2023 Benefits Guide

START HERE

U.S. POST 65 RETIREES

HOW TO NAVIGATE THIS GUIDE

- Navigate to different sections of the guide by clicking on the main sections at the top of each page
- When you reach the end of a main section, continue to the next one by either scrolling down, clicking on the arrows next to the page number, or clicking on the following main section
- The bold colored copy indicates the topic you are currently viewing

LOOKING FOR SOMETHING?

- Use the links on each page to move between different sections by clicking on **underlined text** for links both within this guide and to our intranet and other websites.
- If you prefer to review this guide as a printed copy, simply go ahead and print this PDF by pressing Ctrl+P on a PC keyboard (or Command+P on a Mac keyboard).

SEARCHING FOR A WORD?

Press **Ctrl+F** on a PC keyboard (or Command+F on a Mac keyboard). Then, type what you are looking for into the box that appears in the upper right corner of your screen.

Welcome

The Hershey Company takes pride in offering a benefits program that provides a wide range of quality programs and valuable options to help you be well and plan for a healthy future.

Benefits Open Enrollment is a good time to take a fresh look at your (and your family's) health care costs from 2022 and think about your expected health care needs for 2023.

Explore this guide to learn more about your benefit options, so you can make thoughtful health care decisions to get the coverage that is best suited to the unique needs of you and your family.

What You Need To Know

- You will receive a separate mailing from Highmark with all the details of the FreedomBlue PPO plan for 2023. We are pleased to announce that **there are no major changes to the FreedomBlue plan for 2023**. However, please review the Key Benefit Changes and Updates from FreedomBlue (a copy is available on our retiree website, **www.hersheyretirees.com**).
- Review your Benefits Enrollment Statement, scheduled to mail in mid-October, to see the cost of the FreedomBlue PPO plan for 2023. The retiree medical plan costs have exceeded the annual "cap" of $2,000 per retiree which results in an "overage" of $40.90 per month for 2023. As a result, your premiums in 2023 will be slightly higher.
- You still have access to the dental plan or combined dental and vision plan. See **page 8** for your 2023 dental and vision rates.
- Your current covered dependents will receive a separate Benefits Enrollment Statement.

REVIEW AND UPDATE YOUR DEPENDENT INFORMATION

If you need to add a dependent to your coverage for 2023, you must contact the HR Support Center at **askHR@hersheys.com** or call **1-800-878-0440** and submit the required documentation (e.g., social security number, birth or marriage certificate, Medicare Card, if over age 65) before coverage begins. Failure to provide documentation could result in a delay and loss of coverage for that dependent.

If you knowingly cover an ineligible dependent, you could be required to repay claims that are paid for that ineligible dependent.

BILLING FOR MEDICAL & COBRA

HealthEquity/WageWorks is responsible for the billing administration for retiree medical and COBRA on behalf of The Hershey Company.

Submit premium payments three ways:

1. Visit **mybenefits.wageworks.com** to make one-time payments each month or set up recurring payments. Payments made by Electronic Funds Transfer (EFT) will be withdrawn between the 26th and 29th of the month prior to the due date.
2. Call the 24/7 HealthEquity/WageWorks interactive phone system at **1-888-678-4881**.
3. Mail payments, payable to WageWorks, to:
   WageWorks, Inc.
   P.O. Box 660212
   Dallas, TX 75266-0212

Questions?

Call HealthEquity/WageWorks at **1-888-678-4881**, 8 a.m. to 8 p.m. ET, Monday through Friday.

Eligibility

As a Hershey post-65 retiree, you are eligible to participate in the Hershey health benefits program. You may choose to cover the following dependents:

- Your spouse
- Your domestic partner
- Children under the age of 26, regardless of status — student, married or tax-dependent
- Unmarried, disabled dependent children of any age who depend on you fully for support

DOMESTIC PARTNERS

If you cover a domestic partner, you must demonstrate that your domestic partner meets Hershey's eligibility requirements. For more information about eligibility requirements, contact the HR Support Center as soon as possible.

WILL YOUR CHILD AGE OUT OF COVERAGE?

