



**MAKE *more* OF
YOUR M*MENTS**

2021 BENEFITS GUIDE
U.S. POST 65 RETIREES

START HERE >



Health

YOUR WELLBEING MOMENTS >



Resources

REAL SUPPORT MOMENTS >



Enroll

YOUR MOMENT TO CHOOSE >

RETURN
TO HOMEPREVIOUS
PAGENEXT
PAGE

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 navigation at the top to move from topic to topic but make sure to read each page within all sections, not just the first one.
- 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.
- Be sure to click on the provider logos on each page – we linked them, so you will automatically be forwarded to the appropriate website.
- 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). You can also call the **HR Support Center at 1-800-878-0440** or email **askHR@hersheys.com** to request a printed copy.



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.

START HERE

- [2](#) How to use this Guide
- [3](#) Home
- [4](#) Welcome
- [5](#) 2021 Benefits Open Enrollment
- [6](#) What You Need to Know
- [8](#) Eligibility
- [9](#) Qualifying Life Events



HEALTH

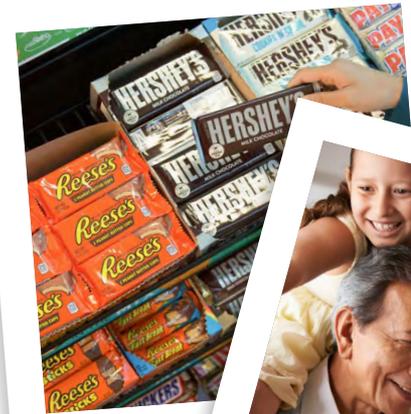
- [10](#) Dental Plan
- [10](#) Vision Plan

RESOURCES

- [14](#) Contact Information
- [15](#) Legal Notices

CHOOSE YOUR
moment

Click below each section!



moments matter

AND YOUR 2021 BENEFITS CAN HELP YOU MAKE THE MOST OF THEM.

When it comes to planning for a healthy future for our retirees and their families, The Hershey Company takes pride in offering a benefits program that provides a wide range of valuable options to help you be well and access quality programs and benefit partners.

Benefits Open Enrollment is a good time to take a fresh look at your (and your family's) health care costs from 2020, and think about your expected health care needs for 2021.

Explore this guide to learn more about your benefit options, so you understand what's new and what's changing and can make thoughtful health care decisions to get the coverage that is best-suited to the individual needs of you and your family.

ENROLL!

October 28 through November 11, 2020.

IMPORTANT NOTE:

As the U.S. benefits landscape evolves, we regularly evaluate Hershey's group insurance Medicare plans and how they compare to the many options available in the individual Medicare insurance market. We strongly feel we want the best choice, coverage and options for our retirees. As we are evaluating our plans, Hershey recognizes that retirees who are eligible for Medicare may find greater choice and flexibility, with lower costs, in the individual Medicare market. Hershey wants to involve you in this conversation, and make you aware that we may have additional opportunities for this discussion in 2021. While the Freedom Blue Plan is offered for 2021, there may be more choice available in 2022.

Hershey values our retirees' dedicated service to Hershey. Look for more information and additional opportunities for education and dialogue throughout 2021.

2021 highlights

who

Benefit-eligible U.S. post-65 retirees.

when

 Benefits Open Enrollment begins **Wednesday, October 28** and ends at **11:59 pm ET Wednesday, November 11**. Your elections will go into effect January 1, 2021.

