



2014

Legal Notices

HIPAA Privacy Notice

Smart Choices, Healthy Lives



www.prubenefitscenter.com



Important Notice

This Guide is intended to help you understand the main features of The Prudential Insurance Company of America (Prudential) benefit programs for 2014 and to provide information regarding your benefits. For more details, please refer to your plan or program booklets (also known as Summary Plan Description booklets or SPD booklets), including any applicable Summaries of Material Modifications (SMMs) of the SPD booklets.

This Guide is not a substitute for the official Plan Documents, which govern the operation of the programs and benefits described here. All terms and conditions of the programs, including your eligibility and any benefits, will be determined pursuant to and are governed by the provisions of the applicable Plan Documents. If there is any discrepancy between the information in this Guide or in any other Prudential materials relating to the programs and benefits described here and the actual Plan Documents, or if there is a conflict between information discussed by anyone acting on Prudential's behalf and the actual Plan Documents, the Plan Documents, as interpreted by the applicable Plan Administrator in its sole discretion, will always govern.

Prudential may, in its sole discretion, modify, amend, suspend or terminate any and all of its HR policies, programs, plans and benefits, including those described in this Guide, in whole or in part, at any time, without notice to or consent of any participant, employee or former employee to the extent permissible under applicable law.

Nothing contained in this Guide is intended to constitute or create a contract of employment, nor shall it constitute or create the right to remain associated with or in the employ of Prudential for any particular period of time. In addition, no oral or written statements made by anyone acting on Prudential's behalf are intended to create the right to remain associated with or in the employ of Prudential for any particular period of time. Employment with Prudential is employment-at-will. This means that either you or Prudential may terminate the employment relationship at any time, with or without cause or notice.

Notice of Privacy Practices

TO: Participants in The Prudential Welfare Benefits Plan, The Prudential Flexible Benefits Plan, Prudential Medical Access Plan, Prudential Executive Medical Access Plan and The Prudential Wellness Plan
(collectively, "Prudential's Group Health Plans" or the "Plans")

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Protecting the confidentiality of your personal medical information has always been an important priority of Prudential and Prudential's Group Health Plans. We (Prudential's Group Health Plans) have adopted policies to safeguard the privacy of your medical information and comply with federal law (specifically, the Health Insurance Portability and Accountability Act, or "HIPAA" and the privacy and security rules issued under HIPAA). This notice is effective September 1, 2013, and remains in effect until we change or replace it.

Prudential's Group Health Plans' Legal Obligations

We are required by federal law to protect the privacy of your individual health information (referred to in this notice as "Protected Health Information"). We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information, and to abide by the terms of the notice currently in effect.

We must inform you in the event of a breach of your unsecured Protected Health Information.

We are prohibited from using or disclosing genetic information for underwriting purposes.

If applicable state law provides you greater rights or protections concerning your Protected Health Information, we will follow such laws.

Please note: If you are covered by an insured health option under the Plans, you will also receive a separate notice from your insurer or HMO.

This notice explains:

- Who must follow this notice;
- How we may use and disclose your Protected Health Information; and
- Your rights and our obligations regarding your Protected Health Information.

Who Must Follow This Notice

All of the Prudential Group Health Plans, their workforce members, agents and our authorized vendors who have access to your Protected Health Information to provide services must follow this notice.

How the Prudential Group Health Plans May Use Your Information

In order to manage your health coverage effectively, we are permitted by law to use and disclose your Protected Health Information in certain ways without your authorization:

For treatment. So that you receive appropriate treatment and care, we may use and disclose your Protected Health Information to coordinate care between the Plans and your provider. We also may contact you to provide information about treatment alternatives or other health-related benefits and services available under the Plans.

For payment. To make sure that claims are paid accurately and you receive the correct benefits, we may use and disclose your Protected Health Information to determine plan eligibility and responsibility for coverage and benefits. For example, we may use and disclose your Protected Health Information when we confer with other health plans to resolve a coordination of benefits issue. We may also use your Protected Health Information for utilization review activities.

