

2023 Open Enrollment Puerto Rico Benefits Guide



HOT TOPIC[®] INC.

HOT TOPIC

BOX LUNCH

Her Universe

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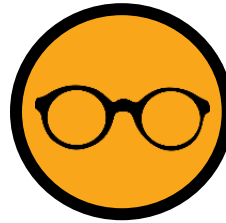
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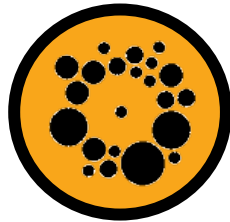
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Should You Participate in Open Enrollment?

Do you need to take any action during the Open Enrollment period? Answer the following question:

As a Hot Topic benefits-eligible employee, which of the following statements is true regarding your benefits?

Check all boxes that apply to you.

I want to add or remove a dependent to/from my medical, dental or vision coverage.

I want to enroll in, change or cancel medical, dental or vision coverage for myself and/or my eligible dependent(s).

I want to enroll in, change or cancel Supplemental Life or Long-Term Disability (LTD) Buy-Up insurance for myself and/or my eligible dependent(s).

I am currently enrolled but would like to waive my health care coverage through Hot Topic for the 2023 plan year.

I do not want to add or remove a dependent to/from my medical, dental or vision coverage.

I do not want to make any changes to my benefits and want to keep the exact same coverage in 2023

I do not want to enroll in, change or cancel Supplemental Life or Long-Term Disability (LTD) Buy-Up insurance for myself and/or my eligible dependent(s).

I currently elect to waive my benefits coverage through Hot Topic, and I want to continue to waive my benefits coverage through Hot Topic.

Participate!

Based on your responses to the statements above, participating in Open Enrollment would benefit you. Don't miss this once-a-year opportunity to make changes to your benefits!

Review!

Open Enrollment participation may not be necessary however, it is encouraged that you to review your UKG profile (desktop version) your current benefits and dependents.



Open Enrollment Highlights

At Hot Topic, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason Hot Topic continues to enhance our benefits offerings to give you options to best meet your needs.

Open Enrollment is September 19 – September 30, 2022 for benefits effective January 1 - December 31, 2023.

Triple S Salud Medical Changes

- **Urgent Care Copay** will be decreasing to \$15 copay per visit for Illness / \$15 copay per visit for Accident
- **Ambulatory Surgery Copay** will be decreasing to \$50
- **Organ Transplant Lifetime Maximum** will be decreasing to \$2,000 per lifetime

Change in Cost of Coverage for 2023

As we have mentioned in the past, health care costs are constantly increasing from year to year. For the last three years, Hot Topic has absorbed the full cost increases so that your costs of coverage did not change. However, due to the current economy and the large increases to all of our plan premiums, the company will need to split the increase in costs of coverage with you for the 2023 plan year.

Increase in cost of coverage: Although Hot Topic will take on most of the cost increases for 2023, you will also see a slight increase to your costs for the following plans:

- Triple S Medical Plan
- Aetna Dental DPPO and Premium DPPO Plans

No change to your costs of coverage for the following plans:

- Aetna Dental DHMO Plan
- All VSP Vision Plans
- All Reliance Standard Life and Disability Plans

What Should I Do During Open Enrollment?

Although there are no changes for this Open Enrollment, we encourage you to take advantage of this once-a-year opportunity to review current benefit elections and make changes such as:

- Change your medical, dental and/or vision plans
- Add or drop dependents
- Increase your Supplemental Life Insurance coverage
- Enroll for voluntary benefits

While we've made every effort to make sure this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents or summary plan descriptions (SPDs). The plan documents determine how all benefits are paid.

Medicare Part D Notice: If you (and/or your dependents) 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. Please see the Annual Notices on page 22 for more details.



Enrolling Through UKG

HOW TO ENROLL

Open Enrollment is the only time during the year when you can make changes, additions, or cancellations to your benefits without a qualifying life event. If you do not take action during Open Enrollment, your 2022 benefits will automatically roll over into the 2023 plan year with the exception of FSAs which require re-enrollment each year.

After Open Enrollment ends, you cannot change your benefit elections until Open Enrollment 2024, unless you experience a qualifying life event such as birth or adoption of a child, marriage, divorce, adding/removing a domestic partner, or loss of other insurance coverage.

Should one of these life events occur, notify the Benefits Department within 30 days of the event. New hires have 30 days from your hire date to make enrollment elections.

Enroll in Benefits (desktop is recommended)

- Go to the UltiPro website: <https://n32.ultipro.com/>
- If you are not accessing directly to HT portal, enter Company Code: **Ulti91748 ***
- To log in, your user ID is an “H” followed by your six-digit employee number.
 - Please note that if your employee number is less than six digits add “0” in front of your number to make it six digits
- Password – Default birth month, birthday date and 5-digit zip code (MMDDZZZZ)
- If you need to reset your password, please email Helpdesk@hottopic.com with your employee number
- UKG Support - <https://www.ultimatesoftware.com/mobileappsupport>

Proof of relationship

- **If you are enrolling a dependent**, you are required to have proof of relationship documents (e.g., marriage license, birth certificate) on file.
- **If you are enrolling a domestic partner**, you are required to have a notarized domestic partner affidavit on file. Please reach out to benefits@hottopic.com.
- **If you need to change your marital status**, please contact HTHRAdmin@hottopic.com.
- Failure to provide proof of relationship documents will result in cancelation of benefit plans for covered dependents.
- You can upload documents yourself in UltiPro (see UltiPro “How to Upload Documents” guide) or contact the Benefits Department at benefits@hottopic.com.

