

## NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

### Discrimination Is Against the Law

The W.W. Grainger, Inc. Group Benefit Plan I, with respect to its employee health benefit programs (the “Plan”), which is a covered entity under Section 1557 of the Affordable Care Act, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters, and
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters, and
  - Information written in other languages.

If you need these services, contact the Grainger HR Service Center at 1-888-477-3781 (TTY: 711). Select Option 3.

If you believe that Grainger’s Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Grainger iCare, W.W. Grainger, Inc., 100 Grainger Parkway, Mail Stop A1 E45, Lake Forest, IL 60045, 1-888-873-3731 (phone), 1-847-588-1354 (fax), [tnwgrc.com/grainger](http://tnwgrc.com/grainger). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Grainger iCare is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

#### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

# 2022 Important Benefit Information



Grainger is legally required to distribute the following notices. These notices are for informational purposes only.

### AVAILABILITY OF SUMMARY HEALTH INFORMATION

As a team member, 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.

The SBC is available on the Your Benefits Resources™ website at [ybr.com/grainger](http://ybr.com/grainger). A paper copy is also available, free of charge, by calling the Grainger HR Service Center at 1-888-477-3781. Select Option 3.

medical/prescription drug option if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Grainger HR Service Center at 1-888-477-3781. Select Option 3.

*Your Benefits Resources is a trademark of Alight Solutions LLC.*

### 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 its 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 [healthcare.gov](http://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 1-877-KIDS NOW or [insurekidsnow.gov](http://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 [askebsa.dol.gov](http://askebsa.dol.gov) or call 1-866-444-EBSA (3272).

### YOUR RIGHTS FOLLOWING A MASTECTOMY (WOMEN’S HEALTH AND CANCER RIGHTS ACT NOTICE)

Grainger’s medical plan options, as required by the Women’s Health and Cancer Rights Act of 1998, provide 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. Contact the administrator of your medical plan (UnitedHealthcare, Aetna, BlueCross BlueShield of Illinois, Kaiser Permanente, Triple-S or SelectCare) for more information.

### HIPAA NOTICE OF MEDICAL INFORMATION PRIVACY PRACTICES FOR THE GRAINGER GROUP HEALTH PLANS (THE “PLANS”)

The HIPAA Notice of Medical Information Privacy Practices (“Notice of Privacy Practices”) explains how the Grainger Plans may use and disclose your protected health information, your rights related to your protected health information, and the Plans’ duties with respect to your protected health information.

The HIPAA Privacy Notice can be found on [Grainger’s Global Connections site](http://Grainger’s Global Connections site) or on the Grainger Benefits Center website at [ybr.com/grainger](http://ybr.com/grainger). You may request a paper copy of the notice by contacting the Grainger HR Service Center at 1-888-477-3781. Select Option 3.

### HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse/domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a Grainger

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-477-3781.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-477-3781.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-3781 (ATS: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-477-3781 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-477-3781.

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-477-3781 (رقم هاتف الصم والبكم).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-3781.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-3781.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-3781.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-477-3781.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-3781.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-477-3781 まで、お電話にてご連絡ください。

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-477-3781 تماس بگیرید.



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 January 31, 2021. Contact your state for more information on eligibility:

#### **ALABAMA – Medicaid**

**Website:** <http://www.myalhipp.com/>  
**Phone:** 1-855-692-5447

#### **ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program  
**Website:** <http://myakhipp.com/>  
**Phone:** 1-866-251-4861  
**Email:** [CustomerService@MyAKHIPPA.com](mailto:CustomerService@MyAKHIPPA.com)  
**Medicaid Eligibility:** <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

#### **ARKANSAS – Medicaid**

**Website:** <http://myarhipp.com/>  
**Phone:** 1-855-MyARHIPPA (855-692-7447)

#### **CALIFORNIA – Medicaid**

Health Insurance Premium Payment (HIP) Program  
**Website:** [https://dhcs.ca.gov/hipp/services/Pages/TPLRD\\_CAU\\_cont.aspx](https://dhcs.ca.gov/hipp/services/Pages/TPLRD_CAU_cont.aspx)  
**Phone:** 916-445-8322  
**Email:** [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

#### **COLORADO – Health First Colorado**

(Colorado's Medicaid Program) & Child Health Plan+ (CHP+)  
**Health First Colorado Website:** <https://www.healthfirstcolorado.com/>  
**Health First Colorado Member Contact Center:** 1-800-221-3943/ State Relay 711  
**CHP+:** <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
**CHP+ Customer Service:** 1-800-359-1991/ State Relay 711  
**Health Insurance Buy-In Program (HIBI):** <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>  
**HIBI Customer Service:** 1-855-692-6442

