

New Critical Illness Insurance benefits

Coverage available for members and their families

Help protect your savings today with Critical Illness Insurance.

NJEA continues to look for benefits that can help its members protect their overall financial wellness, and is excited to introduce Critical Illness Insurance, effective October 1, 2017.

A critical illness, such as cancer or heart attack, is not only a devastating physical blow, but can be a severe financial one as well.

Even with health insurance, out-of-pocket medical and non-medical expenses such as deductibles, co-pays, over-the-counter medications, and home accommodations can really cause financial strain. With reduced income during this time, family budgets are stretched to cover normal household expenses. And there are always extra expenses, like transportation, child care, and housekeeping.

Critical Illness Insurance helps protect against unexpected financial hardship due to illness.

Critical Illness Insurance pays benefits when a covered person is diagnosed with a critical illness for the first time and that diagnosis occurs during the covered person's lifetime. When diagnosed with a covered illness,* you receive a single payment that you can use for anything.

The plan pays 100% of your selected benefit of coverage for:

- ▶ Cancer
- ▶ Heart Attack
- ▶ Major Organ Transplant
- ▶ Stroke
- ▶ Renal Failure
- ▶ Alzheimer's Disease
- ▶ Parkinson's Disease

The plan pays 25% of your selected benefit of coverage for:

- ▶ Cancer in Situ
- ▶ Coronary Artery Bypass
- ▶ Blindness
- ▶ Coma
- ▶ Deafness
- ▶ Heart Valve
- ▶ Terminal Illness

Pre-Existing Condition limitations

A Critical Illness or Procedure 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 The person received medical treatment, consultation, care, or services, including diagnostic measures, from a Doctor or took prescribed drugs or medicines, or followed treatment recommendation in the 6 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 or Procedure begins within 6 months of the date the person's coverage under the plan becomes effective

Choose your coverage amount and see how much it costs

Choose your coverage in increments of \$10,000, up to \$200,000. You can get coverage up to \$20,000 without answering health questions. Then, follow the chart on the right to determine your rate per pay period.

- ▶ Find your age.
- ▶ Follow across the chart to see your deduction.
- ▶ Multiply the rate per \$1,000 for the coverage you want.

Critical Illness coverage is available for you, your spouse, and children up to age 26. Retirees up to age 64 can sign up, too.



Critical Illness rates

Member						
Age	Cost per \$10,000 of Coverage		Cost for \$20,000 of Coverage		Cost for \$30,000 of Coverage†	
	Cost per Month	Cost per Paycheck	Cost per Month	Cost per Paycheck	Cost per Month	Cost per Paycheck
<25	\$ 1.58	\$ 0.79	\$ 3.16	\$ 1.58	\$ 4.74	\$ 2.37
25-29	2.36	1.18	4.72	2.36	7.08	3.54
30-34	3.58	1.79	7.16	3.58	10.74	5.37
35-39	5.66	2.83	11.32	5.66	16.98	8.49
40-44	9.24	4.62	18.48	9.24	27.72	13.86
45-49	14.80	7.40	29.60	14.80	44.40	22.20
50-54	22.32	11.16	44.64	22.32	66.96	33.48
55-59	32.80	16.40	65.60	32.80	98.40	49.20
60-64	48.00	24.00	96.00	48.00	144.00	72.00
65-69*	66.50	33.25	133.00	66.50	199.50	99.75
70-74*	93.50	46.75	187.00	93.50	280.50	140.25
75+*	130.92	65.46	261.84	130.92	392.76	196.38

†Coverage above \$20,000 requires Evidence of Insurability.

Spouse (Coverage may not exceed member's coverage.)						
Age	Cost per \$10,000 of Coverage		Cost for \$20,000 of Coverage		Cost for \$30,000 of Coverage†	
	Cost per Month	Cost per Paycheck	Cost per Month	Cost per Paycheck	Cost per Month	Cost per Paycheck
<25	\$ 0.80	\$ 0.40	\$ 1.60	\$ 0.80	\$ 2.40	\$ 1.20
25-29	1.20	0.60	2.40	1.20	3.60	1.80
30-34	1.82	0.91	3.64	1.82	5.46	2.73
35-39	2.88	1.44	5.76	2.88	8.64	4.32
40-44	4.68	2.34	9.36	4.68	14.04	7.02
45-49	7.48	3.74	14.96	7.48	22.44	11.22
50-54	11.28	5.64	22.56	11.28	33.84	16.92
55-59	16.56	8.28	33.12	16.56	49.68	24.84
60-64	24.24	12.12	48.48	24.24	72.72	36.36
65-69*	42.26	21.13	84.52	42.26	126.78	63.39
70-74*	59.30	29.65	118.60	59.30	177.90	88.95
75+*	78.10	39.05	156.20	78.10	234.30	117.15

†Coverage above \$20,000 requires Evidence of Insurability.

