm	\$25,000
Loss of one foot	\$25,000
Loss of one hand	\$25,000
Loss of one leg	\$10,000
Loss of thumb & index finger on the same hand	\$12,500
Loss of one finger or one toe	\$300
Loss of two or more fingers or toes	\$500
Loss of both arms	\$50,000
Loss of both legs	\$50,000
Functional Loss Benefits	
Loss of hearing in both ears	\$25,000
Loss of hearing in one ear	\$15,000
Loss of sight in both eyes	\$25,000
Loss of sight in one eye	\$15,000
Loss of speech	\$25,000
Loss of speech & hearing in both ears	\$50,000
Broken Tooth Benefits	
Crown	\$350
Extraction	\$115
Filling	\$90
Burn Benefits [2nd Degree]	
Less than 10%	\$100
At least 10% but less than 25%	\$250
At least 25% but less than 35%	\$500
35% or more	\$5,000
Burn Benefits [3rd Degree]	
Less than 10%	\$1,000
At least 10% but less than 25%	\$2,000
At least 25% but less than 35%	\$5,000
35% or more	\$10,000
Skin Graft Benefits	



Skin Graft Due to Burns	50%
Skin Graft Not Due to Burns - Less than 20%	\$500
Skin Graft Not Due to Burns - 20% or more	\$1,000
Additional Injuries	
Coma	\$10,000
Concussion	\$200
Dislocation Benefits	
Lower jaw	\$500 Closed / \$1,000 Open
Spine	\$0 Closed / \$0 Open
Collarbone	\$825 Closed / \$1,650 Open
Shoulder	\$500 Closed / \$1,000 Open
Rib	\$0 Closed / \$0 Open
Elbow	\$500 Closed / \$1,000 Open
Wrist	\$500 Closed / \$1,000 Open
Hand (except fingers)	\$500 Closed / \$1,000 Open
Finger	\$150 Closed / \$300 Open
Hip	\$3,375 Closed / \$6,750 Open
Knee	\$1,650 Closed / \$3,300 Open
Ankle	\$1,650 Closed / \$3,300 Open
Foot (except toes)	\$500 Closed / \$1,000 Open
Toe	\$150 Closed / \$300 Open
Partial Dislocation	25%
Eye Injury Benefits	
Removal of foreign object	\$150
Surgery	\$300
Fracture Benefits	
Skull (non-depressed)	\$2,250 Closed / \$4,500 Open
Skull (depressed)	\$4,500 Closed / \$9,000 Open
Facial bone (including nose, except upper jaw or lower jaw)	\$675 Closed / \$1,350 Open
Upper jaw	\$675 Closed / \$1,350 Open
Lower jaw	\$450 Closed / \$900 Open
Vertebral processes	\$450 Closed / \$900 Open
Vertebral body (except vertebral processes)	\$1,350 Closed / \$2,700 Open



Collarbone	\$450 Closed / \$900 Open
Shoulder blade	\$450 Closed / \$900 Open
Sternum (breastbone)	\$450 Closed / \$900 Open
Rib	\$450 Closed / \$900 Open
Pelvis (except coccyx)	\$1,350 Closed / \$2,700 Open
Coccyx (tailbone)	\$450 Closed / \$900 Open
Upper arm	\$675 Closed / \$1,350 Open
Forearm	\$450 Closed / \$900 Open
Elbow	\$450 Closed / \$900 Open
Wrist	\$450 Closed / \$900 Open
Hand (except fingers)	\$450 Closed / \$900 Open
Finger	\$225 Closed / \$450 Open
Hip/Thigh	\$3,375 Closed / \$6,750 Open
Kneecap	\$450 Closed / \$900 Open
Leg (except thigh)	\$1,350 Closed / \$2,700 Open
Ankle	\$450 Closed / \$900 Open
Foot (except toes)	\$450 Closed / \$900 Open
Toe	\$225 Closed / \$450 Open
Chip Fracture	25%
Laceration Benefits	
Repaired without stitches	\$50
Repaired with stitches - Less than 2 inches (5.08 cm)	\$150
Repaired with stitches - 2 - 6 inches (5.08 - 15.24 cm)	\$300
Repaired with stitches - Over 6 inches (over 15.24 cm)	\$600
Paralysis Benefits	
Four limbs (Quadriplegia)	\$50,000
Three limbs (Triplegia)	\$37,500
Two limbs (Paraplegia/Hemiplegia)	\$25,000
One limb (Uniplegia)	\$12,500
Puncture Wound Benefits	
Puncture Wound	\$50
Advanced Diagnostic Testing Benefits	
CAT	\$200



CT	\$200
EEG	\$200
MRI	\$200
MR	\$200
NCV	\$200
PET	\$200
MRA	\$200
SPECT	\$200
Bone Scintigraphy (Bone Scan)	\$200
Ambulance Benefits	
Air Ambulance	\$1,000
Ground/Water Ambulance	\$300
Blood/Plasma/Platelets Benefits	
Blood/Plasma/Platelets	\$400
Doctor Follow-Up Visits	
Doctor Follow-Up Visits	\$75
Emergency care benefit	
Emergency room	\$100
Physician's office	\$100
Urgent care	\$100
Non-Emergency Initial Care Benefits	
Non-emergency initial care benefit	\$25
Injection to Prevent or Limit Infection Benefits	
Tetanus	\$50
Rabies	\$50
Antivenom	\$50
Immune Globulin	\$50
Joint Replacement Benefits	
Joint Replacement Benefit	\$1,000
Lodging Benefits	
Lodging Benefit	\$150



Medical Appliance Benefits	
Brace	\$50
Cane	\$50
Crutches	\$50
Walker- expected use < 1yr	\$100
Walker - expected use ≥ 1yr	\$250
Walking boot	\$50
Wheelchair/motorized scooter - expected use < 1 yr	\$100
Wheelchair/motorized scooter - expected use ≥ 1 yr	\$500
Other device used for mobility	\$50
Pain Management Benefits	
Epidural	\$100
General anesthesia	\$250
Pain management injections	\$15
Prescription Drug Benefits (Outpatient)	
Prescription Drug Benefit (Outpatient)	\$25
Prosthetic Device Benefits	
One device only	\$750
More than one device	\$1,500
Surgical Repair Benefits	
Abdominal Pelvic Cavity	\$1,500
Cranial	\$1,500
Hernia Repair	\$150
Ruptured Disc	\$1,000
Thoracic Cavity	\$1,500
Tear, cartilage in knee	\$750
Torn, Ruptured or Severed Tendon/Ligament/Rotator cuff Benefits	
One tendon/ligament	\$800
One rotator cuff	\$800
Two or more tendons/ligaments	\$1,200



