Legal Notices and Summary Annual Report

Availability of Summary Health Information

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: benefits.rich.com. A paper copy is also available, free of charge, by calling the Associate Service Center at **1-800-455-2587** (a toll-free number) and selecting the option to speak with an Aon Representative.

Additionally, information regarding negotiated rates for covered items and services between the plan and in-network providers as well as historical payments to and billed charges from out-of-network providers can be accessed at richs.com/wp-content/uploads/2022/06/Carrier-Machine-Readable-File-Links.pdf.

HIPAA Notices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that you receive the following notices.

Privacy Protections

RICH PRODUCTS CORPORATION HEALTH CARE PRIVACY NOTICE

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as "protected health information" or "PHI," includes virtually all individually identifiable health information held by the Plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the following plans: Rich Products Corporation health care plans, which include coverages such as medical, dental, vision, prescription drugs, health care flexible spending account, HRA, Employee Assistance Program (EAP), and mental health and substance abuse programs (collectively, the "Plan"). These coverages are part of plans sometimes referred to as Rich Products Corporation Welfare Benefit Plan, Rich Products Corporation Flexible Benefits Program, wellness programs, and Confidential Assistance Plan. The plans covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise. Some of these plans also provide benefits such as dependent care or nonmedical counseling or legal services, which are not health care benefits. The plans providing these benefits are "hybrid entities" and only the part of the plan providing medical benefits is covered by HIPAA and this privacy notice. Where benefits are provided through insurance, then the privacy notice for that plan will be provided by the applicable insurance company, and this notice will apply only to the extent the insurance company shares protected health information with the Plan.

This notice does **not** apply to health information that is held by Rich Products Corporation in its role as your employer or health information that has been de-identified. De-identified information is information that does not identify an individual (i.e., you) and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Rich Products Corporation as an employer — that's the way the HIPAA rules work. Different policies may apply to other Rich Products Corporation programs or to data unrelated to the health plan. We must follow the duties and privacy practices described in this notice while it remains in effect. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

How the Plan may use or disclose your health information

Generally, except for the purposes discussed below, the Plans cannot use or disclose your PHI without your written authorization. Moreover, if you provide authorization to use or disclose your PHI, you have the right to revoke your authorization at any time, except to the extent that the Plan has already relied upon it. To revoke a written authorization, please write to the Plan's Privacy Officer.

The Plans and individuals or entities who the Plans have engaged to assist in its administration (called "business associates") will use PHI, including genetic information, to carry out "treatment," "payment," and "health care operations" (these terms are described below). Neither the Plans, nor the business associates, require your consent or authorization to use or disclose your PHI to carry out these functions. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care and related services. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share health information about you with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, coordination of benefits, subrogation, plan reimbursement, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.

- **Health care operations** include activities by this Plan (and in limited circumstances, other plans or providers) related to quality assessment and improvement activities, customer service, and internal grievance resolution. It includes wellness activities such as disease management, and health coaching. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, creation or renewal of insurance contracts, stop loss (or other excess loss) coverage claims submissions, legal services, business planning and development, business management, and general administrative activities. For example, the Plan may use information about your claims to review the effectiveness of wellness programs.

Business Associates provide business services to the Plans related to transactions with you and the Plans like plan administration, claim processing, or audit services. Examples of third parties include medical insurers, third party administrators, consultants and reinsurance companies. The Plans require business associates to agree, in writing, to maintain the confidentiality of the health information to which they are provided access and to notify us if there is a probable compromise of your Unsecured PHI. If a business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information. Under most circumstances, the amount of health information used or disclosed will be limited to the "Minimum Necessary" to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations, as defined under the HIPAA rules. Where practicable, the Plans will limit uses or disclosures to a limited data set. However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment purposes;
- uses or disclosures made to you;
- uses or disclosures authorized by you;
- disclosures made to the Secretary;
- uses or disclosures that are required by law; and
- uses or disclosures that are required by the Plans' compliance with legal requirements

The Plan can also use and disclose your information to run the plan and can contact you when necessary and to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will not use genetic information to decide whether it will give you coverage or to determine the price of that coverage.

In addition, the Plans may use or disclose information in a limited data set, provided that the Plans enter into a data use agreement with the limited data set recipient that complies with the federal privacy regulations. A limited data set is PHI which excludes certain direct identifiers relating to you and your relatives.

