



# Critical Illness Insurance Plan Summary

Hitachi Benefit Group

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 Full-Time Active Employees of Hitachi Digital working a minimum of 20 hours per week
<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>	Any multiple of \$5,000 but not less than \$5,000 and not more than \$40,000.
<b>Spouse/Domestic Partner</b>	Any multiple of \$5,000, but not less than \$5,000 and not more than \$20,000 and cannot exceed 100% of the Employee Amount.
<b>Children</b>	May elect \$1,000, \$2,500, \$5,000, \$10,000. Maximum is \$10,000 and cannot exceed 100% of Employee Amount.
<b>Guaranteed Issue Amount</b>	Employee - \$40,000 Spouse/Domestic Partner - \$20,000 Child - \$10,000 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>	Alzheimer's Disease - Amyotrophic Lateral Sclerosis (ALS) - Benign Brain Tumor - Blindness - Cancer – Invasive - Coma - Coronary Artery Bypass Graft - Deafness - Heart Attack - Huntington's Chorea - Loss of Speech - Major Organ Failure - Multiple Sclerosis - Muscular Dystrophy - Paralysis of Limbs - Parkinson's Disease - Renal Failure - Stroke - Sudden Cardiac Arrest - Third Degree Burns - Type 1 Diabetes <b>Childhood Benefits</b> Cerebral Palsy - Cleft Lip / Palate - Congenital Heart Disease - Cystic Fibrosis - Down Syndrome - Gaucher Disease Type 2 or 3 - Glycogen Storage Disease Type IV - Infantile Tay Sachs Disease - Niemann-Pick Disease - Pompe Disease - Sickle Cell Anemia - Zellweger Syndrome
<b>PAID AT 50% OF COVERAGE AMOUNT<sup>2</sup></b>	Aneurysm - Cancer – Non-Invasive (in Situ – other than Skin Cancer) - Myasthenia Gravis - Systemic Lupus Erythematosus
<b>PAID AT 25% OF COVERAGE AMOUNT<sup>2</sup></b>	Severe Heart Valve Malfunction <b>Childhood Benefits</b> Autism
<b>PAID AT 10% OF COVERAGE AMOUNT<sup>2</sup></b>	Addison's Disease - Pacemaker - Scleroderma - Transient Ischemic Attack (TIA)
<b>PAID AT 25% OF COVERAGE AMOUNT<sup>2</sup></b> Recurrence for Infectious Diseases has a 5-day hospital stay requirement	Anthrax - Bacterial Cerebrospinal Meningitis - Cholera - COVID-19 - Diphtheria - Encephalitis - Legionnaire's Disease - Lyme Disease - Malaria - Methicillin-Resistant Staphylococcus Aureus (MRSA) - Necrotizing Fasciitis - Osteomyelitis - Pertussis (whooping cough) - Rabies - Rocky Mountain Spotted Fever - Tetanus - Tuberculosis - Typhoid Fever
<b>Additional Benefits and Provisions</b>	Your plan also provides coverage for the benefits listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under your plan
<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>Skin Cancer Benefit</b>	Skin Cancer Benefit of \$500 payable once per Covered Person per calendar year
<b>Internal Cardioverter Defibrillator (ICD) Placement</b>	Pays a \$250 benefit if a covered person is diagnosed as having ventricular tachycardia or fibrillation or deemed at high risk for a cardiac arrest for which the placement of an ICD has been advised.

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 Hitachi Benefit Group 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.**

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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