Two or more rotator cuffs	\$1,200
Exploratory Surgery Benefits	
Exploratory Surgery Benefit (without repair) for any of the procedures listed above or outpatient surgery	\$150
Other Outpatient Surgery Benefits	
Other Outpatient Surgery Benefit	\$300
Telemedicine Services Benefits	
Telemedicine Services	\$25
Therapy Services Benefits	
Cognitive Behavioral Therapy	\$20
Occupational Therapy	\$20
Physical Therapy	\$20
Respiratory Therapy	\$20
Speech Therapy	\$20
Vocational Therapy	\$20
Alternative Therapy Benefits	
Alternative Therapy Benefit	\$20
Transportation Benefits	
Transportation Benefit	\$100
X-Ray Benefits	
X-Ray Benefit	\$50
Hospital Benefits	
Hospital Admission Benefit	\$1,000
Intensive Care Unit (ICU) Admission Benefit*	\$1,000
Hospital Confinement Benefit	\$300
Intensive Care Unit (ICU) Confinement Benefit	\$300
Inpatient Rehabilitation Benefits	



Inpatient Rehabilitation Benefit	\$100
Additional Benefits	
Child Care Benefit	\$100
Modification Benefit	\$1,500
Organized Sports Activity Benefit	25%
Wellness Benefit	\$50

Treatment Based Accident Plan Design

Additional Benefits and Provisions	
Termination of Coverage	<p>Employee Coverage ends when the employee:</p> <ul style="list-style-type: none"> ▪ is no longer a member of the eligible class. ▪ stops making contributions ▪ reaches age 100 ▪ dies <p>Dependents Coverage for a qualified dependent end:</p> <ul style="list-style-type: none"> ▪ when that dependent ceases to be a Qualified Dependent ▪ when spouse reaches age 100 ▪ Child coverage ends when the child reaches age 26 ▪ when Employee Coverage ends
Continuation at Employee's	Coverage will be continued at the active rates at the Employee's option. The Coverage that may be continued is the coverage in place on the date that employment ends or the date work hours are reduced. 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
Transportation Benefit	Pays a benefit if a Covered Person must travel from their residence more than 50 miles one way, on Doctor's advice, for treatment that is not available locally due to a Covered Accident, Injury, or Illness. This benefit is limited to a max of 2 times per calendar year and 1 max per Covered Person, per Covered Accident.
Lodging Benefit	Pays a benefit per day if a Covered Person is confined in a Hospital for treatment of an accidental injury, and a companion who accompanies the Covered Person while the Covered Person is Confined, stays in a Lodging for which a charge is made. The lodging facility must be more than 50 miles one way from the primary residence and proof must be submitted that the companion incurred an expense for staying at the Lodging for each day of the Stay. This benefit is limited to 30 days per calendar year.



Additional Benefits and Provisions

<p>Health Screening Benefit (Wellness Benefit)</p>	<p>The Health Screening Benefit (Wellness Benefit) is \$50 for Medium Plan benefit which is payable once per calendar year if the covered person receives one of the following health screening tests while not confined in a hospital:</p> <ol style="list-style-type: none"> 1. Routine health check-up exam; 2. Biopsies for cancer; 3. Blood chemistry panel; 4. Blood test to determine total cholesterol; 5. Blood test to determine triglycerides; 6. Bone marrow testing; 7. Breast MRI; 8. Breast ultrasound; 9. Breast sonogram; 10. Cancer antigen 15-3 blood test for breast cancer (CA 15-3); 11. Cancer antigen 125 blood test for ovarian cancer (CA 125); 12. Carcinoembryonic antigen blood test for colon cancer (CEA); 13. Carotid doppler; 14. Chest x-rays; 15. Clinical testicular exam; 16. Colonoscopy; 17. Complete blood count (CBC); 18. Dental exam; 19. Digital rectal exam (DRE); 20. Doppler screening for cancer; 21. Doppler screening for peripheral vascular disease; 22. Echocardiogram; 23. Electrocardiogram (EKG); 24. Electroencephalogram (EEG); 25. Endoscopy; 26. Eye exam; 27. Fasting blood glucose test; 28. Fasting plasma glucose test; 29. Flexible sigmoidoscopy; 30. Hearing test; 31. Hemoccult stool specimen;
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	<ul style="list-style-type: none"> 32. Hemoglobin A1C; 33. Human papillomavirus (HPV) vaccination; 34. Immunization; 35. Lipid panel; 36. Mammogram; 37. Oral cancer screening; 38. Pap smears or thin prep pap test; 39. Prostate-specific antigen (PSA) test; 40. Serum cholesterol test to determine LDL and HDL levels; 41. Serum protein electrophoresis; 42. Skin cancer biopsy; 43. Skin cancer screening; 44. Skin exam; 45. Stress test on bicycle or treadmill; 46. Successful completion of smoking cessation program; 47. Tests for sexually transmitted infections (STIs); 48. Thermography; 49. Two hours post-load plasma glucose test; 50. Ultrasounds for cancer detection; 51. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; 52. Virtual colonoscopy.
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Benefit Descriptions

Accident Benefit Descriptions	
Accident - Hospital Admission	<p>Pays a benefit if a covered person is admitted for confinement to a Hospital for treatment of a covered accidental injury.</p> <ul style="list-style-type: none"> - Admissions must occur within 90 days of covered accident. - Not payable for ER treatment, outpatient treatment or a stay in an Observation Unit. - Payable no more than one time per covered person, per covered accident. - Payable up to 3 times per calendar year.
Accident – Intensive Care unit (ICU) Admission	<p>Pays a benefit, if a covered person, upon initial admission for confinement to a Hospital for treatment of a covered accidental injury, is admitted to an ICU.</p> <ul style="list-style-type: none"> - The ICU admission must occur within 90 days after the covered accidental injury occurs. - Payable no more than one time per covered person, per covered accidental injury. - Payable up to 3 times per calendar year. - When a covered person is admitted to the ICU, <u>only</u> the ICU Admission benefit is paid (i.e., they would not receive the Hospital Admission and the ICU Admission benefit).



Accident - Hospital Confinement	<p>Pays a benefit, if the covered person is confined in the hospital for treatment of a covered accidental injury. 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 accidental injury. - Payable to a maximum of 3 confinements per calendar year, maximum of 365 days per confinement.
Accident – Intensive Care unit (ICU) Confinement	<p>Pays a benefit for each day the covered person is confined in an intensive care unit for treatment of a covered accidental injury. 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 accidental injury occurs. - Payable to a maximum of 3 times per calendar year, maximum of 30 days per confinement.

