

# 2022 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.

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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](http://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](http://www.assethealth.com/airliquide)**.

## HIPAA Notice of Privacy Practices

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. This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Introduction

This Notice describes how the Plan may use and disclose your protected health information, sets forth the Plan's legal obligations concerning your protected health information under the privacy rules of HIPAA and describes your rights to access and control your protected health information. Protected health information is information about you that may identify you and that relates to your past, present or future physical or mental health or condition or past, present or future payment for health care.

### Questions and Additional Information

If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact the Plan using the contact information provided at the end of this Notice.

### The Plan's Responsibilities

The Plan is required by law to maintain the privacy of your protected health information. It is obligated to provide you with a copy of this Notice setting forth the Plan's legal duties and privacy practices with respect to your protected health information. The Plan must abide by the terms of this Notice currently in effect. The Plan must notify affected individuals following a breach of unsecured protected health information.

### Typical Uses and Disclosures of Protected Health Information

This section describes typical ways in which the Plan is permitted or required to use or disclose your protected health information. The descriptions include illustrative examples. The descriptions and examples are not exhaustive. They do not specify all types of uses or disclosures which can be made for each category.

## **Treatment**

So that you receive appropriate treatment and care, providers may use your protected health information to coordinate or manage your health care services. The Plan may disclose your protected health information to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

## **Payment and Health Care Operations**

The Plan has the right to use and disclose your protected health information for all activities that are included within the definitions of “payment” and “health care operations” under the Privacy Rule. These definitions are briefly explained below.

- **Payment.** The Plan will use or disclose your protected health information to fulfill their responsibilities for paying benefits under the Plan. For example, the Plan may use or disclose your protected health information: (i) to a provider in response to a request for information regarding your eligibility for benefits under the Plan; (ii) to determine if a treatment that you received was medically necessary or covered under the Plan; (iii) to a third-party service provider to perform utilization review; (iv) for adjudication or subrogation of health claims; and (v) to another health plan to coordinate benefit payments.
- **Health Care Operations.** The Plan will use or disclose your protected health information to support the Plan’s core function of paying benefits under the Plan. These functions include, but are not limited to: (i) responding to inquiries from participants; (ii) case management; (iii) audits; (iv) fraud and abuse detection and compliance programs; (v) legal services; (vi) cost management; and (vii) arranging for medical review.

## **Business Associates**

The Plan contracts with third-party service providers (known as “business associates” under the Privacy Rule) to perform various services on their behalf. Typically, these services come within the definitions of “payment” and “health care operations” discussed above. To perform these services, business associates will receive, create, maintain, use or disclose protected health information, but only after the business associates agree in writing to appropriately safeguard your protected health information.

## **Other Covered Entities**

Under certain circumstances, the Plan may use or disclose your protected health information to assist health care providers, health plans and health care clearinghouses in their own payment activities or health care operations.

## **Disclosures to the Companies**

The Plan (including any third-party administrators) may disclose your protected health information to Air Liquide and its affiliates (the “Companies”), as follows:

- **Treatment, Payment and Health Care Operations.** The Companies may create, receive, maintain, use and disclose protected health information to carry out treatment, payment and health care operations.
- **Enrollment and Disenrollment Information.** The Companies may create, receive, maintain, use and disclose protected health information on whether you are participating

in the Plan or are enrolled in or disenrolled from a health insurance issuer or HMO offered by the Plan.

- **Limited Plan Sponsor Functions.** The Companies may create, receive, maintain, use and disclose summary health information solely for the purposes of obtaining premium bids from insurers for providing health insurance coverage under the Plan or modifying, amending or terminating their group health plan. Summary health information summarizes the claims history, claims expenses or type of claims experienced by the Plan's participants and beneficiaries. Summary health information excludes most direct identifiers (e.g., name, Social Security number, telephone number, etc.). If the Plan uses or discloses your protected health information for underwriting purposes, it is prohibited from using or disclosing genetic information for those purposes.

Please note that, except as described in the paragraph above, the Companies will not have access to your protected health information unless you sign a specific authorization.

