



# Critical Illness Insurance Plan Summary and Rate Sheet

University of California

Coverage Effective: 1/1/2026

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.<sup>1</sup>

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	
<b>Eligibility</b>	All Active, full-time employees
<b>Employee</b>	Employee - Up to age 100
<b>Spouse/Domestic Partner</b>	Dependent Spouse/Domestic Partner - Up to age 100
<b>Children</b>	Dependent Child - Up to age 26
<b>Employee</b>	\$10,000 or \$30,000.
<b>Spouse/Domestic Partner</b>	\$10,000 or \$30,000, not to exceed 100% of the Employee Amount.
<b>Children</b>	\$5,000 or \$15,000, not to exceed 50% of the Employee Amount
<b>Guaranteed Issue Amount</b>	Employee - \$30,000 Spouse/Domestic Partner - \$30,000 Child - \$15,000  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.
<b>Age Reduction Schedule</b>	No Age Reduction Applies to Employee and Spouse/Domestic Partner Coverage.
<b>Lifetime Benefit Maximum</b>	None
<b>Recurrence</b>	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 90 Days after prior benefit payment.

<b>PAID AT 100% OF COVERAGE AMOUNT<sup>2</sup></b>	Invasive Cancer - Heart Attack - Major Organ Failure – Stroke - Renal Failure - Severe Coronary Artery Disease – Coma - Blindness - Deafness - Loss of Speech - Paralysis of Limbs - Third Degree Burns - Benign Brain Tumor - Sudden Cardiac Arrest
	<b>Childhood Benefits</b>
	Type 1 Diabetes - Cystic Fibrosis - Cerebral Palsy - Down Syndrome - Spina Bifida - Cleft Lip / Palate - Phenylalanine Hydroxylase Deficiency
<b>PAID AT 50% OF COVERAGE AMOUNT<sup>2</sup></b>	Alzheimer's Disease - Cancer in Situ - Parkinson's Disease
<b>PAID AT 25% OF COVERAGE AMOUNT<sup>2</sup></b>	Systemic Lupus Erythematosus - Multiple Sclerosis
<b>PAID AT \$200</b>	Mammography Screening Benefit
<b>PAID AT \$3000 For Children only</b>	Autism
<b>PAID AT 25% OF COVERAGE AMOUNT<sup>2</sup></b>  Recurrence for Infectious Diseases is payable at 10% and require a separation period between payable diagnosis	Anthrax - Bacterial Cerebrospinal Meningitis - COVID-19 - Lyme Disease - Methicillin-Resistant Staphylococcus Aureus (MRSA) – Osteomyelitis - Pertussis (whooping cough)
<b>Additional Benefits and Provisions</b>	<b>Your plan also provides coverage for the benefits listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under you plan</b>
<b>Wellness Benefit</b>	Wellness benefit is a \$100 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. <sup>3</sup>
<b>National Cancer Institute Evaluation</b>	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.
<b>Transportation Benefit</b>	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 round trip 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 one benefit payment per Calendar Year for each Covered Person receiving treatment during that visit.
<b>Lodging Benefit</b>	Lodging benefit of \$100 per day for lodging needed in connection with treatment for Critical Illness. Limited to 60 days per calendar year per Covered Person receiving treatment.

## Insurance Rates

Critical Illness Insurance may cost less than you think. Your Monthly premiums are outlined below.

Rates	Employee + Child	Spouse/Domestic Partner	Employee + Child	Spouse/Domestic Partner
Attained Age	\$10,000	\$10,000	\$30,000	\$30,000
<26	\$4.87	\$4.87	\$9.46	\$9.46
26-30	\$5.84	\$5.84	\$12.35	\$12.35
31-35	\$6.51	\$6.51	\$14.37	\$14.37
36-40	\$8.01	\$8.01	\$18.86	\$18.86
41-45	\$9.66	\$9.66	\$23.81	\$23.81
46-50	\$10.19	\$10.19	\$25.41	\$25.41
51-55	\$16.86	\$16.86	\$45.43	\$45.43
56-60	\$15.91	\$15.91	\$42.57	\$42.57
61-65	\$26.17	\$26.17	\$73.34	\$73.34
66-99	\$54.36	\$54.36	\$157.93	\$157.93

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/Domestic Partner rate is based on employee's date of birth.

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 University of California 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.**

Specialist Note: Important Notice for Virginia Residents applies only if there are lives residing in Virginia.

## **THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.**

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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