For health care operations. To ensure quality and efficient plan operations, we may use and disclose your Protected Health Information in several ways, including plan administration, quality assessment and improvement and vendor review. For example, we may use and disclose your Protected Health Information to assist in the evaluation of a vendor who supports us for underwriting and related purposes. Another example includes the disclosure of your Protected Health Information to vendors to support our wellness initiatives. Prudential's Group Health Plans collectively constitute an organized health care arrangement under HIPAA, and will share Protected Health Information with each other as necessary to carry out treatment, payment or health care operations related to the organized health care arrangement. We, and any health insurance issuer or HMO with respect to Prudential's Group Health Plans, may also disclose your Protected Health Information to The Prudential Insurance Company of America (the Plan Sponsor) in connection with these activities. If you are covered under an insured health plan, the insurer also may disclose Protected Health Information to the Plan Sponsor in connection with payment, treatment or health care operations.

Other Permitted Uses and Disclosures

Federal regulations allow us to use and disclose your Protected Health Information, without your authorization, for several additional purposes, in accordance with federal and state law:

- To a coroner or medical examiner;
- To cadaveric organ, eye or tissue donation programs;
- For research purposes, as long as certain privacy-related standards are satisfied;
- Disclosure of conduct that is unlawful or potentially endangers one or more patients, workers or the public to the extent provided in the privacy rules;
- Public health;
- Reporting and notification of abuse, neglect or domestic violence;
- Oversight activities of a health oversight agency;
- Judicial and administrative proceedings;
- Law enforcement;
- To avert a serious threat to health or safety;
- Specialized government functions (for example, military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations);
- Workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness;
- To report conduct by the Plans that is unlawful, violates professional standards or poses a danger; and
- Other purposes required by law, provided that the use or disclosure is limited to the relevant requirements of such law.

In Special Situations...

We may disclose your Protected Health Information to a family member, relative, close personal friend or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care. We also may use your Protected Health Information to notify a family member, your personal representative, another person responsible for your care or certain disaster relief agencies of your location, general condition or death. If you are incapacitated, there is an emergency or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

Uses and Disclosures That Will Only Be Made With Your Authorization

The following uses and disclosures will only be made with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of Protected Health Information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not otherwise described in this notice.

You may revoke your authorization in writing at any time by contacting the Prudential Benefits Center at the address listed at the end of this notice under "Contacting Us."

Your Rights Regarding Protected Health Information

You have certain rights regarding access to, and the use and disclosure of your Protected Health Information as described below. To exercise any of these rights, please contact the Prudential Benefits Center, listed below under "Contacting Us." Specifically, you have the right to:

- Inspect and obtain a copy of your Protected Health Information;
- Amend or correct inaccurate information;
- Receive an accounting of certain disclosures of your Protected Health Information made by us; and
- Receive a paper copy of this notice, even if you agreed to receive it electronically.

Right to Request Restrictions

You may ask us to restrict the way we use and disclose your Protected Health Information as we carry out payment, treatment or health care operations. You may also ask us to restrict disclosures to your family members, relatives, friends or other persons you identify who are involved in your care or payment for your care. We are not required to agree to your request for a restriction. However, if we do agree to the restriction, we will comply with your request except as needed to provide emergency treatment to you. We may end our agreement to follow your requested restriction as permitted by law and will notify you in writing.

Right to Request Confidential Communications

You may request to receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have information sent by mail or to an address other than your home.

Complaints

If you believe that your privacy rights have been violated, or that the privacy or security of your unsecured Protected Health Information has been compromised, you may file a written complaint without fear of reprisal. Direct your complaint to the office listed below under "Contacting Us" or to the Secretary of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

About This Notice

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we change this notice, you will receive a new notice by either electronic or paper copy.

Contacting Us

To exercise your rights described in this notice, you must send the request or complaint in writing to the address below. If you have any questions about this notice, please contact the office identified below.

Prudential Benefits Center
P.O. Box 563996
Charlotte, NC 28256-3996
1-800-PRU-EASY (1-800-778-3279)