

2021 Legal Notices

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you choices about your prescription drug coverage. Please see page 9 for more details.

The notices included in this document are:

Availability of Summaries of Benefits and Coverage	1
Healthy Elements Wellness Program Notice	1
HIPAA Notice of Privacy Practices Reminder	2
HIPAA Notice of Special Enrollment Rights	2
Mental Health Parity and Addiction Equity Notice	3
The Newborns' and Mothers' Health Protection Act	4
Women's Health and Cancer Rights Act of 1998	4
Genetic Information Nondiscrimination Act of 2008 (GINA)	4
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	5
Important Notice From Air Liquide USA LLC About Your Prescription Drug Coverage and Medicare	9

Air Liquide is required by law to provide you with this information. Please share these notices with your family members and keep them with your other health plan information. Please refer to your Summary Plan Descriptions for more information about your benefits, including other required notices. If you have any questions, please call the Air Liquide Benefits Center at **800-964-8826**.

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 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 Benefits Center at **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, as applicable, among others.

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 \$500, 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 online health assessment is 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 physician. 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, 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. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs, involving information you provide in connection with the wellness program, we will notify you immediately.

Medical information provided in connection with the Healthy Elements Wellness Program will remain

confidential, 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 **855-444-1255** or visit **www.assethealth.com/airliquide**.

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 October 5th, 2018. You also may 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 Benefits Center at **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 also can obtain a copy of the Notice directly from the Plan's Privacy Official at **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 dependents in the plan if you or your dependents 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 toward 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 you acquire a new dependent by birth, adoption or placement for adoption, you also may 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 Benefits Center at **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 Benefits Center at **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 (MH/SA) benefits as required by the Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”).

Wherever the plan provides MH/SA services, coverage will generally be provided to the same extent as medical and surgical services. This means the plan:

- May not apply more restrictive financial or treatment limitations on Benefits for MH/SA services when compared to Benefits for medical and surgical services.
- May not apply more restrictive annual or lifetime maximum dollar limits on MH/SA services than are applied to medical and surgical services.
- Must cover Non-Network Benefits for MH/SA services to the same extent as Non-Network Benefits for medical and surgical services.

However, the plan may apply cost-containment methods as long as those methods are consistent with parity requirements under federal law. Common cost-containment methods for MH/SA services may include the following:

- Cost sharing: co-payments, coinsurance and annual deductibles
- Limitations on the number of office visits or inpatient/outpatient days
- The terms and conditions of the amount, duration or scope of Benefits

Federal guidelines for MH/SA services as required under the MHPAEA are continually evolving. However, the plan is making a good faith effort to comply with current guidelines, as we understand them.

For more information about Air Liquide's group medical plans and their compliance under the MHPAEA, please contact the Air Liquide Benefits Center at **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.

Genetic Information Nondiscrimination Act of 2008 (GINA)

GINA is a federal law prohibiting discrimination against an Employee, Dependent or Spouse on the basis of an individual's genetic information. Genetic information is defined as information about an individual's genetics based on genetic tests of an individual's family members or information about the manifestation of a disease or disorder within an individual's family. Genetic information includes any

request for or receipt of genetic services (including genetic testing, counseling or education) or participation in clinical research that includes such services by the individual or family member. In general, this plan is not permitted to:

- Use genetic information to discriminate with respect to premiums or contributions
- Request or require participants and/or their dependents to undergo genetic testing (except in specifically permitted situations)
- Collect genetic information for underwriting purposes or prior to enrollment under the plan
- Use genetic information to determine eligibility for coverage

Federal guidelines related to GINA are constantly evolving. However, the plan is making a good faith effort to comply with current guidelines, as we understand them. If you have any questions with respect to the use of your genetic information or GINA, contact the Air Liquide Benefits Center at **800-964-8826**.

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 **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 can 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 **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, 2020. Contact your state for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 855-MyARHIPP (855-692-7447)	Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU cont.aspx Phone: 916-440-5676
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: 800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 800-257-8563	Website: http://www.kdheks.gov/hcf/default.htm Phone: 800-792-4884
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 877-524-4718 Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofc/applications-forms Phone: 800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofc/applications-forms Phone: 800-977-6740 TTY: Maine relay 711	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 800-862-4840
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084	Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 800-992-0900	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-free number for the HIPP program: 800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 888-549-0820	Website: http://dss.sd.gov Phone: 888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.greenmountaincare.org/ Phone: 800-250-8427	Medicaid Website: https://www.coverva.org/hipp Medicaid Phone: 800-432-5924 CHIP Phone: 855-242-8282
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.hca.wa.gov/ Phone: 800-562-3022	Website: http://mywvhipp.com/ Toll-free phone: 855-MyWVHIPP (855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

Important Notice From Air Liquide USA LLC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it.

This notice has important information about your current prescription drug coverage with Air Liquide USA LLC (“Air Liquide”) and your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the health plans offering Medicare prescription drug coverage in your area. Information about where you obtain help to make decisions about your prescription drug coverage is at the end of this Notice.

There are two important things you need to know about your current prescription drug coverage and Medicare’s prescription drug coverage.

1. Medicare prescription drug coverage became available to everyone with Medicare in 2006. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some health plans also may offer more coverage for a higher monthly premium.
2. Air Liquide has determined that the prescription drug coverage offered by Air Liquide is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is, therefore, considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (i.e., a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you also will be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Air Liquide coverage will be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all your current Air Liquide health and prescription drug benefits.

For further information on how your coverage will be affected, contact the Air Liquide Benefits Center. If you do decide to join a Medicare drug plan and drop your current Air Liquide coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (A Penalty) To Join A Medicare Drug Plan?

You also should know that if you drop or lose your current coverage with Air Liquide and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact Air Liquide via the information listed below. NOTE: You will receive this notice each year. You also will receive it before the next period you can join a Medicare drug plan, or if this coverage through Air Liquide changes. You also may request a copy of this Notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage can be found in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You also may be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage

- Visit **www.medicare.gov**.
- Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security at **www.ssa.gov** or call them at 800-772-1213 (TTY 800-325-0778).

REMEMBER: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: Sept. 30, 2020

Name of Entity/Sender: Air Liquide USA LLC

Contact – Position/Office: Air Liquide Benefits

Department Address: 9811 Katy Freeway #100, Houston, TX 77024

Phone Number: 800-964-8826