



Benefits Overview

2017 – 2018

FOR PLAN YEAR APRIL 1, 2017 – MARCH 31, 2018

Welcome to Your Benefits

As a Part-Time Class Q associate, you have access to a wide range of benefits. This Benefits Overview provides information about your benefits and can help answer your questions. Keep this document as a reference to use throughout the year.

Questions?

In addition to this guide, these resources are available to help you understand your benefits.

- Watch the 2017-2018 Class Q benefits video at amznsubsbenefits.com/ptclassq to learn about your benefits.
- If you have questions about your benefits, call the Benefits Service Center at **1-855-331-9745**, Monday through Friday, 5 a.m. to 6 p.m. Pacific Time.

What Benefits Do I Get and When?

Here are the benefits available to you as a Part-Time Class Q Associate.

RIGHT AWAY

- Access to Amazon's Health Marketplace Tool
- Six Paid Holidays
- Generous Unpaid Time Off (UPT) Benefit (accruals at time of hire and quarterly thereafter)
- Medical Advice Line
- Employee Assistance Program
- Support for Children with Developmental Disabilities
- Child, Elder, and Pet Care Referral Service
- Survivor Support and Transitional Support Financial Counseling
- Amazon Employee Discount

AFTER 30 DAYS

- Basic Life and AD&D Insurance for only you

AFTER 90 DAYS

- \$500 annually (spread out over the year) to help pay for health care expenses, including coverage purchased through Amazon's Health Marketplace Tool or otherwise
- Dental and vision coverage for only you

ONE YEAR AFTER YOUR DATE OF HIRE

- Part-Time Career Choice benefit. This program will pre-pay 95% of tuition and related fees for certain vocational certifications or associate degrees

Who Pays for What?

Here's what Amazon pays for:

- Health pay: \$500 annually to pay for health care costs
- Dental coverage for you
- Vision coverage for you
- Medical Advice Line
- Access to Amazon's Health Marketplace Tool
- Six Paid Holidays
- Employee Assistance Program for you and any family members living with you
- Access to Support for Children with Developmental Disabilities
- Your membership in the Child, Elder, and Pet Care Referral Service
- Survivor Support and Transitional Support Financial Counseling
- Employee Discount
- Part-Time Career Choice Program

Here's what you pay for:

- Doctor consultations via the Medical Advice Line
- Any plans you purchase through Amazon's Health Marketplace Tool
- Any services you purchase through the Child, Elder, and Pet Care Referral Service

Medical Coverage Eligibility

Each year Amazon will evaluate eligibility for Amazon-sponsored medical coverage for employees who are not currently eligible for one of the medical benefit options using the “lookback measurement method.” The Affordable Care Act requires employers like Amazon to offer medical benefits to employees who work 30 or more hours per week. Amazon measures actual hours worked by all non-benefit eligible employees to determine whether any such employee has worked sufficient hours to become eligible. Employees who become eligible for benefits under this method will be notified of their eligibility.

When Your Benefits End

Your benefits end on the Saturday of or following your last day at Amazon.

How Your Benefits Work

\$500 Annual Pay for Health Care Costs

After 90 days you will be eligible to receive \$500 annually to help pay health care costs. The \$500 will be prorated for the remainder of the Plan Year, which runs through March 31, 2018. You will see this additional taxable money in your weekly paycheck.

Amazon's Health Marketplace Tool

The Affordable Care Act requires most Americans to have medical insurance coverage for themselves and their dependents. If you don't have this coverage, you may have to pay a penalty when you file your taxes. If you would like to buy health insurance coverage through the Marketplace during their annual open enrollment period or if you experience a qualifying event, Amazon's Health Marketplace Tool is a resource for you and your family.

The Amazon Health Marketplace Tool is your online resource to:

- 1. Learn.** Check out quick, helpful videos and information on the Affordable Care Act and how it impacts you.
- 2. Calculate.** See if you are eligible for Medicaid or a federal subsidy and identify which coverage options are available to you.
- 3. Enroll.** Compare plans and find affordable coverage for you and your family.

Questions?

