AlliedServices
INTEGRATED HEALTH SYSTEM

Valuable Voluntary Benefits Offering for Newly Hired Employees!

As a newly eligible employee, you are able to participate in the Prudential Voluntary Benefits Program, which provides additional financial protection for you and your family. This program is offered to employees by Prudential.

During your new hire enrollment period, you have the opportunity to enroll in the following benefits on a **guaranteed issue basis**. That means **no medical exam or qualifying health questions** are required.

Prudential's Supplemental Health Bundle Plan: This plan includes all 3 plans at 1 affordable cost to you!

- **Accident Plan** - The **Prudential Accident** plan is designed to help you meet those out-of-pocket expenses and extra bills that can follow even ordinary accidents. Accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an accidental injury occur. Employee, spouse and child coverage is available.

- **Critical Illness w/Cancer Plan** - The **Prudential Critical Illness w/Cancer** plan pays a lump sum benefit up to 100% of the face amount if you or a covered family member is diagnosed with a covered critical illness including cancer, heart attack, sudden cardiac arrest, stroke, major organ transplant, end-stage renal failure, coronary artery bypass surgery, etc. The benefit can be used any way you choose, and you do not have to be disabled or terminally ill to receive benefits. There are no pre-existing condition limitations to this plan, but diagnoses do need to be after the coverage effective date. **There is a $50 annual wellness benefit automatically included in this plan as well.** Employee, spouse and child coverage is available.

- **Hospital Indemnity Plan** - The **Prudential Hospital Indemnity** plan pays you a lump sum benefit when you are hospitalized for a covered injury or illness (pregnancy included). The money can help you deal with the portion of your medical bills that are not covered by traditional health insurance, such as deductibles, coinsurance and copays. There are no pre-existing condition limitations to this plan. Employee, spouse and child coverage is available.

Prudential's Supplemental Health Bundle Plan Design Information Listed on Back

Enrollment Instructions:

- See enclosed enrollment form for your review and completion.
- Check the box of the benefit tier you would like to elect and complete the Employee Demographic Information and Dependent Information (if applicable)
- Please sign/date your personalized enrollment form.
- **Please return this enrollment form to HR within 30 days of your eligibility period.**

Please contact call Shanna Mancuso from TriBen Insurance Solutions,
Monday through Friday between 8:30am to 5:00pm,
at 1-888-264-2147 (option 6) for questions about this Prudential benefit offering.

These policies have limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, please contact your insurance consultant. This communication is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Carrier Plan Design Information

Accident Insurance through Prudential:

Coverages & Features	Prudential
Coverage Period	24 Hour
Emergency Room Care	$100
Initial Physician's Visit	$100
Urgent Care	$100
Fractures	Up to $4,000
Lacerations	Up to $100
Ambulance	$150/$1,000
Appliances/Medical Equipment	Up to $300
Major Diagnostic Exams	Up to $300
X-Ray	$50
Non-Emergency Initial Care Benefit	$25
Accident Follow Up	$50
Hospital Admission	$500 x 3 calendar year
Hospital Confinement	$200 day x 365 days year
Hospital Observation Room	$100

Coverages & Features	Prudential
Puncture Wound	$25
Burns	Up to $2,500
Concussion	$200
Paralysis	Up to $5,000
Coma	$5,000
Abdominal or Thoracic Surgery	$500
Surgeries	Up to $500
Hernia Surgery	$100
Exploratory Surgery	$100
Outpatient Surgery	$150
Tendon, Ligament, Rotator Cuff	Up to $500
Knee Cartilage	$350
Ruptured Disc Surgery	$500
Pain Mgt. – Epidural Injection	$100
Rehabilitation Unit	$75 day x 30 per year

Coverages & Features	Prudential
Telemedicine	$25
Eye Surgery	Up to $75
Dental Emergency	Up to $75
Therapy Sessions	$50 day x 10 visits per accident
Joint Replacement	$500
General Anesthesia	$100
Prosthesis	Up to $700
Blood/Plasm/Platelets	$125
Organized Sports Benefit	25% Increase in Benefit
ICU Admission	$1,000 x 3 calendar year
ICU Confinement	$400 day x 30 days
Dislocations	Up to $4,000
Employee Accidental Death	$12,500 ($37,500 common carrier)
Employee Dismemberment	Up to $5,000
Employee Catastrophic AD&D	Up to $25,000

