RICH'S

Your 2027 Benefits Guide

Benefits made for you

Discover your options, find the right plans for your life, and maximize the benefits that matter most to you.



myRewards | A recipe **for life.**

Benefits • Wellbeing • Recognition • Compensation • Retirement



Where to start?

To help keep things simple, this guide is divided into three sections:

Enrolling in benefits

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How enrollment works

Enroll through Alight

Enroll online at
benefits.rich.com

Call 1-800-455-2587, option 1
If you don't want to or can't enroll online, just call Alight. Their representatives will walk you through the steps and answer any questions you might have.

Schedule a call
Use the phone number above or the online portal to book a time that works best for you. An Alight representative will call back and help you enroll.

Help in your language
Alight can connect you with translation support over the phone.

Newly hired? Start your enrollment

You have 45 days from your date of hire to enroll in benefits. Watch for a letter from Alight with enrollment instructions, your coverage effective date, and enrollment deadline. Your elections will remain in place unless you experience a qualifying life event, so choose thoughtfully and add your beneficiaries. If you're hired between October and December, you may enroll twice: once as a new hire and again during Open Enrollment.

Understand your eligibility

Because Rich's has locations across the country, benefits vary based on where you work, your role, your hours, and other eligibility requirements.

Core Associates are eligible for benefits if regularly scheduled to work at least 16 hours per week.

Custom Associates are either covered by a collective bargaining agreement or not otherwise classified as Core Associates. In most cases, if you're regularly scheduled to work 30 or more hours per week, you're eligible for benefits—though this can vary by location. Custom Associates should check their collective bargaining agreement for details about benefits and eligibility.



Add dependents to your coverage

You can enroll the following dependents in your coverage:

- Your spouse, unless you're legally separated.
- Your children under age 26, regardless of their student, marital, or employment status.
- Your domestic partner who lives with you and shares a committed household, even if you're not legally married.
- Your domestic partner's children.
- Your unmarried children age 26 or older who are unable to support themselves due to a physical or mental disability.

Make enrollment changes

The only time you can make changes outside of Open Enrollment is if you experience a **qualified change in status**, also called a "Qualified Life Event." These are significant changes in your personal or family situation. If you experience one, be sure to update your benefits within 30 days of the event.

Examples of Qualified Life Events:

- Marriage or divorce.
- Birth or adoption of a child.
- Job change for you or your spouse that affects benefits eligibility.
- Dependent turns age 26.

Rules might be different for domestic partners and their children
If you have any questions, contact Alight 1-800-455-2587, option 1.





Understanding your benefits

My health

Medical plans

Choosing the right plan depends on how you and your family use healthcare. Some plans cost more from your paycheck but you pay less when you need care. Others cost less from your paycheck, but you'll pay more when you use them.



Benefit buzzwords made simple

Deductible
The amount you pay for covered healthcare costs before your health plan starts sharing the cost.

Copay
The fixed amount you pay for covered healthcare costs. Your health plan pays the rest.

Coinsurance
The percentage of the cost you pay for covered healthcare costs after you meet your deductible.

Out-of-pocket maximum
The most you'll pay for covered healthcare costs in a plan year. After you reach it, your health plan pays the rest.



Which plan is right for you?

Complete PPO

Higher paycheck cost, but lower deductibles
You'll pay more from each paycheck in exchange for lower predictable out-of-pocket costs when you need care.

Predictable copays
Predictable amounts for seeing a doctor, prescriptions, and other services.

More stability
Helps you budget because most costs are known ahead of time.

Best choice?
If you or your family use healthcare regularly and prefer more predictable costs when receiving care.

Essentials PPO

Lower paycheck cost, higher deductibles
You'll pay less out of each paycheck, but more upfront if you need care.

Set copays
Fixed amounts for seeing a doctor and prescriptions.

Best choice?
If you want lower paycheck deductions and don't expect to use healthcare often, but still want coverage for unexpected medical expenses.

Balanced CDHP

Lower paycheck cost with an HSA
This plan pairs lower paycheck deductions with a Health Savings Account (HSA), giving you a way to save for healthcare expenses now and in the future.

More responsibility up front
You'll generally pay the full cost of care and prescriptions until you meet the deductible, after which the plan begins sharing costs.

Save for the future
Money you contribute to your HSA stays with you and can be used for eligible healthcare expenses today or years from now.

Triple tax advantage
HSA contributions are tax-free, growth is tax-free, and withdrawals for eligible healthcare expenses are tax-free.

