

A few more things...

Here are some important legal documents that let you know about your rights as a Plan participant.

You should also share these notices with any family members who are covered under your Plan. If they live in a different household, you can ask for these notices to be sent to a different address. You and your family members can also ask for a free paper copy of these notices by calling People Services at **1-800-421-1362**.



Valued Plan Participant

The Associates’ Health and Welfare Plan (AHWP) respects the dignity of each individual who participates in the Plan.

The Associates’ Health and Welfare Plan (AHWP) does not discriminate on the basis of race, color, national origin, sex, age, or disability and strictly prohibits retaliation against any person making a complaint of discrimination. Additionally, we gladly provide our participants with language assistance, auxiliary aids and services at no cost. We value you as our participant and your satisfaction is important to us.

If you need such assistance or have concerns with your Plan services, please call the number on the back of your plan ID card. If you have any questions or concerns, please use one of the methods below so that we can better serve you.

To learn about or use our grievance process, contact People Services at **1-800-421-1362**
To file a complaint of discrimination, contact the U.S. Department of Health and Human Services, Office of Civil Rights:
• **Phone:** 1-800-368-1019 or 1-800-537-7697 (TDD)
• **Website:** https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf
• **Email:** OCRComplaint@hhs.gov

Interpreter Services are available at no cost. **1-800-421-1362**

عربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم رقم هاتف الصم والبكم: 1-800-421-1362.

မြန်မာစာ (Burmese)
သတိပို့ရန် - အကယဉ်း သတ္တု ဂျမ္ဗူမ္ဘာကား ကို ဝေပုဂ္ဂလိက ဘာသာစကား အကူအညီ အခမဲ့ သင့်အကြံကို စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-421-1362 သို့မူ ဝေငှဆိုပါ။

漢語廣東話 (Cantonese)
請指出您的語言。翻譯服務免費提供 1-800-421-1362.

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-421-1362 تماس بگیرید.

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. 1-800-421-1362.

Kreyòl Ayisyen (French Creole)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-421-1362.

日本語 (Japanese)
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。1-800-421-1362. まで、お電話にてご連絡ください。

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-421-1362. 번으로 전화해 주십시오.

汉语普通话 (Mandarin)
请指出您的语言 翻译服务免费提供 1-800-421-1362.

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-421-1362.

Română (Romanian)
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-421-1362.

Português (Portuguese)
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-421-1362.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-421-1362. 'ਤੇ ਕਾਲ ਕਰੋ।

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-421-1362.

Soomaali (Somali)
Tilmaan luuqadaada. Adeegyada turjubaanka, lacag la'aan ayaa laguugu siinayaa. 1-800-421-1362.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-421-1362.

Kiswahili (Swahili)
KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-421-1362.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-421-1362.

Availability of Summary of Health Information

As an associate, 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 options.

The SBC is available on OneWalmart.com/SBC. A paper copy is also available, free of charge, by calling **1-800-421-1362**.

For assistance, call the number on the back of your plan ID card.

Women’s Health and Cancer Rights Act

As required by the Women’s Health and Cancer Rights Act (WHCRA) of 1998, Walmart-provided medical plans provide coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.