



Critical Illness Insurance Plan Summary

isolated, Inc.

Coverage Effective: 1/1/2024

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

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

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Critical Illness Plan Design

Coverage Summary	
Eligibility	All active, full-time employees working a minimum of 20 hours per week.
Employee	Employee - Up to age 100
Spouse/Domestic Partner	Dependent Spouse/Domestic Partner - Up to age 100
Children	Dependent Child - Up to age 26,
Employee	Any multiple of \$10,000 but not less than \$10,000 and not more than \$30,000
Spouse/Domestic Partner	Any multiple of \$10,000, but not more than the lesser of \$30,000 or 100% of the Employee Amount.
Children	Any multiple of \$10,000, but not more than the lesser of \$30,000 or 100% of the Employee Amount
Guaranteed Issue Amount	Employee - \$30,000 Spouse/Domestic Partner \$30,000 Child - \$30,000 All amounts are Guaranteed Issue during initial eligibility, annual enrollment, and Qualified Life Events. Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted.

Age Reduction Schedule	No Age Reduction Applies to Employee and Spouse/Domestic Partner Coverage.
Lifetime Benefit Maximum	500% of amount of insurance.
Recurrence	100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit. Recurrence means positive diagnosis of a Critical Illness or Procedure for which a benefit was paid, and the date of diagnosis of recurrence is more than 180 Days after prior benefit payment.

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PAID AT 100% OF COVERAGE AMOUNT²	Alzheimer's Disease - Benign Brain Tumor - Blindness - Cancer - Invasive - Coma - Deafness - Heart Attack (without Sudden Cardiac Arrest) - Loss of Speech - Major Organ Failure - Paralysis of Limbs - Renal Failure - Severe Coronary Artery Disease - Stroke - Third Degree Burns - Type 1 Diabetes
	Childhood Benefits
	Autism - Cerebral Palsy - Cleft Lip / Palate - Congenital Heart Disease - Cystic Fibrosis - Down Syndrome - Gaucher Disease Type 2 or 3 - Glycogen Storage Disease Type IV - Infantile Tay Sachs Disease - Muscular Dystrophy - Niemann-Pick Disease - Pompe Disease - Sickle Cell Anemia - Spina Bifida - Zellweger Syndrome
PAID AT 25% OF COVERAGE AMOUNT²	Cancer - Non-Invasive (in Situ - other than Skin Cancer) - Crohn's Disease - Occupational HIV Confirmed Diagnosis Benefit - Transient Ischemic Attack (TIA) - Amyotrophic Lateral Sclerosis (ALS) - Multiple Sclerosis - Coronary Artery Bypass Graft
PAID AT 25% OF COVERAGE AMOUNT² Recurrence for Infectious Diseases pays 10% and has a 5-day hospital stay requirement	Anthrax - Bacterial Cerebrospinal Meningitis - Cholera - COVID-19 - Diphtheria - Encephalitis - Legionnaire's Disease - Lyme Disease - Malaria - Methicillin-Resistant Staphylococcus Aureus (MRSA) - Necrotizing Fasciitis - Osteomyelitis - Pertussis (whooping cough) - Rabies - Rocky Mountain Spotted Fever - Tetanus - Tuberculosis - Typhoid Fever
PAID AT \$500	Skin Cancer
Additional Benefits and Provisions	Your plan also provides coverage for the benefits listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under your plan
Wellness Benefit	Wellness benefit is a \$50 benefit which is payable once per calendar year if the covered person receives one of the specified health screening tests while not confined in a hospital. Please refer to the booklet/certificate for details. ³

1. Out-of-pocket expenses may be both medical and non-medical expenses.
2. Above is a summary of the benefits included in the coverages available to you. For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.
3. The Health Screening/Wellness Benefit is not available in all states. All Employees of Insolved, Inc. are eligible to receive this benefit if they qualify

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does

NOT satisfy the individual mandate that you have health insurance coverage.

Group Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential’s Critical Illness Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 114774.

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

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