Accident Limitations and Exclusions

Limitations	
Limits for Specific Accidental Losses (If applicable)	<p>(1) Coma Limit: A benefit is not payable for a medically induced Coma.</p> <p>(2) Accident Day Limit: A person must seek treatment within 90 days of the accident.</p> <p>(3) Dislocation Limits:</p> <ul style="list-style-type: none"> (a) A benefit is payable only once for the Dislocation of a joint after the coverage effective date. No benefit is payable for subsequent Dislocations of the same joint after the coverage effective date. (b) If the person suffers more than one Dislocation because of the same Accident, the total benefit payable for all such Dislocations is limited to two times the benefit amount payable for the joint involved which has the highest benefit amount. <p>(4) Fracture Limits:</p> <ul style="list-style-type: none"> (a) If the person suffers more than one Fracture to the same bone as a result of the same Accident, only one Fracture benefit is payable. (b) If the person suffers more than one Fracture because of the same Accident, the total benefit payable for all such Fractures is limited to two times the benefit amount payable for the Fracture involved which has the highest benefit amount. <p>(5) Lodging: Limited to 30 days per calendar year.</p> <p>(6) Inpatient Rehabilitation Benefit: Limited to 15 days per accident, max of 30 days per year.</p> <p>(7) Accident Hospital Confinement: Limited to 365 days per accident, max of 3 per year.</p>



	<p>(8) Accident Intensive Care Unit (ICU) Confinement: Limited to 30 days per accident, max of 3 per year.</p> <p>(9) Sickness- Hospital Confinement Benefit: Limited to 365 days per accident per covered person</p> <p>(10) Sickness- Intensive Care Unit (ICU) Confinement: Limited to 365 days per accident per covered person</p> <p>(11) Therapy Services: Limited to 10 per accident and to 10 per calendar year.</p>
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Exclusions

An Accidental Loss or Procedure is not covered if it is caused by, contributed to by, or resulting from, directly or indirectly, any of the following:

- (1) Suicide or attempted suicide, while sane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Medical malpractice.
- (4) Taking part in any riot or insurrection.
- (5) 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.
- (6) 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.
- (7) 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.
- (8) Commission of a crime for which You have been convicted under state or federal law.
- (9) 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.
- (10) 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.
- (11) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- (12) Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident, Covered Injury or Covered Illness.
- (13) Elective procedures and/or reconstructive surgery, unless it is a result of trauma, infection or other diseases.



(14) Cosmetic Surgery, except when such Surgery is performed to:

- treat an Injury or Sickness;
- correct a disorder of normal bodily function or structure that was caused by an Injury or Sickness for which Coverage is not otherwise excluded under this Group Insurance Certificate; or
- reconstruct a part of the body which was disfigured or removed as a result of an Injury or Sickness for which Coverage is not otherwise excluded under this Group Insurance Certificate.

(15) 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

(16) 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 Group Contract.

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



Critical Illness Rates and Plan Design

SIC Code	9111
Situs State	Georgia
Number of Eligible Lives	1,760
Commissions	<p>Our offer includes member heaped commissions. The member heaped commission rates are;</p> <p style="text-align: center;">1st year 70.00%, 2nd year 10.00%, 3rd plus year 10.00%</p> <p>A list bill or pay as deduct billing method are required to pay member heaped commissions. If the employer is unable to support either of these methods, group heaped commission will be payable.</p>
Financial Arrangement	Coverage is offered on a non-participating, fully insured basis
Premium Contribution	100% Employee Paid. Payroll deductions will be taken on a post-tax basis.
Rate Type	Attained Age
Participation Requirement	Waived
Enrollment Mode	Preferred
Effective Date	7/1/2024
Rate Guarantee	4 Years

Rates

Attained Age Uni-smoker Rates			
Monthly Rate			
Age	Employee - Per \$10,000 of Coverage	Spouse - Per \$5,000 of Coverage	Child(ren) - Per \$5,000 of Coverage
< 25	3.324	2.120	0.001
25-29	4.103	2.409	
30-34	5.077	3.036	



35-39	5.754	3.307	
40-44	6.620	3.763	
45-49	10.767	5.628	
50-54	15.972	7.910	
55-59	24.519	11.553	
60-64	34.749	15.958	
65-69	52.677	24.088	
70-74	63.945	29.314	
75-79	80.729	37.845	
80-84	107.261	53.102	
85+	138.480	69.862	

The above table reflects preferred rates that assume optimal enrollment conditions. Optimal enrollment conditions include either the use of an enrollment firm or “On Ballot” enrollment next to medical, active enrollment, and a minimum of 3 communication touch points (including a group meeting). Non-preferred rates that reflect sub-optimal enrollment conditions are available upon request.

Plan Design

Coverage Summary	
Eligibility Employee Spouse/Domestic Partner Children	All active, full-time & part-time employees working a minimum of 20 hours per week. Employee - Up to age 100 Dependent Spouse – Up to age 100 Dependent Child - Live birth to age 26 Eligibility is subject to state laws and regulations. Employee enrollment is required for dependent eligibility. A dependent child(ren) cannot be covered by more than one insured employee. Active at work and dependent non-confinement requirements apply.
Maximum Age at Time of Issue	None
Benefit Waiting Period	None
Benefit Amounts Employee	Any multiple of \$10,000 but not less than \$10,000 and not more than \$30,000



Spouse/Domestic Partner	Any multiple of \$5,000, but not more than the lesser of \$15,000 or 50% of the Employee Amount.
Children	Any multiple of \$5,000, but not more than the lesser of \$15,000 or 50% of the Employee Amount
Guaranteed Issue Limit	<p>Employee – \$30,000 Spouse – \$15,000 Child – \$15,000</p> <p>All amounts are Guaranteed Issue during initial eligibility, annual enrollments, and Qualified Life Events. Enrollments are not permitted outside of the initial enrollment, annual enrollments, and Qualified Life Events.</p> <p>Active at work and non-confinement requirements apply.</p>
Evidence of Insurability (EOI)	<p>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.</p> <p>Enrollment at any time other than Initial Enrollment, Annual Enrollment or a Qualified Life Event is not permitted.</p> <p>Active at work and non-confinement requirements apply.</p>
Age Reduction Schedule	None
Pre-existing Condition Limitation	None
Termination of Coverage Employee	<p>Employee Coverage ends when any of the following occur for the employee:</p> <ul style="list-style-type: none"> - Is no longer a member of the eligible class - Reaches the Lifetime Maximum Benefit - Reaches age 100 - Dies - Stops making Contributions
Termination of Coverage Spouse	<p>Dependent(s) Coverage ends when any of the following occur for the dependent;</p> <ul style="list-style-type: none"> - That dependent reaches his or her Lifetime Maximum Benefit - When the spouse 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
Lifetime Benefit Maximum	500% of amount of insurance.
Recurrence	<p>100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit.</p> <p>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 the date of the last medical treatment for the previous occurrence.</p> <p>The amount payable for a Reoccurrence of Skin Cancer is \$500, subject to the Annual Limit for Skin Cancer and the Lifetime Maximum Benefit. Reoccurrence of Skin Cancer means a person is positively diagnosed by a Doctor as having an additional occurrence or reoccurrence of Skin Cancer for which a benefit was paid under this Coverage.</p> <p>There is no separation period requirement for the diagnosis of a separate covered condition.</p>
Continuity of Coverage	Included.
Continuation of Coverage at Employee's Option	Coverage will be continued at the active rates at the Employee's option. The Coverage that may be continued is the coverage in place on the date that employment ends or the date work hours are reduced. 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

Covered Conditions	
Critical Illnesses and Benefit Amount Payable	Benefits for a Critical Illness are payable when a covered person is diagnosed with a Critical Illness or has the Critical Procedure for the first time while a covered person, and that diagnosis or procedure occurs during the covered person's lifetime or within a reasonable time after the Covered Person's death.
Alzheimer's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Benign Brain Tumor	100%
Blindness	100%
Cancer – Invasive	100%
Coma	100%
Deafness	100%



