

## **ADMINISTRATIVE INFORMATION SUMMARY PLAN DESCRIPTION**

This document contains important information about the fully insured health plan options available under the Payless ShoeSource, Inc. Medical and Dental Plan (the "Plan"). The Plan, which is covered by the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, is administered according to the terms of the legal Plan document and any applicable insurance contracts. A copy of the Plan document will be made available for your review upon written request to the Plan Administrator, as defined below. The administrative information included in this portion of the Summary Plan Description ("SPD") is current as of January 1, 2018. This document is intended to be read in conjunction with the individual Plan booklet or policy distributed for each of the individual Plan options. Together, this document and the individual booklets and policies constitute the SPD for the Plan.

### **GENERAL PLAN INFORMATION**

#### **Plan Names and Numbers**

Payless ShoeSource, Inc. Medical and Dental Plan (PN 551)

#### **Plan Sponsor (Employer)**

Payless ShoeSource, Inc.  
3231 SE Sixth Avenue  
Topeka, KS 66607-2207  
(785) 233-5171

#### **Employer Identification Number**

48-0674097

#### **Type of Plan**

The Payless ShoeSource, Inc. Medical and Dental Plan is an Employee Welfare Benefit Plan

#### **Plan Year**

The Plan Year for the financial records of the Payless ShoeSource, Inc. Medical and Dental Plan is January 1<sup>st</sup> through December 31<sup>st</sup>.

#### **Plan Records**

The Plan Records are kept on a calendar year basis, beginning each January 1<sup>st</sup> and ending the following December 31<sup>st</sup>.

#### **Fiduciary Discretion**

Decisions, determinations or interpretations with respect to the Plan by a person or entity acting as a fiduciary (as that term is defined by ERISA) under the Plan shall be in that fiduciary's sole and absolute discretion. All such discretionary decisions, determinations and interpretations made by that fiduciary will be final and conclusive for any and all purposes.

#### **Termination or Amendment of Plan**

While Payless intends to maintain the Plan for an indefinite period of time, Payless reserves the right to terminate the Plan at will or amend the Plan in whole or in part at any time, with or without prior notice, with respect to any or all Plan members including, without limitation, retirees, if any. This right is subject to the provisions of the Plan document and applicable law and the provision that no termination or amendment shall impair any claim incurred as of the date of the amendment or termination. The Plan may be amended either by written amendment or by other written record of corporate action, signed by Payless' Secretary or by another person so authorized by or pursuant to authority of Payless' Board of Directors.

**Collective Bargaining Agreements**

Portions of the Plan may be maintained pursuant to collective bargaining agreements. A copy of any such agreement may be obtained by members upon written request to the Plan Sponsor. Such agreements are available for examination by members covered by such collective bargaining agreements.

**Documents and Law Governing the Plan**

If a discrepancy between the Plan and the controlling contracts or Plan documents occurs, the language in the controlling contracts will govern. The Plan is regulated by applicable provisions of federal law.

**Plan Administrator for the Plan**

Payless ShoeSource, Inc.  
Plan Administrator  
3231 SE Sixth Avenue  
Topeka, KS 66607-2207  
(785) 233-5171

**COBRA Administrator**

COBRAGuard, Inc.  
P.O. Box 504216  
St. Louis, MO 63150

**Agent for Service of Legal Process****The Plan Administrator**

The Plan Administrator is responsible for the operation of the Payless ShoeSource, Inc. Medical and Dental Plan. The Plan Administrator also has the discretionary authority to resolve any questions relating to the Plan and to interpret the Plan. The Plan shall be administered and operated by the Plan Administrator, and to the extent the Plan Administrator has delegated certain administrative responsibilities to the insurer of the Plan or a third party claims administrator, by such insurer or third party claims administrator. The Plan Administrator (and its delegate) shall have the complete authority, in its sole and absolute discretion, to administer, apply and interpret the Plan (and any related documents) and to decide all claims be paid only if the Plan Administrator decides in its discretion that the applicant is entitled to them. In exercising its discretionary powers under the Plan, the Plan Administrator (and its delegate) will have the broadest discretion permissible under ERISA and any other applicable laws, and its decisions will be final and binding upon all persons affected thereby.

**PLAN ELIGIBILITY, CLAIM ADDRESS AND FUNDING INFORMATION**

Eligibility to participate in certain plans listed in this table may be limited to your geographic location.

For information on which plan options you are eligible to participate in refer to <https://payless.benefitsnow.com> if you reside in any of the 50 states.

Puerto Rico, the Virgin Islands, Guam and Saipan refer to [www.mypayless.com](http://www.mypayless.com).

Payless ShoeSource, Inc. Medical and Dental Plan, Plan Number 551 (Health Plan Options & Eligibility)	Claims Administrator Name and Address & directions to Certificate of Coverage (SPD)	Plan Funding	Coverage Effective (based on your election)
<b>MEDICAL OPTIONS</b>			
TakeCare Insurance Company (Guam and Saipan) <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods:               <ul style="list-style-type: none"> <li>-Field-31 days</li> <li>-Stores-90 days</li> </ul> </li> </ul>	TakeCare Insurance Company Customer Services Dept. P.O. Box 6578 Tamuning, Guam 96931	<u>Full-time Associates</u> Cost paid by contributions from Associates and Employer.	Coverage is effective as of the end of the waiting period (i.e. the 31 <sup>st</sup> or the 90 <sup>th</sup> day as applicable). Deductions will commence the beginning of the first payroll following your applicable waiting period.
Triple-S, Inc. (Puerto Rico and the Virgin Islands) <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods:               <ul style="list-style-type: none"> <li>-Field-31 days</li> <li>-Stores-90 days</li> </ul> </li> </ul>	Triple-S, Inc. Reimbursement Section Box 363628 San Juan, PR 00936-3628	Cost paid by contributions from Associates and Employer.	Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.

Carriers on the Aon Health Exchange (payless.benefitsnow.com) have provided instructions and screen shots to explain how a member can access their Certificate of Coverage (COC) from the carrier's member portal. The COCs contain more detailed plan information and will help employees understand what is covered, where pre-authorizations are needed, etc. The COC, along with this document, make up the Summary Plan Description.