Added protection
Includes an employer-paid critical illness benefit from MetLife of $5,000 for covered associates and $2,500 for each covered spouse or dependent.

Best choice?
If you're comfortable paying more out of pocket when you need care and want the opportunity to save tax-advantaged dollars for future healthcare expenses.

Are you a Rich's associate living in California?
Kaiser Permanente remains an option for you.



Get the most value from your medical plan

Choosing "in-network" doctors, hospitals, and clinic providers helps you get the most value from your medical plan.

Benefit buzzwords - what they mean

Out-of-network
This is the name given to providers that haven't partnered with Highmark BCBS. Usually, their costs are higher.

Get help finding in-network care

Collective Health can help you find providers in the Highmark BCBS network. Use their app, head to their website or call 1-855-242-5559.

1. Go to my.collectivehealth.com and login to register
2. Select the **"Get Care"** tab at the top of the page, where you can access the most up-to-date network and provider information or call: 1-855-242-5559. to speak to a Member Advocate.



Medical plans–comparison

2027 Highmark BCBS medical plans

Benefit details	Complete PPO	Essentials PPO	Balanced CDHP*
Plan style	PPO	PPO	CDHP with HSA
Spending accounts	FSA	FSA	HSA (associate funded)
Deductible In-network (single/family)	$1,000/$2,000	$2,500/$5,000	$4,000/$8,000
Preventive care	No charge	No charge	No charge
Coinsurance (in-network)	20% after deductible	20% after deductible	20% after deductible
Annual out-of-pocket maximum (single/family)	$2,000/$4,000	$5,000/$10,000	$8,000/$12,000
Office visit (PCP/ specialist)	$25/$50 copay	$25/$50 copay	20% after deductible
Urgent care	$50 copay	$100 copay	20% after deductible
Emergency room	$200 copay	$150 copay, then 20%	20% after deductible
Inpatient hospital care	20% after deductible	20% after deductible	20% after deductible

*Associates enrolling in this plan will receive an employer-paid critical illness policy from Metlife.

Visit Alight benefits.rich.com, and use the "Personalize your Estimate" decision support tool to guide your enrollment choices.

WANT TO FIND OUT MORE?

Go to MyRichsBenefits.com for information on plans, costs and more.

2027 Kaiser medical plans*

KAISER PERMANENTE®

Benefit details	Complete HMO	Essentials HMO	Balanced CDHP**
Plan style	HMO	HMO	CDHP HMO with HSA
Spending accounts	FSA	FSA	HSA (associate funded)
Deductible (single/ family)	$1,000/$2,000	$2,500/$5,000	$4,000/$8,000
Annual Out-of-Pocket Maximum (single/family)	$2,000/$4,000	$5,000/$10,000	$8,000/$12,000
Preventive care	No charge	No charge	No charge
Coinsurance (in-network)	20% after deductible	20% after deductible	20% after deductible
Urgent care	$25	$25	20% after deductible
In-patient care	20% after deductible	20% after deductible	20% after deductible
Emergency room	$200 copay after deductible	20% after deductible	20% after deductible

Kaiser pharmacy benefits

Up to 30 days at retail and 100 days by mail (Complete and Essentials); up to 100 days at retail or mail (Balanced CDHP). Specialty drugs: 30-day retail only, all plans.

Plan overview	Complete	Essentials	Balanced
Generic	$15 copay retail; $30 copay mail order	$15 copay retail; $30 copay mail order	20% coinsurance up to a maximum of $50 after plan deductible
Preferred brand	$60 copay retail; $120 copay mail order	$35 copay retail; $70 copay mail order	20% coinsurance up to a maximum of $100 after plan deductible
Non-preferred brand	$60 copay retail; $120 copay mail order	$35 copay retail; $70 copay mail order	20% coinsurance up to a maximum of $100 after plan deductible
Specialty	20% up to $200; mail order unavailable	20% coinsurance up to a maximum of $250/mail order unavailable	20% coinsurance up to a maximum of $250 after deductible

*Kaiser coverage is offered only to associates living in California.
**Associates enrolling in this plan will receive an employer-paid critical illness policy from Metlife.

Manage your prescriptions, anytime, anywhere

If you're enrolled in a Highmark BCBS medical plan, Express Scripts by Evernorth manages your prescription benefits, helping you save on medications through a nationwide pharmacy network and convenient home delivery.

Visit Express Scripts
www.express-scripts.com/richs
to check prescription lists, costs, and alternative medications.



