| **FULL-TIME HOURLY VISION CENTER MANAGERS** | | |
|---|---|---|
| **NOTE:** *Don't confuse the initial enrollment period with the coverage effective date. You must enroll in coverage **prior** to the coverage effective date for most benefits.* | | |
| **Plan** | **Enrollment periods and coverage effective dates** | |
| • Medical<br>• HMO plans<br>• Dental<br>  – Enrollment is for two full calendar years<br>• Vision<br>• Critical illness insurance<br>• Accident insurance<br>• AD&D | **Initial enrollment period:**<br>You must enroll in coverage between the date of your first biweekly pay and the day *prior* to the 60th day of employment, measured from your date of hire.<br><br>**When coverage is effective:**<br>Your coverage is effective on your date of hire. | If you elect coverage, your election must remain in effect until the end of the calendar year containing the coverage effective date and may not be changed until Annual Enrollment for the next calendar year, unless you experience an election change event, as described in the **Permitted election changes outside Annual Enrollment** section of this chapter. |
| • My Mental Health Resources<br>• Company-paid life insurance<br>• Business travel accident insurance | You are enrolled automatically on your date of hire and your coverage is effective on that date. | |
| • Optional associate life insurance<br>• Optional dependent life insurance | **Initial enrollment period:**<br>Your initial enrollment period starts the date of your first biweekly pay and ends the day prior to the 60th day of employment, measured from your date of hire.<br><br>You can also enroll in, increase, or drop coverage at any time after your initial enrollment period ends.<br><br>**When coverage is effective:***<br>**If you enroll during your initial enrollment period:**<br><br>• If you enroll for the guaranteed issue amount, coverage is effective on the date you enroll.<br>• If you enroll for more than the guaranteed issue amount, coverage for you and your spouse/partner is subject to Prudential's approval. You will be required to provide Proof of Good Health for yourself and/or your spouse/partner and may be required to undergo a medical exam at your own expense. If approved, your coverage is effective on the date Prudential approves your coverage. If any coverage above the guaranteed issue amount is not approved, and you (or your spouse/partner) are not already enrolled in coverage for the guaranteed issue amount, you (or your spouse/partner) will be enrolled in coverage for the guaranteed amount and coverage will be effective on the date you enroll.<br><br>**If you enroll or increase coverage after your initial enrollment period:**<br><br>• Coverage for you and your spouse/partner (including an increase to previously elected coverage) is subject to Prudential's approval. You will be required to provide Proof of Good Health for yourself and/or your spouse/partner and may be required to undergo a medical exam at your own expense. If approved, your coverage is effective on the date Prudential approves your coverage.<br>• You are not required to provide Proof of Good Health for children you enroll in optional dependent coverage.<br><br>If you are required to provide Proof of Good Health, payroll deductions of your premiums will not begin until your coverage is effective, as described above. | |
| • Short-term disability basic plan<br>  – Basic coverage (not available to associates who work in California, Hawaii, New Jersey, and Rhode Island; different coverage is available in New York)<br>  – Maternity benefits<br><br>*See the **Full-time hourly short-term disability** chapter for general information about state benefits.* | You are enrolled automatically on your date of hire, and your coverage is effective on that date. | |

## FULL-TIME HOURLY VISION CENTER MANAGERS (CONTINUED)

**NOTE:** *Don't confuse the initial enrollment period with the coverage effective date. You must enroll in coverage **prior** to the coverage effective date for most benefits.*

| Plan | Enrollment periods and coverage effective dates |
|---|---|
| • Short-term disability enhanced plan (not available to associates who work in California, Hawaii, New Jersey, and Rhode Island; New York short-term disability enhanced plan is available in New York)<br><br>*See the* **Full-time hourly short-term disability** *chapter for general information about state benefits.* | **Initial enrollment period:**<br>You must enroll in coverage between the date of your first biweekly pay and the day *prior* to the 60th day of employment, measured from your date of hire.<br><br>**When coverage is effective:**<br>• **If you enroll during your initial enrollment period:** Coverage is effective your date of hire.<br>• **If you enroll in coverage after your initial enrollment period:** Coverage is effective 12 months after the date you enroll in coverage at Annual Enrollment or, in the case of an election change event, 12 months after the date of the event.<br><br>If you elect coverage, your election must remain in effect until the end of the calendar year containing the coverage effective date and may not be changed until Annual Enrollment for the next calendar year unless you experience an election change event, as described in the **Permitted election changes outside Annual Enrollment** section of this chapter. |
| • Long-term disability (LTD) plan (including enhanced benefits) | **Initial enrollment period:**<br>You must enroll in coverage between the date of your first biweekly paycheck and the day *prior* to the 60th day following your date of hire.<br><br>**When coverage is effective:**<br>• **If you enroll in coverage during your initial enrollment period:** Coverage is effective on your date of hire.<br>• **If you enroll in coverage after your initial enrollment period:**<br>  – If you enroll in coverage following an election change event, your coverage is effective on the first day of the pay period following the date you enroll.<br>  – If you enroll in coverage during Annual Enrollment for the next Plan year, your coverage will be effective January 1 of that year.<br><br>If you elect coverage, your election must remain in effect until the end of the calendar year containing the coverage effective date and may not be changed until Annual Enrollment for the next calendar year unless you experience an election change event, as described in the **Permitted election changes outside Annual Enrollment** section of this chapter |

*If your spouse/partner or dependent child is confined for medical treatment (at home or elsewhere), coverage is delayed until your spouse/partner or child has a medical release (does not apply to a newborn child).

**NOTE:** Some benefits require you to meet the definition of active work. See the **"Active work" or "actively at work"** section in this chapter for information.