



Critical Illness Insurance Plan Summary

Asbury Communities

Coverage Effective: 1/1/2021

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 everyday living expenses. 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 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 60 hours biweekly. Max Issue age is 69 and under for both Associate and dependent spouse.
Employee	Employee - Up to age 100
Spouse	Dependent Spouse - Up to age 100
Children	Dependent Child - Up to age 26
Employee	\$10,000
Spouse	\$5,000, not to exceed 50% of your amount.
Children	\$5,000, not to exceed 50% of your amount.
Guaranteed Issue Amount	Employee - \$10,000 Spouse - \$5,000 Child - \$5,000 Elections made outside of approved enrollment events and elections exceeding the guaranteed issue amount may require proof of good health. Applicants previously declined coverage must also provide proof of good health.
Age Reduction Schedule	50% @ 70 Applies to Associate and Spouse Coverage.
Lifetime Benefit Maximum	500.00% of amount of insurance.
Recurrence	100.00% 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.

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

PAID AT 100% OF COVERAGE AMOUNT ²	Heart Attack – Stroke – Invasive Cancer – Renal (Kidney) Failure – Major Organ Failure – Alzheimer’s Disease – Coma –Blindness – Deafness -- Loss of Speech – Paralysis of Limbs –Benign Brain Tumor
PAID AT 25% OF COVERAGE AMOUNT ²	Cancer in Situ – Severe Coronary Artery Disease – Severe Heart Valve Malfunction

Additional Benefits and Provisions
Your plan also provides coverage for the benefit[s] listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under you plan
National Cancer Institute Evaluation \$750 lifetime benefit (\$500 evaluation and \$250 transportation) for a Covered Person’s evaluation or consultation at an NCI designated cancer center.
Transportation benefit for transportation expenses of the lesser of the actual charges incurred for commercial travel, plus \$0.50/mile for noncommercial travel or \$1,000 per calendar year for travel between hospital or medical facility and the residence of the covered person for treatment of Critical Illness. The Transportation Benefit is limited to six benefit payments per Calendar Year for each Covered Person receiving treatment during that visit.
Lodging benefit of \$100.00 per day for lodging needed in connection with treatment for Critical Illness. Limited to 60 days per calendar year per covered person receiving treatment.
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

Insurance Rates

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

Non-Smoker Rates

Attained age	Associate	Associate + Spouse	Associate + Child(ren)	Family
<25	0.200	0.281	0.325	0.406
25-29	0.310	0.410	0.435	0.535
30-34	0.425	0.555	0.550	0.680
35-39	0.611	0.789	0.736	0.914
40-44	0.926	1.189	1.051	1.314
45-49	1.101	1.476	1.226	1.601
50-54	1.500	2.000	1.625	2.125
55-59	2.100	2.794	2.226	2.919
60-64	2.702	3.450	2.825	3.575
65-69	3.303	4.150	3.425	4.275
70-74	3.300	4.150	3.425	4.275
75-79	3.302	4.150	3.425	4.275

Smoker Rates

Attained age	Associate	Associate + Spouse	Associate + Child(ren)	Family
<25	0.250	0.339	0.375	0.464
25-29	0.330	0.448	0.455	0.573
30-34	0.550	0.719	0.675	0.844
35-39	0.720	0.976	0.845	1.101
40-44	1.200	1.621	1.325	1.746
45-49	2.300	2.953	2.425	3.078
50-54	3.003	3.955	3.127	4.080
55-59	3.997	5.350	4.128	5.475
60-64	5.204	6.700	5.325	6.825
65-69	6.795	8.550	6.925	8.675
70-74	6.802	8.550	6.925	8.675
75-79	6.804	8.550	6.925	8.675

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse rate is based on employee's date of birth.

Follow this worksheet to determine the cost of insurance for you.

1. Select the desired amount of coverage
2. Locate the monthly rate
3. Divide the selected amount of coverage by \$1,000. Then multiply the result by the monthly rate to get the monthly cost of insurance.

\$ _____
 The monthly rate per \$1,000 is \$ _____
 \$ _____ divided by \$1,000 is \$ _____
 _____ multiplied by \$ _____ = \$ _____
 Total Monthly Cost of Insurance = \$ _____

1. Out-of-pocket expenses may be both medical and non-medical expenses.

2. Above is a summary of the benefits included in the coverages available to you. For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.

3. The Wellness Benefit is not available in all states.

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

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate

that you have health insurance coverage.

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

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

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