WHO IS ELIGIBLE?

Full-time employees and Part-time ASM’s are eligible for benefits outlined in this overview. You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse).
- Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit.
- Your children:
 - Under the age of 26 are eligible to enroll in medical, dental, and vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined. SPDs can be found on the company intranet.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to) parents, grandparents and siblings.

SPOUSAL SURCHARGE

Employees who choose to enroll a spouse or domestic partner who is eligible for medical insurance through another employer plan, will pay an additional \$60 per paycheck.





Helpful Terms

MEDICAL/GENERAL TERMS

Coinsurance - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

Copay - The fee you pay to a provider at the time of service.

Deductible - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

In-Network - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

Out-of-Pocket - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

Out-of-Pocket Maximum – The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care – A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

Explanation of Benefits (EOB) - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

PRESCRIPTION DRUG TERMS

Tier 1 – Lower-cost medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included. Use Tier 1 drugs for the lowest out-of-pocket costs.

Tier 2 - Mid-range cost medications that provide good overall value. A mix of brand-name and generic drugs. Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.

Tier 3 - Highest-cost medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics. Ask your doctor if a Tier 1 or Tier 2 option could work for you

Specialty Pharmacy - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

DENTAL TERMS

Basic Services - Generally include coverage for fillings and oral surgery.

Endodontics - Commonly known as root canal therapy.

Implants - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Orthodontia - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics - Diagnosis and treatment of gum disease.

Pre-Treatment Estimate - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.



Employee Cost of Coverage

YOUR BI-WEEKLY MEDICAL, DENTAL & VISION RATES (26 PAY PERIODS)

HOURLY & SALARY	Triple S Medical Post-Tax Deduction (per paycheck)	Aetna Dental Pre-tax Deduction (per paycheck)			VSP Vision Pre-tax Deduction (per paycheck)		
Plan	Triple S Medical	DHMO	DPPO	Premium DPPO	Core*	Buy-Up	Premium
Employee Only	\$17.79	\$3.85	\$6.08	\$7.19	\$0.00	\$3.14	\$4.20
Employee + 1	\$91.85	\$11.33	\$17.71	\$19.92	\$0.30	\$4.29	\$5.73
Employee + 2 or more	\$105.24	\$18.57	\$31.73	\$35.26	\$0.90	\$7.70	\$10.28

Domestic Partner Cost of Coverage

DENTAL RATES FOR YOUR DOMESTIC PARTNER (DP)

HOURLY & SALARY	After-Tax Deduction (per paycheck)			Amount Taxable as Income (per paycheck)		
Plan	DHMO	DPPO	PREMIUM DPPO	DHMO	PPO	PREMIUM DPPO
DP Only	\$7.48	\$11.63	\$12.73	\$0.43	\$2.56	\$2.56
DP + Child(ren) of a DP	\$14.72	\$25.65	\$28.07	\$0.27	\$5.56	\$5.57

VISION RATES FOR YOUR DOMESTIC PARTNER (DP)

HOURLY & SALARY	After-Tax Deduction (per paycheck)			Amount Taxable as Income (per paycheck)		
Plan	CORE	BUY-UP	PREMIUM	CORE	BUY-UP	PREMIUM
DP Only*	\$0.30	\$1.15	\$1.53	\$0.00	\$0.00	\$0.01
DP + Child(ren) of a DP*	\$0.90	\$4.56	\$6.08	\$0.00	\$0.00	\$0.01

*You may only enroll your DP and/or DP's child(ren) in the vision core plan if they are enrolled in a Hot Topic medical plan.

SPOUSAL SURCHARGE

Employees who choose to enroll a spouse or domestic partner who is eligible for medical insurance through another employer plan, will pay an additional \$60 per paycheck.



Medical (Triple S Salud)

Listed below is a summary of the Triple S Salud medical plan. More detailed descriptions are available in the plan documents located on the Company Intranet/Human Resources website.

Triple S Salud Medical - Puerto Rico

In-Network	
Major Medical Coinsurance	20% (Required precertification for services outside of Puerto Rico)
Out of Pocket Maximum	\$6,350 Individual / \$12,700 Family
Physician Services	
Generalist	\$5 per visit
Specialist	\$15 per visit (including subspecialist)
General Hospitalization	\$50 / admission in preferred hospitals \$100 / admission in non-preferred hospitals
Lab, X-ray, and Diagnostic	25%
Urgent Care	\$15 / visit Illness or Accident
Emergency Room	\$50 / visit Illness or Accident \$25 / visit if recommended by Teleconsulta
Organ Transplant	
Maximum Benefit (per lifetime)	\$2,000,000
Retail	
Generic	\$5
Preferred Brand	\$15
Non-preferred Brand	You pay 20% max \$20
Specialty	You pay 20% max \$100
Supply Limit	30 days
Mail Order	
Generic	\$10
Preferred Brand	\$30
Non-preferred Brand	You pay 15% max \$40
Specialty	Not covered
Supply Limit	90 days





Dental (Aetna)

Listed below is a summary of the different dental plans. More detailed descriptions are available in the Summary Plan Descriptions located on the Company Intranet/Human Resources website.

