Irefethen
Family Vineyards

Your Benefits Guide

Effective Dates Feb 1, 2020 – Jan 31, 2021

SEQUOIA

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Summary of Medical, Dental, and Vision Contributions

Monthly Contributions: What you pay each month to have insurance.
Trefethen contributes 90% of the employee cost and 75% of the eligible dependent cost for the base plan (Silver 70 HMO 1650/55).

Plan name	*Employee only*	*Employee + Spouse*	*Employee + Child(ren)*	*Employee + Family*
Medical				
Kaiser Silver 70 HMO 1650/55 – Base Plan	Please see your individual rate sheet			
Kaiser Copay $50 (GF) – Buy-up Plan	Please see your individual rate sheet			
Dental				
Ameritas Dental	$10.00	$40.00	$50.00	$70.00
Vision				
Ameritas Vision	$7.00	$10.84	$11.64	$18.64

Getting Started

Elections	Elections are binding for the upcoming plan year unless you have a Qualifying Life Event. Most common Qualifying Life Events are: ✓ Marriage/Divorce ✓ Birth or Adoption of a Child ✓ Loss of Other Coverage
Eligibility	You are eligible for benefits if you are a regular, full-time employee unless otherwise specified by your employer.
Enrolling dependents	You may also enroll eligible dependents for benefit coverage. When covering dependents, you must select the same plans for your dependents as you select for yourself.
Dependents include	✓ Your legal spouse or qualified domestic partner ✓ Your children, which may include natural, adopted, or stepchildren up to age 26 ✓ Your qualified domestic partner's children
Your benefits portal:	**www.workforcenow.adp.com**

Open Enrollment Period – January 10, 2020 – January 24, 2020

✓ **Deadline** to fill out & submit enrollment form is **1-24-20**

NOTE: All contributions will be deducted on a pre-tax basis. Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee. These rates are subject to change due to underwriting.

Medical HMO Plans

- **Available in California only.**
- You receive medical care from hospitals and doctors in the Kaiser HMO network.
- Your selected Primary Care Physician coordinates all of your healthcare, including office visits, prescription medications, and referrals to specialists.
- In-network preventative medicine is covered 100% by your plan.
- For other office visits and procedures, you pay a set amount (called copay).

	Kaiser Silver 70 HMO 1650/55 – Base Plan	**Kaiser Copay $50 (GF) – Buy Up Plan**
Network name	Kaiser	Kaiser
Deductible - Single	$1,650 per member	None
Deductible - Family	$3,300 per family	None
Out of Pocket Max - Single	$7,800 per member	$3,500 per member
Out of Pocket Max - Family	$15,600 per family	$7,000 per member
Coinsurance (for most services)	40% (after deductible)	0%
Doctor Visit (Primary Care)	$55 per visit	$50 per visit
Chiropractic/Acupuncture	$15 per visit (20 combined visits per year)	Not Covered
Urgent Care Visit	$55 per visit	$50 per visit
Emergency Room	40% (after deductible)	$150 per visit
Lab (for most services)	$25	$10
Hospitalization	40% (after deductible)	$500 per day
Pharmacy Drug	$20: Generic $75: Preferred* $75: Non-Preferred* 20% (up to $250 max): Specialty* *After the $350 individual /$700 family deductible is met	$10: Generic $35: Brand (after $250 individual / $500 family ded)

Dental

How does this plan work?

- Dental plans offer flexibility to see any dentist or specialist in or out of the network.
- Costs are lowest when enrollee visits a participating network provider.
- Ameritas provides an ID card. Some dentists will ask for your card. Others you will simply provide the identifying information requested by the dental office.

Plan name	**Ameritas Dental**	
Network name	Ameritas Network	
Network Usage	**In Network**	**Out of Network**
Dentist charges	-	90% UCR*
Deductible per visit	$20	$20
Annual benefit maximum	$2,000	$1,500
*Preventive services***	0%	0%
*Basic services***	10%	20%
*Major services***	40%	50%
Orthodontia	50%	50%
Who is eligible	Child only	Child Only
Lifetime Maximum	$1,000	$1,000

* *Usual, customary, and reasonable amount* (UCR) is the amount reimbursed to providers based on the prevailing fees in a specific area.