Your dependent child becomes ineligible for coverage under your Hershey benefit plan on their 26th birthday. They may be eligible to enroll in coverage through:

- his or her employer or spouse's employer
- COBRA (up to 36 months)
- the Health Insurance Marketplace

You can find more information on medical coverage options on **HealthCare.gov**, or by contacting the HR Support Center at **1-800-878-0440** or **askHR@hersheys.com**.

Qualifying Life Events

Once you make your benefits elections for 2023, they will remain in effect for the full calendar year (January 1 through December 31) per IRS regulations, unless you experience a qualifying life event, including:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a spouse or dependent
- Start or termination of a spouse's employment
- Completion and approval of domestic partner application
- Change from part-time to full-time employment (or vice versa) for you or your spouse
- Unpaid leave of absence for you or your spouse
- Significant change in medical coverage because of spouse's employment
- Change in dependent status of your children

HOW TO REPORT A QUALIFYING LIFE EVENT

If you are making a change as a result of a life event, please call the HR Support Center at **1-800-878-0440** or email **askHR@hersheys.com** and provide any required supporting documentation. Any benefit change requested must be consistent with your qualified life event. Remember, if you do not make changes within 31 days of the event, you must wait until the next Benefits Open Enrollment period to make changes.

Benefits Open Enrollment

Benefits Open Enrollment begins Wednesday, October 26 and ends at 11:59 pm ET Wednesday, November 9.
Your elections will go into effect January 1, 2023.

IF YOU TAKE NO ACTION...

Your 2022 elections will roll over to 2023, and you will keep the medical benefits and dependents you have now.

YOU MUST TAKE ACTION IF...

You want to waive coverage or enroll for the first time in the FreedomBlue PPO Plan. You must be enrolled in Medicare Parts A & B to enroll.

HOW TO ENROLL

1. Mark the Benefits Enrollment Statement appropriately, sign and date the form, and provide a copy of your Medicare card. Be sure to make a copy of the Benefits Enrollment Statement for your records.
2. Mail all documents, postmarked no later than November 9, 2022, to:

The Hershey Company
HR Support Center
19 East Chocolate Ave.
Hershey, PA 17033

AFTER BENEFITS OPEN ENROLLMENT CLOSES

1. If you make a change to your benefits for 2023, you will receive a Benefits Confirmation Statement in early December. Check your statement carefully to make sure it reflects the appropriate changes. If you see an error, contact the HR Support Center at **askHR@hersheys.com** or **1-800-878-0440** immediately.
2. Your monthly premium invoices will be mailed by HealthEquity/WageWorks in mid- to late-December. If you do not receive your monthly invoices, contact HealthEquity/WageWorks.

NEED HELP?

Contact the HR Support Center at **askHR@hersheys.com** or call **1-800-878-0440**, 8:30 a.m. - 5:00 p.m. ET, Monday through Friday.

The elections you make (or roll over) during this year's Benefits Open Enrollment will be effective for the entire 2023 calendar year. You will not be able to change your elections until the next Benefits Open Enrollment period unless you experience a **qualifying life event**.

Dental And Vision

The Hershey Company offers you a dental plan with an optional vision plan add-on. The program is administered by United Concordia (UCCI) and Davis Vision (a UCCI affiliate). **The vision plan can only be selected alongside the dental plan.**

This plan is available to all retirees, your spouse/domestic partner and any dependent children under the age of 26. You can enroll:

- 90 days after your retirement date
- within 90 days of your COBRA coverage ending
- during Benefits Open Enrollment

Learn More & Enroll

Call UCCI directly at **1-888-320-3316** to enroll or request an enrollment packet with more information.

DENTAL COVERAGE

- Preventive Services covered at 100% including routine exams, cleanings and bitewing x-rays.
- Basic Services covered at 70% including fillings, certain x-rays, simple extractions, repairs to crowns, bridges and dentures, and palliative treatments. There is a six-month waiting period for these services if you enroll more than 90 days following retirement.
- Major Services discount (average discount is 31%) including root canals, crowns, prosthetics, non-surgical and surgical periodontics, complex oral surgery and general anesthesia, along with certain non-routine services.

