



# YOUR 2022-2023 BENEFITS

## LEGAL NOTICES

This insert contains several notices that are required to be distributed annually to participants in the Group Health Plans sponsored by Williams-Sonoma, Inc. (WSI). Please refer to your 2022–2023 Benefits Guide and Summary Plan Descriptions (SPDs) for more information about your benefits, including other required notices.

Please keep these notices with your other information. If you have any questions about the notices, contact the WSI Benefits Resource Center at 800.413.1444, option 1, Monday through Friday, 7 a.m. to 4 p.m. Pacific time, except on certain holidays.

### 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 are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office, or dial **877.KIDSNOW** or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that 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](http://www.askebsa.dol.gov) or call **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. The following list of states is current as of Jan. 31, 2022. Contact your state for more information on eligibility.

#### ALABAMA – MEDICAID

[myalhipp.com](http://myalhipp.com) | 855.692.5447

#### ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program  
[myakhipp.com](http://myakhipp.com) | 866.251.4861  
[CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: [dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx)

#### ARKANSAS – MEDICAID

[myarhipp.com](http://myarhipp.com)  
855.MyARHIPP (855.692.7447)

#### CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program  
[dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp) | 916.445.8322  
[hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

#### COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

[healthfirstcolorado.com](http://healthfirstcolorado.com)  
Health First Colorado Member Contact Center:  
800.221.3943/ State Relay 711  
CHP+: [colorado.gov/pacific/hcpf/child-health-plan-plus](http://colorado.gov/pacific/hcpf/child-health-plan-plus)  
CHP+ Customer Service: 800.359.1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI):  
[colorado.gov/pacific/hcpf/health-insurance-buy-program](http://colorado.gov/pacific/hcpf/health-insurance-buy-program)  
HIBI Customer Service: 855.692.6442

#### FLORIDA – MEDICAID

[flmedicaidprecovery.com/](http://flmedicaidprecovery.com/)  
[flmedicaidprecovery.com/hipp/index.html](http://flmedicaidprecovery.com/hipp/index.html)  
877.357.3268

#### GEORGIA – MEDICAID AND CHIP

**Medicaid**  
[medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
678.564.1162, press 1

**CHIP**  
[medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)  
678.564-1162, press 2

#### INDIANA – MEDICAID

**Healthy Indiana Plan**  
(for low-income adults 19-64)  
[in.gov/fssa/hip](http://in.gov/fssa/hip) | 877.438.4479  
**All other Medicaid**  
[in.gov/medicaid](http://in.gov/medicaid) | 800.457.4584

## IOWA – MEDICAID AND CHIP (HAWKI)

### Medicaid

dhs.iowa.gov/ime/members  
800.338.8366

### Hawki

dhs.iowa.gov/Hawki | 800.257.8563

### HIPP

dhs.state.ia.us/hipp | 888.346.9562

## KANSAS – MEDICAID

kancare.ks.gov | 800.792.4884

## KENTUCKY – MEDICAID AND CHIP

### Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

855.459.6328

KIHIPP.PROGRAM@ky.gov

### KCHIP

kidshealth.ky.gov/Pages/index.aspx

877.524.4718

### Medicaid

chfs.ky.gov

## LOUISIANA – MEDICAID

medicaid.la.gov or www.ldh.la.gov/lahipp  
888.342.6207 (Medicaid hotline) or  
855.618.5488 (LaHIPP)

## MAINE – MEDICAID

### Enrollment

maine.gov/dhhs/ofi/applications-forms  
800.442.6003 | TTY: Maine Relay 711

### Private Health Insurance Premium

maine.gov/dhhs/ofi/applications-forms  
800.977.6740 | TTY: Maine Relay 711

## MASSACHUSETTS – MEDICAID AND CHIP

mass.gov/masshealth/pa | 800.862.4840

## MINNESOTA – MEDICAID

mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp  
800.657.3739

## MISSOURI – MEDICAID

dss.mo.gov/mhd/participants/pages/hipp.htm  
573.751.2005

## MONTANA – MEDICAID

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP  
800.694.3084

## NEBRASKA – MEDICAID

ACCESSNebraska.ne.gov | 855.632.7633  
Lincoln: 402.473.7000  
Omaha: 402.595.1178

## NEVADA – MEDICAID

dhcfp.nv.gov | 800.992.0900

## NEW HAMPSHIRE – MEDICAID

dhhs.nh.gov/oi/hipp.htm  
800.852.3345, Ext. 5218 or 603.271.5218

## NEW JERSEY – MEDICAID AND CHIP

### Medicaid

state.nj.us/humanservices/dmahs/clients/medicaid  
609.631.2392

### CHIP

njfamilycare.org/index.html  
800.701.0710

## NEW YORK – MEDICAID

health.ny.gov/health\_care/medicaid  
800.541.2831

## NORTH CAROLINA – MEDICAID

medicaid.ncdhhs.gov | 919.855.4100

## NORTH DAKOTA – MEDICAID

nd.gov/dhs/services/medicalserv/medicaid  
844.854.4825

## OKLAHOMA – MEDICAID AND CHIP

insureoklahoma.org | 888.365.3742

## OREGON – MEDICAID

healthcare.oregon.gov/Pages/index.aspx  
oregonhealthcare.gov/index-es.html  
800.699.9075

## PENNSYLVANIA – MEDICAID

dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx  
800.692.7462

## RHODE ISLAND – MEDICAID AND CHIP

eohhs.ri.gov  
855.697.4347 or 401.462.0311 (Direct Rite Share Line)