Heart Attack	100%
Loss of Speech	100%
Major Organ Failure	100%
Multiple Sclerosis	100%
Paralysis of Limbs	100%
Parkinson's Disease	100%
Renal Failure	100%
Stroke	100%
Severe Coronary Artery Disease	50%
Aneurysm	25%
Cancer – Non-Invasive (in Situ – other than Skin Cancer)	25%
Sudden Cardiac Arrest	25%
Infectious Disease Benefits:	
Infectious Disease Benefits include a 5-day hospital stay requirement. Recurrence for Infectious Disease also has a 5-day hospital stay requirement. Recurrence for Infectious Diseases is payable at 10%. Recurrence benefits for Infectious Diseases require a separation period between payable diagnosis.	
Covered Conditions under Infectious Disease	
Anthrax	25%
Bacterial Cerebrospinal Meningitis	25%
Cholera	25%
COVID-19	25%
Diphtheria	25%
Encephalitis	25%
Legionnaire's Disease	25%
Lyme Disease	25%
Malaria	25%
Methicillin-Resistant Staphylococcus Aureus (MRSA)	25%
Necrotizing Fasciitis	25%
Osteomyelitis	25%
Pertussis (whooping cough)	25%
Rabies	25%
Rocky Mountain Spotted Fever	25%
Tetanus	25%
Tuberculosis	25%
Typhoid Fever	25%
Flat Dollar Benefits	
Skin Cancer	\$500 payable once per covered person per calendar year, subject to the Lifetime Benefit Maximum.
Childhood Benefits	
Cerebral Palsy	100%



Cleft Lip / Palate	100%
Down Syndrome	100%
Sickle Cell Anemia	100%
Spina Bifida	100%

Additional Benefits and Provisions	
Health Screening Benefit (Wellness Benefit)	<p>The Health Screening Benefit (Wellness Benefit) is a \$50 benefit which is payable once per calendar year if the covered person receives one of the following health screening tests while not confined in a hospital:</p> <ol style="list-style-type: none"> 1. Routine health check-up exam; 2. Biopsies for cancer; 3. Blood chemistry panel; 4. Blood test to determine total cholesterol; 5. Blood test to determine triglycerides; 6. Bone marrow testing; 7. Breast MRI; 8. Breast ultrasound; 9. Breast sonogram; 10. Cancer antigen 15-3 blood test for breast cancer (CA 15-3); 11. Cancer antigen 125 blood test for ovarian cancer (CA 125); 12. Carcinoembryonic antigen blood test for colon cancer (CEA); 13. Carotid doppler; 14. Chest x-rays; 15. Clinical testicular exam; 16. Colonoscopy; 17. Complete blood count (CBC); 18. Dental exam; 19. Digital rectal exam (DRE); 20. Doppler screening for cancer; 21. Doppler screening for peripheral vascular disease; 22. Echocardiogram; 23. Electrocardiogram (EKG); 24. Electroencephalogram (EEG); 25. Endoscopy; 26. Eye exam; 27. Fasting blood glucose test; 28. Fasting plasma glucose test; 29. Flexible sigmoidoscopy; 30. Hearing test;



	<ul style="list-style-type: none"> 31. Hemocult stool specimen; 32. Hemoglobin A1C; 33. Human papillomavirus (HPV) vaccination; 34. Immunization; 35. Lipid panel; 36. Mammogram; 37. Oral cancer screening; 38. Pap smears or thin prep pap test; 39. Prostate-specific antigen (PSA) test; 40. Serum cholesterol test to determine LDL and HDL levels; 41. Serum protein electrophoresis; 42. Skin cancer biopsy; 43. Skin cancer screening; 44. Skin exam; 45. Stress test on bicycle or treadmill; 46. Successful completion of smoking cessation program; 47. Tests for sexually transmitted infections (STIs); 48. Thermography; 49. Two hours post-load plasma glucose test; 50. Ultrasounds for cancer detection; 51. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; 52. Virtual colonoscopy.
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Critical Illness Limitations and Exclusions

Limitations	
Regulatory Considerations	Mandated state variations may result in different benefits/plan offerings, with corresponding rate changes.
All states Except California	<p>Limitations (If Applicable)</p> <ul style="list-style-type: none"> • Heart Attack does not include: <ul style="list-style-type: none"> (1) heart attack that occurs during a surgical procedure; (2) other acute coronary syndromes, including but not limited to angina; or (3) heart attack due to either alcohol or drug abuse. ▪ The following are not Invasive Cancer: <ul style="list-style-type: none"> (1) all cancers which are histologically classified as any of the following: pre-malignant, non-invasive, cancer in situ, borderline malignancy or low potential malignancy;



	<ul style="list-style-type: none">(2) all tumors of the prostate unless histologically classified as having a Gleason score of 7 or greater or having progressed to at least clinical TNM classification T2N0M0;(3) chronic lymphocytic leukemia unless histologically classified as having progressed to at least Rai Stage II or above;(4) any skin cancer other than malignant melanoma; or(5) malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 1.0 millimeters using the Breslow method of determining tumor thickness. <ul style="list-style-type: none">▪ Major Organ Failure is defined as the irreversible failure of a Major Organ due to an illness and those failures are; End-stage Heart Disease, End-stage Liver Disease, End-stage Lung Disease, Total Pancreas Failure or Severe Bone Marrow Failure. Major Organs include Heart, Liver, Lung, Pancreas or Bone Marrow. Failure of more than one Major Organ is considered a single Major Organ Failure for the purpose of determining benefits under this critical illness plan. It does not include the transplant of any other organs, parts of organs, stem cells, tissues or cells.• Liver Failure does not include disease due to:<ul style="list-style-type: none">(1) Alcohol;(2) Drug abuse;(3) Drug overdose (including, but not limited to, over-the-counter drugs); or(4) Any hepatitis.▪ Renal Failure does not include renal failure due to diabetes mellitus or hypertension.▪ Stroke does not include transient ischemic attacks (“TIA”).▪ Adrenal Hypo-Function (Addison’s Disease) does not include Adrenal insufficiency resulting from prolonged corticosteroid treatment.▪ Alzheimer’s Disease does not cover any other type of dementia.▪ Encephalitis due to Human Immunodeficiency Virus (HIV) infection is not included.▪ Bacterial Meningitis does not include other forms of meningitis, including viral meningitis.▪ Sickle Cell Anemia: having sickle cell trait alone does not qualify as a valid claim.▪ Coma does not include:<ul style="list-style-type: none">(1) Coma due to either alcohol or drug abuse(2) Persistent vegetative state(3) Medically-induced coma▪ Cancer - <i>Non-Invasive, Skin Cancer</i>. Non-Invasive Skin Cancer means any malignancy of the skin diagnosed with histological confirmation and characterized by uncontrolled growth of malignant cells and invasion of tissue. It includes:<ul style="list-style-type: none">(1) basal cell carcinoma; and(2) squamous cell carcinoma.
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	<p>It does not include malignant melanoma, or any condition which may be considered pre-cancerous, such as leukoplakia; actinic keratosis; carcinoid; hyperplasia; non-malignant melanoma; moles; or similar diseases or lesions. Medical evidence of a definite diagnosis of Non-Invasive Skin Cancer by a Doctor is required as proof of claim. A clinical diagnosis will be accepted whenever such diagnosis is consistent with professional medical standards.</p>
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Exclusions	
<p>A Critical Illness or Procedure is not covered if it is caused by, contributed to by, or resulting from, directly or indirectly, any of the following:</p>	
<ul style="list-style-type: none"> • Suicide or attempted suicide. • Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries. • Taking part in any riot or insurrection. • War, or any act of war. War means declared or undeclared war and includes resistance to armed aggression. • Commission of a crime for which You have been convicted under state or federal law. • Being under the influence of or taking any non-prescription drug, prescription drug, 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 Covered Person's Doctor. • Participation in these hazardous activities: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning. 	
<p>Exclusions may not be available or applicable in all states and may vary depending on state laws and regulations.</p>	