VISION COVERAGE

Once every 12 months, the vision plan covers:

- Eye exam ($10 co-payment)
- One pair of eyeglasses (frames and lenses)
- Contact lenses in lieu of eyeglasses

	DENTAL PLAN ONLY			DENTAL PLAN WITH VISION PLAN		
	RETIREE ONLY	RETIREE + 1	RETIREE + FAMILY	RETIREE ONLY	RETIREE + 1	RETIREE + FAMILY
Monthly Rates	$23.10	$41.75	$74.58	$31.09	$56.95	$97.78
Quarterly Rates	$60.21	$108.90	$194.55	$84.18	$154.50	$264.15
Annual Rates	$235.68	$426.12	$760.80	$331.56	$608.52	$1,039.20

RETIREE DENTAL PLAN DETAILS

The dental plan gives you access to UCCI's largest dental network which includes over 97,500 dentists. Most of the dentists are "amended" network dentists.

Visit **unitedconcordia.com/find-a-dentist**, enter your zip code and select the Alliance network. Or, call United Concordia at **1-866-851-7576** and mention you are a Hershey retiree looking for a UCCI Alliance dentist.

	RETIREE DENTAL PLAN DETAILS	
	IN-NETWORK	**OUT-OF-NETWORK**
Deductible (per person/per family)	$25/$75 Class I and II only	None
Out-of-Pocket Maximum	$750	None
CLASS I — DIAGNOSTIC/PREVENTIVE SERVICES		
Exams; X-rays (Bitewings); Fluoride Treatments; Cleanings; Sealants	Plan pays 100% of MAC; member pays nothing	Plan pays 100% of MAC; member pays remainder of dentist's charge
CLASS II — BASIC SERVICES*		
X-Rays (all others); Palliative Treatment; Basic Restorative; Space Maintainers; Simple Extractions; Repairs of Crowns, Inlays, Onlays, Bridges, Dentures	Plan pays 70% of MAC; member pays 30% of MAC	Plan pays 70% of MAC; member pays remainder of dentist's charge
CLASS III — MAJOR SERVICE		
Endodontic; Inlays, Onlays, Crowns; Prosthetics; Surgical and Nonsurgical Periodontics; Complex Oral Surgery; General Anesthesia	Average discounts of 31%** when you visit an amended dentist	No discount; member pays dentist's full charge
ORTHODONTICS, COSMETICS OR OTHER SERVICES		
Orthodontic Diagnostic, Active, Retention Treatment; Bleaching, Veneers, Implants	Average discounts of 31%** when you visit an amended dentist	No discount; member pays dentist's full charge

** There is a six-month waiting period for these services if you enroll more than 90 days following retirement.*
*** The average 31% discount is based on UCCI charge data. Actual discounts will vary depending upon the procedure and the geographic region in which it is performed.*

MAC = Maximum Allowable Charge

VISION PLAN DETAILS

For claims and customer service, contact United Concordia directly at **1-866-851-7576**. Do not contact Hershey directly.

	VISION PLAN DETAILS
	IN-NETWORK
Eye Examination	Every January 1, covered in full after $10 co-payment
EYE GLASSES	
Spectacle Lenses	Every January 1, covered in full; for standard single-vision, lined bifocal, or trifocal lenses
Frames	Every January 1, covered in full; any fashion or designer frame from Davis Vision's collection* (value up to $160) OR $120 retail allowance toward any frame from provider, plus 20% off balance**
CONTACT LENSES	
Contact Lens Evaluation, Fitting & Follow Up Care	Every January 1, Davis Vision Collection Contacts, covered in full
Contact Lenses (in lieu of eyeglasses)	Every January 1, covered in full (in lieu of glasses) OR $105 retail allowance toward provider supplier contact lenses, plus 15% off balance**

** The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.*
*** Additional discounts not applicable at Walmart, Sam's Club or Costco locations.*

	ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS	
	WITHOUT DAVIS VISION	**WITH VISION**
Scratch-Resistant Coating	$25	$0
Polycarbonate Lenses	$66	$0 – $30
Standard Anti-Reflective (AR) Coating	$83	$35
Standard Progressives (no-line bifocal)	$198	$50
Photochromic Lenses (i.e. Transitions®, etc.)*	$110	$65