Visit the Amazon Health Marketplace Tool at healthcoverageresources.com/amazon/home or call 1-844-730-8915.

Medical Advice Line

You and your family have access to the Medical Advice Line at **1-888-434-9473** – 24 hours a day, 7 days a week. The Medical Advice Line can connect you to a doctor.

Doctors are available around-the-clock to resolve many of your medical issues and prescribe medication – and you don't even have to leave home.

You can speak with a doctor who can:

- **Diagnose an illness**
- **Recommend treatment**
- **Prescribe short-term prescriptions**

The cost to speak with a doctor is \$40, which is generally much less than the cost to visit an urgent care facility or emergency room.

Dental Plan - Delta Dental of Washington

The Dental plan has a national network of providers and covers diagnostic and preventive services as well as basic and major restorative services. You can receive care from any licensed dental provider, but the plan pays more when you see a Delta Dental Preferred Provider in the Delta Dental PPO network. Benefits are lower when you receive care from any other Delta Dental participating provider or other licensed dental provider. **The Dental plan is available after 90 days. Unless you waive coverage, you'll be automatically enrolled for employee-only coverage at no cost to you.**

To find a Preferred Provider who is in the PPO Network, go to deltadentalwa.com/findadentist and select Delta Dental PPO in the dentist search.

Questions? Call Delta Dental at **1-844-466-8847**.

Dental Benefits Summary

For more details, please go to the Summary Plan Description on the Benefits Enrollment Tool at benefits.amazon.com from the Amazon network; amazon.ehr.com from outside the network.

	DELTA PREFERRED PROVIDER (PPO NETWORK)	DELTA PARTICIPATING PROVIDER OR OTHER LICENSED DENTAL PROVIDER
DEDUCTIBLE	\$50 (employee-only coverage)	
ASSOCIATED NETWORK	Delta Dental PPO	Delta Dental Premier
COVERED SERVICES (frequency limits apply)		
<ul style="list-style-type: none"> • Diagnostic/Preventive (exams, cleanings, fluoride, X-rays, and sealants) • Basic Restorative (fillings, root canal, periodontics, and oral surgery) • Major Restorative (crowns, bridges, dentures, partials, implants, etc.) 	Plan pays 100%, no deductible Plan pays 90% after deductible Plan pays 50% after deductible	Plan pays 100%, no deductible Plan pays 80% after deductible Plan pays 50% after deductible
PLAN-YEAR MAXIMUM	\$1,500 per person per plan year	
TEMPOROMANDIBULAR JOINT (TMJ/JAW JOINT) DISORDER	Plan pays 50% after deductible (\$1,000 plan year maximum per person; \$5,000 lifetime maximum per person; does not apply to plan-year maximum)	
ORTHODONTIC SERVICES (ADULT)	Plan pays 50% up to \$2,000 lifetime maximum per person, no deductible; does not apply to plan-year maximum	

Vision Plan - Vision Service Plan (VSP)

The Vision plan provides both in-network and out-of-network coverage, but the plan pays more when you visit in-network providers. **The Vision plan is available after 90 days. Unless you waive coverage, you'll be automatically enrolled for employee-only coverage at no cost to you.**

Find a provider from VSP's network at vsp.com. You will need to register and log in. Once you are logged in, click on "Find a VSP Doctor."

The VSP network includes the VSP Participating Retail Chain providers listed below. This means you can get your eye exam, frames and lenses, or contacts at the in-network level of benefits from these providers.

To verify the coverage level or for more information, visit vsp.com or call VSP's Customer Care at **1-800-877-7195**.

Participating retail chains include:

- Costco*
- OPTYX
- Shopko Eyecare Centers
- Cohen's Fashion Optical
- Visionworks
- Wisconsin Vision
- Rx Optical

Vision Benefits Summary

For more details, please go to the Summary Plan Description on the Benefits Enrollment Tool at benefits.amazon.com from the Amazon network; amazon.ehr.com from outside the network.