Employee members must log into the member portal to access the COCs. They may also contact Member Services at the number on the back of their ID card or as documented, if they would like to receive a printed version.

<b>Payless ShoeSource, Inc. Medical and Dental Plan, Plan Number 551 (Health Plan Options &amp; Eligibility)</b>	<b>Claims Administrator Name and Address &amp; directions to Certificate of Coverage</b>	<b>Plan Funding</b>	<b>Coverage Effective (based on your election)</b>
<p>Aetna</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods:               <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>-Stores/Distribution Center-90 days</li> <li>-Stores in California-60 days</li> <li>-Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>Aetna Life Insurance Company            151 Farmington Avenue            Hartford, CT 06156            (860) 273-0123</p> <p><b>Website:</b> <a href="http://www.aetna.com">www.aetna.com</a></p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p><b>Medical, Dental, Vision</b></p> <ol style="list-style-type: none"> <li>Go to <a href="http://www.aetna.com">www.aetna.com</a></li> <li>Select "Log In/Register"</li> <li>From your Aetna Navigator home page select "Coverage &amp; Benefits"</li> <li>The Booklet Certificate and Schedule of Benefit are located on the right side.</li> </ol> <p><b>Phone Number:</b> If you do not have an ID card or cannot log in, you may call our Corporate Contact Center at 1-800-US-AETNA (1-800-872-3862). This is not a Member Services phone number. You will be transferred to the Member Services group that handles your Aetna coverage. The Corporate Contact Center is staffed Monday through Friday, 8 a.m. – 7 p.m. ET</p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

<p>Cigna</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center-90 days</li> <li>-Stores in California-60 days</li> </ul> </li> </ul> <p>Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<p><b>Website:</b> <a href="http://www.cigna.com">www.cigna.com</a></p> <p><b>Phone Number:</b> 1-855-694-9638 Available - 24/7/365</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ul style="list-style-type: none"> <li>• Register/Log In to site at <a href="http://www.cigna.com">www.cigna.com</a>. Click on Understanding My Coverage</li> <li>• Click on Coverage Documents</li> <li>• Go to Document Type and look for: Summary of Benefits and Coverage to access the document</li> </ul>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>
<p>Dean</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center -90 days</li> <li>-Stores in California-60 days</li> </ul> </li> </ul> <p>Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<p>Dean Health Plan Inc PO Box 50699 Madison, WI 53705 (877) 232-9375</p> <p><b>Website:</b> <a href="http://www.Deancare.com">www.Deancare.com</a></p> <p><b>Phone Number:</b> Customer Care Center:  (800) 279-1301 7:30 a.m. - 5:00 p.m. Monday - Thursday 8:00 a.m. - 4:30 p.m. Friday</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p><b>Deancare.com</b></p> <ul style="list-style-type: none"> <li>• Access <a href="http://deancare.com">deancare.com</a> and click the <b>health insurance tab</b> in the middle of the page.</li> <li>• Access <a href="http://deancare.com">deancare.com</a> and click the <b>health insurance tab</b> in the middle of the page.</li> <li>• Choose <b>Online Member Guide</b> from the menu</li> </ul>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

	<ul style="list-style-type: none"> <li>• Scroll down to the "Review Your Health Care Benefit" section of the guide and choose "Group Member Certificate".</li> <li>• Click to enter Member ID Number</li> <li>• Enter Member ID number to access all Certificate of Coverage and other member specific documents</li> </ul>		
<p>Geisinger</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: -Corporate/Field-31 days - Stores/Distribution Center -90 days -Stores in California-60 days</li> </ul> <p>Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<p>Geisinger Quality Options, Inc. P.O. Box 8200 Danville, PA 17821-8200 (844) 390-8332</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ul style="list-style-type: none"> <li>• Log on to <a href="http://www.TheHealthPlan.com/Aon">www.TheHealthPlan.com/Aon</a>.</li> <li>• On the left hand side of the screen select "Register".</li> <li>• Follow the instructions listed on the registration page.</li> <li>• Once you are registered you can login using the username and password established to access your benefit documents.</li> <li>• Select the benefit document you wish to review: <ul style="list-style-type: none"> <li>• Summary of Benefits and Coverage</li> <li>• Schedule of Benefits</li> <li>• Subscription Certificate</li> <li>• Amendments</li> </ul> </li> </ul>	Costs paid by contributions from Associates and Employer	Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.
<p>Health Net</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: -Corporate/Field-31 days - Stores/Distribution Center -90 days - Stores in California-60 days</li> </ul>	<p>For CA: HN Commercial Claims PO Box 14702 Lexington, KY 40512</p> <p>For AZ: HN Commercial Claims PO Box 14225</p>	Costs paid by contributions from Associates and Employer	Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.

<p>-Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<p>Lexington, KY 40512</p> <p>For OR:  HN Commercial Claims  PO Box 14130  Lexington, KY 40512</p> <p>For WA:  HN Commercial Claims/First Choice  PO Box 2289  Seattle, WA 98111</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ul style="list-style-type: none"> <li>• The member will Log Into the Member portal to access to Plan documents at <a href="http://www.healthnet.com/myaon">www.healthnet.com/myaon</a></li> <li>• Once the member is logged in, it will bring you to a My Account page.</li> <li>• Scroll down under Medical Coverage. Continue scrolling down, until you see "Coverage Documents". Click on the link, and this is where the COC's are located.</li> <li>• To phone in a claim related question, you may call the AH Customer Customer Phone Number at: 1-888-926-1692  Monday – Friday, 8am-6pm Pacific time.</li> </ul>		
<p>HMSA (Hawaii)</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing a 30 day waiting period</li> </ul> <p>The HMSA summary plan description is subject to change by HMSA July 1<sup>st</sup> of each year. Contact HMSA or the Plan Administrator should you have questions about any updates made to the summary</p>	<p>HMSA  P.O. Box 860  Honolulu, Hawaii 96808-0860</p> <p><b><u>Website:</u></b> <a href="http://www.hmsa.com">www.hmsa.com</a></p> <p><b><u>Phone Number:</u></b>  Customer representatives are available Monday through Friday from 8 a.m. to 5 p.m., unless otherwise stated.</p> <p><b><u>To Access your Certificate</u></b></p>	<p><u>Full-time Associates</u>  Cost paid by contributions from Associates and Employer.</p>	<p>Coverage is effective as of the end of the 30<sup>th</sup> day of the waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

