



# 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



**Prudential**

<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
--	--	------

\*When a covered person is admitted to the ICU, this benefit pays in addition to the Non-ICU Hospital Admission benefit.

Benefit Type: Hospital Benefits	Benefit Limits	Benefit Amounts
<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%

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

Benefit Type: Additional Benefits	Benefit Limits	Benefit Amounts
<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
Employee	\$4.26
Employee and Spouse/Domestic Partner	\$8.66
Employee and Child(ren)	\$8.28
Employee and Family	\$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.

©2024 Prudential Financial, Inc. and its related entities. Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.