THE PRUDENTIAL INSURANCE COMPANY OF AMERICA (PRUDENTIAL)

SPECIFIED DISEASE/CRITICAL ILLNESS COVERAGE

THE COVERAGE UNDER THE GROUP CERTIFICATE PROVIDES LIMITED BENEFITS

THIS IS NOT HEALTH INSURANCE AND IT DOES NOT REIMBURSE FOR MEDICAL EXPENSES

THIS COVERAGE IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE INTENDED TO COVER OUT OF POCKET EXPENSES RESULTING FROM THE DIAGNOSIS OF THE SPECIFIC CRITICAL ILLNESSES

OUTLINE OF COVERAGE

This coverage provides for a lump sum payment ONLY upon the diagnosis of the specific Critical Illnesses listed below. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This coverage is designed only to help offset out of pocket expenses incurred as the result of a critical illness. It is NOT health insurance, does not reimburse the cost of medical expenses and should not be purchased unless you are already covered by a comprehensive health insurance policy. Read the Shopper's Guide to Cancer Insurance developed by the National Association of Insurance Commissioners to review the possible limits on benefits in this type of coverage.

You should consult with your tax advisor regarding the possible tax implications of the purchase and/or receipt of benefits under Prudential's Critical Illness Insurance on certain other coverage or benefits that you might have or that you might obtain, such as a Health Savings Account (HSA).

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review A Guide to Health Insurance for People with Medicare developed jointly by the Centers for Medicare & Medicaid Services and the National Association of Insurance Commissioners and available from Prudential. It is also important to note that the receipt of these limited benefits may affect eligibility for Medicaid or other governmental benefits and entitlements (collectively, the "governmental benefits"). Accordingly, persons who wish to maintain eligibility for governmental benefits should not purchase this limited benefit coverage without consulting a legal advisor.

Read Your Group Certificate Carefully – The following is a brief description of your coverage highlighting important features. It is not intended to provide comprehensive information. READ YOUR GROUP CERTIFICATE CAREFULLY. Your Group Certificate contains ALL of the coverage information and benefit details. This document is not the insurance contract and only the actual Group Contract, which includes the Group Certificate, will govern the insurance terms. The Group Certificate sets forth in detail the rights and obligations of both you and Prudential. Therefore, it is important that you READ YOUR GROUP CERTIFICATE CAREFULLY!

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES: *There are state-specific requirements that may change the provisions under the Coverage described in this Outline of Coverage. If you live in a state that has such requirements, those requirements will apply to your Coverage and are made a part of your Outline of Coverage. This means the requirements of the state where you reside at the time of loss could change the benefits to which you may be entitled if you become insured under the Coverage. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of residence and your Access Code. Your* ***Access Code is CR1****.*

If you are unable to access this website, want to receive a printed copy of these requirements or have any questions, call Prudential at 1-866-439-9026.

CRITICAL ILLNESS COVERAGE FOR YOU AND YOUR DEPENDENTS

The items below are only highlights of your coverage. For a full description please read the entire Group Insurance Certificate.

COVERAGE FOR CERTAIN CRITICAL ILLNESSES:

This Coverage pays benefits for certain Critical Illnesses.

Critical Illnesses means the person's:

- Adrenal Hypo-function (Addison's Disease)
- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)
- Benign Brain Tumor
- Blindness
- Cancer - Invasive
- Cancer - Non-Invasive, other than Skin Cancer

- Cancer - Non-Invasive, Skin Cancer
- Coma
- Deafness
- Heart Attack
- Huntington's Chorea
- Loss of Speech
- Major Organ Failure
- Multiple Sclerosis
- Paralysis of Limbs
- Parkinson's Disease
- Renal (kidney) Failure
- Severe Coronary Artery Disease
- Severe Heart Valve Malfunction
- Stroke
- Third Degree Burns

See the Benefit Definitions pages of your group certificate for a definition of each Critical Illness.

Benefits for a Critical Illness are payable only if:

(1) the person is diagnosed with the Critical Illness while a Covered Person;

(2) that diagnosis occurs during the Covered Person's lifetime; and

(3) after the Covered Person completes the applicable Waiting Period.

