

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

751 Broad Street
Newark, New Jersey 07102

Group Hospital Indemnity Insurance Outline of Coverage

THE COVERAGE UNDER THE GROUP INSURANCE CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it.

Read Your Certificate Carefully—This Outline of Coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy and certificate provisions will control. The policy and certificate set forth in detail the rights and obligations of both you and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Hospital indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or Sickness, subject to any limitations set forth in the Group Contract. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

BENEFITS:

The core benefit available under the Group Contract provides coverage when a Covered Person is Confined to a Hospital due to a Covered Loss. The hospital indemnity benefits covered under the policy are chosen by the Contract Holder and may include one or more of the following benefits.

Hospital Admission Benefit
Hospital Confinement Benefit
Intensive Care Unit (ICU) Admission Benefit
Intensive Care Unit (ICU) Confinement Benefit

At the policyholder's option, the benefits provided under the policy may also include any of the following additional benefits:

Air Ambulance Benefit	Lodging Benefit
Ground/Water Ambulance Benefit	Medical Appliance Benefit
Anesthesia Benefit	Mental Health Screening Benefit
Annual Increase Benefit	Mental Illness/Nervous Disorder Facility Care Benefit
Child Care Benefit	Newborn Confinement Benefit
Diagnostic Procedure Benefit	Outpatient Surgery – Ambulatory Surgical Center Benefit
Durable Medical Equipment Benefit	Outpatient Surgery – Doctor's Office, Urgent Care Facility or Emergency Room Benefit
Elder Care Benefit	Outpatient Therapy Benefit
Emergency Room Treatment Benefit	Pandemic Benefit
Extended Hospitalization Benefit	Pet Care Benefit
Follow-Up Doctors Visit Benefit	Physical Therapy Outpatient Benefit
Health Screening Benefit	Premature Infant and NICU Benefit
Health System Benefit	Prenatal Care Benefit

High Risk Pregnancy Benefit
Hospital Observation Benefit
Hospice Facility Care Benefit
Hospice At-Home Care Benefit
Infectious Disease Benefit
Inpatient Rehabilitation Benefit
Inpatient Surgery Benefit
Intensive Care Step Down Unit
Confinement Benefit

Prescription Drug Benefit
Quarantine Benefit
Skilled Nursing Facility Care Benefit
Skilled Nursing At-Home Care Benefit
Substance Abuse Facility Care Benefit
Transportation Benefit
Urgent Care Treatment Benefit

LIMITATIONS AND EXCLUSIONS

The exclusions that apply to coverage are provided in the Limitations and Exclusions section of the Certificate. Depending on policyholder election, coverage may not be available for loss 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 a certain period of time 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.

- an illness, infirmity or disease caused or contributed to by a Covered Person's employment for wage or profit.

Additionally, your coverage may be subject to a pre-existing condition limitation. This means that benefits will not be payable for any loss that results from, or is caused or contributed to by, a pre-existing condition until up to 12 months after you are continuously covered under the policy. Read your certificate to determine the applicability, if any, of the pre-existing condition limitation.

ELIGIBILITY FOR COVERAGE, RENEWABILITY, AND PREMIUM CHANGES

Your coverage will continue under the policy, while the policy remains in force, as long as you continue to meet the eligibility requirements and all premiums are paid when due. You may have the option to continue your coverage by direct payment of premiums to us after you no longer meet the eligibility requirements. The eligibility requirements may include age limitations. The Contract Holder may change the terms of the policy at any time with our agreement. We or the policyholder may terminate the policy at any time. We reserve the right to change premiums at any time according to the terms of the policy.