	Aetna Dental DHMO	Aetna Dental DPPO		Aetna Dental Premium DPPO	
	In-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible	\$0 / \$0	\$50 / \$150 (waived for diagnostic & preventive)	\$75 / \$225	\$50 / \$150 (waived for diagnostic & preventive)	\$75 / \$225
Calendar Year Maximum	Unlimited	\$1,500 per member	\$1,500 per member	\$2,000 per member	\$2,000 per member
Diagnostic & Preventive	\$0 - \$88 copay ¹	Plan pays 80%	Plan pays 80%	Plan pays 90% ³	Plan pays 80% ³
Basic Services					
Endodontics	\$0 - \$400 copay ¹	Plan pays 80% ²	Plan pays 50% ²	Plan pays 90% ²	Plan pays 50% ²
Periodontics	\$10-\$375 copay ¹	Plan pays 80% ²	Plan pays 50% ²	Plan pays 90% ²	Plan pays 50% ²
Major Services	\$0-\$460 copay ¹	Plan pays 50% ²	Plan pays 50% ²	Plan pays 50% ²	Plan pays 50% ²
Orthodontic Services					
Orthodontia	\$2,000 ¹	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%
Lifetime Maximum	Unlimited	\$1,500 per member	\$1,500 per member	\$2,000 per member	\$2,000 per member
Children up to age 26	Covered	Covered	Covered	Covered	Covered
Adults	Covered	Covered	Covered	Covered	Covered

¹Refer to the copay schedule for a full list of covered services and costs

²After deductible

³Diagnostic & Preventive waived from applying to Calendar Year Maximum

Aetna Perks & Discounts

Here are just a few ways to save. You can also get discounts on eye and hearing care to keep the whole family healthy.

- **CVS Health® oral health care products:** Save an extra 10% on select CVS Health oral health products (including sale items), like teeth whitening products, mouthwash, toothpaste and toothbrushes.
- **Z Dental oral care & personal protective equipment:** Get discounts on Aetna®-branded Z Sonic toothbrushes and replacement brush heads, oral health care kits, face coverings and no-touch thermometers.
- **Colgate® products:** Enjoy savings on a Colgate Whitening Kit and Colgate Smart Electric Toothbrush.

To access these discounts, visit the Aetna member website at aetna.com and register for or log in to your member website. Then choose **“Health and Wellness”** and **“Browse Discounts.”**

DISCOUNT OFFERS ARE NOT INSURANCE. They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts.





Vision (VSP)

Listed below is a summary of the different vision plans. VSP Provider Network for all plans: **VSP Choice**. NOTE: No ID card is necessary. Just tell your VSP network provider that you have VSP.

	VSP Vision Core		VSP Vision Buy-Up		VSP Vision Premium	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Eye Exam						
Benefit	\$10 copay	Allowance up to \$45	\$10 copay	Allowance up to \$45	\$10 copay	Allowance up to \$45
Frequency	12 months	12 months	12 months	12 months	12 months	12 months
Lenses						
Single	20% discount	Not covered	\$25 copay	Allowance up to \$30	\$25 copay	Allowance up to \$30
Bifocal	20% discount	Not covered	\$25 copay	Allowance up to \$50	\$25 copay	Allowance up to \$50
Trifocal	20% discount	Not covered	\$25 copay	Allowance up to \$65	\$25 copay	Allowance up to \$65
Frequency	Unlimited	N/A	12 months	12 months	12 months	12 months
Frames						
Benefit	20% discount	Not covered	Allowance up to \$150	Allowance up to \$70	Allowance up to \$180	Allowance up to \$70
Frequency	Unlimited	N/A	24 months	24 months	12 months	12 months
Contacts						
Medically Necessary	15% discount	Not covered	Covered in Full	Allowance up to \$210	Covered in Full	Allowance up to \$210
Elective	15% discount	Not covered	Allowance up to \$120	Allowance up to \$105	Allowance up to \$180	Allowance up to \$105
Frequency	Unlimited	N/A	12 months	12 months	12 months	12 months

Extra Savings through VSP

- **Glasses & Sunglasses:** 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP Provider within 12 months from your last Well Vision Exam.
- **Retinal Screening:** No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. Not applicable to VSP Base Plan.
- **Laser Vision Correction:** Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.

EYECONIC.COM

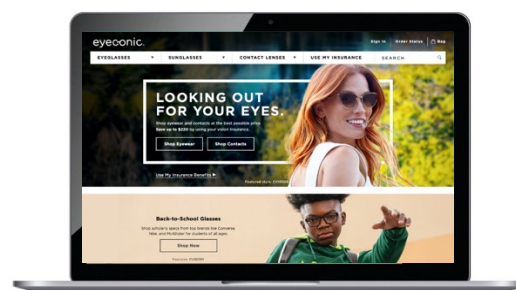
Eyeconic is the only place where VSP members can shop online for contacts and eyewear with their VSP insurance in-network.

Personalized: As a VSP-owned company, Eyeconic seamlessly connects VSP vision benefits to your account.

Simple: Save time and money on quality eyewear with a few easy clicks.

1. Connect your vision insurance.
2. Select your product.
3. Upload your prescription or provide your doctors contact info and we'll take care of the rest.

Choice: Eyeconic offers a variety of well-known brands and contact lenses. Choose from over 70 eyewear brands and over 1,600 styles.



eyeconic
a vsp vision company



Life & Disability Insurance (Reliance Standard)

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life and AD&D Insurance pays you or your beneficiary if you die or suffer from loss of a limb, speech, sight, or hearing. Cost of coverage is paid for by Hot Topic. *

Basic Life and AD&D Amount	\$25,000
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*You may opt-out by contacting Benefits

SUPPLEMENTAL LIFE

Supplemental Life Insurance allows you to buy additional life insurance to protect your family's financial security.