How the Plan may share your health information with Rich Products Corporation

The Plan, its Business Associates, or its health insurer or HMO, may disclose your health information without your written authorization to certain employees of Rich Products Corporation for plan administration purposes. Rich Products Corporation may need your health information to administer benefits under the Plan. Rich Products Corporation agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Members of Associate Services, site Human Resources, Payroll, and Finance are the only Rich Products Corporation associates who are specifically authorized and will have access to your health information for plan administration functions. These individuals receive training to ensure that they will protect the privacy of your health information and that it is used only as described in this notice or as permitted by law.

Here's how additional information may be shared between the Plan and Rich Products Corporation, as allowed under the HIPAA rules:

- The Plan, or its Insurer or HMO, may disclose "summary health information" to Rich Products Corporation if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, but from which names and other identifying information have been removed. Nonetheless, the Plans cannot use or disclose genetic information for underwriting purposes.
- The Plan, or its Insurer or HMO, may disclose to Rich Products Corporation information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan, to allow for payroll processing of premium payments.

Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plans to any other Rich's employee or department, and (2) will not be used by Rich's for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by Rich Products Corporation. However, health information collected by Rich Products Corporation from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative, or in certain situations required by law.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises; also for disclosing information about you if you are suspected of being a victim of a crime, but only if you agree to the disclosure or the Plans are unable to obtain your agreement because of incapacity or emergency circumstances
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures when the individual identifiers have been removed, or subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. The Plans will not disclose any of your health information for marketing pur-poses if the Plans will receive direct or indirect financial remuneration not reasonably related to the Plans' cost of making the communication. The Plans will not sell your PHI to third parties. The sale of PHI, however, does not include a disclosure for public health purposes, for research purposes where the Plans will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for sale, transfer, merger or consolidation of all or part of the Plans, for a business associate or its subcontractor to perform health care functions on the Plans' behalf, or for other purposes as required and permitted by law.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

Requests for restrictions and to receive communications by alternative means or at alternative locations should be made in writing to Rich Products Corporation, Associate Services Center, One Robert Rich Way, Buffalo, NY 14213. You or your personal representative may be required to complete a form to request restrictions on uses and disclosures of your PHI, or may be provided with additional instructions when such a request is made.

You have the right to request that your provider not disclose health information to a health plan if you have paid for the service in full, and the disclosure is not otherwise required by law. The request for restriction to the Plans will only be applicable to that particular service. You will have to request a restriction for each service thereafter from your provider. You should contact your health care provider to make such a request.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you. We will consider all reasonable requests, but are only obligated to grant the request if you state our denial of the request would endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health and claims records and other health information we have about you. Your request for health information in a "Designated Record Set" may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings, or information subject to the Clinical Laboratory Improvement Amendments of 1988 (to the extent that providing access to that information would be prohibited by law), and information which is exempt from those Amendments. Information used for quality control or peer review analyses and not used to make decisions about individuals is not considered part of a designated record set.

In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise review rights with respect to the denial, and a description of how you may complain to the Secretary.

The requested information will be provided within 30 days if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable cost-based fees for copies or postage.

If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

You or your personal representative may be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the contacts listed above in the section titled Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse.

Right to choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Genetic Information Nondiscrimination Act (GINA)

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set that is inaccurate or incomplete for as long as the PHI is maintained in the designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or part, the Plans must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your PHI.

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Requests to amend PHI should be made to the contacts listed above in the section titled Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse. You or your personal representative may be required to complete a form to request amendment of the PHI in your designated record set.

Within 60 days of receipt of your request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures the Plan or its Business Associates have made of your health information. This is often referred to as an "accounting of disclosures." You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information going back for six (6) years from the date of your request (or three years prior to the date of your request for "Electronic Health Records," as defined in HITECH), but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules are effective). You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations (except in the case of disclosures that involve "Electronic Health Records," as defined in HITECH);
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

The Right to Receive Notification in the Event of a Breach

You have the right to be notified if there is a probable compromise of your Unsecured PHI within sixty (60) days of the discovery of the breach. The notice will include:

- a brief description of what happened, including the date of the breach and the discovery of the breach;
- a description of the type of Unsecured PHI that was involved in the breach;
- any steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches; and
- contact procedures to answer your questions.

Personal Representatives

An individual may exercise his/her rights under this notice through a personal representative. If you have a personal representative, he/she will, unless otherwise allowed by law, be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as your conservator or guardian; or
- proof that the representative is your parent (if you are a minor child).