Children (Coverage may not exceed 50% of member's coverage.)						
Age	Cost per \$5,000 of Coverage		Cost for \$10,000 of Coverage		Cost for \$15,000 of Coverage	
	Cost per Month	Cost per Paycheck	Cost per Month	Cost per Paycheck	Cost per Month	Cost per Paycheck
<26	\$1.27	\$0.635	\$2.54	\$1.27	\$3.81	\$1.905

*Cost per Month rates based on paying for 10 months a year.

Critical Illness Outline of Coverage for Active Members

The certificate is a group certificate. The certificate provides critical illness coverage ONLY. The certificate does NOT provide comprehensive medical or hospital insurance, Medicare supplement insurance, long-term care insurance, nursing home insurance only, home health care insurance only, or nursing home and home care insurance. You may also contact your local Social Security office or Prudential and obtain a copy of the Guide to Health Insurance for People with Medicare.

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 CVGCR.**

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 and Procedures:

This coverage pays benefits for certain Critical Illnesses and Procedures. Critical Illnesses and Procedures means the person's:

- | | |
|------------------------------------|----------------------------------|
| ▶ Alzheimer's Disease | ▶ Heart Valve Malfunction |
| ▶ Blindness | ▶ Invasive Cancer (full benefit) |
| ▶ Cancer in Situ (partial benefit) | ▶ Major Organ Transplant |
| ▶ Coma | ▶ Parkinson's Disease |
| ▶ Coronary Artery Obstruction | ▶ Renal (Kidney) Failure |
| ▶ Deafness | ▶ Stroke |
| ▶ Heart Attack | ▶ Terminal Illness |

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

Benefits for a Critical Illness or Procedure are payable only if:

- (1) The person is diagnosed with the Critical Illness while a Covered Person; or
- (2) The person has the Critical Procedure while a Covered Person.

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

First Occurrence Benefit Amount Payable: The amount payable for the First Occurrence of a Critical Illness or Procedure depends on the type of Critical Illness or Procedure as shown below and the Amount of Insurance the person elects (as explained on the next page). All benefits are subject to the Lifetime Maximum Benefit in the next column.

Critical Illness or Procedure:	Percent of the Person's Amount of Insurance
Alzheimer's Disease	100
Heart Attack	100
Invasive Cancer (full benefit)	100
Major Organ Transplant	100
Parkinson's Disease	100
Renal (Kidney) Failure	100
Stroke	100
Blindness	25
Cancer in Situ (partial benefit)	25
Coma	25
Coronary Artery Obstruction	25
Deafness	25
Heart Valve Malfunction	25
Terminal Illness	25

Reoccurrence Benefit Amount Payable: The amount payable for a Reoccurrence of a Critical Illness or Procedure is 50% of the amount paid to the person for the First Occurrence of the Critical Illness or Procedure. All benefits are subject to the Lifetime Maximum Benefit below.

Reoccurrence of a Critical Illness or Procedure means:

- (1) A person is positively diagnosed by a Doctor as having an additional occurrence or reoccurrence of a Critical Illness or Procedure 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 such prior benefit payment.

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

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 Active Members	Any multiple of \$10,000
Maximum Amount	\$200,000

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 \$20,000.

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 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, Civil Union Partner, or Domestic Partner	Any multiple of \$10,000
	Maximum Amount: \$200,000
Your children	Any multiple of \$5,000
	Maximum Amount: \$15,000

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

The Guaranteed Issue Limit for Dependent Spouse, Civil Union Partner, or Domestic Partner Amounts is \$20,000.

Critical Illness Outline of Coverage for Active Members, continued

Critical Illness or Procedures not covered:

A Critical Illness or Procedure 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 or Procedure occurred. Conviction is not required for a determination of being intoxicated.
- (7) Being under the influence or taking any narcotic, unless prescribed by and administered in accordance with the advice of the Covered Person's Doctor.

Pre-Existing Condition limitations:

A Critical Illness or Procedure 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) The person received medical treatment, consultation, care, or services, including diagnostic measures, from a Doctor or took prescribed drugs or medicines, or followed treatment recommendation in the 6 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 or Procedure begins within 6 months of the date the person's 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 31 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 6 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 or Procedure 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.

Benefit for National Cancer Institute (NCI) Evaluation:

This additional benefit for NCI evaluation pays benefits for a Covered Person's evaluation or consultation at an NCI-designated cancer center only if both of these conditions are met:

- (1) The Covered Person is seeking the evaluation or consultation as a result of receiving a diagnosis of Cancer
- (2) The purpose of the evaluation or consultation is to determine the appropriate course of treatment

National Cancer Institute (NCI) Evaluation Benefit Amount Payable: An amount equal to:

- (1) \$500; plus
- (2) \$250 for the transportation and lodging of the Covered Person requiring the evaluation if the NCI facility is more than 100 miles from the Covered Person's primary residence.