	IN-NETWORK	OUT-OF-NETWORK
EXAM (once every 12 months from date of service)	Plan pays 100%	Plan pays up to \$50
LENSES (once every 12 months) • Single Vision • Lined Bifocal • Lined Trifocal • Lenticular	\$10 copay,** then plan pays: 100% 100% 100% 100%	\$10 copay,** then plan pays: Up to \$50 Up to \$75 Up to \$100 Up to \$125
FRAMES (once every 12 months)***	\$10 copay,** then plan pays 100% up to \$130	\$10 copay,** then plan pays 100% up to \$70
CONTACT LENSES – ELECTIVE (once every 12 months)****	Plan pays 100% up to \$130	Plan pays 100% up to \$105

* VSP has a national agreement with Costco Optical dispensaries, however not all of the optometrists are in-network. Please check with VSP to determine if the optometrist you plan to visit is in-network prior to receiving services. If the Costco optometrist is not in-network you will be responsible for payment at the time of service and you will need to submit a claim to VSP for reimbursement based on the out-of-network schedule of allowances.

** Only one copay applies if you purchase both lenses and frames within one plan year.

*** If you purchase contact lenses, you may purchase a complete pair of glasses 12 months from the date the contact lenses were obtained.

**** You may purchase contact lenses instead of glasses (eyeglass frames and lenses), but the plan will not cover both in the same year.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance - underwritten by Securian Life

You are automatically enrolled for Basic Life and Accidental Death and Dismemberment (AD&D) Insurance after 30 days. This insurance can help your loved ones financially if you are seriously injured due to an accident or die.

Basic Life pays your beneficiary \$25,000 upon your death. AD&D pays up to \$25,000 to your beneficiary if you die, or to you if you suffer an injury due to a covered accident. If your death is the result of a covered accident, both Basic Life and AD&D pay benefits to your beneficiary. Benefits for Life and AD&D are reduced to 65% at age 65 and to 50% at age 70.

Make Sure Your Benefit Goes to the Right Person!

Your beneficiary is the person who receives your Life Insurance and AD&D benefits if you die. Naming your beneficiary ensures the money will go to the right person. You can designate more than one beneficiary, and you can change your beneficiaries at any time. You can also name a trust, charity, or estate to receive your benefit.

To update your beneficiary information, log in to the Benefits Enrollment Tool at **benefits.amazon.com** (from an Amazon computer) or **amazon.ehr.com** (any other computer) or call the Benefits Service Center at **1-855-331-9745**.

Holiday Pay

If you work on any of these Amazon holidays, you'll earn time and a half.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Employee Assistance Program (EAP)

Too much to do, and too little time to get it all done? Work, family, relationships, even planning vacation travel can add up to too much stress in your life. That's where GuidanceResources®, Amazon's Employee Assistance Program (EAP), can help.

GuidanceResources is administered by ComPsych and gives you free, confidential support, resources, and referrals for every aspect of your work and personal life. GuidanceResources is available 24 hours a day, seven days a week for you and family members living with you.

Call the EAP for resources and referrals for counseling services related to bereavement, marital issues, depression, anxiety, stress, and other concerns. Additionally, GuidanceResources can assist with legal and financial questions, finding child or elder care, moving, and other personal needs. Up to three counseling sessions are available for each issue.

Visit guidanceresources.com or call **1-855-435-4333**. Use Company ID "AmazonEAP" when registering online for the first time.

Support for Children with Developmental Disabilities

Rethink Benefits is a program to help children who have autism and/or other developmental disabilities build the skills they need to reach their fullest potential. Families can access a variety of resources and support at no cost, including:

- Live clinical support
- An innovative online library of over 1,500 video-based lessons based on proven applied behavior analysis (ABA) teaching techniques
- Research-based assessments, which help guide parents and service providers in building unique treatment plans individualized for the particular needs of their child
- Rethink's Training Center, which helps train parents and service providers in ABA teaching techniques and strategies for implementing lessons
- Data collection tools to help monitor your child's progress and guide instruction

These comprehensive resources have been developed by a team of experienced, caring clinicians and are continually updated to offer you the latest treatment techniques and research. To access Rethink Benefits, register online at amazon.rethinkbenefits.com or call **1-877-988-8871**.