Here is a breakdown of how the pharmacy benefits work with Highmark BCBS plans:

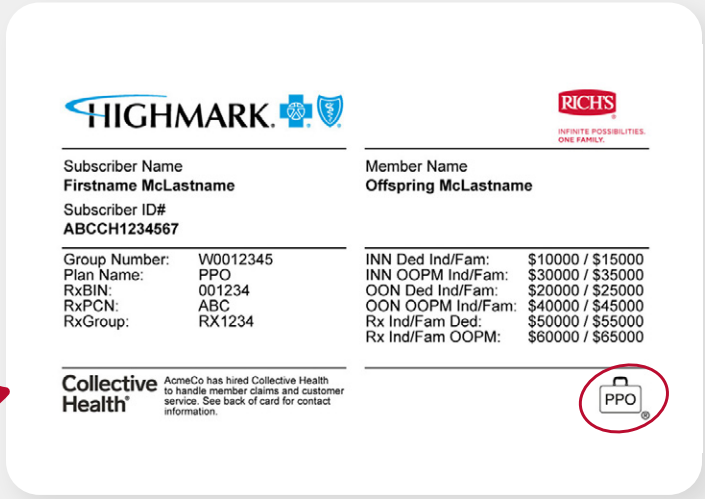
What the plans cover:

Benefit details	Complete PPO	Essentials PPO	Balanced CDHP
Prescription out-of-pocket max	Combined with medical	Combined with medical	Combined with medical
Retail pharmacy 31-day supply			
Generic	$12	$12	20% after deductible
Preferred brand	20% up to $60	20% up to $60	20% after deductible
Non-preferred brand	20% up to $120	20% up to $120	20% after deductible
Specialty	20% up to $200	20% up to $200	20% after deductible
Mail order | 90-day supply			
Generic	$35	$35	20% after deductible
Preferred brand	20% up to $180	20% up to $180	20% after deductible
Non-preferred brand	20% up to $360	20% up to $360	20% after deductible
Specialty	Specialty not covered through mail order		

How to get your prescription filled:

Have questions?
Contact my.collectivehealth.com to check your copay or coinsurance amount. They can also help you find an in-network pharmacy.

Show your Collective Health ID card at the pharmacy.
It has the key billing information needed to process your prescription.



Keep your smile healthy

MetLife

Rich's dental plans, offered through MetLife, help you and your family maintain healthy smiles.

Choose from two plan options—including one with orthodontia coverage—and enjoy 100% coverage for preventive care when you visit an in-network dentist.

What the plans cover:

Benefit details	Basic	Enhanced
Annual deductible		
Individual	$100	$50
Family	$300	$150
Annual maximum	$1,000	$2,500
Preventive services (deductible waived)	100%	100%
Basic services	80%	80%
Major services	60%	80%
Endodontics	80%	80%
Periodontics	80%	80%
Implant coverage	60%	80%
Missing tooth exclusion	Yes	Yes
Benefit specific waiting periods	None	None
Orthodontia services	Not covered	50%
Eligible members	N/A	Adult and child
Lifetime maximum	N/A	$2,000

See clearly for less

MetLife

Rich's offers vision coverage through MetLife to help you keep your eyes healthy and your vision focused.

Choose from two plan options and enjoy 100% coverage for preventive care when you visit an in-network provider.

Did you know?
Superior Vision is part of the MetLife family, giving you access to an expanded network of vision providers.

What the plans cover:

Benefit details	Basic	Enhanced
Frequency (Exams/lenses/frames/ contacts)	**12 months**	**12 months**
Exam	$20 copay	$10 copay
Materials copay	$20 copay	$10 copay
Lens type		
Single	100%	100%
Bifocal	100%	100%
Trifocal	100%	100%
Lenticular	100%	100%
Medically necessary	100%	100%
Frames		
Retail allowance	$130 allowance	$200 allowance
Contact lenses		
Elective	$130 allowance	$200 allowance
Fitting and evaluation	$20 copay	$20 copay
LASIK laser eye surgery	Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across the nationwide network of laser vision correction providers.	Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across the nationwide network of laser vision correction providers.