#### **FLORIDA – Medicaid**

**Website:** <https://www.flmedicaidtprecovery.com/flmedicaidtplrecovery.com/hipp/index.html>  
**Phone:** 1-877-357-3268

#### **GEORGIA – Medicaid**

**Website:** <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
**Phone:** 678-564-1162 ext 2131

#### **INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
**Website:** <http://www.in.gov/fssa/hip/>  
**Phone:** 1-877-438-4479  
All other Medicaid  
**Website:** <https://www.in.gov/medicaid/>  
**Phone:** 1-800-457-4584

#### **IOWA – Medicaid and CHIP (Hawki)**

**Medicaid Website:** <https://dhs.iowa.gov/ime/members>  
**Medicare Phone:** 1-800-338-8366  
**Hawki Website:** <http://dhs.iowa.gov/Hawki>  
**Hawki Phone:** 1-800-257-8563  
**HIPP Website:** <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
**HIPP Phone:** 1-888-346-9562

#### **KANSAS – Medicaid**

**Website:** <https://www.kancare.ks.gov/>  
**Phone:** 1-800-792-4884

#### **KENTUCKY – Medicaid**

**Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:** <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
**Phone:** 1-855-459-6328  
**Email:** [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
**KCHIP Website:** <https://kidshealth.ky.gov/Pages/index.aspx>  
**Phone:** 1-877-524-4718  
**Kentucky Medicare Website:** <https://chfs.ky.gov>

#### **LOUISIANA – Medicaid**

**Website:** [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.lahipp.com](http://www.lahipp.com)  
**Phone:** 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIP)

#### **MAINE – Medicaid**

**Enrollment Website:** <https://www.maine.gov/dhhs/ofi/applications-forms>  
**Phone:** 1-800-442-6003  
**TTY:** Maine relay 711  
**Private Health Insurance Premium Website:** <https://www.maine.gov/dhhs/ofi/applications-forms>  
**Phone:** 1-800-977-6740  
**TTY:** Maine relay 711

#### **MASSACHUSETTS – Medicaid and CHIP**

**Website:** <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>  
**Phone:** 1-800-862-4840

#### **MINNESOTA – Medicaid**

**Website:** <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
**Phone:** 1-800-657-3739

#### **MISSOURI – Medicaid**

**Website:** <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
**Phone:** 573-751-2005

#### **MONTANA – Medicaid**

**Website:** <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
**Phone:** 1-800-694-3084

#### **NEBRASKA – Medicaid**

**Website:** <http://www.ACCESSNebraska.ne.gov>  
**Phone:** 1-855-632-7633  
**Lincoln:** 402-473-7000  
**Omaha:** 402-595-1178

#### **NEVADA – Medicaid**

**Medicaid Website:** <http://dhcfp.nv.gov>  
**Medicaid Phone:** 1-800-992-0900

#### **NEW HAMPSHIRE – Medicaid**

**Website:** <https://www.dhhs.nh.gov/oi/hipp.htm>  
**Phone:** 603-271-5218  
**Toll free number for the HIPP program:** 1-800-852-3345, ext 5218

#### **NEW JERSEY – Medicaid and CHIP**

**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

#### **NEW YORK – Medicaid**

**Website:** [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
**Phone:** 1-800-541-2831

#### **NORTH CAROLINA – Medicaid**

**Website:** <https://medicaid.ncdhhs.gov/>  
**Phone:** 919-855-4100

#### **NORTH DAKOTA – Medicaid**

**Website:** <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
**Phone:** 1-844-854-4825

#### **OKLAHOMA – Medicaid and CHIP**

**Website:** <http://www.insureoklahoma.org>  
**Phone:** 1-888-365-3742

#### **OREGON – Medicaid**

**Website:** <https://healthcare.oregon.gov/Pages/index.aspx>  
**Phone:** 1-800-699-9075

#### **PENNSYLVANIA – Medicaid**

**Website:** <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>  
**Phone:** 1-800-692-7462

#### **RHODE ISLAND – Medicaid and CHIP**

**Website:** <http://www.eohhs.ri.gov/>  
**Phone:** 1-855-697-4347, or 401-462-0311 (Direct Rlthe Share Line)

#### **SOUTH CAROLINA – Medicaid**

**Website:** <https://www.scdhhs.gov>  
**Phone:** 1-888-549-0820

#### **SOUTH DAKOTA – Medicaid**

**Website:** <http://dss.sd.gov>  
**Phone:** 1-888-828-0059

#### **TEXAS – Medicaid**

**Website:** <http://gethipptexas.com/>  
**Phone:** 1-800-440-0493

#### **UTAH – Medicaid and CHIP**

**Medicaid Website:** <https://medicaid.utah.gov/>  
**CHIP Website:** <http://health.utah.gov/chip>  
**Phone:** 1-877-543-7669