** Transitions® is a registered trademark of Transitions Optical Inc.*

COMPANY	BENEFIT	CONTACT INFORMATION
Davis Vision	Voluntary Vision Program	1-877-923-2847, client code 2231 | **www.davisvision.com**
HealthEquity/WageWorks	Retiree Medical monthly billing	1-888-678-4881 | **https://mybenefits.wageworks.com**
Highmark Blue Shield	FreedomBlue PPO	1-866-763-9474 | **www.highmarkblueshield.com** TTY users call 1-800-988-0668 8 a.m. – 8 p.m. ET
MetLife	Retiree Life Insurance Beneficiary Designation	1-866-492-6983 | **www.metlife.com/mybenefits**
The Hershey Company **19 East Chocolate Ave.** **Hershey, PA 17033**	HR Support Center	1-800-878-0440 | **askHR@hersheys.com** 8:30 a.m. - 5:00 p.m. ET, Monday through Friday **www.hersheyretirees.com**
United Concordia Companies Inc.	Voluntary Dental Program	For enrollment: 1-888-320-3316 For claims: 1-866-851-7576 8 a.m. – 6 p.m. ET **www.unitedconcordia.com/dental-insurance**
Willis Towers Watson	Pension Service Center	1-888-837-2327 | **www.eepoint.com/Hershey**

LEGAL NOTICES

Women's Health and Cancer Rights Act Notice

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

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

These benefits are subject to The Hershey Company plans' regular copayments and deductibles.

If you would like more information on WHCRA benefits, call your plan administrator **1-866-763-9474**.

Special Rules Affecting Benefits: Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how coverage is provided by The Hershey Company medical plans. This notice summarizes these rules.

Special Enrollment Periods

HIPAA also provides special enrollment rights under certain circumstances.

LOSS OF OTHER COVERAGE

If, when you first become eligible for medical coverage under a plan sponsored by The Hershey Company and you decline coverage for yourself, your spouse, or other dependents because of other medical insurance or group health plan coverage, you may be able to enroll yourself and your dependents in The Hershey Company-sponsored medical plan, if you, your spouse, or your dependents lose eligibility for that other coverage (or if the other employer stops contributing toward your or your spouse's or dependents' other group health coverage). However, you are responsible for requesting the change through the HR Support Center within 31 days after other coverage ends (or after the employer stops contributing toward the other coverage).

You may be able to enroll yourself, your spouse, or your other dependents in The Hershey Company-sponsored medical plan if you, your spouse, or your dependents are covered under a Medicaid plan or a state child health insurance plan (CHIP) and that coverage ends as a result of a loss of eligibility for that coverage. However, you are responsible for requesting enrollment through the HR Support Center within 60 days after the termination of the Medicaid or CHIP coverage.

BECOMING ELIGIBLE FOR A STATE PREMIUM ASSISTANCE SUBSIDY

You may be able to enroll yourself, your spouse, or your other dependents in a plan sponsored by The Hershey Company if you, your spouse, or your other dependent become eligible or lose eligibility for premium assistance through either Medicaid or CHIP. You must request enrollment within 60 days of the event. See the section entitled "Employer Children's Health Insurance Plan" for further details.

ACQUIRING A NEW DEPENDENT

If you acquire a new dependent because of marriage, birth, adoption, or placement for adoption, you can request to enroll yourself and your new dependent(s) in The Hershey Company medical plan by contacting the HR Support Center, selecting the appropriate Qualifying Event and making election(s) within 31 days of the marriage, birth, or adoption.

Note: Due to the impact of the National Emergency resulting from the COVID-19 outbreak, the federal government has extended certain deadlines for employee benefit plans. Effective March 1, 2020, all group health plans, such as The Hershey Company-sponsored medical plan, are required to suspend certain employee benefit plan deadlines until the earlier of: (i) one year from the date the deadline would have begun running for an individual, or (ii) the end of the "Outbreak Period". The "Outbreak Period" is defined as March 1, 2020, until 60 days after the announced end of the COVID-19 National Emergency or such other date as announced by the federal government. The extended timeframes apply to the above 31 days and 60 days periods.

The Plan's Duties with Respect to Protected Health Information

HIPAA privacy and security rules impose numerous requirements on employer health plans concerning the use and disclosure of protected health information (PHI). This is information held by such plans that may identify individuals covered under the plans and that relates to the health and related health care services received by those individuals.

These plans are required by law to uphold the privacy and security of your PHI and to provide you with a notice of their legal duties and privacy and security practices with respect to your PHI. The notice describes how the plans may use and disclose PHI for specified purposes permitted or required by law, and also describes your rights with respect to your PHI.