### **Others Involved in Your Health Care**

The Plan may disclose your protected health information to a friend or family member that is involved in your care or payment for your health care, unless you object or request a restriction (in accordance with the process described below under the heading "Right to Request Restrictions"). If you are not present or able to agree to these types of disclosures then, using professional judgment, the Plan may make the disclosure if it determines that the disclosure is in your best interest.

### **Disclosures to You**

The Plan is required to disclose to you or your personal representative most of your protected health information when you request access to this information.

### **Notification of a Breach**

The Plan is required to notify you in the event that the Plan (or one of the Plan's business associates) discover a breach of your unsecured protected health information, as defined by the Privacy Rule.

### **Disclosures to Your Personal Representatives**

The Plan will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, the Plan may require written documentation that supports and establishes the basis for the personal representation (such as a power of attorney relating to health care decisions, proof of guardianship, etc.). The Plan may elect not to treat a person as your personal representative if: (i) they have a reasonable belief that you have been, or may be, subjected to domestic violence, abuse or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) in the exercise of their professional judgment, they determine that it is not in your best interest to treat the person as your personal representative.

### **Other Uses and Disclosures of Protected Health Information**

This section describes ways in which the Plan is permitted or required to use or disclose your protected health information that are expected to occur less frequently than those described in the preceding section. As in the preceding section, the descriptions and examples are not exhaustive.

**Required by Law**

The Plan may use or disclose your protected health information to the extent required by federal, state or local law.

**Lawsuits and Administrative Proceedings**

The Plan may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal. The Plan may also disclose your protected health information in response to a subpoena, discovery request or other lawful process if efforts have been made to notify you or a protective order is obtained.

**Workers' Compensation**

The Plan may disclose your protected health information to comply with workers' compensation laws and other similar laws or programs that provide benefits for work-related injuries or illnesses.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services**

The Plan is required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the Privacy Rule.

**Business Transactions**

In the event the Companies enter into a business transaction in which a portion of the Companies' business is sold to another entity by which you become employed, the Plan may disclose your protected health information to that entity to allow your new employer to secure health care coverage for you.

Although they are unlikely to ever apply to the Plan:

**Health Oversight Activities**

The Plan may disclose your protected health information to a health oversight agency for activities authorized by law.

**Abuse or Neglect**

The Plan may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence.

**To Avert a Serious Threat to Health or Safety**

The Plan may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Uses and Disclosures of Your Protected Health Information Pursuant to an Authorization**

Uses and disclosures of your protected health information that are not described above will be made only with your written authorization. There are special rules requiring your written authorization for disclosures involving psychotherapy notes, marketing and the sale of protected health information.

If you provide the Plan with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However,

the revocation will not be effective for information that the Plan has already used or disclosed in reliance on the authorization.

## Contacting You

The Plan (including any third-party administrators) may contact you about claims, payments, treatment alternatives or other health-related benefits or services that may be of interest to you.

## Your Rights

The following is a description of your rights with respect to your protected health information.

### Right to Request Restrictions

You have the right to request a restriction on the Plan's uses and disclosures of protected health information about you for treatment, payment or health care operations.

You also have the right to request a limit on disclosures of your protected health information to family members or friends who are involved in your care or the payment for your health care or for notification purposes. For example, you could ask that the Plan not use or disclose information about a surgery that you had.

Your request must be submitted in writing using the contact information at the end of this Notice. Your request must specifically identify the protected health information you wish to restrict, indicate whether you want to restrict the Plan's use, disclosure or both, and indicate how you want the restrictions to apply (for example, disclosures to your spouse/domestic partner). The Plan is not required to agree to any restriction you request (with a narrow exception for disclosures of protected health information pertaining solely to an item or service for which you or someone other than the Plan have paid in full, to other health plans for purposes of carrying out payment or health care operations). The Plan will inform you if they agree to a restriction. If the Plan agrees to a restriction, they can stop complying with the restriction after notifying you.