Hospital Indemnity Rates and Plan Design

SIC Code	9111
Situs State	Georgia
Number of Eligible	1,760
Commissions	<p>Our offer includes member heaped commissions. The member heaped commission rates are;</p> <p style="text-align: center;">1st year 70.00%, 2nd year 10.00%, 3rd plus year 10.00%</p> <p>A list bill or pay as deduct billing method are required to pay member heaped commissions. If the employer is unable to support either of these methods, group heaped commission will be payable.</p>
Financial	Coverage is offered on a non-participating, fully insured basis
Premium Contribution	100% Employee Paid. Payroll deductions will be taken on a post-tax basis.
Rate Type	Tiered Rates
Participation Requirement	Waived
Enrollment Mode	Preferred
Effective Date	1/1/2025
Rate Guarantee	4 Years

Tiered Rates

Hospital Indemnity Rates	
Tier Level 4	Medium Plan - Monthly Rate
EE Only	\$15.98
EE + Spouse	\$32.85
EE + Child(ren)	\$32.27
Family	\$49.14



The above table reflects preferred rates that assume optimal enrollment conditions. Optimal enrollment conditions include either the use of an enrollment firm or “On Ballot” enrollment next to medical, active enrollment, and a minimum of 3 communication touch points (including a group meeting). Non-preferred rates that reflect sub-optimal enrollment conditions are available upon request.

Plan Provisions

Coverage Summary	
<p>Eligibility</p> <p>Employee Spouse/Domestic Partner Child</p>	<p>All active, full-time & part-time employees working a minimum of 20 hours per week.</p> <p>Employee - Up to age 100 Dependent Spouse – Up to age 100 Dependent Child - Live birth to age 26</p> <p>Eligibility is subject to state laws and regulations.</p> <p>Employee enrollment is required for dependent eligibility. A dependent child(ren) cannot be covered by more than one insured employee.</p> <p>Active at work and dependent non-confinement requirements apply.</p>
Maximum Age at Time of Issue	None
Benefit Waiting Period	None
Guaranteed Issue	<p>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.</p> <p>Active at work and non-confinement requirements apply.</p>
Evidence of Insurability (EOI)	<p>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.</p> <p>Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted.</p>



	Active at work and non-confinement requirements apply.
Age Reduction Schedule	None
Pre-existing Exclusion	None
Pregnancy	Pregnancy is covered under this plan with no waiting period on claims.
Termination of Coverage Employee	Employee Coverage ends when any of the following occur for the employee; <ul style="list-style-type: none"> - Is no longer a member of the eligible class - Reaches age 100 - Dies - Stops making Contributions
Dependent Spouse	Dependent(s) Coverage ends when any of the following occur for the dependent; <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	None

Schedule of Benefits

Hospital Indemnity Schedule of Benefits	
Core Benefits	Medium
Hospital Admission Benefit	\$1,000
ICU Admission Benefit	\$2,000
Hospital Confinement Benefit	\$200
ICU Confinement Benefit	\$400
Additional Benefits	
High Risk Pregnancy Benefit	25%
Hospital Observation Benefit	\$100



Mental Illness / Nervous Disorder Facility Care Benefit	\$100
Premature Infant	25%
Substance Abuse Benefit	\$100
Health Screening Benefit	\$50
Benefits Payable for Newborns	
Intensive Care Unit (ICU) Admission Benefit	Included
Hospital Confinement Benefit	Included
Intensive Care Unit (ICU) Confinement Benefit	Included

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, <u>only</u> the ICU Admission benefit is paid (i.e., they would not receive the Hospital Admission and the ICU 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.
Hospital Observation Stay	<p>Payable if a Covered Person incurs charges for and receives treatment in an Observation Unit in a Hospital for a period of at least 24 hours.</p> <p>This benefit is not payable for treatment received in an emergency or urgent care department, or facility other than a Hospital. The Hospital Observation Benefit is payable for up to 1 times per Covered Person, per Covered Loss. We will pay the Hospital Observation Benefit no more than 6 times per Covered Person, per Calendar Year.</p>
Premature Infant & NICU Benefit	<p>The Amounts of Insurance for certain benefits will be increased by the quoted percentage for an infant dependent who is born before 37 weeks of pregnancy and has a low birth weight of 5.5 pounds or less, or the infant has a medical condition diagnosed by a Doctor that requires special care by a Neonatal Intensive Care Unit (NICU).</p> <p>This increased amount only applies to the following benefits:</p> <p>Hospital Admission Benefit Intensive Care Unit (ICU) Admission Benefit Hospital Confinement Benefit Intensive Care Unit (ICU) Confinement Benefit</p>
High Risk Pregnancy Benefit	<p>The Amounts of Insurance for certain benefits will be increased by the quoted percentage for a Confinement due to a Covered Loss that is caused by complications due to High-Risk Pregnancy.</p> <p>This benefit applies only to benefits paid for the Confinement of the Employee or Spouse or Domestic Partner and not to benefits paid for a Dependent Child. It applies only to a Confinement due to Complications of pregnancy and not due to routine childbirth.</p> <p>This increased amount only applies to the following benefits:</p> <p>Hospital Admission Benefit Intensive Care Unit (ICU) Admission Benefit Hospital Confinement Benefit Intensive Care Unit (ICU) Confinement Benefit Hospital Observation Benefit</p>
Mental/Nervous Facility Care Benefit	<p>Prudential will pay Mental Illness/Nervous Disorder Facility Care Benefit shown in the Schedule of Benefits section, for each day a Covered Person is confined for treatment at a facility, or unit of a</p>