Not all such Critical Illnesses are covered. See Critical Illnesses Not Covered below.

First Occurrence Benefit Amount Payable: The amount payable for the First Occurrence of a Critical Illness depends on the type of Critical Illness as shown below. We will pay the First Occurrence Benefit Amount upon receiving proof of a Positive Diagnosis of Cancer as defined. If the Covered Person receives a positive diagnosis of Cancer within the Waiting Period, the Benefit Amount will not be payable. Benefits are subject to the Lifetime Maximum Benefit as described below.

Critical Illness:	**Percent of the Person's Amount of Insurance or Benefit Amount Payable**
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)	100%
Blindness	100%

Cancer - *Invasive*	100%
Coma	100%
Deafness	100%
Heart Attack	100%
Loss of Speech	100%
Major Organ Failure	100%
Paralysis of Limbs	100%
Parkinson's Disease	100%
Renal (kidney) Failure	100%
Stroke	100%
Third Degree Burns	100%
Benign Brain Tumor	75%
Alzheimer's Disease	50%
Adrenal Hypo-function (Addison's Disease)	30%
Huntington's Chorea	30%
Multiple Sclerosis	30%
Cancer - *Non-Invasive, other than Skin Cancer*	25%
Severe Coronary Artery Disease	25%
Severe Heart Valve Malfunction	25%
Cancer - *Non-Invasive, Skin Cancer*	$250

Reoccurrence Benefit Amount Payable for Critical Illness other than Skin Cancer: The amount payable for a Reoccurrence of a Critical Illness other than Skin Cancer Disorder is 100% of the amount paid to the person for the First Occurrence of the Critical Illness.

Reoccurrence of a Critical Illness other than Skin Cancer means:

(1) a person is positively diagnosed by a Doctor as having an additional occurrence or reoccurrence of a Critical Illness other than Skin Cancer for which a benefit was paid under this Coverage; and

(2) the date of the diagnosis of the additional occurrence or reoccurrence is more than 180 days after the date of the last medical treatment for the previous occurrence.

Lifetime Maximum Benefit for all Critical Illnesses other than Skin Cancer: No more than the Lifetime Maximum Benefit will be paid for all of a Covered Person's Critical Illnesses other than Skin Cancer.

The Lifetime Maximum Benefit for a Covered Person is 200% of the person's Amount of Insurance.

Reoccurrence Benefit Amount Payable for Skin Cancer: The amount payable for a Reoccurrence of Skin Cancer Disorder is $250.

Reoccurrence of Skin Cancer means a person is positively diagnosed by a Doctor as having an additional occurrence or reoccurrence of Skin Cancer for which a benefit was paid under this Coverage.

Lifetime Maximum Benefit for Skin Cancer: No more than the Lifetime Maximum Benefit will be paid for all of a Covered Person's Skin Cancer.

The Lifetime Maximum Benefit for a Covered Person is 200% of the person's Amount of Insurance.

BENEFIT AMOUNTS FOR YOU:

The amount of insurance is the amount for your Benefit Class. The Benefit Classes for your Association are listed below. You may enroll for the plan shown below. If you may choose the amount of insurance or if there are options from which to select, the amount for which you enroll will be recorded by your Association and reported to Prudential.

Amount of Insurance For Each Benefit Class:

Benefit Classes	**Amount of Insurance**
All Members	Any multiple of $5,000.
	Minimum Amount: $10,000.
	Maximum Amount: $50,000.

Guaranteed Issue Limit on the Amount of Member Insurance: There is a limit on the amount for which you may be insured without submitting evidence of insurability. This is called the Guaranteed Issue Limit.

Your Guaranteed Issue Limit is $30,000.

Member Amount Limit Due to Age: When you are age 70 or more, your amount of insurance is limited. It is 50% of the amount for which you would then be insured if there were no limitation.

The Limited Percent for an Age takes effect on the day you become insured if you are then that Age.

BENEFIT AMOUNTS FOR YOUR DEPENDENTS:

The amount of insurance is the amount for your Benefit Class. You may enroll your Qualified Dependents for the plan shown below. If you may choose the amount of insurance or if there are options from which to select, the amount for which you enroll will be recorded by your Association and reported to Prudential. Your Benefit Class is determined by the classification of your Qualified Dependents and the amount for which you enroll as shown in this table.