It is not feasible in this Notice to describe in detail all the of the specific uses and disclosures the Plan may make of PHI, so this Notice describes categories of uses and disclosures of PHI that the Plan may make and gives examples of those uses and disclosures.

A copy of the plan "Notice of Privacy Practices" is included with the Summary Plan Description you receive when you enroll in any of the above plans. If there is a material change in the privacy practices or individual rights stated in the Notice, the plans will provide you with an updated Notice. You also may obtain a copy of the Notice currently in effect by contacting the HR Support Center.

It is important to note that generally HIPAA privacy and security rules apply to the plans, not to The Hershey Company as an employer. Different policies may apply to other Hershey Company programs or to data unrelated to the health plan. Also note that this Notice applies only to your PHI that the Plan maintains. It does not affect your health care provider's privacy practices with respect to your PHI that they maintain.

Notice of Privacy Practices

EFFECTIVE DATE

This Notice is effective September 23, 2013.

PURPOSE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Hershey Company Health & Welfare Plan (the "Plan") is regulated by numerous federal and state laws. The Health Insurance Portability and Accountability Act ("HIPAA") identifies protected health information ("PHI") and requires that the Plan maintain a privacy policy and that it provides you with this Notice of the Plan's legal duties and privacy practices. This Notice provides information about the ways your medical information may be used and disclosed by the Plan and how you may access your health information.

The health plans sponsored by Hershey comprise what is referred to in HIPAA as an "organized health care arrangement." This designation means that the plans may use and disclose PHI as permitted by HIPAA for purposes such as treatment, payment, and health care operations related to the organized health care arrangement. This Notice applies to the health plans sponsored by Hershey that comprise the "organized health care arrangement."

PHI means individually identifiable health information that is created or received by the Plan that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you; and that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. If state law provides privacy protections that are more stringent than those provided by federal law the Plan will maintain your PHI in accordance with the more stringent state law standard.

In general, the Plan receives and maintains health information only as needed for claims or Plan administration. The primary source of your health information continues to be the health care provider (for example, your doctor, dentist or hospital) that created the records. Most health benefits are administered by a third party administrator ("TPA") where the Plan sponsor does not have access to PHI.

The Plan is required to operate in accordance with the terms of this Notice. The Plan reserves the right to change the terms of this Notice. If there is any material change to the uses or disclosures, your rights, the Plan's legal duties or privacy practices, the Notice will be revised, and you'll receive a copy. The new provisions will apply to all PHI maintained by the Plan, including information that existed prior to revision.

USES AND DISCLOSURES PERMITTED WITHOUT YOUR AUTHORIZATION OR CONSENT

The Plan is permitted to use or disclose PHI without your consent or authorization in order to carry out treatment, payment or health care operations. Information about treatment involves the care and services you receive from a health care provider. For example, the Plan may use information about the treatment of a medical condition by a doctor or hospital to make sure the Plan is well run, administered properly and does not waste money. Information about payment may involve activities to verify coverage, eligibility, or claims management. Information concerning health care operations may be used to project future health care costs or audit the accuracy of claims processing functions.

The Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities related to changing TPA contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information for underwriting purposes which include eligibility determination, calculating premiums, the application of pre-existing conditions, exclusions and any other activities related to the creation, renewal, or replacement of a TPA contract or health benefit.

The Plan may disclose health information to the TPA if the information is needed to carry out administrative functions of the Plan. In certain cases, the Plan or TPA may disclose your PHI to specific employees of Hershey who assist in the administration of the Plan. Before your PHI can be used by or disclosed to these employees, The Hershey Company must certify that the Plan documents explain how your PHI will be used; identify the employees who need your PHI to carry out their duties to administer the Plan; and separate the work of these employees from the rest of the workforce so that the Hershey Company cannot use your PHI for employment-related purposes or to administer other benefit plans. For example, a designated employee may have the need to contact a TPA to verify coverage status or to investigate a claim without your specific authorization.

The Plan may disclose information to the Hershey Company that summarizes the claims experience of Plan participants as a group, but without identifying specific individuals to get a new TPA contract, or to change the Plan. For example, if The Hershey Company wants to consider adding or changing an organ transplant benefit, it may receive this summary health information to assess the cost of that benefit.