	<p>Hospital, specializing in psychiatric care due to a Covered Loss. The benefit will be paid for each day of confinement in a facility for Mental Illness or Nervous Disorder.</p> <p>The treatment must be at the direction and under the care of a Doctor or licensed health care professional. The treatment must begin within 30 days following a related Hospital Confinement or Intensive Care Unit (ICU) Confinement for 1 consecutive day(s) or more for which benefits were paid.</p> <p>We will pay the Mental Illness/Nervous Disorder Facility Care Benefit no more than 30 day(s) per Covered Person, per Calendar Year; and 90 day(s) per Covered Person during their lifetime.</p>
<p>Substance Abuse Facility Care Benefit</p>	<p>We will pay the Substance Abuse Facility Care Benefit for each day a Covered Person is confined for care at a Substance Abuse Facility.</p> <p>The care must be at the direction and under the care of a Doctor or licensed health care professional and the care must begin within 30 days following a related Hospital Confinement or Intensive Care Unit (ICU) Confinement for 1 consecutive day(s) or more for which benefits were paid.</p> <p>The facility must charge room and board for treatment services.</p> <p>We will pay the Substance Abuse Facility Care Benefit no more than 30 day(s) per Covered Person, per Calendar Year, and 60 day(s) per Covered Person during their lifetime.</p>
<p>Benefits Payable for Newborns at Birth</p>	<p>Intensive Care Unit (ICU) Admission Benefit Hospital Confinement Benefit Intensive Care Unit (ICU) Confinement Benefit</p>



Additional Benefits and Provisions

Health Screening Benefit (Wellness Benefit)	<p>The Health Screening Benefit (Wellness Benefit) is \$50 for Medium Plan benefit which is payable once per calendar year if the covered person receives one of the following health screening tests while not confined in a hospital:</p> <ol style="list-style-type: none"> 1. Routine health check-up exam; 2. Biopsies for cancer; 3. Blood chemistry panel; 4. Blood test to determine total cholesterol; 5. Blood test to determine triglycerides; 6. Bone marrow testing; 7. Breast MRI; 8. Breast ultrasound; 9. Breast sonogram; 10. Cancer antigen 15-3 blood test for breast cancer (CA 15-3); 11. Cancer antigen 125 blood test for ovarian cancer (CA 125); 12. Carcinoembryonic antigen blood test for colon cancer (CEA); 13. Carotid doppler; 14. Chest x-rays; 15. Clinical testicular exam; 16. Colonoscopy; 17. Complete blood count (CBC); 18. Dental exam; 19. Digital rectal exam (DRE); 20. Doppler screening for cancer; 21. Doppler screening for peripheral vascular disease; 22. Echocardiogram; 23. Electrocardiogram (EKG); 24. Electroencephalogram (EEG); 25. Endoscopy; 26. Eye exam; 27. Fasting blood glucose test; 28. Fasting plasma glucose test; 29. Flexible sigmoidoscopy; 30. Hearing test; 31. Hemocult stool specimen; 32. Hemoglobin A1C; 33. Human papillomavirus (HPV) vaccination; 34. Immunization; 35. Lipid panel;
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	<p>36. Mammogram;</p> <p>37. Oral cancer screening;</p> <p>38. Pap smears or thin prep pap test;</p> <p>39. Prostate-specific antigen (PSA) test;</p> <p>40. Serum cholesterol test to determine LDL and HDL levels;</p> <p>41. Serum protein electrophoresis;</p> <p>42. Skin cancer biopsy;</p> <p>43. Skin cancer screening;</p> <p>44. Skin exam;</p> <p>45. Stress test on bicycle or treadmill;</p> <p>46. Successful completion of smoking cessation program;</p> <p>47. Tests for sexually transmitted infections (STIs);</p> <p>48. Thermography;</p> <p>49. Two hours post-load plasma glucose test;</p> <p>50. Ultrasounds for cancer detection;</p> <p>51. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms;</p> <p>52. Virtual colonoscopy.</p>
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Hospital Indemnity 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 the following:

- Suicide or attempted suicide.
- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Taking part in any riot or insurrection.
- War, or any act of war. War means declared or undeclared war and includes resistance to armed aggression.
- Commission of a crime for which You have been convicted under state or federal law.
- 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 was operating a motor vehicle and was convicted of an alcohol related offense. This exclusion does not apply to the Mental Health Screening Benefit or the Substance Abuse Facility Care Benefit.
- Medical malpractice.
- An accident that occurs while the person is serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- Being under the influence of or taking any non-prescription drug, prescription drug, 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 Covered Person's Doctor. This exclusion does not apply to the Mental Health Screening Benefit or the Substance Abuse Facility Care Benefit.
- Participation in these hazardous activities: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- Treatment for dental care or dental procedures, unless treatment is the result of a Covered Loss;
- Elective procedures and/or reconstructive surgery, unless it is a result of trauma, infection or other diseases.
- Cosmetic surgery, except when such surgery is performed to treat a Covered Loss, correct a disorder of normal bodily function or structure that was caused by a Covered Loss 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 a Covered Loss for which coverage is not otherwise excluded under this Certificate.
- 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. This exclusion does not apply to the Mental Health Screening Benefit or the Mental Illness/Nervous Disorder Facility Benefit.
- 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 Certificate.

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



Other Requirements, Assumptions, and Provisions

Enrollment Strategy Requirements
<p><u>Preferred Enrollment Conditions:</u></p> <p>ENROLLMENT STRATEGY REQUIREMENTS</p> <p>Prudential's proposal assumes the employer is using an optimal enrollment approach. This includes:</p> <ul style="list-style-type: none"> ▪ An agreed-upon enrollment strategy: <ul style="list-style-type: none"> ○ The usage of an enrollment firm, Or ○ An active, "on ballot" enrollment next to medical elections, and a communication campaign with 3 touchpoints (listed below) ▪ Premiums collected via payroll deduction ▪ No other competing plan of the same product <p>Prudential will collaborate with you to create the right communications strategy for engaging your employees. Our dedicated team has the expertise to help you design and execute a communication plan that drives awareness and engagement. Prudential offers full service enrollment solutions, including:</p> <ul style="list-style-type: none"> ▪ On-site group meetings ▪ Emails and Ecards ▪ Letters ▪ Post cards ▪ Content for employer communications ▪ Posters ▪ Enrollment kits <p>Direct home mailings are available. Please note this requires a minimum of 7 business days following receipt of the required file layout.</p>

Minimum Participation Requirements		
	100-999 Lives	1,000 + Lives
All Voluntary Products	10%	5%

Minimum Participation requirements may be waived* if one or more of the following exists:

- Employer contributes to premium, or
- An Enrollment Services Firm utilizing one on one enrollers is used, or
- Takeover participation is greater than 10%, or
- Enrollment in the Voluntary programs is through an Active enrollment and the employee election to the Voluntary coverage is "On Ballot" and positioned after the Medical election.



* Subject to state specific requirements.