Child, Elder, and Pet Care Referrals and Assistance

Through Care Advantage you have free* memberships to Sittercity (babysitters, nannies, special needs caregivers, pet sitters, etc.) and Years Ahead (senior care needs, access to in-home health care, companion care, assisted living facilities, and nursing homes). To activate your Care Advantage membership, visit careadvantage.com/amazon or call 1-844-858-8336.

Sittercity

Sittercity.com connects you with babysitters, nannies, special needs caregivers, pet sitters, and other household help. You can search by location or other qualifications, or post a job on the site so available caregivers can apply directly to you. Review caregiver profiles that include photos, biographies, experience, hourly rates, reviews by other members, and references to find the perfect caregiver for your care needs. You can instantly run standard background checks on potential caregivers at no extra charge to you.

Years Ahead

Years Ahead is a comprehensive solution for your senior care needs. You can take a needs assessment to help determine the level of care needed for your loved one, or you can call and speak with a Certified Senior Care Advisor that can help you through the process. Years Ahead provides access to both in-home health care and companion care, as well as specialized care facilities, including assisted living facilities and nursing homes.

* The Company pays for website access while you pay for the actual care you need.

Survivor Support and Transitional Support Financial Counseling

A life-threatening illness or death of a loved one can be one of life's most overwhelming events. Crucial decisions will likely have to be made that can affect your family's financial well-being over the long term. To help you and your family during such a difficult time, you have access to objective and professional guidance from Ayco – a leading expert in financial counseling services. Ayco's TransitionalSupportSM and SurvivorSupport[®] services can help you make benefit plan decisions, update or initiate estate planning documents, and settle a family member's estate. For more information, call 1-800-235-3417.

Employee Discount

Eligible U.S. employees receive a 10% discount on Amazon merchandise. The code provides 10% on retail purchases of Amazon merchandise shipped and sold on Amazon.com, including digital items fulfilled by Amazon. The discount will not apply to items shipped or sold by a third party. The discount is capped at \$1,000 of merchandise purchased (\$100 of savings) per calendar year. Discount codes are reset every year on January 1. At the beginning of each year, employees need to collect their new code at **hub.amazon.work**.

Part-Time Career Choice Program

After one continuous year of employment, the Part-Time Career Choice Program will pre-pay 95% of tuition and associated fees for courses at accredited schools that lead to vocational certifications or Associate of Applied Science (AAS) degrees in eligible fields of study such as Aerospace, Information Technology and Computer Science, Mechanical and Electrical Trades, Healthcare, Construction, and Commercial Driver Training.

In addition, Amazon will reimburse 95% of the cost of required textbooks. The program will pay up to \$1,500 per year in tuition, associated fees, and required textbooks for up to four years. The \$1,500 is available every rolling 12-month period for four consecutive years for a maximum of \$6,000.

Contact the Employee Resource Center at **1-888-892-7180** for questions about eligibility and qualifying programs.

The Benefits Enrollment Tool

You'll need to log on to the Benefits Enrollment Tool to review your benefits and to name a beneficiary for your Life and AD&D Insurance.

1. Go to the Benefits Enrollment Tool.

- From the Amazon network, go to benefits.amazon.com.
- From outside the network, go to amazon.ehr.com.

2. Enter your Amazon Login ID and your unique password.

- Your Amazon Login ID is on your ID card.
- If this is your first time enrolling or you have forgotten your password, you will need to create or reset your password.



Questions?

If you have questions or don't have easy access to a computer, call the Benefits Service Center at **1-855-331-9745**, Monday through Friday, 5 a.m. to 6 p.m. Pacific Time.

Important Notices

The following are some important notices to keep in mind about your benefits. Please contact the Benefits Service Center at **1-855-331-9745** if you have questions.

Health Insurance Marketplace

The Health Insurance Marketplace (also known as the health insurance “exchange”) allows individuals to compare and purchase private health insurance plans. Some individuals may be eligible for a premium subsidy from the federal government to assist in paying for such plans.