Employee Supplemental Life Amount	Increments of \$10,000 up to \$200,000
Spouse/DP Supplemental Life Amount	Increments of \$5,000 up to \$200,000 ¹
Child(ren) Supplemental Life Amount	Increments of \$2,000 up to \$10,000 ^{1,2}

¹ Not to exceed 100% of employee amount

² Birth to age 26, regardless of student or marital status

Supplemental Life Costs (Per Paycheck)

Employee Rates per \$10,000 Coverage: Costs range between \$0.23 and \$12.71 depending on your age.

Spouse/DP Rate per \$5,000 Coverage: Costs range between \$0.11 and \$6.35 depending on your Spouse/DP's age.

Dependent Child Rate: Costs range between \$0.40 and \$2.00 depending on the coverage amount you elect.

SHORT-TERM DISABILITY (STD)

STD Insurance helps pay the bills if you are unable to work due to a non-work-related injury, illness or pregnancy.

Weekly Benefit Amount	Plan pays 60% of covered weekly earnings
Max Weekly Benefit	\$2,308
Benefits Begin After:	
Accident	7 days of disability
Sickness	7 days of disability
Max Payment Period*	12 weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin. Payments received through employer-funded disability are taxable.

LONG-TERM DISABILITY (LTD)

LTD Insurance protects a portion of your income if you are unable to work for an extended period of time.

LTD Core – Provided at no cost to you!

Monthly Benefit Amount	Plan pays 40% of covered monthly earnings
Maximum Monthly Benefit	\$5,000
Benefits Begin After:	90 days of disability
Maximum Payment Period*	Social Security normal retirement age

LTD Buy-Up

Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	\$7,500
Benefits Begin After:	90 days of disability
Maximum Payment Period*	Social Security normal retirement age

*Age at which the disability begins may affect the duration of the benefits.

NOTE: There is a 12 month waiting period before benefits would be paid if you need to be off of work due to a preexisting condition.

LTD Buy-Up Insurance Cost (Per Paycheck) Calculation*

Your Cost LTD Buy-Up	Equation
Buy-Up costs \$0.13 per \$100 of coverage:	Hourly Rate ____ x 2080 = ____ x .0013 ÷ 26 = ____ (Per paycheck)

*This calculation method does not apply to those who earn over the cap of \$150,000 annually

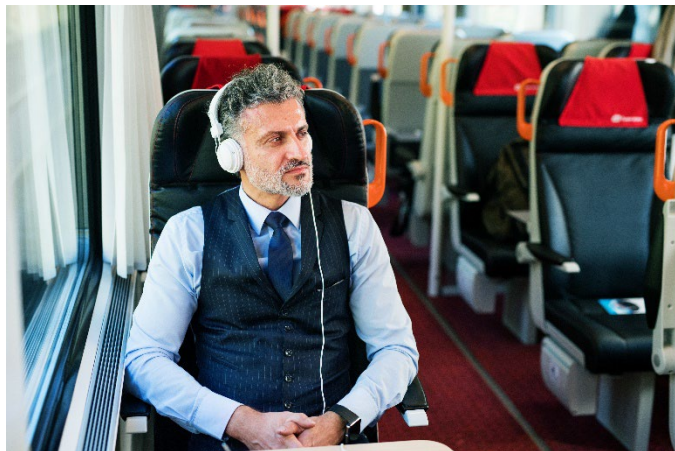
Short-Term and Core Long-Term Disability Costs

STD and Core LTD Insurance benefits are provided at no cost for Full-Time employees working 32 or more hours per week. STD may be coordinated with State Disability Insurance*, Social Security, and other non-company programs. Like STD, the amount of LTD pay you may receive is reduced by income received from other income sources like State Disability Insurance, if applicable.

*Employees in California may not be eligible for this benefit due to State Disability Insurance (SDI).



Commuter Benefits (GoNavia)



COMMUTER BENEFIT PROGRAM

The GoNavia Commuter program allows you to pay for your work-related parking and transit expenses using pre-tax dollars. In 2023, you can set aside up to \$280 per month in pre-tax dollars to spend on eligible parking and transit expenses. As a month-to-month benefit, you can opt in and out of the benefit at any time based on your transit or parking needs for the upcoming month!

ELIGIBLE EXPENSES

The GoNavia Commuter Benefit covers your work-related public transit and parking expenses including, but not limited to:

- Subways, streetcars, and commuter trains
- Buses
- Ferries
- Parking lots and garages
- Vanpool
- Rideshare, including [UberPOOL](#) and [Lyft Shared Rides](#)

Ineligible expenses include any non-work related expenses and individual transportation services like a taxi or a driving service.

HOW IT WORKS

Once registered on the [Navia website](#), you can place an order for your monthly transit and parking needs. The order amount will be deducted from your paycheck pretax and loaded onto a [Navia Benefits Debit MasterCard](#). You'll then use that card to purchase your work-related parking and transit expenses directly from your provider.

NAVIA BENEFITS DEBIT CARD

You'll be able to use this debit card at any transit or parking authority that uses the MasterCard® system. This includes:

- Transit Offices and Kiosks
- Transit Authority Websites
- Parking Lots/Garages

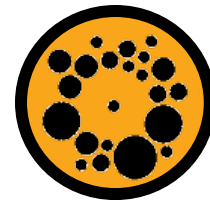
Your debit card has the technology to recognize that you're paying for a transit or parking expense based on your card swipe, so you don't need to submit those receipts.

UNUSED FUNDS

If you don't have the expenses to use all of your funds within the month, the balance will automatically roll over from month-to-month as long as you are an active employee and remain eligible for the benefit.

ADDITIONAL INFORMATION

To learn more or to register for this new benefit offering, click on the following hyperlink to visit the [GoNavia Commuter Benefits](#) website.