**of Coverage:**

1. Have your HMSA membership card ready.
2. Go to [hmsa.com](http://hmsa.com) and click Member Login at the top right.
3. On the My Account page, click Create account.
4. Enter a valid email address, a password that meets the strength and security requirements, and click Create account.
5. Link your HMSA health plan by entering your name, subscriber ID from your membership card, and your birth date. Then click Link plans/
6. Then you'll receive an email asking to confirm your email address. This is for your protection. Click the link and log back in to My Account

**To view your benefits or other information in your HMSA health plan, you'll need to add all your plans to your account. To add a plan:**

1. Have your HMSA membership ID card ready.
2. Log in to My Account and click Add a plan.
3. Enter your name, subscriber ID, and birth date from your HMSA membership card, and click Add plans.
4. Repeat steps 2 and 3 until you've added all your HMSA plan(s).

**You're now ready to use My Account on [hmsa.com](http://hmsa.com)! With My Account\* you can:**  
Access tools to improve your



	<p>health and well-being. View how much you've spent on doctor's visits and other health care services with your Annual Cost Savings Report. View your HMSA ID card.</p> <p><i>*Services may vary depending on your plan</i></p>		
<p>Kaiser</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center -90 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. P.O. Box 6233 Rockville, MD 20849-6233</p> <p><b><u>Website:</u></b> <a href="http://www.kp.org">www.kp.org</a></p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p>COC's through <a href="http://www.kp.org">www.kp.org</a> are available online for Kaiser Permanente members in regions outside of California (Colorado, Georgia, Hawaii, Mid Atlantic, and Northwest); for California, Kaiser Permanente will provide the COCs to the employer group. In the Colorado, Georgia, Hawaii, Mid Atlantic, and Northwest regions, Kaiser will send each employee a postcard stating that they can view them online through the member portal or choose to receive a paper COC. All members, in all regions, may contact Kaiser Permanente Member Services to request a copy of their COC. Please note, COCs do include a Benefit Schedule, or Benefit Summary, content for the member's review.</p> <p>Kaiser members, who register with My Health Manager through <a href="http://www.kp.org">www.kp.org</a>, have the ability, amongst many other things, to download Benefits Summary for the plan they</p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

	<p>enrolled in. As mentioned above, most Kaiser regions send new members a postcard that provide instructions on how to register, along with the tools &amp; resources available to them.</p> <p>Please follow the “Simple steps” below to register for your My Health Manager.</p> <ol style="list-style-type: none"> <li>1. Register for My Health Manager on kp.org.</li> <li>2. Enter your membership information.</li> <li>3. Accept terms and conditions.</li> <li>4. Create your user ID</li> <li>5. Secure your account.</li> <li>6. Sign on</li> <li>7. After registering, the member would go to the home page and click on "My coverage &amp; costs" in the upper right-hand tool bar. This will take them to “My Health Plan Documents”.</li> <li>8. On the left hand bar, they would then click on "My Documents" which takes them to the page that contains their SBC/COC.</li> </ol>		
<p>UHC</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center -90 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company’s records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by</li> </ul> </li> </ul>	<p>UnitedHealthcare Customer Service - Privacy Unit PO Box 740815 Atlanta, GA 30374-0815</p> <p><b>Website:</b> <a href="https://www.myuhc.com/member">https://www.myuhc.com/member</a></p> <p><b>Phone Number:</b> Call Customer Care at the number found on the back of your ID card.</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

<p>the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<ol style="list-style-type: none"> <li>1. The member should go to <a href="https://www.myuhc.com/">https://www.myuhc.com/</a> member and Log in.</li> <li>2. Then click on "Benefits &amp; Coverage" on the top of the screen. Then they would click on "Coverage Documents" on the left side of the screen. There will be link for the COC in the middle of the screen.</li> </ol>		
<p>UHC-Northern California</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>UnitedHealthcare P.O. Box 740800 Atlanta, GA 30374-0800</p> <p><b>Website:</b> <a href="https://www.myuhc.com/member">https://www.myuhc.com/member</a></p> <p><b>Phone Number:</b> Call Customer Care at the number found on the back of your ID card.</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ol style="list-style-type: none"> <li>1. The member should go to <a href="https://www.myuhc.com/">https://www.myuhc.com/</a> member and Log in.</li> <li>2. Then click on "Benefits &amp; Coverage" on the top of the screen. Then they would click on "Coverage Documents" on the left side of the screen. There will be link for the COC in the middle of the screen.</li> </ol>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>
<p>UHC-Southern California</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018</li> </ul> </li> </ul>	<p>UnitedHealthcare P.O. Box 740800 Atlanta, GA 30374-0800</p> <p><b>Website:</b> <a href="https://www.myuhc.com/member">https://www.myuhc.com/member</a></p> <p><b>Phone Number:</b> Call Customer Care at the number found on the back of your ID card.</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

<p>Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<ol style="list-style-type: none"> <li>1. The member should go to <a href="https://www.myuhc.com/member">https://www.myuhc.com/member</a> and Log in.</li> <li>2. Then click on "Benefits &amp; Coverage" on the top of the screen. Then they would click on "Coverage Documents" on the left side of the screen. There will be link for the COC in the middle of the screen.</li> </ol>		
<p>UPMC Health Plan</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>UPMC Health Plan U.S. Steel Tower 600 Grant Street Pittsburgh, PA 15219</p> <p><b>Website:</b> <a href="http://www.upmchealthplan.com/members">www.upmchealthplan.com/members</a></p> <p><b>Phone Number:</b> 1-800-937-0745</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ol style="list-style-type: none"> <li>1. Go to <a href="http://www.upmchealthplan.com/members">www.upmchealthplan.com/members</a></li> <li>2. Click Log In/Register</li> <li>3. Follow the directions on the screen and click submit.</li> <li>4. Enter your member number and click submit.</li> <li>5. Choose a user name and click submit.</li> <li>6. Select and answer challenge questions and click submit.</li> <li>7. Chose your security image and click submit.</li> <li>8. Enter a welcome phrase and click next.</li> <li>9. You are now on the MyHealth home page. On the left navigation bar click on Coverage and Benefits and then click view on Certificate of Coverage.</li> </ol>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