Prudential Services	
Recordkeeping and Billing Services	<p>Prudential provides our full recordkeeping services which include maintaining the enrollment elections and changes of each enrolled employee, managing the continuation process, calculating the premium and payroll deductions, and support to the employees through a call center and/or message center. Prudential offers multiple options from a billing perspective to allow for payroll deduction, list bill or self-bill.</p> <p>To enable these services, ongoing enrollment information can be provided via file feeds or uploading ongoing change spreadsheet on the employer portal. Employers/TPAs are accountable to manage eligibility and provide accurate enrollment information.</p>
Claims	<p>Claims submission can be done electronically through the Employee portal or handled through telephone and paper submission to Prudential. Prudential will provide the claimant with the necessary paperwork to complete their claim submission. A customer service line will be available for claimants to ask any questions they may have regarding their claim. Once a decision has been made, payments will be made directly to the claimant.</p>
Communications	<p>Prudential will deliver individual certificates to Employees that have completed the Enrollment requirements.</p>
GI Recordkeeping	
Claim Facilitation	<p>Upon request to file a claim, Prudential sends a claim package to the insured. Prudential assembles all the necessary components in order to make a claim decision. Prudential is available to answer any questions via a toll-free customer service line.</p>
Enrollment	<p>Prudential will process all enrollments – for initial enrollment, individuals experiencing qualified life events, and for new hires. Enrollment is supported through telephonic or paper-based options. To support Customers, Prudential accepts enrollments from platform providers and enrollment firms.</p> <p>Prudential sends out new hire kits, which guide new employees through the enrollment process for their optional coverages.</p>



Eligibility and Coverage Record Maintenance	Prudential receives and processes eligibility files containing coverage and salary changes. Prudential distributes certificates, summaries of benefits, and New Hire Kits as part of this service.
Bill Preparation	Prudential provides a detailed list bill that displays individual employee participation and total participation based on age or location criteria.
Payroll Deduction	Prudential provides the payroll deduction amount and applies client remittances to individual certificate holders. Prudential will administer payroll deductions to match your payroll frequency.
Continuation Processing	Prudential will work directly with terminated employees to provide information on porting the coverage through the Continuation option. Prudential would also handle on-going administration and billing for those that continue coverage.

Other Assumptions & Provisions	
Underwriting Assumptions	<ul style="list-style-type: none"> ▪ Annual premium amounts are based on the estimated case size and are provided for illustrative purposes only. ▪ If enrollment or volume changes of more than 10% during the initial rate guarantee period from those stated in this proposal, we reserve the right to take immediate action, including but not limited to revising rates or terminating coverage. ▪ If any plan designs are changed, we reserve the right to take immediate action, including but not limited to revising rates or terminating coverage. ▪ If a change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the plan, we reserve the right to take immediate action, including but not limited to revising rates or terminating coverage. ▪ Prudential's offer assumes that all covered employees are U.S. Employees residing in the United States. Any foreign exposure must be approved by Underwriting before coverage will be offered. All premium and claims must be paid in US dollars. ▪ The rates are contingent upon the use of Prudential's standard contract (plans, provisions, and exclusions), unless otherwise explicitly identified. ▪ Eligibility limitations may apply based upon state laws and regulations. ▪ For employers with less than 500 lives, our offer is only valid if two or more Voluntary products are sold.



	<ul style="list-style-type: none"> ▪ Please be aware that certain employer terms and conditions, such as those found in employer’s general services agreements, that were not previously disclosed in the request for proposal may impact our offer. We reserve the right to make adjustments to our offer if the disclosure of such terms and conditions does not occur prior to our initially released offer. ▪ Employees that reside in California, Massachusetts, New York, New Jersey, or the District of Columbia are required to have Major Medical Insurance coverage in order to be eligible to enroll in any Voluntary plan. ▪ Prudential is responding to your request for a proposal. All proposal materials have been prepared assuming that one carrier will be selected for all coverages, and we have accordingly quoted each product line on that basis. To the extent that you choose otherwise, our pricing assumptions and quote may vary.
State and Federal Mandates	Benefit provisions are subject to state and federal mandates. Future mandates will be incorporated into the plan as of the date required by law.
Tax Advice	This proposal is conditional upon our understanding that the customer will consult with their own tax adviser regarding any potential imputed income reporting requirements. Prudential cannot provide tax advice to customers.
Grace Period	This proposal assumes premium remission within the 31-day grace period. At this time, Prudential does not charge a late fee or interest penalty for payment of premiums after the due date. Prudential reserves the right to charge interest or penalties for premium payments received after the grace period.
ERISA	<p>The employer will disclose the plan costs to the employees, as required by ERISA.</p> <p>Our standard administration expenses for ERISA cases contemplate production of one Schedule A (ERISA) for each insured Accounting Case each policy year with dates coinciding with the anniversary date of the group policy.</p>

Domestic Partner	<p>The term Domestic Partner, if used, is a person who:</p> <ol style="list-style-type: none"> (1) Satisfies the requirements for being a domestic partner, registered domestic partner or party to a civil union under the law of your jurisdiction of residence; or (2) Is a person of the same or opposite sex who satisfies all of the following: <ol style="list-style-type: none"> (a) is age 18 or older; and
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	<p>(b) is not related to you by blood or a degree of closeness that would prohibit marriage in the law of the jurisdiction in which you reside; and</p> <p>(c) is mentally competent to consent to contract; and</p> <p>(d) is not married to another person under statutory or common law nor in a domestic partnership, registered domestic partnership or civil union with another person; and</p> <p>(e) is not otherwise a Qualified Dependent under the Program; and</p> <p>(f) is in a single dedicated, serious, and committed relationship with you; and</p> <p>(g) has shared a single permanent residence with you for at least 12 consecutive months; and</p> <p>(h) is financially interdependent with you.</p> <p>Where requested by Prudential, you and/or your Domestic Partner certify that all of the above requirements are satisfied. Such certification shall be in a format satisfactory to Prudential.</p> <p>Note that if the client's intention is to provide domestic partner coverage only for same sex (and not opposite sex), Prudential will require a signed hold harmless agreement.</p>
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Deviations

- The rates are contingent upon the use of Prudential's standard contract (plans, provisions, and exclusions), unless otherwise explicitly identified. If substantial changes are requested to standard Prudential contractual language and/or agreements, Prudential reserves the right to review the costs associated with review and implementation of any changes and to charge them back to the client.
- This proposal provides a general description of Prudential's group insurance products. Product offerings, including limitations or exclusions, may not be available or applicable in all states and may vary depending on state laws and regulations. If there are any discrepancies between this proposal and the contract, the contract shall govern. Prudential has a website that sets forth state-specific coverage requirements based on the insured's state of residence. The website is located at www.prudential.com/etonline. The access code(s) for this group during the pre-sale period is/are; VAI1 for Accident Insurance.
- Coverage for employees is subject to filing approval in all locations
- Prudential's offer assumes that all eligible employees are U.S. Citizens residing in the United States. Coverage to U.S. expatriates may be provided under certain circumstances. When your active employee population includes expatriates, Prudential will determine if they can be included as part of the eligible group.
- The minimum lead time required to implement your plan will be 60 days, measured from the notification of sale to the plan effective date.



Disclosures

HSA Disclosure:

If your employees [partners, members] participate in a Health Savings Account, also known as an HSA, or plan to do so in the future, they should be aware that the IRS limits the types of supplemental insurance they may have in addition to an HSA while maintaining its tax-exempt status. The policy (or parts of the policy) are designed to be HSA compatible based on current understanding of relevant tax law and available guidance to-date. It is ultimately the employer's [partnership, union, association's] responsibility to consult tax and legal advisors to determine which supplemental benefits may be offered to employees [partners, members]. Prudential cannot provide tax and/or legal advice.

