



Your Required Notices

This packet includes legal notices and information about your Chipotle health plans. Federal laws require that Chipotle provide you with certain notices that inform you about your rights regarding eligibility, enrollment, and coverage of health care plans. The following sections explain these rules.

Don't worry – you're not required to take any action. These notices are for your information only.

We ask that you read these notices carefully and keep them where you can find them. If you have questions, email benefits@chipotle.com. Para información en español, favor de comunicarse con el Centro de Servicios para el empleado de Chipotle al (877) 625-1919.

IMPORTANT: Notice of Creditable Coverage

If you (and/or your dependent) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. See "Important Notice from Chipotle About Your Prescription Drug Coverage and Medicare" on page 8 for details.

Special Enrollment

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside the Open Enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the Children's Health Insurance Program (CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you decline enrollment in a Chipotle medical plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage or group health plan coverage, you or your dependents may be able to enroll in a Chipotle medical plan without waiting for the next Open Enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- 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. You must request enrollment within 60 days after the loss of such coverage or within 60 days of gaining eligibility for such coverage.

If you request a change due to a special enrollment event within the 30 day time frame, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law. If you have questions, or to notify the plan, email benefits@chipotle.com.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Women's Health and Cancer Rights Act

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:(1) all stages of reconstruction of the breast on which the mastectomy was performed;(2) surgery and reconstruction of the other breast to produce a symmetrical appearance;(3) prostheses; and (4) treatment of physical complications of the mastectomy, including lymphedemas. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. If you would like more information on WHCRA benefits, please contact the Benefits Team.

The Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (generally up to 24 months) while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Notice of Special Enrollment for Dependents Up to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in a Chipotle health plan, unless they have other employer-provided coverage. Individuals may request enrollment for such children for 30 days from the beginning of the plan's open enrollment period to request enrollment. Enrollment will be effective the first day of plan year.

The Newborns' And Mothers' Health Protection Act

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

1. Restrict benefits for the length of hospital stay 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).
2. Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For details on any state maternity laws that may apply to your medical plan, please refer to the benefits material for the medical plan in which you are enrolled.

Notice of Privacy Practices for Protected Health Information

This information describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act's ("HIPAA's") privacy regulation ("Privacy Rule") regulates the use and disclosure of your protected health information ("PHI") by group health plans that are covered entities. Under the Privacy Rule, PHI generally means any oral, written, or electronic information that:(i) relates to your past, present or future physical or mental health condition or health plan coverage and (ii) may identify you. This Notice describes how Chipotle Mexican Grill, Inc.'s ("Chipotle's") group health plans ("Plans") that are HIPAA covered entities may use and disclose your PHI, as permitted by the Privacy Rule. This Notice also describes your individual rights concerning your PHI.

Chipotle sponsors the following group health plans that are HIPAA covered entities:

- Chipotle Health and Welfare Plan for Apprentice, General Manager, Restaurateur and Staff

Together, these plans form an "organized health care arrangement" within the meaning of HIPAA. This means that these plans have coordinated their HIPAA privacy efforts, including this Notice.

CHIPOTLE REQUIRED NOTICES FOR STAFF BENEFIT ELIGIBLE EMPLOYEES

When we say “we” or “our” in this Notice, we mean Chipotle’s organized health care arrangement. When we say “you” or “your” in this Notice, we mean any person entitled to benefits under a Plan.

Section 1. Plan Duties - Federal law says that we must maintain the privacy of your PHI and give you notice of our legal duties and privacy practices concerning your PHI. We must follow the terms of this Notice, as currently in effect. However, we have the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all PHI that we have then or will later have. We will provide you with a revised Notice at work or by mail if we make material changes to our privacy practices.

Section 2. How and When the Plan May Use or Disclose PHI - Sections A and B below describe the different ways in which we may use or disclose your PHI without your written authorization. We must have your written authorization for any other uses and disclosures. You may revoke your authorization at any time, but only if you make the request to revoke in writing and give or send it to our HIPAA Privacy Contact at the address below. Your revocation of an authorization will not apply to any action we have already taken in reliance on such authorization.

A. Primary Uses and Disclosures of PHI

Required Disclosures. We must disclose your PHI to you upon your request. We must also disclose your PHI to the Secretary of the Department of Health and Human Services without your authorization for an investigation of our compliance with the Privacy Rule.

Treatment. We may disclose your PHI for treatment activities, as permitted by the Privacy Rule. These activities include a health care provider’s providing, coordinating or managing your health care and related services, health care providers’ consulting with one another about you, and referrals by one provider to another. For example, we may disclose your Plan enrollment status to a hospital in connection with a planned admission without your authorization.

Payment. We may use or disclose your PHI for payment activities, as permitted by the Privacy Rule. For example, without your authorization, we may disclose your PHI in order to collect your premiums or reimbursement for providing health care to you. In the same way, we may also disclose your PHI to another covered entity or a health care provider for its own payment activities.