Voluntary Benefits (Corestream)

(Enroll/make changes during designated enrollment periods)

Accident, Critical Illness and Hospital Indemnity Insurance are the Voluntary Benefits you can enroll in or make changes to only during designated enrollment periods via hottopic.corestream.com. Coverage for all three plans is offered through MetLife. You can enroll both yourself and eligible family members in these plans. All you need to do is enroll during Open Enrollment and be actively at work.

ACCIDENT INSURANCE

Accident insurance pays out a lump sum if you incur an injury as a result of an accident.

Pays for different injuries, including:

- Fractures
- Dislocations
- Eye injuries
- Skin grafts
- Broken teeth
- Concussions
- Cuts or lacerations
- Second-and third-degree burns
- Coma
- Ruptured disc



Includes an array of medical services and treatments:

- Ambulance
- Emergency care
- Inpatient surgery
- Outpatient surgery
- Medical testing benefits (including X-rays, MRIs, CT scans)
- Physician follow-up visits
- Transportation
- Home modifications
- Therapy services (including physical, occupational and speech therapy)

Note: This is just a brief overview. Limitations, restrictions, and personalized rates may apply. Please refer to your group policy/certificate which can be found on the Company Intranet/[Benefits Website](#) Passcode: HT2020 for detailed information regarding these benefits.

Questions? Contact Hot Topic Inc. Voluntary Benefits Customer Service at hottopicsupport@corestream.com or call (562) 366-4490.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment — one convenient payment all at once — when you or your family may need it most.



Pay for whatever you need, such as expenses that may not be covered by your main medical plan(s). For example: co-pays, deductibles, childcare, mortgage, groceries and experimental treatments.

If you meet the group policy and certificate requirements, Critical Illness Insurance provides you with a lump-sum payment upon a verified diagnosis of a covered condition, including:

- Cancer
- Heart attack
- Stroke

Please see your Plan Summary for details and a list of covered conditions.

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons.

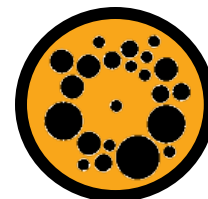


This benefit may supplement both health insurance and disability insurance if a covered incident causes you to have expenses that your health insurance doesn't cover —or causes you to lose income due to being out of work.

This plan provides benefits for hospitalization due to accidents and sicknesses, such as:

- Admission to a hospital
- Hospital stays

A flat amount is paid for the day that you're admitted to a hospital, and a per-day amount is paid for each day of a covered hospital stay from the very first day of your stay.



Voluntary Benefits (Corestream)

(Enroll/make changes anytime)

Pet Insurance, Student Loan Refinancing and Legal Insurance are the Voluntary Benefits you can enroll in or make changes to at anytime in the plan year via hottopic.corestream.com. Exact costs of these plans vary depending on your election and information provided when you enroll on hottopic.corestream.com.

PET INSURANCE

Save on veterinary bills and cover your furry, feathery and scaly friends!

Nationwide Pet



- Covers medical, accidents, injuries, illnesses, hereditary, surgeries, x-rays, MRIs, prescription medications and therapeutic diets and more
- Use any vet, anywhere: no networks, no pre-approvals.
- Get cash back on eligible vet bills after \$250 annual deductible is met
- Choice of reimbursement: 50% and 70% options
- Does NOT cover pre-existing conditions, boarding, and grooming.

STUDENT LOAN REFINANCING

Connect with the right Student Loan Consultant to help you find the perfect plan, whether you need a new loan, a refinance or loan forgiveness.

GradFin



- Consults individually with borrowers to educate them on their student loans
- Simplifies the complex issue of Student Loans through focus on education, with our knowledge of all repayment and refinancing options in the market today
- Loan experts will analyze your loans and provide repayment and refinancing options for their federal and/or private loans
- GradFin consults with borrowers to determine which loans to refinance, and to make recommendations on the best payoff strategies for the remaining loans.

LEGAL INSURANCE

Protect yourself and your family. Legal Services can help you find the extra guidance you need when you need it.

LegalEASE



- Wills and estate planning
- Family law coverage
- National network of attorneys
- Financial and consumer coverage
- Real estate transaction coverage
- Auto and traffic coverage

DISCOUNTS

All Hot Topic employees have access to a wide array of discounts such as:

Multi-vendors



- **Computers & Electronics** – Exclusive discounts on computers, gaming accessories, and more
- **Hotels & Travel** – Stay comfortable and save big when you book hotels with special offers
- **Theme Parks** – Enjoy savings on multi-day passes to these parks all around the country
- **Car Rentals** – Save big on your next trip when you rent a vehicle through one of our vendor partners

HOW TO ENROLL IN CORESTREAM VOLUNTARY BENEFITS

Enrollment must be done directly through the [Corestream Voluntary Benefits Enrollment Website](#).

If you have any questions, please contact Voluntary Benefits Customer Service at hottopicsupport@corestream.com or call (562) 366-4490.





Retirement Planning



ALLIANT MEDICARE SOLUTIONS

Alliant Medicare Solutions is a free resource for you, or any family members and friends who are nearing age 65.

- **How it works:** Call Alliant Medicare Solutions at (888) 835-2588 to speak to a Licensed Agent.
- **Discuss the following with Alliant Medicare Solutions:** your current insurance coverage, the different types of coverage available and which plans might work the best for you.
- **Alliant Medicare Solutions helps you enroll immediately or emails the policy materials** for you to review and enroll at a later date.

Visit alliantmedicareolutions.com for additional information.