### Right to Request Confidential Communications

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that the Plan communicates with you in an alternative manner or at an alternative location. For example, you may ask that the Plan send explanation of benefits (EOB) forms about your benefit claims to your work address rather than your home address.

Your request must be submitted in writing using the contact information at the end of this Notice. Your request must specify the alternative means or location for communication with you. Your request must clearly state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. The Plan will accommodate all reasonable requests for confidential communications. The Plan will inform you if a request will be accommodated.

### Right to Request Access

You have the right to inspect and copy protected health information that may be used to make decisions about your benefits. Your request must be submitted in writing using the contact information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) indicate the form of access requested (on-site inspection, copies, etc.); (iii) if submitted by a personal representative, include proof of personal representative status; and (iv) if applicable,



include the name and address of any third party to whom you would like the Plan to directly transmit the protected health information. If you request copies, the Plan will charge a fee for the actual cost of copying, and, if applicable, mailing, incurred in responding to your request. The Plan will also charge a fee for creating electronic media if you request an electronic copy on portable media.

Note that under the Privacy Rule, you may not inspect or copy the following records: (i) psychotherapy notes; (ii) information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and (iii) protected health information that is subject to law that prohibits access to protected health information.

Depending upon the circumstances, you may have a right to request a review of a denial of access.

### **Right to Request an Amendment**

You have the right to request an amendment of your protected health information held by the Plan if you believe that information is incorrect or incomplete. Your request must be submitted in writing using the contact information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) provide the reason or reasons for the proposed amendment; and (iii) if submitted by a personal representative, include proof of personal representative status.

In certain cases, the Plan may deny your request for an amendment. For example, the Plan may deny your request if they determine that the information you want to amend is accurate and complete or was not created by the Plan. If the Plan denies your request, you have the right to file a written statement of disagreement. Your statement of disagreement will be appended to or linked with the disputed information and all future disclosures of the disputed information will include your statement.

### **Right to Request an Accounting**

You have the right to request an accounting of certain disclosures the Plan has made of your protected health information. Your request must be submitted in writing using the contact information at the end of this Notice. Your request must: (i) include your name, address and daytime telephone number; (ii) indicate the period of time you wish the accounting to cover; and (iii) if submitted by a personal representative, include proof of personal representative status.

You can request an accounting of disclosures made up to six years prior to the date of your request. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover the Plan's costs for additional requests within that twelve-month period. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To obtain a paper copy, call the Air Liquide Benefits Center at **800-964-8826**. 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](http://www.airliquidehealthbenefits.com)**.

## Complaints

If you believe the Plan has violated your privacy rights, you may complain to the Plan's claims administrators, the Plan's HIPAA Privacy Contact or the Secretary of the United States Department of Health and Human Services. You may file a written complaint with the Plan's claims administrators or the Plan's HIPAA Privacy Contact using the contact information at the end of this Notice. The Plan will not penalize or retaliate against you for filing a complaint.

## Changes to This Notice

The Plan reserves the right to change the provisions of this Notice and make the new provisions effective for all protected health information that it maintains (including protected health information created or received prior to the effective date of the change). If the Plan makes a material change to this Notice, it will be posted on the website and provide further information about how to obtain the revised notice in their next annual mailing to individuals then covered by the Plan.

## Effective Date

This Notice of Privacy Practices is effective March 31, 2021.

## Contact Information — HIPAA Privacy Contact

To request additional information or file a complaint with the Plan's HIPAA Privacy Official, please contact:

Privacy Official  
Air Liquide USA LLC  
Air Liquide Benefits Center  
9811 Katy Freeway #100  
Houston, TX 77024  
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](http://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](http://www.healthcare.gov)**.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial **877-KIDS NOW** or **[www.insurekidsnow.gov](http://www.insurekidsnow.gov)** to find out how to apply. If you qualify, ask your state if it has a program that 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](http://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, 2021. Contact your state for more information on eligibility.**

| ALABAMA – Medicaid  | ALASKA – Medicaid   |
|---|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 855-692-5447   | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> |
| ARKANSAS – Medicaid   | CALIFORNIA – Medicaid   |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 855-MyARHIPP (855-692-7447)  | <b>Health Insurance Premium Payment (HIPP) Program</b><br>Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>  |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)  | FLORIDA – Medicaid  |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>800-221-3943/ State Relay 711<br>CHP+:<br><a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 855-692-6442 | Website:<br><a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 877-357-3268  |
| GEORGIA – Medicaid  | INDIANA – Medicaid  |
| Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>Phone: 678-564-1162 ext. 2131   | Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 877-438-4479<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br>Phone 800-457-4584   |
| IOWA – Medicaid and CHIP (Hawki)  | KANSAS – Medicaid   |
| Medicaid Website:<br><a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br>Medicaid Phone: 800-338-8366<br>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br>Hawki Phone: 800-257-8563<br>HIPP Website:<br><a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br>HIPP Phone: 888-346-9562   | Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br>Phone: 800-792-4884   |

| KENTUCKY – Medicaid   | LOUISIANA – Medicaid   |
|---|--|
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 855-459-6328<br>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br>KCHIP Website:<br><a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br>Phone: 877-524-4718<br>Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> | Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a><br>Phone: 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP) |
| MAINE – Medicaid  | MASSACHUSETTS – Medicaid and CHIP  |
| Enrollment Website:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 800-977-6740<br>TTY: Maine relay 711  | Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a><br>Phone: 800-862-4840                            |
| MINNESOTA – Medicaid  | MISSOURI – Medicaid  |
| Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br>Phone: 800-657-3739   | Website:<br><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005   |
| MONTANA – Medicaid  | NEBRASKA – Medicaid  |
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 800-694-3084   | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178  |
| NEVADA – Medicaid   | NEW HAMPSHIRE – Medicaid   |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 800-992-0900   | Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a><br>Phone: 603-271-5218<br>Toll-free number for the HIPP program: 800-852-3345, ext. 5218                      |
| NEW JERSEY – Medicaid and CHIP  | NEW YORK – Medicaid  |
| Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website:<br><a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 800-701-0710  | Website:<br><a href="https://www.health.ny.gov/health_care/medicaid">https://www.health.ny.gov/health_care/medicaid</a><br>Phone: 800-541-2831   |
| NORTH CAROLINA – Medicaid   | NORTH DAKOTA – Medicaid  |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100   | Website:<br><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 844-854-4825   |



| <b>OKLAHOMA – Medicaid and CHIP</b>  | <b>OREGON – Medicaid</b>  |
|--|---|
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 888-365-3742  | Website:<br><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 800-699-9075 |
| <b>PENNSYLVANIA – Medicaid</b>   | <b>RHODE ISLAND – Medicaid</b>  |
| Website:<br><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a><br>Phone: 800-692-7462 | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)  |
| <b>SOUTH CAROLINA – Medicaid</b>   | <b>SOUTH DAKOTA - Medicaid</b>  |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 888-549-0820  | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 888-828-0059   |
| <b>TEXAS – Medicaid</b>  | <b>UTAH – Medicaid and CHIP</b>   |
| Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 800-440-0493  | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 877-543-7669   |
| <b>VERMONT– Medicaid</b>   | <b>VIRGINIA – Medicaid and CHIP</b>   |
| Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 800-250-8427  | Website: <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a><br><a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a><br>Medicaid and CHIP Phone: 800-432-5924                          |
| <b>WASHINGTON – Medicaid</b>   | <b>WEST VIRGINIA – Medicaid</b>   |
| Website: <a href="http://www.hca.wa.gov/">http://www.hca.wa.gov/</a><br>Phone: 800-562-3022  | Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll-free phone: 855-MyWVHIPP (855-699-8447)  |
| <b>WISCONSIN – Medicaid and CHIP</b>   | <b>WYOMING – Medicaid</b>   |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 800-362-3002                                     | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 800-251-1269  |

To see if any other states have added a premium assistance program since July 31, 2021 or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
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](http://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](http://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, 2021

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