More ways to get care

Collective Health

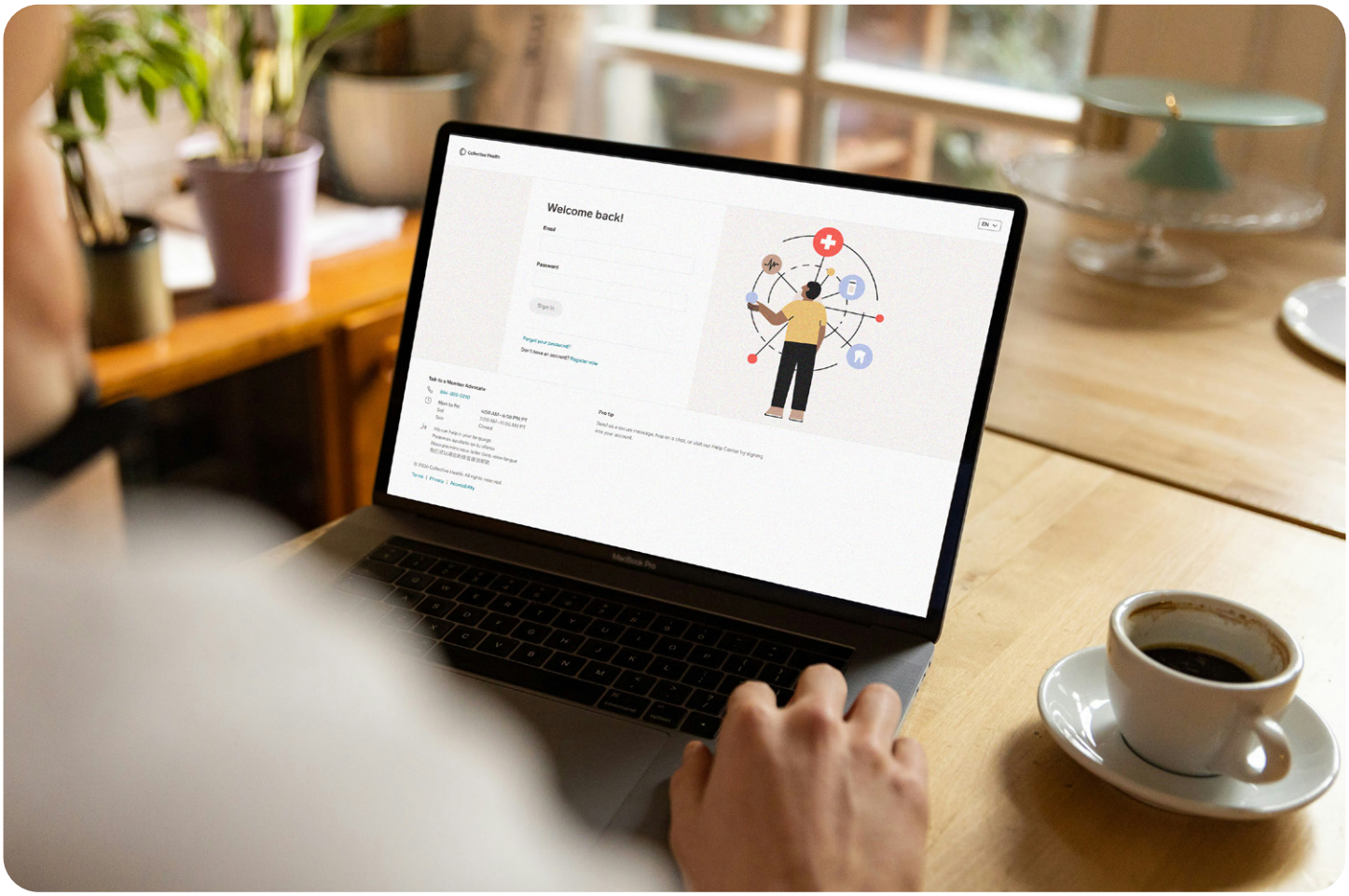
Your resource for care and coverage

Start with Collective Health. It's your first stop for understanding and managing your personal health benefits.

- Find in-network doctors.
- Check what's covered.
- Get cost estimates before care.
- Access your Highmark BCBS Digital ID Card.
- Find claims support with their Member Advocate team.

HOW TO USE OUR ADMINISTRATOR:

Go to Rich's my.collectivehealth.com or call 1-855-242-5559.



Telemedicine

Get virtual care through Teladoc. Connect with a healthcare provider by phone or video, wherever you are.

Use Teladoc when you have:

- A cough, sore throat, or sinus issue.
- Stomach bugs, nausea, or diarrhea.
- Skin rashes or infections.
- Minor aches, pains, or headaches.

HOW TO USE THE SERVICE:

Visit TeladocHealth.com, call 1-800-835-2362 or download the TeladocHealth app to get started.





Lifecycle Specialty Health

CARROT

NEW

Carrot is Rich's lifecycle specialty health vendor, offering personalized support and resources for important moments throughout life.