#### **VERMONT – Medicaid**

**Website:** <http://www.greenmountaincare.org/>  
**Phone:** 1-800-250-8427

#### **WELLNESS PROGRAM (TOBACCO USERS)**

As described in the Annual Enrollment Guide, if you are a tobacco user, you will pay a tobacco surcharge on your 2022 premiums under the Grainger medical plans or Long Term Disability/Medicare options. However, because the Grainger Group Health Plans are committed to helping you achieve your best health, each of these options offer the opportunity to avoid paying this tobacco surcharge by attesting that you do not use tobacco, which is a "wellness program." If you think you might be unable to meet this standard to avoid the tobacco surcharge, you might qualify by different means (i.e., by completing the Quit for Life tobacco incentive program). Contact the Grainger HR Service Center at 1-888-477-3781 for information. Select Option 3. Your Benefit Pro can also work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. You will be eligible to have the tobacco surcharge removed for the remainder of 2022 once you complete the Quit for Life tobacco incentive program or other alternative and provide evidence of your alternative completion to the Grainger HR Service Center. And if you do so between October 1, 2021 and December 31, 2021, you will be eligible to have the tobacco surcharge removed for all of 2022.

#### **SUMMARY PLAN DESCRIPTIONS (SPDs)**

Summary Plan Descriptions (SPDs) are available for the Grainger benefit plans subject to ERISA (generally, those are Grainger's self-funded medical, dental, short-term disability, FSA and Profit Sharing Plans). An SPD summarizes important information about the plan and describes:

- Your eligibility to participate,
- Your plan benefits and limits, and
- How to file claims.

#### **VIRGINIA – Medicaid and CHIP**

**Website:** <https://www.coverva.org/en/famis-select>  
**HIPP Website:** <https://www.coverva.org/en/hipp>

**Medicaid Phone:** 1-800-432-5924  
**CHIP Phone:** 1-800-432-5924

#### **WASHINGTON – Medicaid**

**Website:** <https://www.hca.wa.gov/>  
**Phone:** 1-800-562-3022

#### **WEST VIRGINIA – Medicaid**

**Website:** <http://mywvhipp.com/>  
**Toll-free Phone:** 1-855-MYWVHIPP (1-855-699-8447)

#### **WISCONSIN – Medicaid and CHIP**

**Website:** <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
**Phone:** 1-800-362-3002

#### **WYOMING – Medicaid**

**Website:** <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
**Phone:** 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

**U.S. DEPARTMENT OF LABOR**  
Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](http://dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
[cms.hhs.gov](http://cms.hhs.gov)  
1-877-267-2323, Option 4, Ext. 61565

The current SPDs and any subsequent Summaries of Material Modifications (which describe changes after the SPD was issued) are available at [ybr.com/grainger](http://ybr.com/grainger). You may also request a paper copy, free of charge, by calling 1-888-477-3718 and selecting Option 3.

#### **BENEFIT COVERAGE FOR COVID-19 TESTING**

Effective March 18, 2020 your Grainger Medical Plan provides coverage for COVID-19 in vitro diagnostic testing at no cost to you (i.e., no deductible, copayment or coinsurance) when medically appropriate, as determined by your attending health care provider in accordance with the Families First Coronavirus Response Act (FFCRA) as amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The "cost of testing" includes the cost of health care provider office visits (including in-person and telehealth visits), urgent care center visits, and emergency room visits that result in an order for or administration of a test for the detection of SARS-CoV-2 or the diagnosis of COVID-19, but only to the extent the items and services relate to the furnishing or administration of the test or your evaluation for purposes of determining if you need a diagnostic test.

**Note:** As a result of Covid-19, many government agencies have extended the deadlines for situations such as claims appeals, COBRA elections, and HIPAA special enrollment periods. If you have any questions, please contact the Grainger HR Service Center at 1-888-477-3781. Select Option 3.