Required Notices for 2020

PPACA means the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act. In accordance with PPACA, the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act, WinCo Holdings, Inc. (WinCo) is providing you your annual disclosure notices.

WHCRA Enrollment 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 will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 1-800-341-6543.

Creditable Coverage Disclosure Notice

Important Notice from WinCo About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with WinCo and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. WinCo has determined that the prescription drug coverage offered by WinCo is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current WinCo prescription coverage will be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the]
particular entity’s plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity’s plan will end for the individual and all covered dependents, etc.). See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Blue Cross of Idaho coverage, be aware that you and your dependents will be able to get this coverage back with a qualifying event.

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

You should also know that if you drop or lose your current coverage with WinCo and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through WinCo changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

---

**Date:** October 15, 2019  
**Name of Entity/Sender:** WinCo Holdings, Inc.  
**Contact—Position/Office:** WinCo Benefits Department  
**Address:** 650 N Armstrong Place, Boise, ID 83704  
**Phone Number:** 1-800-341-6543
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [1-877-KIDS NOW](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 [1-866-444-EBSA (3272)](http://www.askebsa.dol.gov).

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 July 31, 2019. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Plan/Program Details</th>
</tr>
</thead>
</table>
| ALABAMA – Medicaid | Website: [http://myalhipp.com/](http://myalhipp.com/)  
Phone: 1-855-692-5447                                                                                                           |
| FLORIDA – Medicaid | Website: [http://flmedicaidtplrecovery.com/hipp/](http://flmedicaidtplrecovery.com/hipp/)  
Phone: 1-877-357-3268                                                                                                           |
| ALASKA – Medicaid | The AK Health Insurance Premium Payment Program  
Website: [http://myakhipp.com/](http://myakhipp.com/)  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx) |
| GEORGIA – Medicaid | Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
Phone: 678-564-1162 ext 2131                                                                                                           |
| ARKANSAS – Medicaid | Website: [http://myarhipp.com/](http://myarhipp.com/)  
Phone: 1-855-MyARHIPP (855-692-7447)                                                                                                           |
| INDIANA – Medicaid | Healthy Indiana Plan for low-income adults 19-64  
Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)  
Phone: 1-877-438-4479  
All other Medicaid  
Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)  
Phone 1-800-403-0864                                                                                                           |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
| IOWA – Medicaid | Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki)  
Phone: 1-800-257-8563                                                                                                           |
<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>KANSAS</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-785-296-3512</td>
<td></td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 603-271-5218</td>
<td></td>
</tr>
<tr>
<td>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</td>
<td></td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-635-2570</td>
<td></td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td></td>
</tr>
<tr>
<td>Medicaid Phone: 609-631-2392</td>
<td></td>
</tr>
<tr>
<td>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td></td>
</tr>
<tr>
<td>CHIP Phone: 1-800-701-0710</td>
<td></td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-888-695-2447</td>
<td></td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-541-2831</td>
<td></td>
</tr>
<tr>
<td>MAINE</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Phone: 1-800-442-6003</td>
<td></td>
</tr>
<tr>
<td>TTY: Maine relay 711</td>
<td></td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 919-855-4100</td>
<td></td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td>Phone: 1-800-862-4840</td>
<td></td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-844-854-4825</td>
<td></td>
</tr>
<tr>
<td>MINNESOTA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Phone: 1-800-657-3739</td>
<td></td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-888-365-3742</td>
<td></td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 573-751-2005</td>
<td></td>
</tr>
<tr>
<td>OREGON</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-699-9075</td>
<td></td>
</tr>
<tr>
<td>MONTANA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-694-3084</td>
<td></td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-888-828-0059</td>
<td></td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td></td>
</tr>
<tr>
<td>Phone: (855) 632-7633</td>
<td></td>
</tr>
<tr>
<td>Lincoln: (402) 473-7000</td>
<td></td>
</tr>
<tr>
<td>Omaha: (402) 595-1178</td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a></td>
<td></td>
</tr>
<tr>
<td>Medicaid Phone: 1-800-992-0900</td>
<td></td>
</tr>
<tr>
<td>SOUTH DAKOTA - Medicaid</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-562-3022 ext. 15473</td>
<td></td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since Jul 31, 2019, or for more information on special enrollment rights, contact either:

<table>
<thead>
<tr>
<th>TEXAS – Medicaid</th>
<th>WEST VIRGINIA – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://gethipptexas.com/">gethipptexas.com/</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-440-0493</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a></td>
<td></td>
</tr>
<tr>
<td>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UTAH – Medicaid and CHIP</th>
<th>WISCONSIN – Medicaid and CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></td>
<td></td>
</tr>
<tr>
<td>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-877-543-7669</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-362-3002</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VERMONT – Medicaid</th>
<th>WYOMING – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 1-800-250-8427</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 307-777-7531</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIRGINIA – Medicaid and CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
</tr>
<tr>
<td>Medicaid Phone: 1-800-432-5924</td>
</tr>
<tr>
<td>CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
</tr>
<tr>
<td>CHIP Phone: 1-855-242-8282</td>
</tr>
</tbody>
</table>

| Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) |
| Medicaid Phone: 1-800-432-5924 |
| CHIP Phone: 1-855-242-8282 |

**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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)
Summary Annual Report for
WinCo Foods Employee Benefit Plan

This is a summary of the annual report for WinCo Foods Employee Benefit Plan, EIN 82-0290448, a large single-employer health and welfare plan, for the plan year beginning January 1, 2018 and ending December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

WinCo Holdings, Inc. has committed itself to pay health, vision, dental, prescription medication, and short-term disability claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Regence BlueShield of Idaho, Inc., United of Omaha Life Insurance Company, Mutual of Omaha Insurance Company, UNUM Life Insurance Company of America and Hartford Life and Accident to pay health claims over $750,000, life insurance, voluntary term life insurance, long-term disability, business travel accident, critical illness and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2018 were $2,810,666.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

- Financial information and information on payments to service providers
- Insurance information including sales and commissions paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, write the office of WinCo Holdings, Inc., who is the plan administrator, 650 N Armstrong Pl, Boise, ID 83704. The charge to cover copying costs will be $0.00 for the full annual report, or $0.00 per page for any part thereof. The full annual report can also be downloaded from the department of labor at the following web address: https://www.efast.dol.gov/portal/app/disseminate?execution=e1s3.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan 650 N Armstrong Pl, Boise, ID 83704 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room, N1513, Employee Benefits Security Administration
U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210