Carrot's lifecycle journeys can help you navigate:

- Fertility and family building.
- Pregnancy and becoming a parent.
- Adoption.
- Parenting and family care.
- Menopause and midlife health.
- Men's health.

HOW TO USE THE SERVICE:

Visit Carrot.com or download the Carrot app to explore your available resources, find support and get started on a journey that's right for you.



Understanding your benefits

My wellbeing

A wellbeing program that's really rewarding

The Personify Health wellbeing program offers personalized guidance, easy-to-use tools, and motivating activities that support your physical, mental, and financial health.

Better still, when you download the app and participate in the program, you can earn wellbeing rewards every year.

- You can earn Premium Credits worth $600 for you and $300 for a covered spouse toward next year's medical plan by completing 3 of the 7 actions.
- All associates are eligible to participate and earn $75 in Rewards Cash each quarter by completing healthy activities.

How to sign up

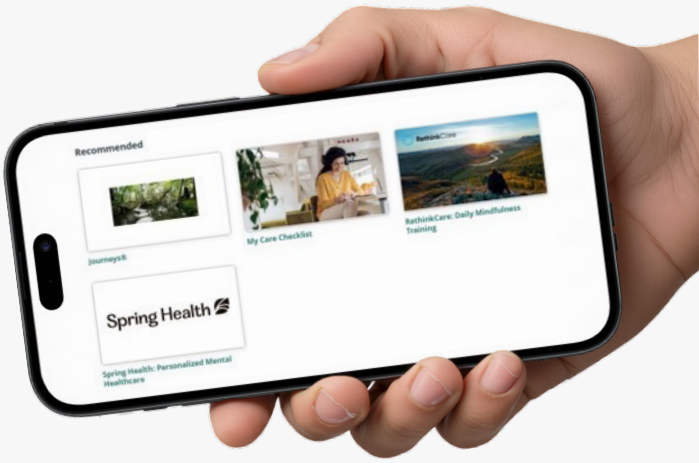
1 Download the Personify Health app on your mobile device.

Download on the App Store

GET IT ON Google Play



2 Explore recommended programs.



3 Start earning by completing actions like Spring Health's assessment, Personify Health's wellness journeys, and ReThink Care's mental wellbeing programs to earn Rewards Cash and Premium Credits!





Mental wellbeing

Spring Health

Confidential Assistance Program (CAP)

With Spring Health, you and your eligible family members have access to confidential, personalized mental health support. Each eligible person receives up to six free sessions per year, which can be used for therapy, coaching, or a combination of both.

What's included:

Therapy (ages 5+)
Appointments are available within 24–48 hours. Choose from providers who match your preferences, including gender or ethnicity, with care available in 50+ languages.

Coaching (ages 13+)
Work one-on-one with a coach to build healthy habits, manage stress, and strengthen everyday skills.
Each eligible person receives up to six free sessions per year, which can be used for therapy, coaching, or a combination of both.

Care support
Dedicated "navigators" to guide your care and connect you to the right providers.

Wellness exercises
Self-guided tools for stress, sleep, burnout, and mindfulness.

Work-life services
Support with legal, financial, child/elder/pet care, travel, and household needs.

Easy integration
Spring Health connects directly with Rich's Wellbeing Program through Personify Health to create a single, convenient destination for personalized mental health and well-being support. See the previous page for more details on how to get started.

HOW TO GET STARTED:

Crisis support: Call 1-855-629-0554 and select **Option 2** (available 24/7)

Visit: benefits.springhealth.com/customer/richs and select **"Activate your free benefit"**

Download the Spring Health app: Work-life code: **RICHSCAP**

General support: Call 1-855-629-0554 and select from the menu of options Monday to Friday, 8am-11pm ET



Extra protection that fits your life

MetLife

Get added protection and support for unexpected events, important life moments, and everyday needs. Review your options below to see what's covered.

Benefit	Key details	Coverage Options
Life insurance	Financial protection for your beneficiaries	Basic company paid coverage plus optional supplemental and dependent coverage
AD&D	Protection for covered accidental injury or death	Basic company paid coverage plus supplemental options
Critical Illness	Cash benefit for covered serious illness	$15,000 or $30,000 coverage options, available for associate only or associate and family coverage
Hospital Indemnity	Cash benefit for covered hospital stays	Low and High options; available for associate only or associate and family coverage
Accident	Cash benefit for covered injuries	Low and High options; available for associate only or associate and family coverage
Legal Plans	Access to attorneys for everyday legal matters	Coverage for you and eligible family members
Identity Theft	Monitoring, alerts, and recovery support	Individual and family protection options
Pet Insurance	Reimbursement for eligible veterinary expenses	Accident, illness, and optional wellness coverage



WANT TO LEARN MORE?