The Plan may also use or disclose your PHI for any purpose required by law, such as responding to a court order, subpoena, warrant, summons, or similar process authorized under state or federal law; for health oversight activities; pursuant to judicial or administrative proceedings; for a coroner, medical examiner, or funeral director to obtain information about a deceased individual; for organ, eye, or tissue donation purposes; for certain government-approved research activities; to avert a serious threat to an individual's or the public's health or safety; to comply with workers' compensation laws; to provide information about the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement; to assist in disaster relief efforts; to report a death we believe may be the result of criminal conduct; to report criminal conduct on the premises at the Hershey Company; to coroners or medical examiners; in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime; to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

Plans are also permitted, but not required to, use or disclose PHI for the following purposes not included in this notice:

(1) Limited Data Sets — a limited data set is health information about participants that omits their name and social security number and certain other identifying information

(2) Personal Representatives — Plans can disclose PHI to personal representatives appointed by the participant or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult) to the same extent that the Plan would disclose information to the participant. The Plan may choose not

to disclose information to a personal representative if it has a reasonable belief that (a) the participant may be a victim of domestic abuse by the personal representative, (b) recognizing such person as the participant's personal representative may result in harm to the participant, (c) it is not in the participants pest interest to such person as their personal representative.

The Plan may disclose medical information about you for public health activities. These activities generally include licensing and certification carried out by public health authorities; prevention or control of disease, injury, or disability; reports of births and deaths; reports of child abuse or neglect; notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. The Plan will make this disclosure when required by law, or if you agree to the disclosure or when authorized by law and the disclosure is necessary to prevent serious harm.

Uses and disclosures other than those listed will be made only with your written authorization. Types of uses and disclosures requiring authorization include use or disclosure of psychotherapy notes (with limited exceptions to include certain treatment, payment or health care operations); use or disclosure for marketing purposes (with limited exceptions); and disclosure in exchange for remuneration on behalf of the recipient of your protected health information.

You should be aware that the Plan is not responsible for any further disclosures made by the party to whom you authorize the release. If you provide the Plan with authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization.

YOUR RIGHTS

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the HR Support Center. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the HR Support Center.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is not part of the medical information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the HR Support Center. Your request must state a time period of no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge.

For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation

on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

Effective September 23, 2013 (or such other date specified as the effective date under applicable law), we will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the HR Support Center. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply — for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the HR Support Center. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to be Notified of a Breach. The Plan is required by law to maintain the privacy of your PHI and to provide you with a notice of its legal duties and privacy practices with respect to your PHI. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to Obtain a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

COMPLAINTS

If you believe that your privacy rights have been violated, you have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing to the contact person named at the end of this Notice. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Summary of Benefits and Coverage

The Summary of Benefits Coverage (SBC) documents can be found online at **https://www.thehersheycompany.com/en_us/home/retirees/health-insurance.html** or you may call the HR Support Center at **1-800-878-0440** to request a printed copy.

PLAN CONTACT INFORMATION

Information about the Plan may be obtained at any of the addresses or phone numbers below:

The Hershey Company
19 E. Chocolate Avenue
P.O. Box 810
Hershey, PA 17033-0810
1-800-878-0440

Medical Benefit Administrator:
Highmark Blue Shield
P.O. Box 890382
Camp Hill, PA 17089-0382
1-866-763-9474

Pharmacy Benefit Administrator:
Express Scripts, Inc. P.O. Box 66583
St. Louis, MO 63166
1-877-309-6408
(TDD 800-899-2114)

Contact information for the Plan may change from time to time. The most recent information will be included in the Plan's most recent Summary Plan Description (SPD). The Summary Plan Description and other pertinent documents can be found at **https://www.thehersheycompany.com/ en_us/home/retirees/health-insurance.html**, or you may call the HR Support Center at **1-800-878-0440** to request a printed copy.

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 following states, you may be eligible for assistance paying your employer health plan premiums. You should contact your state for further information on eligibility. The following list of states is current as of July 31, 2022.