Amazon’s Health Marketplace Tool is a resource for you and your family to learn about federal subsidies, health care laws, and how they can affect you.

Visit the Amazon Health Marketplace Tool at healthcoverageresources.com/amazon/home or call **1-844-730-8915**.

HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE SELF-INSURED BENEFIT COMPONENTS OF THE PLAN AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Summary: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA’s notice requirement with respect to all health information created, received, or maintained by the self-insured components of the Amazon Corporate LLC Group Health & Welfare Plan (the “Plan”), as sponsored by Amazon (the “Company”).

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan’s health information privacy policy with respect to your medical and prescription drug benefits. The notice tells you the ways the Plan may use and disclose health information about you and describes your rights and the obligations under the Plan regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

Restrictions on Plan’s Disclosing Your PHI to Your Family

Due to legal requirements, in most circumstances the Plan cannot reveal protected health information (“PHI”) about you to other members of your family. There are three major exceptions:

1. In most situations, you (or your spouse/domestic partner) can receive PHI about your child, if your child is a minor. For example, you could call to inquire about the basis for the Plan’s denying payment of expenses for care provided to your three-year-old daughter.
2. The Plan will permit you and your spouse or qualifying domestic partner to receive a limited amount of information about each other or other adult family members. This exception would not allow other persons to receive your PHI. For example, under this exception, the Plan could not provide information about a retiree’s claim to an adult child of the retiree.

- The information that the employee or retiree and his or her spouse/domestic partner can receive is information about the family member's eligibility for the Plan, enrollment in the Plan, whether a claim has been paid, and the amount paid. To receive information about another family member's claim, you (or your spouse or qualifying domestic partner) may be asked some questions to determine whether you have been asked to find out about the claim. For example, the caller should be familiar with information such as the service date, the name of the provider, and the type of provider.
 - If the claim has been denied, the Plan can tell you (or your spouse or domestic partner) only the general reason why the claim has not been paid. For example, the Plan could tell your spouse or qualifying domestic partner that your claim was denied because the deductible has not been satisfied, because an annual or lifetime limit has been reached, or because the expense is not a covered expense under the Plan.
 - Additional information such as the medical diagnosis, the type of service performed, or the name or specialty of the provider cannot be provided. The service recipient must call to get that information.
3. You (or the other adult family member) may directly communicate your agreement to release your PHI. For example, if you wanted your spouse/domestic partner to call your plan provider and ask about the reimbursement of certain medical expenses, you could join the first part of the call and tell your provider that you agree to your spouse's receiving PHI as he or she inquires about your claim. However, your spouse could not simply say that you had agreed. You must provide that information yourself. The family member whose PHI would be discussed may provide a written authorization allowing the Plan to discuss his or her PHI with any other person. There are detailed requirements for an authorization. Contact your medical plan provider for a copy of a model authorization that you can use for this purpose.

The Plan's Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as protected health information ("PHI"). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- Make sure health information that identifies you is kept private
- Give you this notice of the Plan's legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that are currently in effect
- Notify you following a breach of unsecured PHI

How the Plan May Use and Disclose Health Information About You

The following are the different ways the Plan may use and disclose your PHI. Note that receipt of a written authorization from you is a precondition for most uses and disclosures of psychotherapy notes (when these notes are maintained by the Plan), uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI.

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or to make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverages the Plan should provide. (The Plan is prohibited from using or disclosing PHI which is genetic information for underwriting (with the exception of PHI that is genetic information) purposes.) The Plan may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are.
- **To the Company.** The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to those Company employees who require the information in order to perform their Plan administrative services or functions. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information:
 1. May not be disclosed by the Plan to any other Company employee; and
 2. Will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.
- **To a Business Associate.** Certain services are provided to the Plan by third parties known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member who is involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or your death.

- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local laws, including those that require the reporting of certain types of wounds or physical injuries.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** The Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process, subject to certain conditions.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and/or other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. Armed Forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.
- **Public Health Risks.** The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medication or problems with medical products; or notifying people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials:
 1. For intelligence, counterintelligence, and other national security activities authorized by law
 2. To enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations
- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased

person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to enable him or her to carry out his or her duties.