Visit MyRichsBenefits.com/resources and filter by "MetLife" or the name of a specific benefit for plan details, FAQs and videos.

For more information on coverage levels, costs and enrollment details, visit the Alight Portal at Benefits.Rich.com.

Understanding your benefits

My money

Spending accounts



Spending accounts help you save on eligible healthcare expenses by using pre-tax dollars. Each account has different eligibility rules, contribution limits, and plan requirements.

The spending accounts we offer and the medical plans they work with:

Spending account	Description	Plan(s) tied to
Health Savings Account (HSA)	Save pre-tax money for eligible healthcare expenses now or in the future. Funds stay with you year after year.	Balanced CDHP
Flexible Spending Account (FSA)	Set aside pre-tax dollars for eligible healthcare expenses, helping you reduce taxes and save on care.	Essentials PPO, Complete PPO
Dependent Care Flexible Spending Account (DCFSA)	Use pre-tax dollars for eligible child care or elder care expenses that help you work.	All plans
Commuter Flexible Spending Account (CFSA)	Pay for eligible parking and public transportation expenses with pre-tax dollars.	All plans

FSA, DCFSA, and CFSA funds are generally intended for use during the plan year and may have limited rollover provisions.

Dependent care FSA

We offer a Dependent Care FSA that helps you set aside money pre-tax to pay for eligible child or elder care expenses while you work.

- Contribute pre-tax dollars from your paycheck into your Dependent Care FSA.
- Use the account for eligible expenses such as day care, after-school programs, summer day camps, or elder care services.
- Plan contributions carefully, as funds must be used during the plan year and do not roll over.

For details on eligible expenses and how to access your account, visit the Alight portal at Benefits.Rich.com.



Cut the cost of travelling to work

With commuter benefits, you can use pre-tax dollars to pay for public transit passes, parking permits, and other commuting costs, which helps you save more each month.



Rich's 401(k) Savings Plan

Plan for your future with Rich's 401(k) Savings Plan. Designed to help you save and grow your retirement savings, the plan offers a variety of investment options, company contributions, and the opportunity to make pre-tax or post-tax deferrals.

After 30 days of employment, eligible associates can take advantage of automatic enrollment, flexible investment choices, and the potential for employer matching contributions. Rich's 401(k) Plan through Empower gives you a powerful tool to build financial security and achieve your long-term goals.

NEED HELP WITH YOUR 401(K)?

To speak with an Empower representative regarding your account, Monday to Friday, 8am - 10pm ET, and Saturdays 9am - 5:30pm ET.

- Visit: empower.com/richs
- Call 1-833-743-RICH (7424)





Benefits Support Contact Information

Need help with your benefits? Use the directory below to find the right benefits partner, along with contact information and the services they support.

I need help with:	Medical care + prescriptions	Prescription refills	Specialty pharmacy	Dental	Vision	Telehealth
What I'll find:	• In-network providers • Second opinions • Coverage information • Cost estimates before care	• Prescription refills • In-network pharmacies • Medication cost information • Mail order options	• Specialty medication support • Refills and delivery services • Coverage information • Prior authorization assistance	• In-network dentists • Covered services information • Cost estimates and plan details	• Vision providers • Coverage information • Exams, lenses, frames, and contact lens benefits	• Virtual care by phone or video • Treatment for common illnesses • Support for minor injuries and everyday care
	Collective Health	EVERNORTH HEALTH SERVICES	Accredo	MetLife	MetLife	Teladoc HEALTH
Who can support:	**Contact Collective Health** Call: 1-855-242-5559 Visit: my.collectivehealth.com	**Contact Express Scripts** Call: 1-800-282-2881 available 24/7 Visit: https://www.express-scripts.com/frontend/commercial-open-enrollment/richs	**Contact Accredo** Call: 1-866-725-2546 Visit: https://www.accredo.com	**Contact Metlife** Call: 1-800-GET-MET8 (1-800-438-6388) Visit: metlife.com/mybenefits	**Contact Metlife** Call: 1-800-GET-MET8 (1-800-438-6388) Visit: metlife.com/mybenefits	**Contact Teladoc** Call: 1-800-835-2362 Visit: TeladocHealth.com