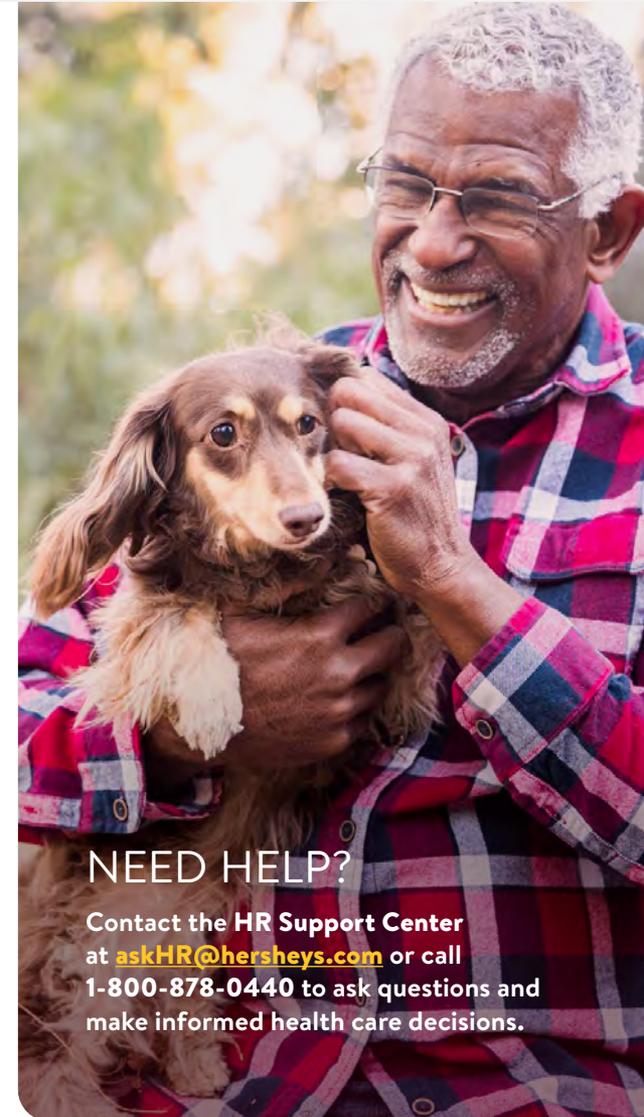
how

- Review your Benefits Enrollment Statement, which is scheduled to mail on October 12, to see the cost of the FreedomBlue PPO plan for 2021. Your current dependents that are covered will receive a separate Benefits Enrollment Statement.
- If you want to keep the medical benefits and dependents you have now, no action is required. Your 2020 elections will roll over to 2021. Review your Benefits Enrollment Statement for your 2021 monthly cost.
- If you want to waive coverage or enroll for the first time in the FreedomBlue PPO plan, mark the Benefits Enrollment Statement appropriately, sign and date the form, provide a copy of your **Medicare card**, and return all to the **HR Support Center**, postmarked no later than November 11, 2020. You must be enrolled in Medicare Parts A & B to enroll. See [page 14](#) of this guide for contact information.

what else?

Now is a good time to review and update your dependent information, if needed. If you want to make changes to your dependents, please contact the **HR Support Center** at askHR@hersheys.com or call **1-800-878-0440**.

Review your election and be sure to make a copy of the Benefits Enrollment Statement for your records.



NEED HELP?

Contact the **HR Support Center** at askHR@hersheys.com or call **1-800-878-0440** to ask questions and make informed health care decisions.



This 2021 Benefits Guide provides you information about your health benefits and other benefits that Hershey proudly offers to eligible retirees.

WHAT YOU NEED TO KNOW

- You will receive a separate mailing from Highmark with all the details of the FreedomBlue PPO plan for 2021. We are pleased to announce that **there are no major changes to the FreedomBlue plan for 2021**. However, please review the Key Benefit Changes and Updates from FreedomBlue (a copy is available on our retiree website, www.hersheyretirees.com. Simply visit our Hershey homepage and click: Home > Careers > U.S. Hershey Retirees.)
- You still have access to a voluntary dental only or dental and vision plan. See [page 10](#) for your 2021 dental and vision rates.
- The retiree plan costs have exceeded the annual “cap” of \$2,000 per retiree which results in an “overage” of \$32.45 per month for 2021. As a result, your premiums in 2021 will be lower.
- Make sure that any dependents you intend to cover under your benefits **receive a separate enrollment packet**. Eligible dependents include:
 - Spouse or domestic partner
 - Dependent children under age 26, regardless of status; student, married or tax dependent; unmarried disabled children

What Happens After Benefits Open Enrollment Closes?