Health Care Operations. We may use or disclose your PHI for health care operations activities, as permitted by the Privacy Rule. Health care operations activities within our organized health care arrangement include:(i) quality assessment and improvement activities,(ii) population-based activities relating to reducing health care costs,(iii) case management and care coordination,(iv) evaluating health plan performance,(v) underwriting, premium rating and similar activities and (vi) the general business management and general administrative activities of the entity for whom the health care operations activities are performed. For example, without your authorization, we may use or disclose information about your claims to project future benefit costs or audit the claims processing functions. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

To the Plan Sponsor. We, or a health insurance issuer or HMO with respect to a Plan, may disclose your PHI to Chipotle in its capacity as plan sponsor, as permitted by the Privacy Rule. For example, without your authorization, we may disclose your PHI to Chipotle so that it may evaluate plan design changes.

B. Other Uses and Disclosures of PHI

Disclosures Required By Law. We may use or disclose your PHI when required by law, as permitted by the Privacy Rule, without your authorization.

For Public Health Activities. We may disclose your PHI without your authorization for certain public health activities, as permitted by the Privacy Rule. Examples of public health activities include activities to prevent or control disease, injury or disability (including reporting a disease) and public health interventions.

About Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI if we reasonably believe that you are a victim of abuse, neglect, or domestic violence. We may only make this disclosure to a government authority (including a social service or protective services agency) authorized by law to receive reports of such abuse, neglect or domestic violence, as permitted by the Privacy Rule. We will make this type of disclosure only if you agree to the disclosure or if the disclosure is otherwise required or authorized by law.

For Health Oversight Activities. We may disclose your PHI without your authorization to a public health oversight agency for certain oversight activities authorized by law, as permitted by the Privacy Rule (for example, audits, investigations, or inspections).

For Judicial and Administrative Proceedings. We may disclose your PHI without your authorization in response to a court or administrative order issued in any judicial or administrative proceeding, as permitted by the Privacy Rule. We may also disclose your PHI in response to a subpoena, discovery request or other lawful purpose, without a court or administrative order, but only if: (i) we obtain an order protecting the information requested or (ii) efforts have been made to tell you about the request for your PHI.

For Law Enforcement Purposes. We may disclose your PHI without your authorization to a law enforcement official for certain law enforcement purposes, as permitted by the Privacy Rule (for example, disclosure in response to a court order, subpoena, summons or similar process).

To Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI without your authorization to a coroner or medical examiner for the purpose of: (i) identifying a deceased person, (ii) determining a cause of death or (iii) other duties as authorized by law, as permitted by the Privacy Rule. Also, we may disclose your PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties regarding the decedent.

For Organ and Tissue Donation Purposes. We may use or disclose your PHI without your authorization to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation, as permitted by the Privacy Rule.

For Research. We may use or disclose your PHI for research without your authorization, as permitted by the Privacy Rule. A number of conditions must be met before we use or disclose your PHI for research.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI without your authorization when necessary to prevent a serious threat to someone's health and safety, as permitted by the Privacy Rule. We may only make that kind of disclosure, however, to someone able to lessen or prevent the threat.

For Specialized Governmental Functions. We may use or disclose your PHI without your authorization for specialized governmental functions, as permitted by the Privacy Rule (for example, disclosure to authorized federal officials for lawful national security activities).

For Workers' Compensation. We may use or disclose your PHI without your authorization when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault, as permitted by the Privacy Rule.

For Care and Notification. We may use or disclose your PHI without your authorization to your family member, other relative or a close personal friend or other person you identify. Our disclosure will be limited to PHI that is directly relevant to your care or payment related to your care. This includes information about your location, general condition or death, as permitted by the Privacy Rule.

Incident to a Use or Disclose Permitted by the Privacy Rule. We may make a use or disclosure of your PHI without your authorization if the use or disclosure is incidental to a use or disclosure otherwise permitted by the Privacy Rule. We will make reasonable efforts to limit PHI used and/or disclosed to the minimum necessary to accomplish the intended purpose of the use and/or disclosure. We have in place appropriate administrative, technical and physical safeguards to protect the privacy of your PHI.

Section 3. Your Rights - Right to Request Restrictions on PHI Uses and Disclosures. You have the right to request that we restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or in payment for your care, as permitted by the Privacy Rule. However, we are not required to agree to your request. Your request for restrictions must be in writing to our HIPAA Privacy Contact at the address below. Effective February 17, 2010, an entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid for the item or service, in full out of pocket.

Right to Receive Confidential Communications. You have the right to request that we make certain communications of your PHI to you by alternative means or to alternative locations, if our traditional means of communication could endanger you. Your request for confidential communications of PHI must be in writing to our HIPAA Privacy Contact at the address below. Your request must include a statement that the disclosure of all or part of the information could endanger you.

Right to Inspect and Copy PHI. You have the right to request access to inspect or obtain a copy of certain types of PHI that we have about you. Your request for access must be in writing to our HIPAA Privacy Contact at the address below. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other charges related to fulfilling your request. We may deny your request for access to inspect or obtain a copy of your PHI in certain circumstances, as permitted by the Privacy Rule. Effective February 17, 2010, you may request an electronic copy of your health information if it is maintained in an electronic health record. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies, if any, must be reasonable and based on the Plan's cost.