Hospital Indemnity Insurance through Prudential:

Coverages and Features	Prudential
Hospital Admission	$500 x 5 per calendar year
Hospital Confinement – Days 1-4	$150 (Starts day 2)
Hospital Confinement – Days 5-10	$150
Hospital Confinement – Days 11-31	$150
ICU Admission	$500 x 5 per calendar year
ICU Confinement	$150 x 30 per confinement
High Risk Pregnancy Benefit	25% additional benefit
Mental/Nervous Disorder Facility Care Benefit	$50 x 30 days per calendar year
Premature Infant Benefits	25% additional benefit
Substance Abuse Benefit	$50 x 30 days per calendar year

Critical Illness Insurance through Prudential:

Coverages & Features	Prudential
Employee Benefit Face Amount	$10,000
Spouse Benefit Face Amount	$5,000
Child(ren) Benefit Face Amount	$5,000
Heart Attack	100%
Sudden Cardiac Arrest	100%
Stroke	100%
Coronary Artery Bypass Surgery/Graft – Severe Artery	25%
Major Organ Transplant/Failure	100% (F)
End Stage Renal Kidney Failure	100%
Alzheimer's Disease	100%
Full Benefit Cancer - Invasive	100%
Carcinoma In Situ – Non-Invasive	25%
Skin Cancer	$250 Annually
Bone Marrow Transplant	100%
Occupational HIV	100% (Hepatitis Included)

Coverages & Features	Prudential
Child Conditions: Cerebral Palsy, Cleft Lip / Palate, Down Syndrome, Gaucher Disease Type 2 or 3, Glycogen Storage Disease Type IV, Infantile Tay Sachs Disease, Niemann-Pick Disease, Pompe Disease, Spina Bifida, Autism, Cystic Fibrosis, Muscular Dystrophy, Zellweger Syndrome, Sickle Cell Anemia, Congenital Heart Disease	100%
Subsequent Diagnosis - Different Condition	Yes – 0 Day Separation
Recurrence Benefit – Same Condition	Yes – Up to 100% - 180 Day Separation
Wellness Benefit	$50 Annually
Organ Donor Match Benefit	$5,000
National Cancer Institute Evaluation	$500/$250 for Transportation and Lodging
Transportation Benefit	$0.50 per mile if more than 50 miles from residence
Lodging Benefit	$100 x 60 per year if more than 50 miles from residence

Benefit Election Form **Allied Services**

Employee Demographic Information			
Employee Name:		Date of Birth:	
Home Address:	City:	State:	Zip:
Date of Hire:		Social Security #:	
Job Title:	Gender:	Hours per Week:	Phone #:
Are you actively at work: ☐ YES ☐ NO			
Beneficiary Name/Relationship (estate unless designated otherwise):			

If you are applying for Spouse and/or Child coverage, please enter in Dependent information below:			
Spouse Name:	Spouse DOB:	Marriage Date:	
Child Name:	Child DOB: Gender: M or F	Child Name:	Child DOB: Gender: M or F
Child Name:	Child DOB: Gender: M or F	Child Name:	Child DOB: Gender: M or F

SEMI MONTHLY Costs

Prudential's Supplemental Health Bundle Plan

Hospital Indemnity Insurance with Critical Illness and Accident Benefits - All in One Bundle

I wish to enroll in the following coverage:

Employee	Employee + Spouse	Employee + Children	Family
$13.43	$26.41	$19.73	$32.71
❑	❑	❑	❑

APPLICANT'S STATEMENTS AND AGREEMENTS:

I have read or had read to me the completed application. I represent that all statements and answers made on or attached to this application are true to the best of my knowledge and belief and realize that any false statements herein which materially affect the acceptance of the risk or hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached. I understand that coverage will become effective only after all of the following conditions have been met: a) I must be a member of an eligible class; b) I must have satisfied the policyholder waiting period; c) the group must have met the insurer's minimum participation requirement; d) I must satisfactorily answer all questions on this form; e) I must be actively at work on the effective date (according to the insurer's rules); and f) the first month's premium must have been received by the underwriting company and its administrative office. I understand that completion of this application in no way implies that I will be accepted for insurance coverage.

Date:_____ Employee Signature: _____

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