1. If you make a change to your benefits for 2021, you will receive a Benefits Confirmation statement. Check your statement carefully to make sure it reflects the appropriate changes. **Contact the HR Support Center immediately if it is not correct.**
2. Your monthly premium invoices will be mailed by WageWorks in mid- to late-December of 2020. If you do not receive your monthly invoices, contact WageWorks.

Billing for Medical Plans & COBRA

WageWorks is responsible for the billing administration for retiree medical and COBRA on behalf of The Hershey Company. On August 1, 2020 WageWorks moved to a new administrative platform; so, the invoicing procedures, phone number and website changed.

WageWorks customer service can be reached at the new telephone number **1-888-678-4881**, 7 a.m. to 7 p.m. CT, Monday through Friday (excluding company holidays). The new WageWorks website address is <https://mybenefits.wageworks.com>. All retirees are encouraged to go out to the new website and establish a username and password for their account.

Monthly invoices have replaced the coupon booklets. If you have your payments made via direct deposit you will not be mailed invoices.

Payment Methods

Submit premium payments three ways:

- 1 Your online account, which gives you the option to make one-time payments each month or set up recurring payments (automatic withdrawal of funds from your bank account each month). Note: If you previously set-up recurring payments, you will not need to re-enroll.

The payment will be withdrawn between the 26th and 29th of the month prior to the due date.

- 2 Using the WageWorks interactive phone system at **1-888-678-4881**. Calls are toll-free and you can access the phone system 24 hours a day, seven days a week.

- 3 Mailing payments to this address:
When sending a check or money order, please make it payable to WageWorks.

Mail your payment to:
WageWorks, Inc.
P.O. Box 660212
Dallas, TX 75266-0212



ELIGIBILITY — WHO CAN I COVER?

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

Review and Verify Your Dependents

If you add a dependent to your coverage for 2021, you must contact the **HR Support Center** (see [Contact Information](#) for details) and submit the required documentation (e.g., social security number, date of birth, marriage certificate, Medicare Card, if over age 65) before coverage begins. Failure to provide documentation could result in a delay or 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.

DOMESTIC PARTNERS — HEALTH & WELFARE BENEFITS

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.



BE AWARE OF WHEN YOUR CHILD WILL AGE OUT OF COVERAGE

You can cover eligible dependent children under the age of 26. This means that your eligible dependent children cannot remain on the plan after they turn 26.

Please note: when your dependent child becomes ineligible for coverage under your Hershey medical plan, 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](https://www.healthcare.gov), or by contacting the HR Support Center at 1-800-878-0440 or askHR@hersheys.com.

QUALIFYING LIFE EVENTS – CAN I MAKE CHANGES TO MY COVERAGE DURING THE YEAR?

Once you make your benefits election for 2021, your medical, dental and vision elections will remain in effect for the full calendar year (January 1 through December 31). IRS regulations prohibit benefit changes during the year unless you experience a qualifying life event. That's why it's so important that you carefully review your benefit choices for 2021, so you can enroll in the plans that best meet your and your family's needs.

If you experience a qualifying life event, notify Hershey as soon as possible, you must report the benefit change within 31 days and provide supporting documentation to the **HR Support Center**. Any benefit change requested must be consistent with your qualified life event.

Benefit change requests reported more than 31 days after the life event date will not be granted. Unless you have a second qualifying life event during that year, the requested changes can only be processed during the next Benefits Open Enrollment period.

Eligible qualifying life events include:

- 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. 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.

VOLUNTARY DENTAL AND VISION COVERAGE

You have the opportunity to sign up for dental only coverage or dental with vision coverage through United Concordia Insurance Company (UCIC) and Davis Vision (a UCIC affiliate).

Enrollment

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

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

To enroll, call **1-888-320-3316**.

To find a participating dentist, or to see if your dentist, or amended dentist, participates, please visit www.unitedconcordia.com. Select the Alliance network. Look for dentists with a square black box next to their names – these are the amended dentists.

If you do not have access to the internet, you can contact United Concordia’s toll-free customer service department between 8 a.m. and 6 p.m. ET at **1-866-851-7576**. Be sure to mention that you are a Hershey retiree and that you are looking for a UCIC Alliance dentist.



