

Critical Illness Insurance Plan Summary and Rate Sheet

Affirm, Inc.

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.[1]

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	
Eligibility	All active, full-time employees working a minimum of 32 hours per week.
Employee	Employee - Up to age 100
Spouse/Domestic Partner	Dependent Spouse/Domestic Partner - Up to age 100
Children	Dependent Child - Up to age 26
Employee	Any multiple of $5,000 but not less than $10,000 and not more than $30,000
Spouse/Domestic Partner	Any multiple of $5,000, but not more than the lesser of $30,000 or 100% of the Employee Amount.
Children	Any multiple of $5,000, but not more than the lesser of $15,000 or 50% of the Employee Amount
Guaranteed Issue Amount	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.
Age Reduction Schedule	No Age Reduction Applies to Employee and Spouse/Domestic Partner Coverage.
Lifetime Benefit Maximum	500% of amount of insurance.
Recurrence	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.

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PAID AT 100% OF COVERAGE AMOUNT[2]	Alzheimer's Disease - Benign Brain Tumor – Blindness - Cancer – Invasive – Coma - Deafness - Heart Attack - Major Organ Failure - Paralysis of Limbs - Renal Failure – Severe Coronary Artery Disease - Stroke **Childhood Benefits** 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 - Spina Bifida - Zellweger Syndrome
PAID AT 25% OF COVERAGE AMOUNT[2]	Aneurysm - Cancer – Non-Invasive (in Situ – other than Skin Cancer) - Sudden Cardiac Arrest - Transient Ischemic Attack (TIA) **Childhood Benefits** Autism

Additional Benefits and Provisions	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
Wellness Benefit	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.[3]
National Cancer Institute Evaluation	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.
Transportation Benefit	Transportation benefit for transportation expenses of the lesser of the actual charges incurred for commercial travel, plus $0.50/mile for noncommercial 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 – two benefit payment(s) per Calendar Year for each Covered Person receiving treatment during that visit.
Lodging Benefit	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.
Skin Cancer Benefit	Skin Cancer Benefit of $250 payable once per Covered Person per calendar year
Mental Health Screening Benefit	The Mental Health Screening benefit is $25 benefit which is payable once per calendar year

Insurance Rates

Critical Illness Insurance may cost less than you think. Your Monthly rates per $1,000 of coverage are outlined below.

Non-Smoker		
Attained age of Employee	**Employee**	**Spouse/Domestic Partner**
<25	$0.399	$0.401
25-29	$0.403	$0.406
30-34	$0.496	$0.500
35-39	$0.496	$0.500
40-44	$0.696	$0.699
45-49	$0.696	$0.699
50-54	$1.485	$1.446
55-59	$1.485	$1.446
60-64	$2.229	$2.146
65-69	$2.229	$2.146
70-74	$4.222	$4.043
75-79	$4.222	$4.043
80-84	$4.222	$4.043
85+	$4.222	$4.043
Smoker		
Attained age of Employee	**Employee**	**Spouse/Domestic Partner**
<25	$0.429	$0.431
25-29	$0.434	$0.436
30-34	$0.599	$0.604
35-39	$0.599	$0.604
40-44	$1.006	$1.010
45-49	$1.006	$1.010
50-54	$2.483	$2.416
55-59	$2.483	$2.416
60-64	$3.770	$3.625
65-69	$3.770	$3.625
70-74	$6.651	$6.362
75-79	$6.651	$6.362
80-84	$6.651	$6.362
85+	$6.651	$6.362

Child Up to Age 26
$0.582

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.

Follow this worksheet to determine the cost of insurance for you.	
1. Select the desired amount of coverage	$_____
2. Locate the monthly rate	The monthly rate per $1,000 is $_____
3. Divide the selected amount of coverage by $1,000.Then multiply the result by the monthly rate to get the monthly cost of insurance.	$_____divided by $1,000 is $_____ _____ multiplied by $_____=$_____

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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 Affirm, Inc. 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.

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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