** Please refer to the plan summary for detailed information about these categories of service.

Vision

How does this plan work?

- Vision plans offer flexibility to see any optometrist or specialist in or out of the network.
- Costs are lowest when enrollee visits a participating network provider.
- Ameritas provides an ID card. Some providers will ask for your card. Others you will simply provide the identifying information requested by the vision office.

Plan Name	**Ameritas Vision**	
Network Name	**VSP Choice Network + Affiliates**	
Network Usage	**In Network**	**Out of Network**
Exams	Every 12 months $10 copay	Every 12 months $10 copay (Plan reimburses up to $45 max)
Lenses	Every 12 months $25 copay	Every 12 months $25 copay (Plan reimburses up to: $30 – single vision $50 – bifocal $65 – trifocal)
Contact Lenses	Every 12 months No copay ($120 allowance for elective; covered in full if medically necessary)	Every 12 months No copay ($105 allowance for election; $210 for medically necessary)
Frames	Every 24 months $25 copay ($120 allowance retail + 20% off amount over allowance)	Every 24 months $25 copay (Plan reimburses up to $70)

* Please refer to the plan summary for detailed information about these categories of service.

Pre-Tax Flexible Spending Accounts (FSA)

How does this benefit work?

- Flexible Spending Accounts (FSA) are like checking accounts that can be funded using pre-tax dollars deducted directly from your paycheck.
- Eligible health care or dependent care expenses can be reimbursed from these accounts.
- Keep receipts for up to 6 years
- You must enroll in your FSA every year in which you plan to participate, even if you currently hold an FSA.
- Health Care FSA is for health expenses for you and your dependents
- Dependent Care FSA is for childcare / adult care expenses while you work

Plan Year: February 1 – January 31

	Health Care FSA		Dependent Care FSA	
Provider Information	ADP/WageWorks https://myspendingaccount.wageworks.com			
Maximum contribution amount	• Up to $2,750 per employee annually		• Up to $5,000 per household annually	
What expenses are allowed?	**Eligible expenses** • Health related costs (medical, dental, and vision copays) • Prescription medication	**Ineligible expenses** • Cosmetic surgery • Non-prescription medication • Life insurance premiums	**Eligible expenses** • Work day childcare services • Cost of care at a licensed daycare • Before or after-school care	**Ineligible expenses** • Education expenses • Transportation expenses for childcare
What happens to account funds at the end of the year?	Use it or lose it. By IRS regulations, the account holder loses any unclaimed money in the account at the end of the plan year per your group plan set-up. Consult your full plan summary for more details.		Use it or lose it. By IRS regulations, the account holder loses any unclaimed money in the account at the end of the plan year per your group plan set-up. Consult your full plan summary for more details.	
How do I make changes to my participation?	You can make changes to your participation and/or contribution amount during open enrollment period or with a qualifying event only. Make sure you budget and plan ahead according to your projected health and dependent care needs.			
Where can I get more information?	IRS Publication 502: Medical and Dental Expenses, and IRS Publication 503: Child and Dependent Care Expenses list eligible expenses. These publications are available online at www.irs.gov/formspubs/index.html, or by calling 1-800-TAX-FORM.			

Disability Insurance

How does this benefit work?

- Disability benefits protect you and your family by providing a portion of your income during times when you are unable to work.
- Duration of disability is determined by treating physician. Periods below are the max allowable.