Mental wellbeing	Wellbeing rewards	Additional benefits	Spending accounts	401(k)	Financial planning	Benefits enrollment
• Therapy and coaching services • Mental health resources • Emotional wellbeing support • Work-life resources	• Health and wellbeing programs • Wellness activities and journeys • Rewards opportunities • Premium credit information	Resources and support for your elected voluntary benefits including: • Life insurance • AD&D • Accident insurance • Critical Illness benefits • Hospital indemnity insurance • Legal • Identity theft protection • pet insurance	• HSA, FSA, and DCFSA information • Eligible expense guidance • Savings and tax advantage resources	• 401(k) or other retirement plan support • Investment information • Retirement planning tools	• Retirement planning education • Tax planning resources • Budgeting guidance • Investment learning opportunities	• Open Enrollment support • New hire enrollment assistance • Qualified Life Event guidance • Benefit election support
Spring Health	personify HEALTH	MetLife	alight.	EMPOWER	MetLife	alight.
Contact Spring Health Call: 1-855-629-0554 CAP/Spring Health Visit: richs.springhealth.com	**Contact Personify Health** Visit: join.personifyhealth.com/RichProducts	**Contact Metlife** Call: 1-800-GET-MET8 (1-800-438-6388) Visit: metlife.com/mybenefits	**Contact Smart-Choice by Alight** Call: 1-800-455-2587 (option 1) Available Monday-Friday 8am-6pm ET Visit: https://smart-choice.wealthcareportal.com/Mobile/Homepage	**Contact Empower** Call: 1-833-743-7424 Visit: richs.empower-retirement.com/participant/#/login?accu=Richs	**Contact Metlife** Call: 1-800-GET-MET8 (1-800-438-6388) Visit: metlife.com/mybenefits	**Contact Alight** Call: 1-800-455-2587, option 1, Available Monday to Friday 8am-6pm ET Visit: Benefits.Rich.com

Legal Notices and Summary Annual Report

Availability of Summary Health Information

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

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

Additionally, information regarding negotiated rates for covered items and services between the plan and in-network providers as well as historical payments to and billed charges from out-of-network providers can be accessed at https://transparency-in-coverage.collectivehealth.com/index.html

HIPAA Notices

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

Privacy Protections

RICH PRODUCTS CORPORATION HEALTH CARE PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this infor-mation. Please review it carefully.

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

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

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

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

How the Plan may use or disclosure your health information

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

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

- **Treatment** includes providing, coordinating, or managing health care and related services. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share health information about you with physi-cians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to ob-tain premiums, make coverage determinations and provide re-imbursement for health care. This can include eligibility de-terminations, reviewing services for medical necessity or ap-propriateness, utilization management activities, claims man-agement, coordination of benefits, subrogation, plan reim-bursement and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your cov-erage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and in limited circumstances other plans or providers) , related to quality assessment and improvement activities, customer service, and internal griev-ance resolution. It includes wellness activities such as disease management, and health coaching. Health care operations al-so include vendor evaluations, credentialing, training, accredi-tation activities, underwriting, premium rating, arranging for medical review and audit activities, creation or renewal of in-surance contracts, stop loss (or other excess loss) coverage claims submissions, legal services, business planning and de-velopment, business management, and general administrative activities. For example, the Plan may use information about your claims to review the effectiveness of wellness programs.

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

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

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

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

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

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

- The Plan, or its Insurer or HMO, may disclose "summary health information" to Rich Products Corporation if requested, for purposes of obtaining premium bids to provide coverage un-der the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summa-rizes participants' claims information, but from which names and other identifying information has been removed. None-theless, the Plans cannot use or disclose genetic information for underwriting purposes.

- The Plan, or its Insurer or HMO, may disclose to Rich Products Corporation information on whether an individual is participat-ing in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan, to allow for payroll pro-cessing of premium payments.

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

Other allowable uses or disclosures of your health information

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

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

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

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

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

Uses and Disclosures of Substance Use Disorder Patient Records
42 CFR Part 2 (Part 2) provides additional restrictions on the use and disclosure of Substance Use Disorder (SUD) related records, including:

- Records subject to Part 2 shall be used and disclosed such only as permitted by Part 2 and any applicable consent you give shall include any required prohibition on redisclosure no-tice with permitted disclosures. However, SUD records properly disclosed do have the potential to be "redisclosed" by the recipient following your authorization for disclosure, making the information no longer protected.
- Records received from Part 2 Programs will not be used or disclosed in civil, criminal, administrative or legislative pro-ceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record.
- For fundraising purposes, if the information used or disclosed includes Part 2 Program records, you must first be provided with a clear and conspicuous opportunity to elect not to re-ceive any fundraising communications.