## SOUTH CAROLINA – MEDICAID

scdhhs.gov | 888.549.0820

## SOUTH DAKOTA – MEDICAID

dss.sd.gov | 888.828.0059

## TEXAS – MEDICAID

gethipptexas.com | 800.440.0493

## UTAH – MEDICAID AND CHIP

medicaid.utah.gov  
health.utah.gov/chip  
877.543.7669

## VERMONT – MEDICAID

greenmountaincare.org  
800.250.8427

## VIRGINIA – MEDICAID AND CHIP

coverva.org/en/famis-select  
coverva.org/hipp  
800.432.5924 or 855.242.8282

## WASHINGTON – MEDICAID

hca.wa.gov | 800.562.3022

## WEST VIRGINIA – MEDICAID AND CHIP

### Medicaid

dhhr.wv.gov/bms | 304-558-1700

### CHIP

mywvhipp.com | 855.MyWVHIPP  
(855.699.8447)

## WISCONSIN – MEDICAID AND CHIP

dhs.wisconsin.gov/badgercareplus/p-10095.htm  
800.362.3002

## WYOMING – MEDICAID

health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility  
800.251.1269

To see if any other states have added a premium assistance program since Jan. 31, 2022, or for more information on special enrollment rights, contact either:

### U.S. Department of Labor

Employee Benefits Security Administration  
dol.gov/agencies/ebsa  
866.444.EBSA (3272)

### U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services  
cms.hhs.gov  
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 [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA. The WSI Medical Care Program provides coverage for certain breast reconstructive benefits in connection with a mastectomy. If you elect breast reconstruction in connection with a mastectomy, coverage is available in a manner determined in consultation with you and your physician for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Physical complication at all stages of mastectomies, including lymph edemas

Such coverage is subject to all of the terms of the plans, including relevant deductible and coinsurance provisions. If you would like more information on WSI benefits, call the WSI Benefits Resource Center at 800.413.1444, option 1.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **WSI MEDICAL CARE PROGRAM**

When an inpatient admission is precertified, a length of stay is assigned. The Medical Care Program is required to provide a minimum length of stay in a hospital facility for the following:

### Maternity Care

- 48 hours following an uncomplicated vaginal delivery
- 96 hours following an uncomplicated delivery by C-section

If you require a longer stay than was first precertified, your provider may seek an extension for the additional days. Benefits will not be available for room and board charges for medically unnecessary days.

## MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

In accordance with the Mental Health Parity and Addiction Equity Act of 2008, mental health care coverage provided by the WSI medical plans is generally comparable to coverage available for other medical care. Deductibles, copays, out-of-pocket maximums, and treatment limitations for mental health or substance use disorders must be no more restrictive than the same requirements or benefits offered for other medical care.

Upon request, the insurance company will explain the criteria used to make medical necessity determinations regarding mental health or substance abuse disorder benefits. In the event a claim for mental health or substance abuse disorder benefits is denied, you will receive an explanation for the denial from the insurance company. If you have questions, contact the WSI Benefits Resource Center at 800.414.1444, option 1.

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in WSI's medical coverage for you or your dependents (including your spouse/same gender domestic partner or common-law spouse as defined by state law; in California only, your opposite sex domestic partner is also eligible) because you already have other coverage, you may in the future be able to enroll yourself or your dependents in the WSI Group Health Plan as long as you request enrollment no more than 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in the WSI Group Health Plan as long as you request enrollment by contacting the WSI Benefits Service Center at 800.414.1444, option 1, no more than 31 days after the marriage, birth, adoption or placement for adoption.

You may also be able to enroll yourself and your dependents in the WSI Group Health Plan if (1) you or your dependents lose coverage under a state Medicaid or Children's Health Insurance Program (CHIP), or (2) you or your dependents become eligible for premium assistance under state Medicaid or CHIP, as long as you request enrollment no more than 60 days from the date of the Medicaid/CHIP event. For more information, contact the WSI Benefits Service Center at 800.414.1444, option 1.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Federal privacy laws require employer-sponsored group health plans to develop privacy policies and disclose them to associates and retirees. You are receiving the enclosed notice because federal law requires associates and retirees to be informed about how their personal medical information may be used and disclosed in the course of administering group health plans.

The notice describes the WSI group health plans' (the "Plan") privacy policies concerning the use and safeguarding of your personal health information. The notice also addresses the Plan's compliance procedures and responsibilities, as well as your rights to view your protected health information and make necessary corrections. Please read this notice and keep it for your records.

### WHY IS THIS NOTICE REQUIRED?

HIPAA requires the federal government to issue national standards to protect the privacy of personal health information. These standards allow the Plan to use and disclose your personal health information for purposes of treatment, payment and health care operations.

### WHAT INFORMATION IS PROTECTED UNDER THE LAW?

Protected health information (PHI) is the information that the WSI health plans create and obtain in providing benefits to you. PHI may include information regarding your health status (including diagnosis, treatment and claims payment) or the fact that you are enrolled in or have participated in the WSI health plans.

WILLIAMS-SONOMA, INC.

P O T T E R Y B A R N pottery barn kids P O T T E R Y B A R N | teen west elm

WILLIAMS SONOMA WILLIAMS SONOMA HOME REJUVENATION MARK & GRAHAM OUTWARD  
CALIFORNIA

This brochure presents a brief summary of federal laws that may affect your health care coverage under the WSI Group Health Plan. It is not intended as a complete description of these laws or as a description of your benefits. Although every effort has been made to ensure that information in this brochure is accurate, the provisions of the legal documents that describe the benefits will govern in the case of any discrepancy.

MAY 2022