	10. If you need help locating or identifying your plan documents contact Member Services at 1-855-869-7228.		
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DENTAL PLAN OPTIONS			
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<p>Aetna</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>-Stores/Distribution Center -90 days</li> <li>-Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156 (860) 273-0123</p> <p><b>Website:</b> <a href="http://www.aetna.com">www.aetna.com</a></p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p><b>Medical, Dental, Vision</b></p> <ol style="list-style-type: none"> <li>Go to <a href="http://www.aetna.com">www.aetna.com</a></li> <li>Select "Log In/Register"</li> <li>From your Aetna Navigator home page select "Coverage &amp; Benefits"</li> <li>The Booklet Certificate and Schedule of Benefit are located on the right side.</li> </ol> <p><b>Phone Number:</b> If you do not have an ID card or cannot log in, you may call our Corporate Contact Center at 1-800-US-AETNA (1-800-872-3862). This is not a Member Services phone number. You will be transferred to the Member Services group that handles your Aetna coverage. The Corporate Contact Center is staffed Monday through Friday, 8 a.m. – 7 p.m. ET</p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>
<p>Cigna</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center -90 days</li> </ul> </li> </ul>	<p><b>Website:</b> <a href="http://www.cigna.com">www.cigna.com</a></p> <p><b>Phone Number:</b> 1-855-694-9638 Available - 24/7/365</p> <ul style="list-style-type: none"> <li>Register/Log In to site at</li> </ul>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

<p>-Stores in California-60 days  - Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<p><a href="http://www.cigna.com">www.cigna.com</a>.</p> <ul style="list-style-type: none"> <li>• Click on Understanding My Coverage</li> <li>• Click on Coverage Documents</li> <li>• Go to Document Type and look for: Summary of Benefits and Coverage to access the document</li> </ul>		
<p>Delta Dental - KS</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods:  -Corporate/Field-31 days  -Stores/Distribution Center -90 days  -Stores in California-60 days  - Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul>	<p>Delta Dental  1619 N Waterfront Parkway  Wichita, KS 67278  800-234-3375</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ol style="list-style-type: none"> <li>1. Log in to the Subscriber Connection through <a href="http://DeltaDentalKS.com/Subscribers">DeltaDentalKS.com/Subscribers</a></li> <li>2. Click on the Subscriber Connection button.</li> <li>3. Enter username and password and click Login.</li> <li>4. If this is your first time visiting the Subscriber Connection you will need to Register by clicking on the "Need to Register" button.</li> <li>5. Once logged in, click on the Benefit Booklet button.</li> </ol>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>
<p>Delta Dental - CA</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods:  -Corporate/Field-31 days  -Stores/Distribution Center -90 days  -Stores in California-60 days  - Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup</li> </ul>	<p><b>Website:</b>  <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>  <b>Phone Number:</b>  <i>Currently enrolled members:</i>  (Bronze/Silver/Gold Plans)  800-471-7614  HMO(Platinum Plan)  800-471-8073  <i>Members not yet enrolled (pre-enrollment):</i></p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

<p>International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<p>PPO (Bronze/Silver/Gold Plans) 800-503- 4162</p> <p>HMO (Platinum) 800-546-9751</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p>Enrollees do not have access to COC's/EOC's booklets on the carrier websites. <b>If a member wants to receive a copy, they would need to call customer service, using the number on the back of their ID card.</b></p> <p>Platinum (DeltaCare USA) Plan EOC/COC documents are sent directly to the enrollee at the time of enrollment along with an ID Card.</p>		
<p>MetLife</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>-Stores/Distribution Center -90 days</li> <li>-Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>MetLife 200 Park Avenue New York, New York 10166 Attn: Corporate Consumer Relations Department</p> <p>To phone in a claim related question, You may call Claims Customer Service at: 1-800-275-4638</p> <p><b><u>Website:</u></b> <a href="http://www.myBenefits.metlife.com">www.myBenefits.metlife.com</a></p> <p><b><u>Telephone:</u></b> 888-309-5526</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ol style="list-style-type: none"> <li>Go to MetLife's <b>MyBenefits</b> at <a href="http://www.myBenefits.metlife.com">www.myBenefits.metlife.com</a> and enter employer name.</li> <li>Log onto the site with your User Name and Password (or register if a first time user).</li> <li>Scroll down to the bottom of the next landing page to "Tools &amp; Resources".</li> </ol>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

	<p>4. Select “Forms At Your Fingertips” and scroll to “Other Forms”. The Certificates can all be found in “Other Forms”.</p>		
<p>UHC</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center -90 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company’s records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>UnitedHealthcare Dental Attn.: Claims Depart. P.O. Box 30567 Salt Lake City, UT 84130</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p>For Dental and Vision, UHC currently is not able to provide COC’s on the dental and vision websites.</p> <p>For Dental if a member wants to receive a copy, they would need to call customer service, using the number on the back of their ID card.</p> <p>Vision does not provide an ID card so members would have to call Customer Service using the toll free number: <b>888-571-5218</b></p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>
<p>UHC-Northern California</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores -60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company’s records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc.</li> </ul> </li> </ul>	<p>UnitedHealthcare Dental Attn.: Claims Depart. P.O. Box 30567 Salt Lake City, UT 84130</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p>For Dental and Vision, UHC currently is not able to provide COC’s on the dental and vision websites.</p> <p>For Dental if a member wants to receive a copy, they would need to call customer service, using the number on the back</p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>



<p>will follow the Corporate/Field waiting period as specified above.</p>	<p>of their ID card.</p> <p>Vision does not provide an ID card so members would have to call Customer Service using the toll free number: <b>888-571-5218</b></p>		
<p>UHC-Southern California</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>-Stores in California-60 days</li> <li>-Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>UnitedHealthcare Dental Attn.: Claims Depart. P.O. Box 30567 Salt Lake City, UT 84130</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p>For Dental and Vision, UHC currently is not able to provide COC's on the dental and vision websites.</p> <p>For Dental if a member wants to receive a copy, they would need to call customer service, using the number on the back of their ID card.</p> <p>Vision does not provide an ID card so members would have to call Customer Service using the toll free number: <b>888-571-5218</b></p>	<p>Costs paid by contributions from Associates and Employer</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