NCI Evaluation Benefit Lifetime Limit: The NCI Evaluation Benefit is payable once during the lifetime of each Covered Person.

Transportation Benefit:

This additional benefit for transportation pays benefits for the travel expenses associated with a Covered Person's round-trip between the Covered Person's primary residence and a hospital or medical facility only if both of these conditions are met:

- (1) The Covered Person needs to travel to the hospital or medical facility to receive treatment for a Critical Illness or to have a Critical Procedure performed
- (2) The hospital or medical facility is more than 100 miles from the Covered Person's primary residence

Transportation Benefit Amount Payable: An amount equal to the lesser of:

- (1) The actual charges incurred for travel by train, plane, or bus, plus \$0.50 per mile for travel by personal car; and
- (2) \$1,500.

Transportation Benefit Annual Limit: The Transportation Benefit is limited to one benefit payment per Calendar Year for each Covered Person receiving treatment during that visit.

Lodging Benefit:

This additional benefit for lodging pays benefits for a Covered Person's lodging expenses only if all of these conditions are met:

- (1) The Covered Person needs to stay overnight in order to receive treatment for a Critical Illness or to have a Critical Procedure at a hospital or medical facility.
- (2) The hospital or medical facility is more than 100 miles from the Covered Person's primary residence.
- (3) The lodging occurs not more than 24 hours prior to the treatment or procedure, and not more than 24 hours after the treatment or procedure.

Lodging Benefit Amount Payable: \$60 per day.

Lodging Benefit Annual Limit: The Lodging Benefit is limited to 60 days per Calendar Year for each Covered Person receiving treatment during that visit.

This outline of coverage is a very brief summary of your certificate.

The certificate itself sets forth the rights and obligations of both you and the insurance company. It is therefore imperative that you **READ YOUR CERTIFICATE** carefully.

The anticipated loss ratio for this certificate is 75%. This ratio is the portion of future premiums which Prudential expects to return as benefits, when averaged over all people with this certificate.

► How to Enroll:

Enroll when first becoming an NJEA member or returning from unpaid leave. Fill out the attached Enrollment Form and mail it in the business reply envelope provided within 120 days of becoming a member. When you return from unpaid leave and were covered under the NJEA Disability Insurance Program and/or Critical Illness Insurance before your leave, fill out the Enrollment Form and mail it in the business reply envelope within 90 days of returning to work.

Sign up after an enrollment meeting at your school. Fill out the attached Enrollment Form and give it to the Prudential representative at the meeting. Or mail it using the business reply envelope provided within 60 days of the enrollment meeting.

Enroll at any other time. You may enroll for coverage at any time by answering health questions. Fill out the attached Enrollment Form and mail it in the business reply envelope provided.

Things to know about Open Enrollment

Open Enrollment generally happens only once every 3 years, so now may be a good time to enroll.

You're eligible to enroll for coverage if you're an NJEA member and work at least 15 hours per week. You can keep your coverage if you change districts, provided you notify us of the transfer within 90 days. You can enroll your dependents only if you're enrolled.



You're guaranteed acceptance if you enroll during the first 120 days of NJEA membership, during the first 60 days after an enrollment meeting at your school, or during the first 90 days after you return from unpaid leave (provided you were covered under the NJEA Endorsed Disability Insurance Program before your leave).

Need help or have questions?

If you have questions about enrollment, claims, or premium payments, call **800-727-3414**.

- Option 1 for Claims
- Option 2 for Billing
- Option 3 for Enrollment

Email us: info@educators-insurance.com

Visit <http://www.educators-insurance.com>

Don't delay!

Enrolling is fast and simple, so do it now. The sooner you enroll, the sooner you will have coverage.

Please mail or fax enrollment forms to:

Educators Insurance Services
4000 Route 66–Suite 144
Tinton Falls, NJ 07753-7300
Fax 732-918-2001

1 American Payroll Association, "Getting Paid in America" Survey, 2016. 2 Prudential Financial Wellness Survey, April 2014. 3 Out-of-pocket expenses related to an illness or injury may be both medical and non-medical expenses. 4 David U. Himmelstein, MD, Deborah Thorne, PhD, Elizabeth Warren, JD, and Steffie Woolhandler, MD, MPH, "Medical Bankruptcy in the United States, 2007: Results of a National Study," American Journal of Medicine, 2009.

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. If you do not have other health insurance coverage, you may be subject to a federal penalty.

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 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.

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