The Plans retain discretion to deny access to your PHI to a personal representative to provide protection to you if it is believed that you may be subject to abuse or neglect. This also applies to personal representatives of minors.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time. You may obtain a copy of this notice on the Plans' enrollment website: **www.myrichs.com** or you may request a paper copy by contacting the Associate Services Center at **1-800-455-2587**. The address for written correspondence is: Rich Products Corporation, Associate Services Center, One Robert Rich Way, Buffalo, NY 14213.

Changes to the information in this notice

The Plan must abide by the terms of the Privacy Notice currently in effect. However, the Plan reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. In the event of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice, a revised version of this notice will be posted to the Plan's website by the effective date of the material change, and a hard copy of the revised notice (or information about the material change and how to obtain the revised notice) will be provided in the Plan's next annual mailing. Alternatively, a revised copy may be distributed within 60 days of the effective date of any material change, and the revised notice will also be available on the Plan's website.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, write to HIPAA Privacy Official, Associate Services Center, Rich Products Corporation, One Robert Rich Way, Buffalo, NY 14213. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20210, or calling **1-877-696-6775**. The Plans will not retaliate against you for filing a complaint.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Associate Services Center, Rich Products Corporation, at **1-800-455-2587**.

This notice represents the Plans' efforts to summarize the privacy regulations under HIPAA. In the event of a discrepancy between the terms or requirements of this notice and the privacy regulations themselves, the terms of the regulations shall prevail.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, (or if the employer stops contributing toward your or your dependents' other coverage), you may be able to enroll yourself or your dependents in this Plan in the future, provided that you change or update your elections online within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You have 30 days from the date of your Qualified Change in Status to change or update your elections online. The benefit changes you make must be consistent with your Qualified Change in Status.

The Plan allows a HIPAA special enrollment for employees and dependents who are eligible but not enrolled, if they lose Medicaid coverage of State administered Children's Health Insurance Program ("CHIP") coverage because they are no longer eligible, or if they become eligible for a State's CHIP premium assistance. You have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Plan. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor at www.askebsa.dol.gov or by calling toll-free **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

- **ALABAMA – Medicaid**
  Website: http://myalhipp.com/
  Phone: **1-855-692-5447**
- **ALASKA – Medicaid**
  The AK Health Insurance Premium Payment Program
  Website: http://myakhipp.com/
  Phone: **1-866-251-4861**
  Email: **CustomerService@MyAKHIPP.com**
  Medicaid Eligibility: http://health.alaska.gov/dpa/Pages/default.aspx
- **ARKANSAS – Medicaid**
  Website: http://myarhipp.com/
  Phone: **1-855-MyARHIPP (855-692-7447)**
- **CALIFORNIA – Medicaid**
  Website: Health Insurance Premium Payment (HIPP) Program:
  https://dhcs.ca.gov/hipp
  Phone: **916-445-8322**
  Fax: **916-440-5676**
  Email: **hipp@dhcs.ca.gov**
- **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
  Health First Colorado Website: https://www.healthfirstcolorado.com/
  Health First Colorado Member Contact Center: **1-800-221-3943/ State Relay 711**
  CHP+: https://hcpf.colorado.gov/child-health-plan-plus
  CHP+ Customer Service: **1-800-359-1991/ State Relay 711**
  Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
  HIBI Customer Service: **1-855-692-6442**
- **FLORIDA – Medicaid**
  Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
  Phone: **1-877-357-3268**
- **GEORGIA – Medicaid**
  GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
  Phone: **678-564-1162, Press 1**
  GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
  Phone: **(678) 564-1162, Press 2**
- **INDIANA – Medicaid**
  Healthy Indiana Plan for low-income adults 19-64
  Website: http://www.in.gov/fssa/hip/
  Phone: **1-877-438-4479**
  All other Medicaid
  Website: https://www.in.gov/medicaid/
  Phone **1-800-457-4584**
- **IOWA – Medicaid and CHIP (Hawki)**
  Medicaid Website: https://dhs.iowa.gov/ime/members
  Medicaid Phone: **1-800-338-8366**
  Hawki Website: http://dhs.iowa.gov/Hawki
  Hawki Phone: **1-800-257-8563**
  HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
  HIPP Phone: **1-888-346-9562**
- **KANSAS – Medicaid**
  Website: http://www.kancare.ks.gov/
  Phone: **1-800-792-4884**
  HIPP Phone: **1-800-967-4660**
- **KENTUCKY – Medicaid**
  Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
  Phone: **1-855-459-6328**
  Email: **KIHIPP.PROGRAM@ky.gov**
  KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
  Phone: **1-877-524-4718**
  Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
- **LOUISANA – Medicaid**
  Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
  Phone: **1-888-342-6207 (Medicaid hotline)** or **1-855-618-5488 (LaHIPP)**
- **MAINE – Medicaid**
  Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
  Phone: **1-800-442-6003** TTY: **Maine relay 711**
  Private Health Insurance Premium Webpage:
  https://www.maine.gov/dhhs/ofi/applications-forms
  Phone: **1-800-977-6740** TTY: **Maine relay 711**
- **MASSACHUSETTS – Medicaid and CHIP**
  Website: http://www.mass.gov/masshealth/pa
  Phone: **1-800-862-4840** TTY: **711**
  Email: **masspremassistance@accenture.com**
- **MINNESOTA – Medicaid**
  Website: http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
  Phone: **1-800-657-3739**
- **MISSOURI – Medicaid**
  Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
  Phone: **573-751-2005**
- **MONTANA – Medicaid**
  Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
  Phone: **1-800-694-3084**
  Email: **HHSHIPPProgram@mt.gov**