Qualified Dependents Classification	**Amount of Insurance***
Your Spouse or Domestic Partner	Any multiple of $2,500.
	Minimum Amount: $5,000.
	Maximum Amount: $25,000.
Your Children	Any multiple of $2,500.
	Minimum Amount: $5,000.
	Maximum Amount: $15,000.

- The amount of insurance on your Qualified Dependent will not exceed 50% of the amount for which you are insured under the Critical Illness Coverage.

Guaranteed Issue Limit on Dependent Spouse or Domestic Partner Amounts: There is a limit on the amount for which your Qualified Dependent Spouse or Domestic Partner may be insured without submitting evidence of insurability for the Spouse or Domestic Partner. This is called the Guaranteed Issue Limit.

The Guaranteed Issue Limit for Dependent Spouse or Domestic Partner Amounts is $15,000.

Dependent Amount Limit Due to Age: When you are age 70 or more, your Qualified Dependent Spouse's or Domestic Partner's amount of insurance is limited. It is 50% of the amount for which your Spouse or Domestic Partner would then be insured if there were no limitation.
The Limited Percent for an Age takes effect on the day you become insured if you are then that Age.

CRITICAL ILLNESSES NOT COVERED:

A Critical Illness is not covered if it is caused by, contributed to by, or resulting from, directly or indirectly, any of these:

(1) Attempted suicide, while sane or insane.

(2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.

(3) War, or any act of war. “War" means declared or undeclared war and includes resistance to armed aggression.

(4) Travel or flight in any vehicle used for aerial navigation. This includes getting in, out, on or off any such vehicle. This (4) does not apply if the person is riding as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.

(5) Commission of a crime for which you have been convicted under state or federal law.

(6) Being under the influence of alcohol, or alcohol intoxication, as defined by the laws of the jurisdiction in which the Critical Illness occurred. Conviction is not required for a determination of being intoxicated.

(7) Being under the influence of or taking any drug, medication, narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, 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.

PRE-EXISTING CONDITIONS:

A Critical Illness is not covered if it is caused by, contributed to by, or resulting from a Pre-existing Condition.

A person has a Pre-existing Condition if both (1) and (2) are true:

(1) (a) The person received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines, or followed treatment recommendation in the 3 months just prior to the person's effective date of coverage or the date an increase in the person's benefits would otherwise be available; or

(b) The person had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 3 months just prior to the person's effective date of coverage or the date an increase in the person's benefits would otherwise be available.

(2) The person's Critical Illness begins within 12 months of the date the person's coverage under the plan becomes effective.

Effect of a Pre-Existing Condition on an Increase in Benefits: If there is an increase in your or your dependents' benefits due to an amendment of the plan or your enrollment in another plan option, a benefit limit will apply if the person's Critical Illness is due to a Pre-existing Condition.

Benefits will be limited to the benefits the person had on the day before the increase if the person's Critical Illness begins within 12 months of the date the person's increase in coverage under the plan becomes effective.

Special Rules for Pre-Existing Conditions If You Were Covered Under Your Association's Prior Plan: Special rules apply to Pre-existing Conditions, if this critical illness plan replaces your Association's prior plan and:

- you were covered by that plan on the day before this plan became effective; and
- you became covered under this plan within thirty-one days of its effective date.

The special rules are:

(1) If the Association's prior plan did not have a Pre-existing Condition exclusion or limitation, then a pre-existing condition will not be excluded or limited under this plan.

(2) If the Association's prior plan did have a Pre-existing Condition exclusion or limitation, then the limited time does not end after the first 12 months of coverage. Instead it will end on the date any equivalent limit would have ended under the Association's prior plan.

(3) If the change from your Association's prior plan to this plan of coverage would result in an increase in the amount of benefits for a person, the benefits for the person's Critical Illness that is due to a Pre-existing Condition will not increase. Instead the benefits are limited to the amount the person had on the day before the plan change. This applies whether or not the Association's prior plan had a Pre-existing Condition exclusion or limitation.