MEDICARE ASSISTANCE PROGRAM

SGIA Medicare Consulting is a new resource available to help answer any Medicare questions you might have. Best of all, it's free!

Many times, a Medicare plan is a better, less expensive option for those who are 65 and over. SGIA's expert Medicare consultants are licensed and trained to help you make informed decisions.

With SGIA, you can get:

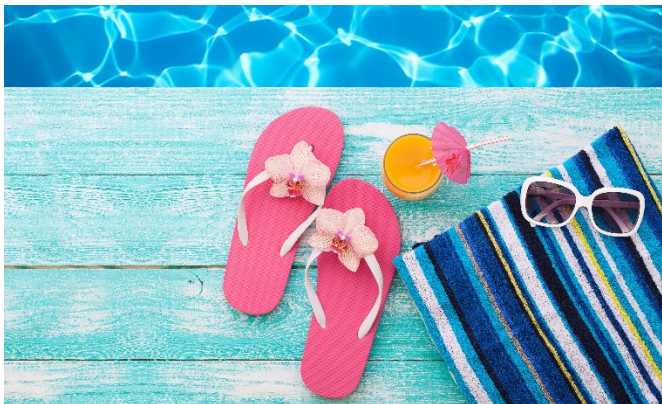
- Unbiased individualized needs analysis for a Medicare plan selection.
- Better understanding of how Medicare can coordinate with or replace a group health plan.
- Expert information and advice simplifying Medicare programs.
- Offerings of all major Medicare plans in your area.
- Enrollment assistance and tracking process.
- Lower coinsurance and copay costs available.
- Annual Medicare plan reviews.

For personal consultations and Medicare information, contact SGIA by phone at (888) 284-3314 or email info@sgiamedicare.com.





Time Off From Work



SICK PAY

Full-time SM and FTASM and Part-time PTASM, KH and SA must complete the 30-day waiting period prior to using sick pay hours. Sick hours are accrued monthly, at the end of the month.

- **Annual Maximum Sick-Pay Hours Usage:** 12 days
- **Maximum Sick Pay Hours Accrual:** 15 days
- **Maximum Sick-Pay Hours Annual Rollover:** 15 days

Full-time SM and FTASM

- **Sick Pay Hours Accrual:** 1 day (1 day = 8 hrs) for every 115 hrs worked in a calendar month

Part-time PTASM, KH and SA

- **Sick Pay Hours Accrual:** 1 day (1 day = avg. hrs worked for the previous 2 months) for every 115 hrs worked in a calendar month

HOLIDAYS

Hot Topic observes six paid holidays in the U.S. each year:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day (4th of July)
- Labor Day
- Thanksgiving Day
- Christmas Day

BEREAVEMENT

All employees are eligible for 3 days of bereavement pay if an immediate family member passes away.

VOLUNTEER TIME OFF

Hot Topic Inc. employees or DC Manager/Supervisors can take up to 8 hours per quarter - working on a pre-approved list of companies to help out a charity of their choice. You are eligible after 90 days of service and time off is prorated.

JURY DUTY

Regular full-time employees can be paid up to 10 days missed due to jury duty service within a calendar year.

VACATION TIME

Associates who work at least 115 hours per calendar month will accrue 1.25 days of vacation time for that month up to a maximum of 15 days per year.

- For any month in which the 115-hour minimum requirement is not met, the associate will not have any accrual for that month.
- There is no cap on vacation accrual.
- For part-time associates, one day of vacation is based on the average hours during the previous two months.
- The vacation balance for each associate is calculated on a monthly basis. The updated balance is noted on associate's paycheck stub or can be viewed through Self-Service.
- Management enters available vacation time in the time & attendance system.

LEAVES OF ABSENCE

There are situations that may require an employee to be absent from work for an extended period of time. You may request a leave of absence for medical (including pregnancy), family care, or military service. Your leave of absence request has to be in writing on a "Request for Leave of Absence Form," indicating the dates you request to be away from work, and requires approval from both your immediate supervisor and Human Resources.

If you require a leave of absence, please e-mail LOARequests@hottopic.com for information.



Work / Life Perks

EMPLOYEE ASSISTANCE PROGRAM (EAP)



All covered Hot Topic employees and family members are eligible for the Employee Assistance Program (EAP) through Reliance Standard.

- Confidential counseling by phone 24 hours a day, seven days a week
- Referrals to local counselors and healthcare professionals
- 3 face-to-face counseling sessions per year¹
- Legal information, counseling, and references
- Financial information and counseling

Phone (855) 775-4357 / Text: 858-224-2094 / Email rsli@acieap.com

Web rsli.acieap.com / Company Code: RSLI859 / Mobile App [myACI](#)



HT FOUNDATION

The Hot Topic Foundation's goal is to change lives by increasing access to mental health programs and music education. Hot Topic Foundation proudly teams up with non-profits that provide these resources to those in need. Through our appreciation of music and our Company culture, we hope to promote the arts through experiences and education that enrich the lives of young people.



TUITION ASSISTANCE PROGRAM

Working and going to school can be challenging! Affording school can be challenging. Hot Topic Inc. is a strong supporter of education and wants to help make it a little easier. The Hot Topic Inc. Tuition Assistance Program (TAP) provides eligible employees with money for school. If you meet certain eligibility requirements, you could receive \$400 per course and 1 textbook per course up to \$100 – three times per year.

DISCOUNTS

Hot Topic Associate Discount Amounts:

- 40% associate discount on Hot Topic apparel, accessories, shoes and select novelty items.
- 40% on Hot Topic gift cards, in-store only.
- 20% associate discount on high end collectibles over \$50, CDs, vinyls, DVDs, and most electronic items, in-store and online.