PLAN PROVISION	DENTAL PLAN ONLY		
	RETIREE ONLY	RETIREE + 1	RETIREE + FAMILY
Monthly Rates	\$22.17	\$40.08	\$71.59
Quarterly Rates	\$57.81	\$104.55	\$186.75
Annual Rates	\$226.20	\$409.08	\$730.32



PLAN PROVISION	DENTAL PLAN WITH VISION PLAN		
	RETIREE ONLY	RETIREE + 1	RETIREE + FAMILY
Monthly Rates	\$30.16	\$55.28	\$94.79
Quarterly Rates	\$81.78	\$150.15	\$256.35
Annual Rates	\$322.08	\$591.48	\$1,008.72

DENTAL PLAN OVERVIEW

With the UCIC Flex dental plan, you can select a dental only plan or a dental and vision plan. The dental portion of both plans offers:

- **Preventive care covered at 100%** including routine exams, cleanings and bitewing x-rays.
- **Basic care covered at 70%** including fillings, certain x-rays, simple extractions, repairs to crowns, bridges and dentures, and palliative treatments. A six-month waiting period applies for this coverage when enrolling more than 90 days following retirement.
- **A discount on Major care** (Class III) such as root canals, crowns, prosthetics, non-surgical and surgical periodontics, complex oral surgery and general anesthesia, along with certain non-routine services, if provided by an Advantage Plus amended dentist. (Class III services are not insured services and therefore do not require submitting a claim). The average discount is 31%.

Alliance Network

The dental plan gives you access to the Alliance Network, UCIC's largest dental network which includes over 97,500 dentists. Most of the dentists are "amended" network dentists because they have agreed to accept allowances for non-covered services such as Class III services (crowns, bridges, implants, etc.) at discounted rates. When you receive a Class III service from an amended Alliance dentist, you'll receive an average discount of 31%!

You can check to see if your dentist is an amended dentist or ask for a list of amended dentists in your area by calling United Concordia's customer service department at **1-866-851-7576**.

Refer to the table on the next page for more details on the dental plan design.



HERSHEY'S DENTAL PLAN FOR POST-65 RETIREES



RETIREE DENTAL PLAN DETAILS		
BENEFIT CATEGORY	IN-NETWORK	OUT-OF-NETWORK
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 dentists charge
CLASS II – BASIC SERVICES (Six-month waiting period applies to new entrants)		
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 dentists charge
CLASS III – MAJOR SERVICE		
Endodontic; Inlays, Onlays, Crowns; Prosthetics; Surgical and Nonsurgical Periodontics; Complex Oral Surgery; General Anesthesia	Average discounts of 31%* off dentist's charge Must 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%* off dentist's charge Must visit an amended dentist	No discount; member pays dentist's full charge
Deductible (per person/per family)	\$25/\$75 Class I and II only	None
Out-of-Pocket Maximum	\$750	None

* The average 31% discount is based on UCIC charge data. Actual discounts will vary depending upon the procedure and the geographic region in which it is performed.

MAC = Maximum Allowable Charge

OPTIONAL VISION COVERAGE

In addition to dental benefits, Davis Vision, a UCIC affiliate, offers an optional insured vision plan that **can only be selected alongside the dental plan**. The vision plan covers the following items once every 12 months:

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

To request a detailed information and enrollment packet for both plans, contact 1-888-320-3316.

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 DAVIS 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	WEBSITE
Davis Vision	Voluntary Vision Program	1-877-923-2847, client code 2231	www.davisvision.com
Highmark Blue Shield	FreedomBlue PPO	Member Services 1-888-529-8981 TTY users call 1-800-988-0668 8 a.m. – 8 p.m. ET	www.highmarkblueshield.com
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	askHR@hersheys.com 1-800-878-0440 8:30 a.m. - 5:00 p.m. ET, Monday through Friday	www.hersheyretirees.com
United Concordia Insurance Company	Voluntary Dental Program	Customer Service For enrollment questions: 1-888-320-3316 For claims questions: 1-866-851-7576 8 a.m. – 6 p.m. ET	www.unitedconcordia.com/dental-insurance
WageWorks	Questions about your Retiree Medical monthly billing	1-888-678-4881	https://mybenefits.wageworks.com
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.