Long-term Disability Benefit – Gross Up

Carrier	Amount	Maximum Monthly Benefit	Benefit Period	Elimination Period
Mutual of Omaha	60% of monthly salary	$10,000	Social Security or Normal Retirement Age	90 days

Definitions

Elimination Period	The elimination period is when an employee must satisfy a specified number of days or months before the disability benefit is paid.
Benefit Period	The length of time that the disability benefits will be paid to an employee. Disability benefits will be paid from the end of the elimination period until the earliest of: (1) Completion of the benefit duration, (2) Employee's recovery, or (3) Employee's death. For LTD, the max benefit period is determined by your age when you become disabled.
Gross Up Benefit	Employer offers the coverage to all employees and pays 100% of the premiums with post-tax dollars. Because the premiums are paid by the employer with post-tax dollars, the benefit is tax free. The premiums are reported as taxable income for the employee.

Life Insurance

How does this benefit work?

- Life insurance is designed to provide protection to you and your family against loss of income due to accidental death.
- For life insurance, make sure that your beneficiary (or multiple beneficiaries) are designated properly in order to ensure that your benefits are paid out according to your specifications.
- Employees are subject to imputed income on Life Insurance amounts over $50,000 paid by the employer.
- These benefits are provided at no cost to you.
- Accidental Death & Dismemberment insurance provides income protection to you and your family in case of an accident.

Basic Life/AD&D Insurance

Carrier	*Amount*	*Benefit Maximum*	*Guarantee Issue*
Mutual of Omaha	1x Salary to $200,000	$200,000	Up to $200,000

401(k) Plan

How does this benefit work?

In addition to benefits that provide security for today, you can make saving for the future easy with a 401(k) plan that allows you to save a portion of your salary toward retirement. Contributions are automatically deducted from your paycheck and can be invested in a portfolio at your discretion.

Provider	**ADP** www.mykplan.com (800) 695-7526	
When Can I Enroll?	You are eligible first of the month following 30 days from date of hire.	
Deferral Type	Pre-tax (Traditional) and Post-tax (Roth)	
How much can I contribute?	• 1 – 90% of paycheck • 2020 IRS Deferral Limit: $19,500 *- Increased to $26,000 for anyone 50 years or older in the calendar year*	
Employer Contribution	• 100% of the first 3% deferred (*Discretionary Employer Match – please refer to Summary Plan Description for more details*) • 100% Vesting after 1st year anniversary	
Key Deferral Type Attributes	PRE-TAX (TRADITIONAL)	POST-TAX (ROTH)
	Contributions are made before taxes are applied, which reduces current tax burden. All capital gains, dividends, interest, etc. grow within the account on a tax-deferred basis. Account holder becomes eligible to withdraw at age 59 ½ without penalty. Withdrawals will be taxed at then-current rates and total income levels. All withdrawals prior to eligibility are subject to limitations, taxes, and /or penalties.	Contributions are made after taxes have been applied. All capital gains, dividends, interest, etc. grow tax-free in the account. Account holder becomes eligible to withdraw at age 59 ½. Withdrawals are not subject to taxes but funds must be held in account for at least five years.

Perks and Wellbeing

PHYSICAL WELLBEING

See your doctor from wherever you are

Kaiser Video Doctor Visits

- ✓ Available exclusively for Northern California Kaiser members
- ✓ Convenient access to the service from your home or office using your laptop or smartphone
- ✓ Secure and easy way to visit with your doctor
- ✓ No cost to the member!

Online at **kp.org/mydoctor/videovisits**
Download the **KP Preventive Care App** for iOS and Android

EMOTIONAL WELLBEING

24/7 emotional support

Mutual of Omaha Employee Assistance Program

- ✓ 24/7 access to online resources and unlimited phone consultations for stress, grief counseling, depression and relationship conflicts (personal and professional)
- ✓ Available to you and household members
- ✓ **3** face-to-face visits with a licensed professional per incident per benefit period.
- ✓ Additional resources include financial, childcare, eldercare, and legal referrals.