BoxLunch Associate Discount Amounts:

- 30% associate discount on BoxLunch accessories, shoes, novelty items, CDs, vinyl, DVDs and select electronic items, in store only.
- 30% on BoxLunch gift cards, in-store only.

Pet Insurance:

Hot Topic Inc. offers pet insurance, which helps ensure pets receive the care they need when they need it. VPI Pet Insurance offers a 5% group discount. Call 1-877-738-7874 to enroll.

¹Limited to 3 sessions per 6 months for CA employees



Mid-year Benefit Changes



Three rules apply to making changes to your benefits during the year:

1. Any change you make needs to be consistent with the change in status, AND
2. You need to make the change within **30 days** of the date the event occurs (unless otherwise noted above).
3. Benefit changes will be effective the first of the month following the life event (changes related to a promotion are subject to a 30-day waiting period).

Note: To enroll qualified dependents, you will be required to provide documentation, e.g. marriage/birth certificates, state/court documents, declaration of domestic partnership, etc. within 30 days of their eligibility.

CHANGING YOUR BENEFIT ELECTIONS

Other than during the annual “Open Enrollment” period, you may only make changes to your benefit elections if you experience a “qualified status change” or qualify for a “special enrollment.” Qualified status changes include:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, or death of a spouse.
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child.
- **Change in employment status that affects benefit eligibility**, including the start or termination of employment by you, your spouse, or your dependent child.
- **Change in work schedule**, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- **Change in a child’s dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- **Change in place of residence or worksite**, when the change affects the accessibility of network providers.
- **Change in your health coverage or your spouse’s coverage** attributable to your spouse’s employment.
- **Change in an individual’s eligibility for Medicare or Medicaid.**
- **An event that is a “special enrollment” under the Health Insurance Portability and Accountability Act (HIPAA)** including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- **An event that is allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act.** Under provisions of the Act, employees have 60 days after the following events to request enrollment if:
 - Employee or dependent loses eligibility for Medicaid or CHIP.
 - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.



Mental Health Resources

Many times when you think of “health” you may associate it with your body. However, it is very important not to forget about mental health. Your mind and body are connected. And your thoughts, feelings, and actions affect your overall well-being. That’s why Hot Topic provides you with resources to help you achieve and maintain optimal mental, physical, and emotional health.

For more information, visit our Benefits Website at hottopicboxlunchperks.com and enter this code: **HT2020**.

TRIPLE S MENTAL HEALTH SERVICES

Triple S has you covered if you have mental health, behavioral health, or substance abuse needs. Below is a quick overview of your Triple S mental/behavioral health and substance abuse benefits, when you use an in-network, participating Triple S Provider. Please note that if you use a non-participating or out-of-network provider, services rendered will not be covered.

Services You May Need	Your In-Network Cost	Limitations & Exceptions
Mental/Behavioral health or Substance Abuse Disorder Outpatient services	\$5 copay /group therapy \$15 copay /visit (including collaterals)	15 visits to psychiatrists or clinical psychologists, collaterals and group therapies
Mental/Behavioral health or Substance Abuse Disorder Inpatient services	Preferred Hospitals \$25 copay / partial admission \$50 copay / admission Non-Preferred Hospitals \$50 copay / partial admission \$100 copay / admission	30 days per member, per year for substance abuse hospital services. 2 partial hospital days equivalent to 1 regular hospital day

HOT TOPIC MENTAL HEALTH FOUNDATION

- **Mental Health America:** Get screened anytime, anywhere with Mental Health America’s Screening Tool: screening.mhanational.org/screening-tools?ref=HTFoundation. Screens are anonymous, free, and confidential.
- **National Suicide Prevention Lifeline & Crisis Text Line:** If you or someone you know is in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text MHA to 741-741 to be connected to a trained Crisis Counselor 24 hours a day, 7 days a week.
- **LGBTQ Community Resources:** If you’re a member of the LGBTQ community and need to talk to a trained counselor, the Trevor Project’s TrevorLifeline 24/7: 1-866-488-7386.



Mobile Resources

IOS

Android

MEDICAL Mi Triple-S App



- Coverage, Copays and Coinsurance: Review your and your dependent's coverage easily.
- ID card: Email your plan ID card or your dependent's card to doctors.
- Medical Directory: Find the nearest healthcare provider.
- Client Service: Have Triple-S Salud contact information at hand such as phone numbers and locations or send us an email directly through the app.



DENTAL Aetna Mobile App



- **Find a doctor** - it's easy to search for dentists in your area.
- **Pull up your dental ID card information** - if you left your ID card at home, it's no problem.
- **Check benefits and coverage information** - just clear, accurate details when you click.
- **Search claims** - no more guesswork when you don't have the paperwork with you.



VISION VSP Vision Care App



- Find a VSP doctor near you
- View your vision benefits
- View your Member Vision Card
- Look up your past services and previous doctor's visits.
- Get exclusive member savings from leading brands.
- See frame and contact lens brands prior to your office visit.



COMMUTER MyNavia App



- Easy claim submission
- Receive claim alerts
- View account balances
- Fingerprint and facial ID login
- Access our list of eligible expenses
- Manage GoNavia commuter orders



ALL PROVIDERS Plan Documents

Passcode:
HT2020

- Summary Plan Descriptions (SPDs)
- Evidence of Coverage (EOCs)
- Summary of Benefits and Coverage (SBCs)
- Benefit Summaries
- Carrier informational fliers
- And more!