- **NEBRASKA – Medicaid**
  Website: http://www.ACCESSNebraska.ne.gov
  Phone: **1-855-632-7633**
  Lincoln: **402-473-7000**, Omaha: **402-595-1178**
- **NEVADA – Medicaid**
  Medicaid Website: http://dhcfp.nv.gov
  Medicaid Phone: **1-800-992-0900**
- **NEW HAMPSHIRE – Medicaid**
  Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
  Phone: **603-271-5218**
  Toll free number for the HIPP program: **1-800-852-3345, ext 5218**
- **NEW JERSEY – Medicaid and CHIP**
  Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
  Medicaid Phone: **609-631-2392**
  CHIP Website: http://www.njfamilycare.org/index.html
  CHIP Phone: **1-800-701-0710**
- **NEW YORK – Medicaid**
  Website: https://www.health.ny.gov/health_care/medicaid/
  Phone: **1-800-541-2831**
- **NORTH CAROLINA – Medicaid**
  Website: https://medicaid.ncdhhs.gov/
  Phone: **919-855-4100**
- **NORTH DAKOTA – Medicaid**
  Website: https://www.hhs.nd.gov/healthcare
  Phone: **1-844-854-4825**
- **OKLAHOMA – Medicaid and CHIP**
  Website: http://www.insureoklahoma.org
  Phone: **1-888-365-3742**
- **OREGON – Medicaid**
  Website: http://healthcare.oregon.gov/Pages/index.aspx
  Phone: **1-800-699-9075**
- **PENNSYLVANIA – Medicaid and CHIP**
  Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
  Phone: **1-800-692-7462**
  CHIP Website: Children's Health insurance Program (CHIP) (pa.gov)
  CHIP Phone: **1-800-986-KIDS (5437)**
- **RHODE ISLAND – Medicaid and CHIP**
  Website: http://www.eohhs.ri.gov/
  Phone: **1-855-697-4347**, or **401-462-0311** (Direct RIte Share Line)
- **SOUTH CAROLINA – Medicaid**
  Website: https://www.scdhhs.gov
  Phone: **1-888-549-0820**
- **SOUTH DAKOTA – Medicaid**
  Website: http://dss.sd.gov
  Phone: **1-888-828-0059**
- **TEXAS – Medicaid**
  Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
  Phone: **1-800-440-0493**
- **UTAH – Medicaid and CHIP**
  Medicaid Website: https://medicaid.utah.gov/
  CHIP Website: http://health.utah.gov/chip
  Phone: **1-877-543-7669**
- **VERMONT – Medicaid**
  Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
  Phone: **1-800-250-8427**
- **VIRGINIA – Medicaid and CHIP**
  Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
  https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
  Medicaid/CHIP Phone: **1-800-432-5924**
- **WASHINGTON – Medicaid**
  Website: https://www.hca.wa.gov/
  Phone: **1-800-562-3022**
- **WEST VIRGINIA – Medicaid and CHIP**
  Website: https://dhhr.wv.gov/bms/, http://mywvhipp.com/
  Medicaid Phone: **304-558-1700**
  CHIP Toll-free phone: **1-855-MyWVHIPP (1-855-699-8447)**
- **WISCONSIN – Medicaid and CHIP**
  Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
  Phone: **1-800-362-3002**
- **WYOMING – Medicaid**
  Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
  Phone: **1-800-251-1269**

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
  Employee Benefits Security Administration
  www.dol.gov/agencies/ebsa
  1-866-444-EBSA (3272)
- U.S. Department of Health and Human Services
  Centers for Medicare & Medicaid Services
  www.cms.hhs.gov
  1-877-267-2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act

If you have or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under the plan. If you would like more information on WCHRA benefits, call your Plan Administrator or the Associate Services Center at **1-800-455-2587**.

