

2019 Legal Notices

Air Liquide is required by law to provide you with this information. Please keep it for your files. Please refer to your Summary Plan Descriptions for more information about your benefits, including other required notices.

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Please share these notices with your family members and keep them with your other health plan information. If you have any questions, please call the Air Liquide Health Benefits Center.

Availability of Summaries of Benefits and Coverage

As an employee of Air Liquide, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in case of illness or injury. 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 Summaries of Benefits and Coverage (SBC), which summarize important information about each health coverage option in a standard format, to help you compare across options. SBCs are available online via Air Liquide HR Connect at **www.alhrconnect.info**, or you can request a paper copy by calling the Air Liquide Health Benefits Center at **1-800-964-8826**.

Healthy Elements Wellness Program Notice

The Air Liquide Healthy Elements Wellness Program is a voluntary wellness program available to all employees and their spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act of 1996.

If you choose to participate in the Healthy Elements Wellness Program, you will be asked to undergo a biometric screening (annual physical) and complete a confidential online health assessment. You are not required to participate; however, employees who choose to participate in the wellness program will receive a tax-free cash wellness incentive (up to \$1,000, depending on your coverage level). If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation.

The information from your biometric screening and health assessment are designed to heighten your health awareness by giving you information on your current health status and address any potential areas of risks. You also are encouraged to share your results or concerns with your own doctor. You also have access to educational materials such as online resources and interactive tools, as well as personal health coaches to help you on your journey to wellness.

We are required by law to maintain the privacy and security of your personally identifiable health information. The program will never disclose any of your personal information, except as necessary to carry out specific activities related to the program, to respond to a request from you or as expressly permitted by law. Your health information will not be sold, exchanged, transferred or otherwise disclosed. Anyone who receives your information in connection with the program will abide by the same confidentiality requirements, and all information stored electronically will be encrypted.

Medical information provided in connection with the Healthy Elements Wellness Program will remain confidential and is not shared with Air Liquide and will be maintained separate from your personnel records. You may not be discriminated against in employment because of the medical information you

provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about the Air Liquide Healthy Elements Wellness Program, please contact Healthy Elements at **1-855-688-6587** or visit **al.livehealthier.com**.

HIPAA Notice of Privacy Practices Reminder

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Air Liquide USA LLC Welfare Benefit Plan (the plan) is required to provide you with a HIPAA Notice of Privacy Practices (Notice) at the time of your enrollment and at certain other times. In addition, the plan is required to periodically notify you of the availability of the Notice and provide you with information on how to obtain a copy of the Notice.

A copy of this Notice was mailed to you on September 25, 2018. You may also obtain a copy of the Notice at any time by going to the Air Liquide health benefits website at **www.airliquidehealthbenefits.com**. To request a paper copy of this Notice, call the Air Liquide Health Benefits Center at **1-800-964-8826**. To the extent that the plan contains benefits other than those covered under HIPAA's Privacy Rules, this reminder relates only to those health care benefits that are covered under HIPAA's Privacy Rules. You can also obtain a copy of the Notice directly from the plan's Privacy Official at **1-713-624-8694**.

HIPAA Notice of Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with certain special enrollment rights pertaining to your health care coverage.

Air Liquide USA LLC sponsors a group health plan to provide coverage for health care services for employees and their eligible dependents. You may choose not to enroll in Air Liquide's medical benefits when you first become eligible because you have coverage through another source. If the other coverage ends, you may enroll in Air Liquide's medical benefits under the special enrollment provisions described below.

Loss of Other Coverage. If you decline enrollment for yourself or an eligible dependent because you had other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependent(s) in the plan if you or your dependent(s) lose eligibility for that other coverage, if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 30 days after you or your dependents' other coverage ends, or after the other employer stops contributing towards the other coverage.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption. If you gain a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents in the plan. You must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. In the event that you acquire a new dependent by birth, adoption or placement for adoption, you may also be able to enroll your spouse in the plan (if your spouse was not previously covered).

Enrollment Due to Medicaid or CHIP Events. If you or your eligible dependents are not already enrolled in the plan, you may be able to enroll yourself and your dependents in the plan if: (i) you or your dependents lose coverage under a state Medicaid or Children’s Health Insurance Program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event.

Contact Information. Please contact the Air Liquide Health Benefits Center at **1-800-964-8826** for questions about this notice, how to enroll in the plan, or details including the effective date of coverage added under these special enrollment provisions.

A copy of this notice is also available at **www.alhrconnect.info**. Additional information regarding your rights to enroll in the plan are found in the applicable Summary Plan Description(s) for the plan, or you may contact the Air Liquide Health Benefits Center at **1-800-964-8826** for more information.

Mental Health Parity and Addiction Equity Notice

Air Liquide’s medical plans provide and administer mental health and substance abuse benefits as required by the Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”). For more information about Air Liquide’s group medical plans and their compliance under the MHPAEA, please contact the Air Liquide Health Benefits Center at **1-800-964-8826**.

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Refer to your medical summary plan description or contact your plan for more information.

Women’s Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act is a federal law that protects breast cancer patients who elect breast reconstruction due to a mastectomy. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient.

Benefits must include coverage for:

- Reconstruction of the breast on which a mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Physical complications of all stages of mastectomy, including lymphedemas.

These benefits are provided subject to the same coinsurance and deductible applicable to other medical and surgical benefits provided under the Air Liquide Medical Plan.

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.

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 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 or call **1-866-444-EBSA (3272)**.

If you live in one of the states listed on the following pages, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility.

ALABAMA – Medicaid	KANSAS – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
ALASKA – Medicaid	KENTUCKY – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://chfs.ky.gov Phone: 1-800-635-2570
ARKANSAS – Medicaid	LOUISIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	MAINE – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
FLORIDA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
GEORGIA – Medicaid	MINNESOTA – Medicaid
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 1-404-656-4507	Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid	MISSOURI – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm

All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Phone: 1-573-751-2005
IOWA – Medicaid	MONTANA – Medicaid
Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 1-603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY – Medicaid and CHIP	TEXAS – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid	VERMONT– Medicaid
Website: https://dma.ncdhhs.gov/ Phone: 1-919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
OKLAHOMA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OREGON – Medicaid	WEST VIRGINIA – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002

WYOMING – Medicaid	
Website: https://wyequalitycare.acs-inc.com/ Phone: 1-307-777-7531	

To see if any other states have added a premium assistance program since July 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
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