Right to Amend PHI. If you feel that the PHI we have for you is incorrect or incomplete, you may ask us to amend your information. Your request for an amendment must be in writing to our HIPAA Privacy Contact at the address below. Your written request must also specify the basis for the amendment. We may deny your request for an amendment in certain circumstances, as permitted by the Privacy Rule.

Right to Receive an Accounting of PHI Disclosures. You have the right to receive an accounting of certain disclosures of your PHI that we have made. Your request for an accounting of disclosures must be in writing to our HIPAA Privacy Contact at the address below. Your written request must specify the time period for which you are requesting an accounting. That time period may not be longer than six years from the date of your request. Your written request should state the format (paper, electronic, etc.) in which you want to receive your accounting. We may charge a fee for the costs of responding to more than one accounting request in a 12-month period. We may deny your request for an accounting in certain circumstances, as permitted by the Privacy Rule.

Right to Obtain a Paper Copy of Notice. You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy of this Notice, please make your request in writing to our HIPAA Privacy Contact at the address below.

Section 4. Complaints - If you believe your privacy rights have been violated, you may file a complaint with Chipotle or with the Secretary of the Department of Health and Human Services. To file a complaint with Chipotle, write to our HIPAA Privacy Contact at the address below. Your complaint must be submitted in writing. You will not be retaliated against for filing a complaint.

Section 5. Address - If you have any questions about or privacy practices or the information contained in this Notice, please contact our HIPAA Privacy Contact at: Chipotle Mexican Grill, Inc., Benefits Manager, 610 Newport Center Drive, Suite 1400, Newport Beach, CA 92660, 877-625-1919.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

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, you can 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, you can 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 permit 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, you can 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, 2018. You should contact your state for further information on eligibility.

CHIPOTLE REQUIRED NOTICES FOR STAFF BENEFIT ELIGIBLE EMPLOYEES

State	Contact Information
Alabama - Medicaid	Website: http://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@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arkansas – Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
Colorado - Health First Colorado (Colorado's Medicaid Program) & Child Health Plus Plan (CHP+)	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Florida - Medicaid	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
Georgia - Medicaid	Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 678-564-1162
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: www.in.gov/mediciad Phone 1-800-403-0864
Iowa - Medicaid	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
Kansas - Medicaid	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
Kentucky - Medicaid	Website: https://chfs.ky.gov Phone: 1-800-635-2570
Louisiana - Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-342-6207
Maine - Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
Massachusetts - Medicaid and CHIP	Website: https://www.mass.gov/topics/mashealth Phone: 1-800-862-4840
Minnesota - Medicaid	Website: https://mn.gov/dhs/people-we-serve/seniors/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://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
Nevada - Medicaid	Medicaid Website: https://www.medicaid.nv.gov/ Medicaid Phone: 1-800-992-0900

CHIPOTLE REQUIRED NOTICES FOR STAFF BENEFIT ELIGIBLE EMPLOYEES

State	Contact Information
New Hampshire - Medicaid	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
New Jersey - Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 or 1-800-356-1561 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/ Phone: 1-800-541-2831
North Carolina - Medicaid	Website: https://dma.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 and CHIP	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
Pennsylvania - Medicaid	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
Rhode Island - Medicaid	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
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
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
Washington - Medicaid	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
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/publications/p1/p10095.pdf Phone: 1-800-362-3002
Wyoming - Medicaid	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any more states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/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

Important Notice from Chipotle About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage under the Chipotle medical plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2019. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2019 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has important information about your current prescription drug coverage with Chipotle and about your options under Medicare's prescription drug coverage. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Chipotle medical plan, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2019. This is called creditable coverage. Coverage under either plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you're an active associate, a retiree, or a family member of an active associate or a retiree, you may also continue your employer coverage. In this case, the Chipotle plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Chipotle coverage, Medicare will be your only payer. You can re-enroll in the Chipotle plan during Open Enrollment or if you have a special enrollment event for the Chipotle plan.

You should know that if you waive or leave coverage with Chipotle and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Chipotle coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

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

CHIPOTLE REQUIRED NOTICES FOR STAFF BENEFIT ELIGIBLE EMPLOYEES

Here's how to get more information about Medicare prescription drug plans:

- Visit **www.medicare.gov** for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call **(800) MEDICARE ((800) 633-4227)**. TTY users should call **(877) 486-2048**.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call **(800) 772-1213 (TTY: (800) 325-0778)**.

Remember: Keep this creditable coverage notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

Date: October 2018
Contact: Benefits Manager
Address: 610 Newport Center Drive, Suite 1400
Newport Beach, CA 92660
Number: (877) 625-1919 x People Support prompt

Provider-Choice Rights Notice

The Kaiser plan generally requires 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, Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, go to **www.kp.org**. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser 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, go to **www.kp.org**.