Your Rights Regarding Health Information About You

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your Plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.

To inspect and copy health information maintained by the self-insured medical plan component administered by your provider under the Plan, submit your request, in writing, to your medical plan provider. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial. If the Plan maintains your PHI electronically, and you request an electronic copy of information, the Plan will provide access in the electronic form and format you request, if the information is readily producible in that form and format; if it is not readily producible in that form and format, the Plan will produce it in a readable electronic form and format that you and the Plan agree on.

- **Right to Request an Amendment.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, send a detailed request, in writing, to your provider. You must provide reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was:
 1. Accurate and complete
 2. Not created by the Plan
 3. Not part of the health information kept by or for the Plan
 4. Not information that you would be permitted to inspect and copy
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations. To request an accounting of disclosures, submit your request, in writing, to your provider. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.
- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or on disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. To request restrictions, make your request in writing to your provider. You must advise us:
 1. What information you want to limit
 2. Whether you want to limit the Plan’s use, disclosure, or both
 3. To whom you want the limit(s) to apply

Note: The Plan is not required to agree to your request.

The Plan will notify you if it agrees to a requested restriction on how your PHI is used or disclosed. You should not assume that the Plan has accepted a requested restriction until the Plan confirms its agreement to that restriction in writing. You may request restrictions on our use and disclosure of your confidential information for the treatment, payment and health care operations purposes explained in this Notice. Notwithstanding this policy, the Plan will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and it is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

- **Right to Be Notified of a Breach:** You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of unsecured protected health information.
- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request, in writing, to your provider. The Plan may, if it wishes, limit its agreement to confidential communications to those instances in which the individual states that he or she will be endangered if the request is not granted. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may call the Benefits Service Center to request a written copy of this notice at any time.

Changes to This Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice on Inside Amazon at all times and will distribute this notice as required.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this notice, please contact the Benefits Service Center at 1-855-331-9745.

Notice Effective Date: January 15, 2014

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 on the following page, 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.

To see if any other states have added a premium assistance program since July 31, 2016, 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