MEDICAID	WEBSITE	PHONE
ALABAMA	**http://myalhipp.com/**	1-855-692-5447
ALASKA	**http://myakhipp.com/** Medicaid Eligibility: **https://health.alaska.gov/dpa/Pages/default.aspx** Email: **CustomerService@MyAKHIPP.com**	1-866-251-4861
ARKANSAS	**http://myarhipp.com/**	1-855-MyARHIPP (855-692-7447)
CALIFORNIA	**http://dhcs.ca.gov/hipp** Email: **hipp@dhcs.ca.gov**	1-916-445-8322

MEDICAID	WEBSITE	PHONE
FLORIDA	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	1-877-357-3268
INDIANA	Low-income adults 19-64: http://www.in.gov/fssa/hip/ All other Medicaid: https://www.in.gov/medicaid/	**Low-income adults 19-64:** 1-877-438-4479 **All other Medicaid:** 1-800-457-4584
KANSAS	https://www.kancare.ks.gov/	1-800-792-4884
KENTUCKY	KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx Medicaid: https://chfs.ky.gov	**KI-HIPP:** 1-855-459-6328 **KCHIP:** 1-877-524-4718
LOUISIANA	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
MAINE	https://www.maine.gov/dhhs/ofi/applications-forms	1-800-442-6003/Maine Relay 711 1-800-977-6740/Maine relay 711
MINNESOTA	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
MISSOURI	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	1-573-751-2005
MONTANA	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HHSHIPPProgram@mt.gov	1-800-694-3084
NEBRASKA	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 **Lincoln:** 1-402-473-7000 **Omaha:** 1-402-595-1178
NEVADA	http://dhcfp.nv.gov	1-800-992-0900

MEDICAID	WEBSITE	PHONE
NEW HAMPSHIRE	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	1-603-271-5218 1-800-852-3345 ext. 5218
NEW YORK	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
NORTH CAROLINA	https://medicaid.ncdhhs.gov/	1-919-855-4100
NORTH DAKOTA	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
OREGON	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
PENNSYLVANIA	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx	1-800-692-7462
SOUTH CAROLINA	https://www.scdhhs.gov	1-888-549-0820
SOUTH DAKOTA	http://dss.sd.gov	1-888-828-0059
TEXAS	http://gethipptexas.com	1-800-440-0493
VERMONT	http://www.greenmountaincare.org/	1-800-250-8427
WASHINGTON	https://www.hca.wa.gov/	1-800-562-3022
WYOMING	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

MEDICAID & CHIP	WEBSITE	PHONE
COLORADO	Health First Colorado: **https://www.healthfirstcolorado.com** CHP+: **Colorado.gov/HCPF/Child-Health-Plan-Plus** Health Insurance Buy-In Program (HIBI): **https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program**	**Health First Colorado:** 1-800-221-3943/State Relay 711 **CHP+:** 1-800-359-1991/State Relay 711 **HIBI:** 1-855-692-6442
GEORGIA	HIPP: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp** CHIPRA: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**	**HIPP:** 1-678-564-1162, Press 1 **CHIPRA:** 1-678-564-1162, Press 2
IOWA	Medicaid: **https://dhs.iowa.gov/ime/members** Hawki: **http://dhs.iowa.gov/Hawki** HIPP: **https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp**	**Medicaid:** 1-800-338-8366 **Hawki:** 1-800-257-8563 **HIPP:** 1-888-346-9562
MASSACHUSETTS	**https://www.mass.gov/masshealth/pa**	1-800-862-4840
NEW JERSEY	Medicaid: **http://www.state.nj.us/humanservices/dmahs/clients/medicaid/** CHIP: **http://www.njfamilycare.org/index.html**	**Medicaid:** 1-609-631-2392 **CHIP:** 1-800-701-0710
OKLAHOMA	**http://www.insureoklahoma.org**	1-888-365-3742
RHODE ISLAND	**http://www.eohhs.ri.gov/**	1-855-697-4347 1-401-462-0311 (Direct Rite Share Line)
UTAH	Medicaid: **https://medicaid.utah.gov/** CHIP: **http://health.utah.gov/chip**	1-877-543-7669
VIRGINIA	Medicaid: **https://www.coverva.org/en/famis-select** HIPP: **https://www.coverva.org/en/hipp**	1-800-432-5924
WEST VIRGINIA	Medicaid: **https://dhhr.wv.gov/bms/** CHIP: **http://mywvhipp.com/**	**Medicaid:** 1-304-558-1700 **CHIP:** 1-855-MyWVHIPP (855-699-8447)
WISCONSIN	**https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm**	1-800-362-3002