Commuter Benefits

The Commuter Benefit Program allows you to save money on public transportation to and from work while you are actively employed. With this benefit, all associates who commute to work by public transit (bus, rail, or ferry) or vanpool can pay their fare with pre-tax dollars up to the federal tax code limit. You can manage your account online at any time through the Your Spending Account (YSA) website. To participate, access the YSA website through the enrollment website at **benefits.rich.com**, select the commuter tab, and sign up. Note that you must enroll the month prior to the month you need the benefit. This program complies with the Bay Area Commuter Benefits Program adopted by the Bay Area Air Quality Management District and the Metropolitan Transportation Commission. For questions regarding this benefit, please contact the Associate Services Center at **1.800.455.2587**.

SUMMARY ANNUAL REPORT (SAR)

For Rich Products Corporation Welfare Benefits Plan

This is a summary of the annual report of the Rich Products Corporation Welfare Benefits Plan, EIN 31-1387980, Plan Number 501, for the plan year January 1, 2022 through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Rich Products Corporation has committed itself to pay certain health, dental, vision, and accidental death and dismemberment claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Aetna Life Insurance Co., Health and Human Resource Cent, Highmark Western New York, Cigna Health and Life Insurance Company and Affiliates (Cigna), Delta Dental of New York, EyeMed, Health Net, Kaiser Foundation Health Plan of Mid-Atlantic, Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan Inc., Metropolitan Life Insurance Company, National Union Fire Ins. Co. of Pittsburgh, PA, UnitedHealthcare Insurance Company, Vision Service Plan, Safeguard Health Plans, Inc., A Florida Corporation, Safeguard Health Plans, Inc., A California Corporation, Safeguard Health Plans, Inc., A Texas Corporation, Kaiser Foundation Health Plan of Georgia, Kaiser Foundation Health Plan of The Northwest, Continental American Insurance Company, New York Life Group Insurance Company of NY, Life Insurance Company of North America, Metropolitan Property and Casualty Insurance Co., Priority Health Insurance Company, Kaiser Foundation Health Plan of Washington Options, Inc., Metropolitan General Insurance Company, and Medical Mutual of Ohio to pay certain health, dental, vision, accidental death and dismemberment, and all life insurance, temporary disability, pre-paid legal, long term disability, death benefits, critical illness, and employee assistance program claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2022 were $64,159,849.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2022, the premiums paid under such "experience-rated" contracts were $36,645,404 and the total of all benefit claims paid under these experience-rated contracts during the plan year was $31,834,560.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report: insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Rich Products Corporation, at One Robert Rich Way, Buffalo, NY 14213 and phone number, 716-878-8000.

You also have the legally protected right to examine the annual report at the main office of the plan: One Robert Rich Way, Buffalo, NY 14213, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

End of COVID-19 National Emergency and Temporary Tolling of Certain Deadlines

The COVID-19 National Emergency ended on May 11, 2023, which means that the Outbreak Period ends on July 10, 2023. The temporary tolling of certain benefit-related deadlines during the emergency will no longer be effective. The deadline periods for the events described below are back in place effective July 11, 2023:

- The HIPAA special enrollment timeframes for allowing an individual to enroll in a group health plan;
- The 60-day election period for COBRA continuation coverage in a group health plan;
- The dates for making COBRA premium payments to a group health;
- The date for individuals to notify a group health plan of a qualifying event or determination of disability for purposes of COBRA;
- The date by which individuals may file a benefit claim under the plan's claims procedures;
- The date by which claimants may file an appeal of an ad-verse benefit determination under the plan's claims procedures;
- The date by which claimants may file a request for an ex-ternal review after receipt of an adverse benefit determination or final internal adverse benefit determination; and
- The date by which a claimant may file information to perfect a request for external review upon a finding that the request was not complete.

This overview of 2024 changes serves as a Summary of Material Modifications (SMM), providing information on various Rich's benefit plan changes that take effect January 1, 2024. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through Rich's. If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. Rich's reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.