State	Provider	Phone	Website
Alabama	Medicaid	1-855-692-5447	www.myalthipp.com
Alaska	Medicaid	1-866-251-4861	The AK Health Insurance Premium Payment Program: www.myakhipp.com Medicaid Eligibility: www.dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Colorado	Medicaid	1-800-221-3943	www.colorado.gov/hcpf
Florida	Medicaid	1-877-357-3268	www.flmedicaidprecovery.com/hipp
Georgia	Medicaid	1-404-656-4507	www.dch.georgia.gov/medicaid - Under Third Party Liability, click on Health Insurance Premium Payment (HIPP)
Indiana	Medicaid	1-877-438-4479 1-800-403-0864	Healthy Indiana Plan for low-income adults 19-64: www.hip.in.gov All other Medicaid: www.indianamedicaid.com
Iowa	Medicaid	1-888-346-9562	www.dhs.state.ia.us/hipp
Kansas	Medicaid	1-785-296-3512	www.kdheks.gov/hcf
Kentucky	Medicaid	1-800-635-2570	www.chfs.ky.gov/dms/default.htm
Louisiana	Medicaid	1-888-342-6207	www.dhh.louisiana.gov/index.cfm/subhome/1/n/331
Maine	Medicaid	1-800-442-6003 TTY: Maine relay 711	www.maine.gov/dhhs/ofc/public-assistance/index.html
Massachusetts	Medicaid and CHIP	1-800-462-1120	www.mass.gov/MassHealth
Minnesota	Medicaid	1-800-657-3739	www.mn.gov/dhs/ma
Missouri	Medicaid	1-573-751-2005	www.dss.mo.gov/mhd/participants/pages/hipp.htm
Montana	Medicaid	1-800-694-3084	www.dphs.mt.gov/MontanaHealthcarePrograms/HIPP
Nebraska	Medicaid	1-855-632-7633	www.ACCESSnebraska.ne.gov
Nevada	Medicaid	1-800-992-0900	http://dwss.nv.gov
New Hampshire	Medicaid	1-603-271-5218	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
New Jersey	Medicaid and CHIP	Medicaid: 1-800-356-1561 CHIP: 1-800-701-0710	Medicaid: www.state.nj.us/humanservices/dmahs/clients/medicaid CHIP: www.njfamilycare.org
New York	Medicaid	1-800-541-2831	www.nyhealth.gov/health_care/medicaid
North Carolina	Medicaid	1-919-855-4100	www.ncdhhs.gov/dma
North Dakota	Medicaid	1-844-854-4825	www.nd.gov/dhs/services/medicalserv/medicaid
Oklahoma	Medicaid and CHIP	1-888-365-3742	www.insureoklahoma.org
Oregon	Medicaid	Medicaid: 1-800-699-9075	www.healthcare.oregon.gov
Pennsylvania	Medicaid	1-800-692-7462	www.dhs.pa.gov/hipp
Rhode Island	Medicaid	1-855-697-4347	www.eohhs.ri.gov
South Carolina	Medicaid	1-888-549-0820	www.scdhhs.gov
South Dakota	Medicaid	1-888-828-0059	www.dss.sd.gov
Texas	Medicaid	1-800-440-0493	www.gethipptexas.com
Utah	Medicaid and CHIP	1-866-435-7414	Medicaid: www.health.utah.gov/medicaid CHIP: www.health.utah.gov/chip
Vermont	Medicaid	1-800-250-8427	www.greenmountaincare.org
Virginia	Medicaid and CHIP	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282	www.coverva.org/programs_premium_assistance.cfm
Washington	Medicaid	1-800-562-3022 ext.15473	www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
West Virginia	Medicaid	1-877-598-5820, HMS Third Party Liability	www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Wisconsin	Medicaid and CHIP	1-800-362-3002	www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Wyoming	Medicaid	1-307-777-7531	https://wyequalitycare.acs-inc.com

Contact Information

	CONTACT	PHONE	WEBSITE
IF YOU NEED HELP...			
Employee Assistance Program	GuidanceResources Company ID "AmazonEAP"	1-855-435-4333	guidanceresources.com
Medical Advice Line	Amazon	1-888-434-9473	N/A
IF YOU HAVE QUESTIONS ABOUT...			
Your Benefits	The Benefits Service Center (Monday through Friday, 5 a.m. to 6 p.m. Pacific Time)	1-855-331-9745	From the Amazon network: benefits.amazon.com . From outside the network: amazon.ehr.com
FOR IMPORTANT PLAN PROVIDER INFORMATION...			
Dental	Delta Dental of Washington Group #9013	1-844-466-8847	deltadentalwa.com
Vision	Vision Service Plan Group #12077753	1-800-877-7195	vsp.com
Life and AD&D Insurance	Securian Life Group #70004	1-866-293-6047	amazon.ehr.com
Career Choice	Employee Resource Center	1-888-892-7180	N/A
Support for Children with Developmental Disabilities	Rethink Benefits	1-877-988-8871	amazon.rethinkbenefits.com
Child, Elder, and Pet Care Referrals and Assistance	Sittercity Years Ahead	1-844-858-8336	careadvantage.com/amazon
Health Marketplace Tool	Amazon Health Marketplace	1-844-730-8915	healthcoverageresources.com/amazon/home
Survivor Support and Transitional Support Financial Counseling	Ayco	1-800-235-3417	N/A

This Benefits Enrollment Guide represents a brief summary of your benefits under Amazon's Benefit Plans and Programs. It is not intended to provide a complete description of each plan. Please refer to the Summary Plan Description and any other official documents for complete information about each benefit.

Although every effort has been made to ensure information in this guide is accurate, the provisions of the official plan documents will govern in case of any discrepancy. Amazon's Benefit Plans and Programs are subject to review by the Company and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between Amazon and any employee.

If you are not part of the group to which this document applies and, as a result, have received this document in error, please contact the Benefits Service Center at 1-855-331-9745 to receive the correct documents applicable to your group.