Request the service online at **mutualofomaha.com/eap**
Via phone: 800-316-2796

Perks and Wellbeing

FINANCIAL WELLBEING

Pay your loans off faster

SoFi

SoFi provides great service and low rates for student loan refinancing, mortgages, and personal loans:

- ✓ Receive cash-back bonuses from $300-500 when securing loans
- ✓ Convenient online and mobile access to services and support
- ✓ Gather all loan information in one place

Sign up online at **www.sofi.com/sequoia**

PERKS

Get Help For Medical Emergencies During Travel

Travel Assistance

- ✓ Travel preparation and emergency assistance services
- ✓ Travel alerts and global health information

Call in U.S.: **800-856-9947**

Call from other countries: **312-935-3658**

Perks and Wellbeing

Save On Gyms, Travel, And More

SmartSpend/Perkspot

Perkspot is your one-stop shop for all discounts and savings subsidized by your employer. Deals include:

- ✓ Gym Discounts
- ✓ Flight and Hotel Discounts
- ✓ Television, Internet, and Cell Phone Discounts
- ✓ Entertainment Savings (i.e., Movie and Concert Tickets)

Sign up online at **https://smartspend.perkspot.com**

PERKS

Save On Pet Expenses

PetPlan

PetPlan helps you lower your vet bills by up to 90% with pet insurance!

- ✓ Get a 10% discounts on pet insurance
- ✓ Save money by receiving reimbursements on unforeseen pet bills
- ✓ Get support for questions on the best care options

Sign up online at **www.petplan.com**
In the last box under “Discounts” enter code: **SEQUOIA25** and click “get quote”.

Where To Find Support

Your HR Team

The internal team at Trefethen Family Vineyards can assist you with questions:

Elena De La Garza
707-251-2430
edlg@trefethen.com

Carrier Support Lines

Carriers can provide support for answering questions and resolving medical insurance issues:

- ✓ Claims
- ✓ Plan questions
- ✓ Coverage questions

Kaiser Member Services:	800-464-4000
Online:	kp.org
Ameritas	800-659-2223
Mutual of Omaha	800-655-5142
ADP FSA	800-654-6695

Employee Advocate Team

Your dedicated support team at Sequoia Consulting Group can assist you with guidance related to:

Employee Advocate Hours:	Monday through Friday, 8:30AM – 5:00PM PST.
Response SLA	Within 24 hours
Phone	844-891-3045
E-Mail	trefethen@help.sequoia.com

✓ **Claims**	Direct assistance with resolving claim questions and issues.
✓ **Benefits Plan Information**	Questions regarding covered benefit services such as coinsurance, deductibles, copayments, etc.
✓ **Carrier Information**	Guidance on insurance carrier information relating to the insurance carriers such as group numbers, member ID numbers, and claims contact information
✓ **Benefits Administration Assistance**	Assist with ordering additional ID cards, plan summary sheets, etc.

PLEASE NOTE- The benefits illustrated in this booklet are meant to serve as a summary of the benefits available under each carrier's plan. Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier's documents supersede these illustrations.

Legal Disclosures and Required Documents

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE APPLIES TO SELF-INSURED GROUP HEALTH PLANS OF Trefethen Family Vineyards, IF ANY, AS WELL AS ANY HEALTH PLAN INFORMATION THAT Trefethen Family Vineyards MAINTAINS OR HANDLES IN ITS OFFICES IN CONNECTION WITH ITS FULLY-INSURED GROUP HEALTH PLANS, IF ANY.

Our Company's Pledge to You
This notice is intended to inform you of the privacy practices followed by ***Trefethen Family Vineyards*** (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on December 8, 2014. The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. ***Trefethen Family Vineyards*** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information
Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information
Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs. However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes. **This does not apply to long term care plans.**

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of ***Trefethen Family Vineyards*** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Organ and Tissue Donation Requests. We can share health information about you with organ procurement organizations. We can also share information with a coroner, medical examiner, or funeral director when an individual dies.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information, the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. Subject to certain requirements, we are *permitted* by law to share information without your written authorization, including but not limited to, information on health-related benefits or services that may be of interest to you, respond to a court order, provide information to further public health activities (e.g., preventing the spread of disease), provide information for research purposes, help with product recalls, report adverse reactions to medications, report suspected abuse, neglect, or domestic violence, and prevent or reduce a serious threat to anyone's health or safety. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition.