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<p>EyeMed</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>-Stores/Distribution Center -90 days</li> </ul> </li> </ul>	<p><b><u>Website:</u></b> <a href="http://www.EyeMed.com">www.EyeMed.com</a></p> <p><b><u>Phone Number:</u></b> 1.866.939.3633</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p>	<p>Costs paid by contributions from Associates</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

<p>- Stores in California-60 days  - Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</p>	<p>Members can register at <a href="http://www.EyeMed.com">www.EyeMed.com</a>.</p> <p>To access the online Certificate of Coverage:</p> <ol style="list-style-type: none"> <li>1. Go to <a href="http://www.eyemed.com">www.eyemed.com</a> and click on "Member Login".</li> <li>2. Then enter your log in credentials. If you have not registered previously, then click on "register" and follow the instructions to set up an account.</li> <li>3. Once logged in click on "View Your Benefits".</li> <li>4. Then scroll to the bottom of the page and click on "Certificate of Coverage".</li> </ol>		
<p>MetLife</p> <ul style="list-style-type: none"> <li>• Full-time Associates completing the following applicable waiting periods:  - Corporate/Field-31 days  - Stores/Distribution Center -90 days  - Stores in California-60 days  - Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul>	<p>MetLife  P.O. Box 997100  Sacramento, CA 95899-7100  Attn: Corporate Consumer Relations Department</p> <p>To phone in a claim related question, You may call Claims Customer Service at:  1-888-309-5526</p> <p><b>Website:</b>  <a href="http://www.myBenefits.metlife.com">www.myBenefits.metlife.com</a></p> <p><b>Telephone:</b> 888-309-5526</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ol style="list-style-type: none"> <li>1. Go to MetLife's <b>MyBenefits</b> at <a href="http://www.myBenefits.metlife.com">www.myBenefits.metlife.com</a> and enter employer name.</li> <li>2. Log onto the site with your User Name and Password (or register if a first time user).</li> <li>3. Scroll down to the bottom</li> </ol>	<p>Costs paid by contributions from Associates</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

	<p>of the next landing page to “Tools &amp; Resources”.</p> <p>4. Select “Forms At Your Fingertips” and scroll to “Other Forms”. The Certificates can all be found in “Other Forms”.</p>		
<p>UHC</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center -90 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company’s records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>UnitedHealthcare Vision Attn.: Claims Dept. P.O. Box 30978 Salt Lake City, UT 84130</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p><b><u>UnitedHealthcare - Dental &amp; Vision</u></b> For Dental and Vision, UHC currently is not able to provide COC’s on the dental and vision websites.</p> <p>For Dental if a member wants to receive a copy, they would need to call customer service, using the number on the back of their ID card.</p> <p>Vision does not provide an ID card so members would have to call Customer Service using the toll free number: <b>888-571-5218</b></p>	Costs paid by contributions from Associates	Coverage is effective as of the end of the applicable waiting period. Deductions will commence the beginning of the first payroll following your waiting period.
<p>UHC-Northern California</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company’s records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field</li> </ul> </li> </ul>	<p>UnitedHealthcare Vision Attn.: Claims Dept. P.O. Box 30978 Salt Lake City, UT 84130</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p>For Dental and Vision, UHC currently is not able to provide COC’s on the dental and vision websites.</p> <p>For Dental if a member wants to receive a copy, they would need to call customer service, using the number on the back of their ID card.</p>	Costs paid by contributions from Associates	Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.

<p>waiting period as specified above.</p>	<p>Vision does not provide an ID card so members would have to call Customer Service using the toll free number: <b>888-571-5218</b></p>		
<p>UHC-Southern California</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores in California-60 days</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>UnitedHealthcare Vision Attn.: Claims Dept. P.O. Box 30978 Salt Lake City, UT 84130</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <p>For Dental and Vision, UHC currently is not able to provide COC's on the dental and vision websites.</p> <p>For Dental if a member wants to receive a copy, they would need to call customer service, using the number on the back of their ID card.</p> <p>Vision does not provide an ID card so members would have to call Customer Service using the toll free number: <b>888-571-5218</b></p>	<p>Costs paid by contributions from Associates</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>
<p>VSP</p> <ul style="list-style-type: none"> <li>Full-time Associates completing the following applicable waiting periods: <ul style="list-style-type: none"> <li>-Corporate/Field-31 days</li> <li>- Stores/Distribution Center -90 days</li> <li>- Stores in California-60 days.</li> <li>- Effective April 1, 2018, certain named Associates in the Company's records for the Plan that are primarily assigned to provide services to Aerogroup International, Inc. are immediately eligible upon hire by the Company. After April 1, 2018 Associates primarily assigned by the Company to provide services to Aerogroup International, Inc. will follow the Corporate/Field waiting period as specified above.</li> </ul> </li> </ul>	<p>Vision Service Plan 3333 Quality Drive Rancho, Cordova, CA</p> <p><b><u>Website:</u></b> www.vsp.com</p> <p><b><u>To Access your Certificate of Coverage:</u></b></p> <ol style="list-style-type: none"> <li>VSP does not does not have the capability to post the Evidence of Coverage/ Certificate of Coverage EOC/COC to the member portal.</li> <li>However, it is encouraged that members to go to www.vsp.com and register. If a member wants to receive a copy, they would need to call</li> </ol>	<p>Costs paid by contributions from Associates</p>	<p>Coverage is effective as of the end of your waiting period. Deductions will commence the beginning of the first payroll following your waiting period.</p>

	customer service, using the number on the back of their ID card.		
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The following plans listed in this document offer Domestic Partner benefits:

- Aetna
- Cigna
- Dean
- Delta Dental
- EyeMed
- Geisinger
- Group Health Cooperative(GHC)
- HealthNet
- HMSA BCBS HI
- Kaiser
- MetLife
- TakeCare
- Triple S
- United HealthCare
- United HealthCare Northern California
- United HealthCare Southern California
- UPMC
- VSP