Producer Disclosure:

As a condition of this proposal, Prudential requires the producer to fully disclose to client all commissions and fees payable to the producer by Prudential in connection with the proposed insurance coverage(s) and services. Prudential further requires that client consent, in writing, to the payment of all such commissions and fees by Prudential to the producer, a copy of which consent must be provided to Prudential at the point of sale.

In addition, Prudential will pay an RFP Administrative Fee for proposal services as determined by Prudential to in connection with your insurance policy. Additional amounts may be determined or reconciled based on actual enrollment.

Third Party Reimbursements

We have included the cost of certain expense reimbursements as described below in the insured premium rates or in the service fees. Subsequent to receipt of initial premium payment, we will reimburse the Enrollment Firm/BenAdmin/Vendor for these expenses upon receipt of invoice evidencing these services were performed.

Payments will be made to Enrollment Firm/BenAdmin/Vendor

One Time Tech Credit

- The services below will be provided:
 - 1) Enrollment Processing and Communication Services
 - 2) Design of Policyholder's benefit administration system
 - 3) Billing Services
 - 4) Premium Remittance
 - 5) Claims Adjudication



- Services are to be provided in preparation for the 1/1/2026 effective date and for the initial 3 Years rate guarantee thereafter.
- Services are to be provided for the following coverage(s): Accident, Critical Illness and Hospital Indemnity.
- The expense in the amount of \$10,000 is included in the insured premium rates or in their services fees. The cost is spread over the rate guarantee period.
- Terms of payment are as follows: Payments are made to the Enrollment Firm/BenAdmin/Vendor per invoice.

Please note that Prudential can also provide the services listed above. Prudential cannot agree to include in the cost of insurance a request for reimbursement of an expense for a type of service not covered by the above categories or not permissible under applicable law or regulation.

OFAC Disclosure:

This proposal is conditioned upon our understanding that you comply with the statutes, regulations, Executive Orders, and other programs administered by the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury.

Medicare and Medicaid Disclosure:

Critical Illness Insurance, Accident Insurance and Hospital Indemnity Insurance are not Medicare Supplement insurance plans and are not medical coverage. These plans do not provide any type of medical coverage and are not a substitute for medical coverage or disability insurance. Critical Illness Insurance, Accident Insurance and Hospital Indemnity Insurance may be coordinated with Medicare or Medicaid. As a result, certain benefits payable to you under these plans may result in a corresponding reduction in the Medicare or Medicaid benefits otherwise payable to you. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Cannabis Disclosure:

Prudential Group Insurance will not do business with entities engaged directly in cannabis activities in the United States. In addition, Prudential Group Insurance will not do business with a person or entity that does business or is affiliated with entities engaged directly in cannabis activities in the United States (affiliation may be determined based upon a particular ownership percentage of the equity of such a business, or upon sharing a common parent with such a business).

General Disclosure:

This proposal is released with the understanding that it will be presented to interested parties only by an appropriately licensed & appointed individual pursuant with state licensing and appointment rules. Any



questions regarding these rules can be addressed to our Broker Administration Unit at 1-888-778-6639. Any violations will result in commissions being withheld in accordance with state regulations.

In providing the plan of benefits briefly outlined in this proposal, Prudential will utilize standard benefit language as filed with and approved by the state. Based on the information provided, we believe all of the provisions of the insurance plan we are being asked to provide are on file and approved. Should this not be the case, filing approval will need to be received before booklets, certificates, or other enrollment material that describe provisions subject to filing can be distributed.

New Mexico Product Availability:

Based on recent amendments to New Mexico's regulations that were effective 1/1/2024, our ability to insure 100 or more New Mexico residents is contingent upon approval of our product filings by the state of New Mexico. Prudential's coverage is subject to any changes to the final amended regulation, the Group Customer's Plan, or any other requirements that could affect Prudential's continued use of its approved contracts and product filings. The Group Customer is responsible for informing Prudential if they have 100 or more New Mexico residents eligible for coverage at any time. Failure to provide such information on a timely basis could impact Prudential's ability to provide coverage to the New Mexico residents.

NOTICE REGARDING PRODUCER COMPENSATION

External Producers

This section applies only if your producer is receiving commission and/or supplemental compensation.

External producers are individuals or entities who represent you, the client, in the solicitation, negotiation or effectuation of the sale of insurance as their producer or consultant of record. The specific functions of external producers may vary but can include guidance through the proposal process and coordination of the client's data with one or more carriers. External producers are not Prudential employees and may have brokerage relationships with other insurance carriers. Please contact your producer for further information regarding their role during the proposal process and for information about any possible alternative quotes received from other insurance carriers.

Producers who place business with Prudential may be eligible to receive commissions and supplemental compensation unless you advise us otherwise.

Commissions are payable as a percentage of paid premiums, a fixed dollar amount, or as a dollar amount based on the total number of eligible lives or enrolled lives for as long as the producer is recognized as the Producer of Record on your policy.



Under Prudential's Supplemental Commission Program (SCP), supplemental compensation ranges from 0% to 10% of group insurance premium on Critical Illness, Accident, and Voluntary AD&D products and 0% to 7% of group insurance premium on all other products. The actual percentage payable under Prudential's SCP is determined based on the aggregate annual premium due on eligible cases that your producer has in force with Prudential. The cost of supplemental compensation is not charged directly to policies. As a result, your rates are unaffected whether or not your producer receives supplemental compensation. You or your producer can elect to opt out of Prudential's SCP.

More information about eligibility criteria and payment calculation under Prudential's SCP is available to clients on Prudential's website at www.prudential.com/scp. Questions regarding producer compensation may be e-mailed to GLDI.Broker.Admin@prudential.com. Or, if you would like to speak with someone about producer compensation, contact your Prudential representative or call (888) 598-5671 from 8am to 5pm Eastern time.

Internal Producers

This section only applies if your contract is issued in the State of New York

Internal producers, including without limitation, sales representatives, account executives and other employees providing sales support, are individuals employed by The Prudential Insurance Company of America (Prudential) who are responsible for representing Prudential and our product portfolio during the proposal process. Prudential provides sales compensation to such internal producers when business is placed with our clients. Compensation varies based on the products placed, volume of premium and cases placed with Prudential but generally can be identified as production payments, goal-based payments, profitability, and/or direct or indirect compensation related to high achievement. An internal producer may be entitled to one or all of these types of compensation. Prudential is providing this disclosure on behalf of any and all such internal producers employed by Prudential in connection with the sales activity described herein.

You may obtain information about expected producer compensation, including information about alternative quotes, if any, based in whole or part on the sale and additional information about the specific internal producers involved in this transaction. This additional information regarding internal producer compensation may be requested via e-mail by writing to Sales.Data.and.Compensation@prudential.com, or by calling 973-548-5100.