To see if any other states have added a premium assistance program since July 31, 2022, 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)

or

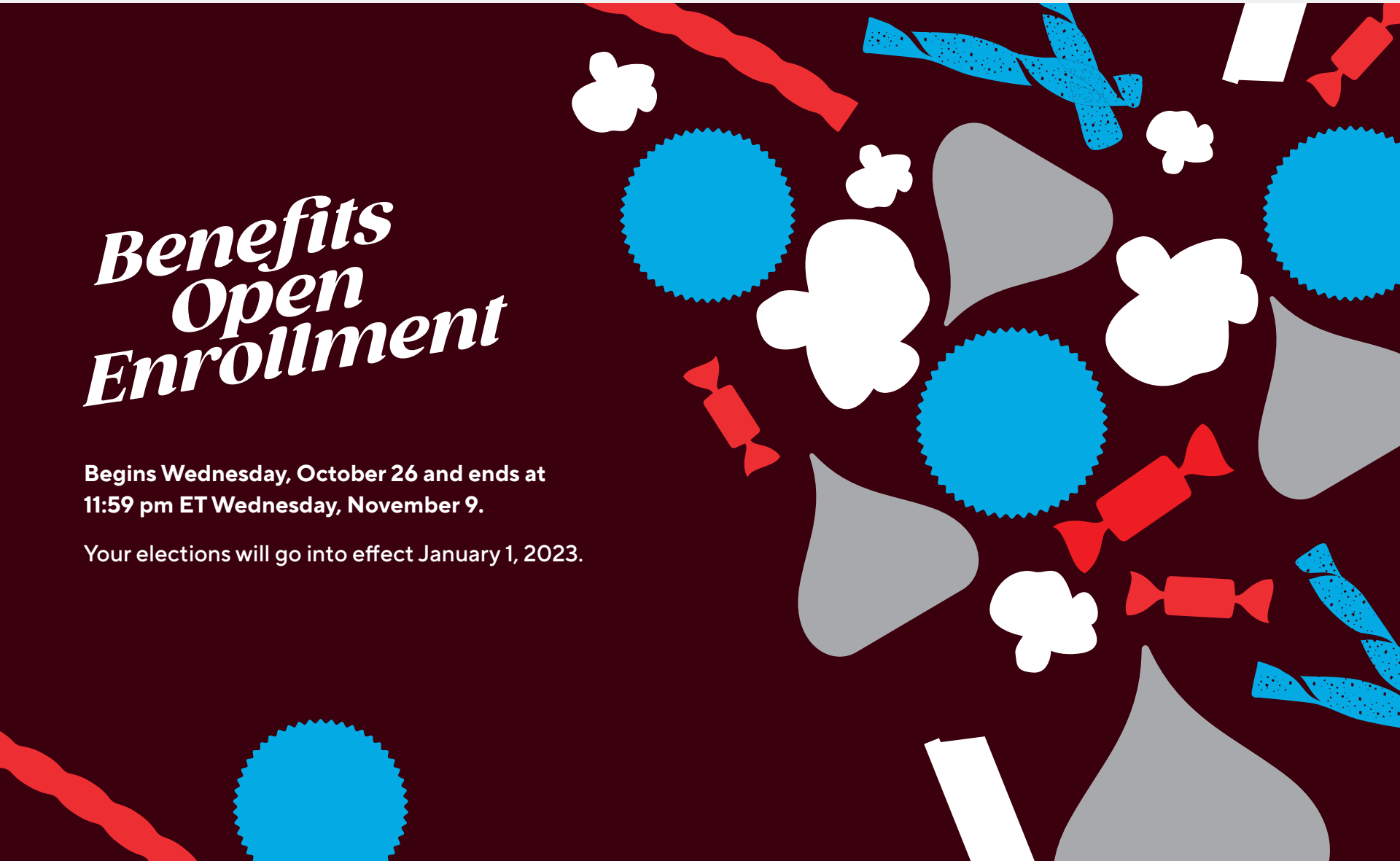
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

Notes



Benefits Open Enrollment

Begins Wednesday, October 26 and ends at 11:59 pm ET Wednesday, November 9.

Your elections will go into effect January 1, 2023.