LEGAL NOTICES

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 for premium assistance through either Medicaid or CHIP. 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.

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.

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.

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.

LEGAL NOTICES

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.

LEGAL NOTICES

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.

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

LEGAL NOTICES

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 **HR Support Center**. In addition, you must provide a reason that supports your request.

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.

LEGAL NOTICES

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.

LEGAL NOTICES

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. 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/careers/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 online at https://www.thehersheycompany.com/en_us/careers/retirees/health-insurance.html, or you may call the HR Support Center at 1-800-878-0440 to request a printed copy.

LEGAL NOTICES

Employer Children's Health Insurance Plan (CHIP)

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, 2020.

CONTACTS		
Medicaid	Website	Phone
ALABAMA	http://myalhipp.com/	1-855-692-5447
ALASKA	<p>The AK Health Insurance Premium Payment Program http://myakhipp.com/ Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	1-866-251-4861 Email: CustomerService@MyAKHIPP.com
ARKANSAS	http://myarhipp.com/	1-855-MyARHIPP (855-692-7447)
FLORIDA	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html	1-877-357-3268
GEORGIA	<p>https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Click on Health Insurance Premium Payment (HIPP)</p>	1-404-656-4507
INDIANA	<p>Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ All other Medicaid: http://www.indianamedicaid.com</p>	Healthy Indiana Plan for low-income adults 19-64: 1-877-438-4479 All other Medicaid: 1-800-403-0864
IOWA	http://dhs.iowa.gov/hawk-i	1-800-257-8563
KANSAS	http://www.kdheks.gov/hcf/	1-785-296-3512
KENTUCKY	https://chfs.ky.gov	1-800-635-2570

CONTACTS

Medicaid	Website	Phone
LOUISIANA	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	1-888-695-2447
MAINE	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003 TTY: Maine relay 711
MINNESOTA	https://mn.gov/dhs/people-we-serve/seniors/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	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://dhcnp.nv.gov	1-800-992-0900
NEW HAMPSHIRE	https://www.dhhs.nh.gov/ombp/nhhpp/	1-603-271-5218 Hotline: NH Medicaid Service Center: 1-888-901-4999
NEW YORK	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
NORTH CAROLINA	https://dma.ncdhhs.gov/	1-919-855-4100

CONTACTS

Medicaid	Website	Phone
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/providers/Providers/Pages/Medical/HIPP-Program.aspx	1-800-692-7462
RHODE ISLAND	http://www.eohhs.ri.gov/	1-855-697-4347
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	http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program	1-800-562-3022 ext. 15473
WEST VIRGINIA	http://mywvhipp.com/	1-855-MyWVHIPP (1-855-699-8447)
WYOMING	https://wyequalitycare.acs-inc.com	1-307-777-7531

continued

Medicaid & CHIP

COLORADO	Health First Colorado Website: https://www.healthfirstcolorado.com/ CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus	Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+ Customer Service: 1-800-359-1991/ State Relay 711
MASSACHUSETTS	http://www.mass.gov/eohhs/gov/departments/masshealth/	1-800-862-4840
NEW JERSEY	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
OKLAHOMA	http://www.insureoklahoma.org	1-888-365-3742
UTAH	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip	1-877-543-7669
VIRGINIA	Medicaid: https://www.coverva.org/medicaid/ HIPP: https://www.coverva.org/hipp/	Medicaid: 1-800-432-5924 HIPP: 1-855-242-8282
WISCONSIN	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002

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

**U.S. Department of Labor Employee
Benefits Security Administration**
www.dol.gov/agencies/ebsa
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 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.



Don't Forget... Benefits Open Enrollment starts **Wednesday, October 28** and ends **Wednesday November 11, 2020**. Take action to get the coverage you want for 2021!

All benefits are governed by plan documents. If any conflicts arise between this communication and any plan document, the plan document will prevail. Hershey and designated benefit plan administrators reserve the right to determine eligibility, to interpret, and to administer issues under the benefit programs. The Company reserves the right to amend or terminate benefit plans at any time.



MAKE *more* OF
YOUR MOMENTS