Legal Disclosures and Required Documents

NOTICE OF PRIVACY PRACTICES (continued)

Government Requests. We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

YOUR RIGHTS

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.
Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities
We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.
We may change our policies at any time and reserve the right to make the change effective for all protected health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions, please contact:
Elena De La Garza, VP of HR
Trefethen Family Vineyards
1160 Oak Knoll Avenue
Napa, CA 94558
707-251-2430 – edlg@trefethen.com

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Legal Disclosures and Required Documents

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also

provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

Your SBCs are posted online. They can be found on your benefits administration system, or on Sequoia.com if you don't have one. Please contact your HR team if you have further questions.

COBRA EXTENDED COVERAGE

COBRA Rights
In compliance with COBRA, Trefethen Family Vineyards offers extended coverage for medical, dental and vision. Extended coverage is offered when coverage under these plans would otherwise end due to a qualifying event.

You and your dependents may extend coverage in these plans for 18 months if coverage is lost due to one of the qualifying events listed below. (California employees who exhaust their federal COBRA coverage and who are covered under a fully insured plan based in California may continue their medical coverage under Cal-COBRA for an additional 18 months – total of 36 months.

- Voluntary termination
- Involuntary termination (except for termination due to gross misconduct)
- Reduction of hours (strike, layoff, leave of absence [not a FMLA], and change from full-time to part-time)

COBRA coverage may be extended from 18 – 29 months for qualified beneficiaries who are deemed by the Social Security Administration to have been disabled before the end of the first 60 days of COBRA continuation coverage and who timely notify the Plan Administrator. However, once COBRA coverage ends for any reason, it will not be reinstated.

Your dependents may extend coverage for 36 months if any of the following qualifying events occur:

Death of the employee

Divorce or legal separation

Dependent child ceasing to be a dependent.

Even though more than one qualifying event may occur, 36 months of extended coverage is the maximum extension available. You or your dependent(s) pay the full cost of the extended coverage you choose plus a 2% administrative fee (fee may be greater under Cal-COBRA).

Important Note

The IRS does not recognize Domestic Partners and/or children of a Domestic Partner as "Qualified Beneficiaries" for COBRA purposes. Please refer to the Summary Plan Description for specific information.

COBRA coverage will terminate due to any one for the following:

- You reach the end of your initial coverage period (18, 29, or 36 months)
- Failure to pay premiums in a timely manner (specified timelines would apply)
- You become covered under another health plan without pre-existing condition limitations, or exclusions applying to you or your beneficiaries' health
- You become entitled to Medicare
- Trefethen Family Vineyards cancels all group plans

Legal Disclosures and Required Documents

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. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS - Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100

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MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

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

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WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Your plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a 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.

Please see the Group Health Plans Benefit Booklet for deductibles and coinsurance for the plan you are enrolling in. If you would like more information on WHCRA benefits, call your Plan Administrator.

STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

SPECIAL ENROLLMENT NOTICE

If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person. To the extent that your plan documents indicate that when you have previously declined coverage, you must have given (in writing) the alternative coverage as your reason for waiving coverage under the group health plan when you declined to participate, your plan documents will control. In either case, as long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice of enrollment to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child.

You may also enroll yourself and your dependents in a group health plan if your or one of your eligible dependent's coverage under Medicaid or the state Children's Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents become eligible for premium assistance under a Medicaid or CHIP plan. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid/CHIP coverage or of the determination of eligibility for premium assistance under Medicaid/CHIP.

To request special enrollment or obtain more information, contact:

Elena De La Garza, VP of HR
Trefethen Family Vineyards
1160 Oak Knoll Avenue
Napa, CA 94558
707-251-2430 – edlg@trefethen.com

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