**Domestic Partner**

A Domestic Partner is defined as a person of the same or opposite sex who:

- is your sole Domestic Partner and such relationship is intended to remain so indefinitely;
- has resided with you for no less than one year and intends to do so indefinitely;
- is no less than 18 years of age and mentally competent;
- is not related by blood to a degree of closeness that would prohibit legal marriage;
- is not legally married to anyone nor has had another domestic partner within the prior 12 months;
- shares a close personal relationship with you and is jointly responsible for your common welfare and financial obligations and likewise. Payless ShoeSource may, during any time period, in which domestic partnership is claimed, require evidence of such joint responsibility by requesting copies of three or more of the following types of documentation:
  - a. Domestic partnership agreement;
  - b. Joint mortgage, lease, or deed
  - c. Joint ownership of a vehicle
  - d. Joint checking account or credit account
  - e. Designation of Domestic Partner as primary beneficiary on life insurance or retirement contract
  - f. Durable property and health care powers of attorney
  - g. Other legal or financial documentation evidencing joint responsibility
- you attest is your Domestic Partner through such methods as required by the Plan.

### **Eligibility Requirements**

Under the Medicare, Medicaid and SCHIP Extension Act of 2007, the Plan Administrator of the Plan is required to obtain and report to the Centers for Medicare & Medicaid, social security numbers for participants in the Plan. To satisfy this reporting requirement, Eligible Persons may be required to provide social security numbers for themselves and each of their Eligible Dependents in order to participate or to continue to participate in the Plan.

### **Special Enrollment Rights under the Children's Health Insurance Program Reauthorization Act of 2009**

If you or your Dependent lose state CHIP coverage or you or your Dependent become eligible for premium assistance through a state CHIP program, you may request enrollment in the Plan within 60 days of losing the state CHIP coverage or becoming eligible for the premium assistance. (Reference other important information under the section title "Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)" found later in this document.

### **Women's Health and Cancer Rights Act of 1998**

As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides benefits under the Plan for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you or your Dependent are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered expenses, as you determine appropriate with your attending physician:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including Copayments and any Annual Deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

### **Statement of Rights under the Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Michelle's Law**

If your Dependent child is covered by this Plan as a student, as defined in the definition of Dependent, coverage will remain active for that child if the child is on a medically necessary leave of absence from a postsecondary educational institution (such as a college, university or trade school.)

Coverage will terminate on the earlier of:

- a) The date that is one year after the first day of the medically necessary leave of absence; or
- b) The date on which coverage would otherwise terminate under the terms of the Plan.

The child must be a Dependent under the terms of the Plan and must have been enrolled in the plan on the basis of being a student at a postsecondary educational institution immediately before the first day of the medically necessary leave of absence. The Plan must receive written certification from the treating physician that the child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

A “medically necessary leave of absence” is a leave of absence from a postsecondary educational institution, or any other change in enrollment of the Dependent child at the institution that: (1) starts while the Dependent child is suffering from a serious illness or condition; (2) is medically necessary; and (3) causes the Dependent child to lose student status under the terms of the plan to the extent applicable.

### **Claims Procedures**

Refer to the plan summary/certificate of coverage for your Health Plan Option for the claims procedures for the Plan. To the extent claims procedures are not provided in your summary, the following claims procedures shall apply:

### **Benefit Determinations**

#### *Post-Service Claims*

Post-Service Claims are those claims that are filed for payment of benefits after medical care has been received. If your post-service claim is denied, you will receive a written notice from the Claims Administrator within 30 days of receipt of the claim, as long as all needed information was provided with the claim. The Claims Administrator will notify you within this 30 day period if additional information is needed to process the claim, and may request a one-time extension not longer than 15 days and pend your claim until all information is received. Once notified of the extension you then have 45 days to provide this information. If all of the needed information is received within the 45 day time frame and the claim is denied, the Claims Administrator will notify you of the denial within 15 days after the information is received. If you don't provide the needed information within the 45 day period, your claim will be denied. A denial notice will explain the reason for denial, refer to the part of the Plan on which the denial is based, and provide the claim appeal procedures.



### *Pre-Service Claims*

Pre-service claims are those claims that require notification or approval prior to receiving medical care. If your claim was a pre-service claim, and was submitted properly with all needed information, you will receive written notice of the claim decision from the Claims Administrator within 15 days of receipt of the claim. If you filed a pre-service claim improperly, the Claims Administrator will notify you of the improper filing and how to correct it within 5 days after the pre-service claim was received. If additional information is needed to process the pre-service claim, the Claims Administrator will notify you of the information needed within 15 days after the claim was received, and may request a one-time extension not longer than 15 days and pend your claim until all information is received. Once notified of the extension you then have 45 days to provide this information. If all of the needed information is received within the 45 day time frame, the Claims Administrator will notify you of the determination within 15 days after the information is received. If you don't provide the needed information within the 45 day period, your claim will be denied. A denial notice will explain the reason for denial, refer to the part of the Plan on which the denial is based, and provide the claim appeal procedures.

### **Urgent Claims that Require Immediate Action**

Urgent Care Claims are those claims that require notification or approval prior to receiving medical care, where a delay in treatment could seriously jeopardize your life or health or the ability to regain maximum function or, in the opinion of a physician with knowledge of your medical condition could cause severe pain. In these situations:

- You will receive notice of the benefit determination in writing or electronically within 72-hours after the Claims Administrator receives all necessary information, taking into account the seriousness of your condition.
  
- Notice of denial may be oral with a written or electronic confirmation to follow within 3 days. If you filed an urgent claim improperly, the Claims Administrator will notify you of the improper filing and how to correct it within 24 hours after the urgent claim was received. If additional information is needed to process the claim, the Claims Administrator will notify you of the information needed within 24 hours after the claim was received. You then have 48 hours to provide the requested information.
  
- You will be notified of a determination no later than 48 hours after:
  - The Claims Administrator's receipt of the requested information;
  - or
  - The end of the 48 hour period within which you were to provide the additional information, if the information is not received within that time.
  
- A denial notice will explain the reason for denial, refer to the part of the Plan on which the denial is based, and provide the claim appeal procedures.