Employee Directory

BENEFIT ADVOCATE	BENEFITS DEPARTMENT	HR ADMINISTRATION
<ul style="list-style-type: none"> • General benefit questions • Eligibility and coverage • Finding a network provider • Healthcare claims & billing issues Ph: (888) – 585-5399 Email: alliantba@alliant.com	<ul style="list-style-type: none"> • Benefit Enrollment support • Benefit plan premiums concerns • Life event changes assistance Ph: (626) 839-4681 Email: benefits@hottopic.com	<ul style="list-style-type: none"> • Name, address or contact info changes • Leave of absence assistance Email: HTHRAdmin@hottopic.com

Need Claims Assistance? You'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed. NOTE: Benefit Advocate is a free service provided by Alliant Employee Benefits. You can still contact your Hot Topic, Inc. Benefits Department via email at Benefits@hottopic.com.

Directory of Providers

Category	Carrier	Phone	Website	Policy/Group #
Medical	Triple S Telexpreso	787-774-6060 800-981-3241	salud.grupotriples.com	SP0003127
Medical	TeleConsulta	800-992-2498	salud.grupotriples.com/en/teleconsulta/	SP0003127
Dental	Aetna	877-238-6200	aetna.com	658727
Vision	Vision Service Plan	800-877-7195	vsp.com	12286153
Life and AD&D	Reliance Standard Life and AD&D	800-351-7500 x4149	reliancestandard.com	GL 96,000
STD / LTD	Short- and Long-Term Disability (STD/LTD)	866-533-3438	reliancestandard.com	STD: G 100,001 LTD: LSC 97,200
EAP	ACI Specialty Benefits	855-775-4357	rsl.acieap.com	Company Code: RSLI859
Commuter	GoNavia Commuter Benefits	800-669-3539	naviabenefits.com	N/A
Medicare	SGIA	888 - 284-3314	Email: info@sgiamedicare.com	N/A
Medicare	Alliant Medicare Solutions	888-835-2588	alliantmedicareolutions.com	N/A

Visit the **Hot Topic Benefits Website** at <https://hottopicboxlunchperks.com/> Code: **HT2020**

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices:

The HIPAA Notice of Privacy Practices is sent to participants when they become active on the plan. The information in this benefits book outlines the benefits that are effective January 1, 2023. It is not meant to be a complete explanation of each plan. Please refer to the Summary Plan Descriptions (SPDs) and insurance policies/certificates for more information. SPD's/certificates are available on the intranet. The information presented in this book is not intended to be construed to create a contract between Hot Topic Inc. and any one of Hot Topic Inc.'s employees. In the event that the content of this book or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document or insurance policies, the provisions of the plan document, insurance policy, or certificate are controlling. Hot Topic Inc. reserves the right to amend, modify, suspend, replace, or terminate, any of its plans, policies, or programs, in whole or in part.



Required Federal Notices

AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting the Benefit Advocates.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL/HEALTH PLAN COVERAGE

If you decline enrollment in a Hot Topic health plan for your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a Hot Topic health 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 health plan 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. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective from 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. In addition, you may enroll in Hot Topic’s medical plan if your dependent becomes eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

WOMEN’S HEALTH AND CANCER RIGHTS ACT

The Women’s Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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 are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this plan. You can contact your health plan’s Member Services for more information.

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.

AVAILABILITY OF SUMMARY INFORMATION

As an employee, the health benefits provided by Hot Topic 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.

Hot Topic offers a variety of benefit plans to eligible employees. The federal healthcare reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by Hot Topic are available by visiting our Hot Topic company intranet or calling the Benefit Advocates at (844) 481-9971.

CONTINUATION OF BENEFITS UNDER COBRA

If a qualifying life event occurs that causes you, your spouse, or your children to lose coverage under our group healthcare plan, you have a legal right under COBRA to purchase a temporary extension of group health coverage. Qualifying life events include reduction in work hours, termination of employment (except for gross misconduct), death of the employee, legal separation or divorce, or loss of eligibility for child coverage.

The purchase price of continuing coverage is the full cost of the premium for similarly situated active employees, plus 2 percent (50 percent in certain cases) to help pay for administrative costs. The period for which the coverage can be continued depends on the nature of the qualifying event. Employees or family members who otherwise would lose coverage must inform the COBRA Administrator of their election of COBRA coverage within 60 days of the qualifying event.

There is no waiting period, no exclusion for pre-existing conditions and no physical examination when electing continuation coverage. Any amounts already paid toward deductibles and coinsurance during the current year count under the continuation policy.

This policy statement is a brief description of the healthcare continuation plan and does not fully explain employees' rights under COBRA. You should read the COBRA notice you received when you first enrolled in the group health plan or the summary plan description for a fuller explanation.

MEDICARE PART D

Important Notice from Hot Topic About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hot Topic, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hot Topic, Inc. has determined that the prescription drug coverage offered by Hot Topic's medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Hot Topic, Inc. coverage may be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Hot Topic's medical plans are creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Hot Topic prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Hot Topic, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Hot Topic, Inc. changes. You also may request a copy of this notice at any time.

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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2023
Name of Entity: Hot Topic
Contact: Human Resources
Address: 18305 E San Jose Avenue, City of Industry, CA 91748
Phone: (626) 839-4681

PREMIUM ASSISTANCE UNDER MEDICAID & 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 below, 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, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov Fax: 916-440-5676
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	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
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/mashealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	MINNESOTA – 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	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
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members 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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – Medicaid

<p>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 KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
LOUISIANA – Medicaid	NEVADA – Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, 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

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