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

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

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

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

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

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

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

Right to inspect and copy your health information
With certain exceptions, you have the right to inspect or obtain a copy of your health and claims records and other health infor-mation we have about you. Your request for health information in a "Designated Record Set" may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings, or infor-mation subject to the Clinical Laboratory Improvement Amend-ments of 1988 (to the extent that providing access to that infor-mation would be prohibited by law), and information which is ex-empt from those Amendments. Information used for quality con-trol or peer review analyses and not used to make decisions about individuals is not considered part of a designated record set.
In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise review rights with respect to the denial, and a description of how you may complain to the Secretary.

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

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

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

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

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

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

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

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

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

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

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

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

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

Right to receive an accounting of disclosures of your health infor-mation
You have the right to a list of certain disclosures the Plan or its Business Associates have made of your health information. This is often referred to as an "accounting of disclosures". You generally may receive an accounting of disclosures if the disclosure is re-quired by law, in connection with public health activities, or in simi-lar situations listed in the table earlier in this notice, unless other-wise indicated below.

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

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

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

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

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

- a brief description of what happened, including the date of the breach and the discovery of the breach;
- a description of the type of Unsecured PHI that was involved in the breach;

- any steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of the investigation into the breach, mitiga-tion of harm to you and protection against further breaches; and
- contact procedures to answer your questions.

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

- A power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as your conserva-tor or guardian; or
- proof that the representative is your parent (if you are a mi-nor child).

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

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

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

Complaints
If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, write to HIPAA Privacy Official, Associate Services Center, Rich Products Corporation, One Robert Rich Way, Buffalo, NY 14213. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a let-ter to 200 Independence Avenue, S.W., Washington, D.C. 2012, calling 1-877-696-6775. The Plans will not retaliate against you for filing a complaint.

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

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

Notice of Special Enrollment Rights

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

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

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

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is availa-ble.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The fol-lowing list of states is current as of July 31, 2026. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program: Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS - Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program: Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance Phone: 1-916-445-8322 Fax: 1-916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado: Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP: Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 1-678-564-1162, Press 1 GA CHIPRA: Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 1-678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information: Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 1-217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov

INDIANA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Health Insurance Premium Payment Program: All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Pro-gram (KI-HIPP): Website https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
Louisiana Medicaid: Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Web-site: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672

MISSOURI – Medicaid	MONTANA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 1-603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 1-919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 1-401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	TEXAS – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Web-site: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 1-304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance pro-gram since July 31, 2026, or for more information on special en-rollment rights, contact either:

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

Women's Health and Cancer Rights Act

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

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

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

Commuter Benefits

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

Summary Annual Report (SAR)

For Rich Products Corporation Welfare Benefits Plan
This is a summary of the annual report of the Rich Products Corpo-ration Welfare Benefits Plan, EIN 31-1387980, Plan Number 501, for the plan year January 1, 2025, through December 31, 2025. The annual report has been filed with the Employee Benefits Secu-rity Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

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

Insurance Information

The plan has insurance contracts with Aetna Life Insurance Co., Highmark Western and Northeastern New York Inc., Cigna Health and Life Insurance Company and Affiliates (Cigna), Delta Dental of New York, EyeMed Vision Care, Health Net, Kaiser Foundation Health Plan of The Mid-Atlantic States, Inc., Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan Inc., Met-ropolitan Life Insurance Company, National Union Fire Ins. Co. of Pittsburgh, PA, UnitedHealthcare Insurance Company, Vision Ser-vice Plan, Safeguard Health Plans, Inc., A Florida Corporation, Safe-guard Health Plans, Inc., A California Corporation, Safeguard Health Plans, Inc., A Texas Corporation, Kaiser Foundation Health Plan of Georgia, Inc., Kaiser Foundation Health Plan of The Northwest, Continental American Insurance Company, New York Life Group Insurance Company of New York, Priority Health Insurance Compa-ny, Kaiser Foundation Health Plan of Washington Options, Inc. and Metropolitan General Insurance Company to pay certain health, dental, vision and accidental death and dismemberment and all life insurance, prepaid legal, long-term disability and critical illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2025, were $69,787,371

Because they are so called "experience-rated" contracts, the pre-mium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2025, the premiums paid under such "experience-rated" contracts were $1,407,673.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report:

- insurance information, including sales commissions paid by insur-ance carriers.

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

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

Associates covered by a collective bargaining agreement (CBA) should refer to their agreement for details specific to their plan.