### *Concurrent Care Claims*

If an on-going course of treatment was previously approved for a specific period of time or number of treatments, and your request to extend the treatment is an Urgent Care Claim as defined above, your request will be decided within 24 hours, provided your request is made at least 24 hours prior to the end of the approved treatment.

The Claims Administrator will make a determination on your request for the extended treatment within 24 hours from receipt of your request. If your request for extended treatment is not made at least 24 hours prior to the end of the approved treatment, the request will be treated as an Urgent Care Claim and decided according to the timeframes described above. If an on-going course of treatment was previously approved for a specific period of time or number of treatments, and you request to extend treatment in a non-urgent circumstance, your request will be considered a new claim and decided according to post-service or pre-service timeframes, whichever applies.

### **Qualified Medical Child Support Order**

If a Qualified Medical Child Support Order (QMCSO) is issued for your Eligible Dependent child, that child will be eligible for coverage under the Plan as required by the order. A Qualified Medical Child Support Order is an order that is typically issued in or after divorce proceedings, and may create or recognize the right of your child to be covered under this Plan. Such an order must be qualified and issued by a court of competent jurisdiction or authorized state agency in order for this Plan to be bound by it. You can obtain a copy of the Plan's Qualified Medical Child Support Order procedures from the Plan Sponsor. Please contact the Plan Sponsor, as listed in this summary for more information regarding whether or not a medical child support order is "qualified".

## **COBRA CONTINUATION COVERAGE**

Eligible Employees and eligible dependents (except Domestic Partners) have the opportunity to continue their coverage in certain instances where coverage would otherwise terminate. Such continuation coverage is as described in the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), and is therefore sometimes referred to as "COBRA Continuation Coverage." This notice is intended as a summary of an eligible person's rights and obligations under the provisions of COBRA.

### **ENTITLEMENT AND QUALIFYING EVENTS**

#### ***Qualifying Events***

Under COBRA, an eligible employee or eligible dependent, participating in the Plan (referred to herein as a "Covered Employee or a Covered Dependent") may elect to continue health coverage if that coverage would otherwise terminate due to a "qualifying event." Qualifying events are:

- a. a Covered Employee's termination of employment, for reasons other than gross misconduct, or a reduction in work hours may constitute a qualifying event;
- b. death of the Covered Employee;
- c. divorce or legal separation of the Covered Employee and/or his spouse;
- d. a Covered Dependent child ceasing to satisfy the Plan's definition of an Eligible Dependent child; or
- e. a Covered Employee's entitlement to Medicare.

#### ***COBRA Qualified Beneficiaries***

A COBRA Qualified Beneficiary is an individual who is entitled to COBRA Continuation Coverage. In addition to those individuals covered under the Plan immediately preceding a qualifying event, a child born to a Qualified Beneficiary who is a former Covered Employee or who is adopted by or placed for adoption with such a former covered Employee, during the Employee's period of COBRA Continuation Coverage, is also a COBRA Qualified Beneficiary.

### **MAXIMUM COVERAGE CONTINUATION PERIODS**

#### ***General Rules***

Coverage under COBRA may continue for up to:

- a. Eighteen (18) months if you are a Covered Employee or a Covered Dependent whose coverage would cease because of a termination of employment or reduction in work hours; or
- b. Twenty-nine (29) months (i.e. 18 plus 11) if you are a disabled individual who:
  - becomes entitled to the 18 months of continued coverage available after a Covered Employee's termination of employment or reduction in work hours;
  - is determined by the Social Security Administration to have been disabled on the date of that termination of employment or reduction in work hours or at any time during the first 60 days of COBRA Continuation Coverage; and
  - notifies the Plan of that disability determination within 60 days after you receive it and while you are still purchasing your first 18 months of COBRA.

Please note that you are eligible for this additional 11 months of coverage, even if you are not disabled, if you are entitled to COBRA Continuation Coverage due to the same qualifying event that entitles a disabled person to the additional 11 months of coverage.

- c. Thirty-six (36) months, if you are a divorced or widowed spouse, or a child who has ceased to be a "dependent" under the terms of the Plan.

### **Multiple Qualifying Events**

If a dependent is eligible to choose and chooses to continue coverage under these provisions after an Employee's termination of employment or reduction in work hours, and then another COBRA qualifying event (other than termination of employment or reduction in work hours) occurs during the original COBRA Continuation Coverage period, that dependent may continue coverage for up to 36 months, measured from the date of the initial qualifying event. *In no case will any period of COBRA Continuation Coverage exceed 36 months.*

### **Special Continuation of Coverage Period for Medicare Entitlement**

When an individual becomes entitled to Medicare and then, within 18 months thereafter, experiences a qualifying event that is loss of coverage due to termination of employment or reduction in work hours, the COBRA Continuation Coverage period for the dependent spouse or dependent children may continue for up to 36 months from the date of the Medicare entitlement.

### **EARLY TERMINATION OF COBRA COVERAGE**

Once you elect to continue your coverage, your coverage may continue for the period described above, unless:

- a. you were entitled to 29 months of COBRA Continuation Coverage (due to your or another person's disability), the Social Security Administration determines that you (or such other person) are no longer disabled, in which case your extended COBRA Continuation Coverage will cease on the first day of the month that begins more than 30 days after the Social Security Administration makes such a determination;
- b. You become entitled to Medicare, after the date you elect COBRA Continuation Coverage;
- c. You fail to make a required monthly payment within the 30 day grace period pursuant to this provision;
- d. You become covered - after the date you elect COBRA Continuation Coverage - under another employer group health plan (because of employment or otherwise) and that coverage contains no exclusion or limitation with respect to any pre-existing condition;
- e. You become covered - after the date you elect COBRA Continuation Coverage - under another group health plan (because of employment or otherwise) that contains an exclusion or limitation with respect to a pre-existing condition which is nullified, waived or does not apply because of the Health Insurance Portability and Accountability Act (HIPAA) rules; or
- f. The Plan is terminated and the Employer maintains no group health plan for any of its active employees.

