



# Hospital Indemnity Plan Summary and Rate Sheet

**EAB Global, Inc**

Coverage Effective: 1/1/2026

Hospital Indemnity Insurance issued by **The Prudential Insurance Company of America (Prudential)** pays you regardless of what your medical plan covers. Your benefits are paid directly to you to spend however you like, including out-of-pocket medical and non-medical costs and everyday living expenses.

Below is a summary of the coverage available to you, your spouse/domestic partner and child(ren). For a complete list of benefits, limitations and exclusions, please refer to your Certificate of Coverage.

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

Eligibility Summary	
<b>Eligibility</b>	All active, full-time and part-time employees, working a minimum of 20 hours per week.
<b>Employee termination age</b>	Employee - Age 100
<b>Spouse/Domestic Partner termination age</b>	Dependent Spouse/Domestic Partner - Age 100
<b>Child(ren) termination age</b>	Dependent Child - Age 26
<b>Guaranteed Issue</b>	All coverages

Benefit Type: Hospital Benefits	Benefit Limits	Benefit Amounts
<b>Hospital Admission</b>	Up to 5 times per calendar year. 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.	\$1,000
<b>ICU Admission*</b>	Up to 5 times per calendar year. 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.	\$2,000
<b>Hospital Confinement</b>	Up to 30 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	\$100
<b>ICU Confinement</b>	Up to 30 days per confinement; payable to a maximum of 5 confinements per calendar year. When an admission benefit is paid, the confinement benefit pays on day 2.	\$200
<b>Observation</b>	Up to 5 times per calendar year. 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.	\$300
<b>Mental Illness / Nervous Disorder Facility Care Benefit</b>	Up to 30 days per calendar year. The treatment must begin within 30 days following a related Hospital Confinement or ICU Confinement for 1 consecutive day or more for which benefits were paid.	\$50



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<b>Substance Abuse Facility Care Benefit</b>	Up to 30 days per calendar year. The treatment must begin within 30 days following a related Hospital Confinement or ICU Confinement for 1 consecutive day or more for which benefits were paid.	\$50
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\*When a covered person is admitted to the ICU, this benefit pays in addition to the Non-ICU Hospital Admission benefit.

<b>Benefit Type: Hospital Benefits</b>	<b>Benefit Limits</b>	<b>Benefit Amounts</b>
<b>High Risk Pregnancy</b>	Increases value of all your hospital benefits when you are confined because of a High Risk Pregnancy except for normal childbirth	25%
<b>Premature Infant and NICU</b>	Increases value of all your newborn's hospital benefits when they are confined because of premature birth	25%

<b>Benefit Type: Other Care Benefits</b>	<b>Benefit Limits</b>	<b>Benefit Amounts</b>
<b>Rehabilitation Confinement</b>	Payable to a maximum of 15 days per confinement. Payable to a maximum of 2 times per calendar year.	\$50

<b>Benefit Type: Additional Benefits</b>	<b>Benefit Limits</b>	<b>Benefit Amounts</b>
<b>Health Screening/ Wellness<sup>1</sup></b>	Paid 1x per calendar year per insured person if they take one of the eligible screening/preventive tests.	\$50

\*Health Screening/Wellness Benefit: Prudential will pay an annual benefit (defined above) when you or a covered dependent take one of the eligible screening/preventive measures. You will not receive an additional payment if you take more than one.

## Insurance Rates

Hospital Indemnity insurance may cost less than you think. Your Semi-Monthly rates are outlined below.

Coverage Options	Semi-Monthly Cost to you
<b>Employee</b>	\$4.26
<b>Employee and Spouse/Domestic Partner</b>	\$8.66
<b>Employee and Child(ren)</b>	\$8.28
<b>Employee and Family</b>	\$12.68

<sup>1</sup> The Health Screening/Wellness Benefit is not available in all states. All Employees of EAB Global, Inc. are eligible to receive this benefit if they qualify.

**Hospital Indemnity Insurance is not approved in all states.**

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

**This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.**

Hospital Indemnity insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Hospital Indemnity Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 83500.

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