

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in Salesforce's medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 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 may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Salesforce will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Salesforce group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Kaiser HMO In-Network Only (California Only)

- Deductible: None
- Coinsurance: Plan pays 100%

Kaiser HMO In-Network Only (Oregon Only)

- Deductible: None
- Coinsurance: Plan pays 100%

HMSA PPO (Hawaii Only)

- Deductible: None
- Coinsurance: In-Network, Plan pays 90% or 80%; Out-of-Network, Plan pays 70%

Aetna/UHC EPO

- Deductible: Individual, \$200; Family, \$400
- Coinsurance: Plan pays 100%

Aetna/UHC HDHP Premium

- Deductible: Individual, \$1,500; Family, \$3,000
- Coinsurance: In-Network, Plan pays 90%; Out-of-Network, Plan pays 70%

Aetna/UHC HDHP Standard

- Deductible: Individual, \$1,750; Family, \$3,500
- Coinsurance: In-Network, Plan pays 90%; Out-of-Network, Plan pays 70%

Aetna/UHC PPO

- Deductible: Individual, \$500; Family, \$1,500
- Coinsurance: In-Network, Plan pays 90%; Out-of-Network, Plan pays 70%

Aetna Traditional Choice (Indemnity)

- Deductible: Individual, \$500; Family, \$1,500
- Coinsurance: Plan pays 90%

If you would like more information on WHCRA benefits, call your plan administrator at 855-376-5627.

Newborns' and Mothers' Health Protection Act Notice

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 855-376-5627.

Provider-Choice Rights Notice

- 1.** The Aetna Select EPO, UHC Choice EPO and Kaiser HMO generally requires/allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Aetna Select EPO, UHC Choice EPO or Kaiser HMO designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator at 855-376-5627.
- 2.** For children, you may designate a pediatrician as the primary care provider.
- 3.** You do not need prior authorization from Aetna Select EPO, UHC Choice EPO, Kaiser HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator at 855-376-5627.

Summary of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Salesforce.com Health and Welfare Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.