### **NOTIFICATION OF A QUALIFYING EVENT**

To preserve your right to COBRA Continuation Coverage you must notify the Plan Administrator within 60 days of a divorce or legal separation, of a child ceasing to meet the Plan's definition of a "dependent", or of the Social Security Administration's determination of disability. In addition, if you were a disabled individual who obtained 29 months of COBRA Continuation Coverage, you must notify the COBRA Administrator of any determination by the Social Security Administration that you are no longer disabled. Notification to the

COBRA Administrator must be made within 30 days of the date such determination is made. Contact the Plan Administrator if you have any questions.

### ***BENEFITS THAT MAY CONTINUE***

If you elect COBRA Continuation Coverage, it will be identical to the health coverage then being provided under the Plan to active Employees or, if you are a dependent, to covered dependents of active employees. You do not have to prove insurability to choose Continuation Coverage, but you do have to pay for it.

### ***APPLICATION AND PAYMENT PROCEDURES***

After you experience a COBRA qualifying event (and provide any notice required by the preceding "Notification of a Qualifying Event" section of this Plan), you will be sent a more detailed notice and an Application for Continued Coverage. To continue coverage under COBRA, you must complete and return the Application to the COBRA Administrator within 60 days from the later of the date the Application is sent to you or the date your coverage would otherwise terminate.

Your payment for the period from the date your coverage would otherwise terminate through the 45th day after COBRA Continuation Coverage is elected must be made by that 45th day. (For example, if you elect COBRA Continuation Coverage on the 30th day of the 60-day election period, you must make your first payment by the 75th day after you elected COBRA Continuation Coverage, and the payment must be for the period of COBRA Continuation Coverage from the date you would otherwise lose coverage to that 75th day. Thereafter, payments must be made within thirty (30) days after the monthly premium due date to be considered timely). The Plan will terminate coverage as of the qualifying event, but will reinstate it retroactively to the date of the qualifying event if a timely election for COBRA Continuation Coverage, and timely initial payment, are made.

The monthly cost of COBRA Continuation Coverage will be set for 12-month periods by the Plan Sponsor, and will not exceed 102% of the cost of coverage under the Plan for similarly situated covered persons. However, if you qualify for periods of extended coverage due to a disability (whether yours or another Qualified Beneficiary's), the monthly COBRA premium during the period of extended coverage may be 150% of the cost of coverage under the Plan for similarly situated covered persons, depending on whether the disabled person continued coverage during the extended coverage period.

### ***SPECIAL TRADE ACT EXTENSION***

Special COBRA rights apply to Eligible Employees who lose health coverage as a result of termination or reduction of hours and who qualify for a "trade readjustment allowance" or "alternative trade adjustment assistance" under a federal law called the Trade Act of 1974. These Eligible Employees are entitled to a second opportunity to elect COBRA coverage for themselves and certain family members (if they did not already elect COBRA coverage) during a special second election period. This special second election period lasts for 60 days or less. It is the 60-day period beginning on the first day of the month in which the Employee begins receiving a trade readjustment allowance (or would be eligible to begin receiving the allowance but for the requirement to exhaust unemployment benefits) or begins receiving alternative trade adjustment assistance, but only if the election is made within the six months immediately after the Employee's group health plan coverage ended.

### ***OTHER METHODS OF CONTINUING COVERAGE UPON A QUALIFYING EVENT***

Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you.

### ***Marketplace Coverage***

To learn more about Health Insurance Marketplace options available to you for coverage, access the Marketplace for your state at [www.HealthCare.gov](http://www.HealthCare.gov). Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace. You have 60

days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a “special enrollment” event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away to understand your options for coverage in the event of your loss of job-based coverage.** In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage. To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.HealthCare.gov](http://www.HealthCare.gov). Once you’ve exhausted your COBRA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended. If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

### ***Other group health plan coverage.***

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within 30 days of the loss of coverage. If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you’re eligible, you’ll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

### **What factors should I consider when choosing coverage options upon a job-based coverage loss?**

When considering your options for health coverage, you may want to think about:

- **Premiums:** The Plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse’s plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you’re currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you’re currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see check the coverage option to see if the plans have a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you may want to check to see what the cost-sharing requirements are for each coverage option.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## **OTHER METHODS OF CONTINUING COVERAGE**

### ***Family and Medical Leave Act***

Regardless of the established leave policies of the Employer, the Plan shall at all times comply with the Family and Medical Leave Act of 1993 as outlined in the regulations issued by the Department of Labor, to the extent that Act applies. During any leave taken under the Family and Medical Leave Act, the Employer will maintain coverage under this Plan on the same basis as coverage would have been provided if you had been continuously employed during the entire leave period.

***Uniformed Services Employment and Reemployment Rights Act***

You may have certain rights to continue or reacquire coverage if you engage in periods of uniformed service, and satisfy certain requirements upon the completion of that service. Your Plan Sponsor has additional information about these special rules.

***Keep The Plan Informed of Address Changes***

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members.

## ERISA RIGHTS STATEMENT

### ***PARTICIPANTS' RIGHTS***

As a participant in the Plan you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be entitled to:

#### ***Receive Information About Your Plan and Benefits***

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is normally required by law to furnish each participant with a copy of this summary annual report.

#### ***Continue Group Health Plan Coverage***

- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.
- Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your Plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your Plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA Continuation Coverage, when your COBRA Continuation Coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to preexisting condition exclusion for 12 months (18 months for Late Enrollees) after your enrollment date in your coverage.

#### ***Prudent Actions by Plan Fiduciaries***

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

#### ***Enforce Your Rights***

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may, after exhausting the administrative remedies under the Plan's claim procedures for your Health Plan Option, file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

***Assistance with Your Questions***

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.



## 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’re 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your 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 allow you to enroll in your employer plan if you aren’t 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, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **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 January 31, 2018. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> <a href="#">x</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562

<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-785-296-3512</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a>  Phone: 603-271-5218  Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>  Phone: 1-800-635-2570</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website:  <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website:  <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>  Phone: 1-888-695-2447</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>  Phone: 1-800-657-3739</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website:  <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website:  <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>  Phone: 1-800-692-7462</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: (855) 632-7633  Lincoln: (402) 473-7000  Omaha: (402) 595-1178</p>	<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 855-697-4347</p>
<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>

<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf">https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>  Phone: 307-777-7531</p>
<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

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