Foot Locker Government Required Notices Summary

Active Employees – August 2026

Compliance Notice	Description
Medicare Part D Prescription Coverage	Provides information on the current prescription drug coverage with Foot Locker and your options under Medicare's prescription drug coverage, if applicable. NOTE: If you have a Medicare-eligible spouse, you are required to provide them with this notice.
Health Care Reform	Provides other health insurance options that may be available if you choose not to enroll in Foot Locker's health insurance.
Newborns and Mothers Health Protection Act	Disclosure on health plan restrictions regarding length of hospital stay with childbirth.
Notice of Privacy Practices	Describes how your medical information may be disclosed to third parties who assist in the benefits administration and how you can access this information. It also describes Foot Locker's obligations and your rights regarding the use and disclosure of medical information.
Notice Regarding Wellness Programs	Describes voluntary participation in health risk assessment and protection from disclosure of medical information.
CHIP Reauthorization Act	Provides information on state premium assistance programs that may help pay for Medicaid or Children's Health Insurance Programs.
Paperwork Reduction Act	Provides an overview of the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA). No persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number.
HIPAA Special Enrollment Rights	Provides timeframes for special health plan enrollment periods such as when you lose existing coverage or add a dependent.
Continuation Coverage Rights Under COBRA	Explains circumstances when you can elect to continue your health care and what you need to do to protect the right to obtain coverage.
Women's Cancer Notice	Provides information on mastectomy-related services

Note: An electronic version of the full compliance notices packet was sent to you by email with your enrollment materials. Paper copies of these notices are available upon request. Please contact HR Services at (800) 558-7000.

Foot Locker - Internal Use Only

Government Required Notices – Active Employees

Medicare Part D Notice

Important Notice from Foot Locker 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 Foot Locker and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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. Foot Locker has determined that the prescription drug coverage offered by the Foot Locker Active Medical Plans is, 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 through 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 current Foot Locker coverage will be affected. The Foot Locker retiree medical plan will not coordinate benefits with Medicare Part D.

If you choose to enroll in a Medicare Part D prescription drug plan, you will be ***dis-enrolled*** from your current Foot Locker medical and prescription drug coverage.

Once you enroll in a Medicare Part D plan and drop your current Foot Locker coverage, be aware that you and your dependents will 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 Foot Locker and don't join a Medicare drug plan within sixty-three (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 sixty-three (63) continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least one percent (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 (19) months without creditable coverage, your premium may consistently be at least nineteen percent (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 Foot Locker HR Services (HRS) at (800) 558-7000 for more information about your Foot Locker prescription drug coverage.
NOTE: You'll get this notice each year. You will also get the notice before the next period you can join a Medicare drug plan, and if this coverage through Foot Locker changes. You also may request a copy of this notice from Foot Locker HR Services by emailing HRServices@footlocker.com 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; or 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).

Remember: 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 2026
Name of Entity/Sender:	Foot Locker HR Services
Contact-Position/Office:	3543 Simpson Ferry Road, Camp Hill, PA 17011
Address:	(800) 558-7000
Phone Number:	

Healthcare Reform

The Patient Protection and Affordable Care Act (also known as Healthcare Reform) was implemented to make sure Americans have access to health insurance they can afford – be it through an employer, insurance company or the government. If you do not wish to enroll in health insurance through Foot Locker for 2026, other options may be available to you. Some include:

- Enrolling in health insurance through your spouse's plan, domestic partner's plan or parent's plan (if you're under 26 years of age).
- Enrolling in health insurance through a government-facilitated marketplace, also referred to as a public exchange ("Exchange"). These exchanges are services set up by state where individuals can buy health insurance plans. To learn more about the exchanges, visit **healthcare.gov.**

If the employee premium for the lowest cost self-only coverage that you are eligible for under a group health plan offered by Foot Locker exceeds 9.96% for 2026 (as indexed annually) of your household income for the year, you may be eligible for a tax credit to assist you in purchasing coverage through a government-facilitated Health Insurance Marketplace. However, if you enroll in a group health plan offered by Foot Locker, you will generally lose eligibility for this tax credit. If the employee premium for the lowest cost self-only coverage that you are eligible for under a group health plan offered by Foot Locker exceeds 9.96% of your household income for the year, you should contact a personal financial or tax advisor prior to enrolling in a Foot Locker group health plan. You can also visit Healthcare.gov for more information, including an online application for health insurance coverage through a Health Insurance Marketplace and contact information for a Health Insurance Marketplace in yourarea.

Newborns and Mothers Health Protection Act (NMHPA) Disclosure

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 forty-eight (48) hours following a vaginal delivery, or less than ninety-six (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 forty-eight (48) hours (or ninety-six (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 forty-eight (48) hours (or ninety-six (96) hours).

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes the Company's obligations and your rights regarding the use and disclosure of medical information. Please review it carefully.

Our Privacy Pledge and Your Rights under the Health Insurance Portability and Accountability Act (HIPAA)

We understand that medical information about you and your health is personal, and we are committed to protecting it. In the course of administering your health care benefits, the Foot Locker Welfare Benefit Payment Plan (the "Plan" or "We") creates records of the health care claims and amounts reimbursed under the Plan for administration purposes. This notice applies to all of the medical records we maintain and describes our medical information

practices and that of any third party that assists in the administration of claims under the Plan. Your personal doctor or health care provider may have different policies or notices regarding the use and disclosure of your medical information created in the doctor's office or clinic. Please review those policies as well.

The HIPAA privacy rule protects only certain information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- Your past, present or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.
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We are required by HIPAA to:

- maintain the privacy of protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this notice of our legal duties and privacy practices concerning your protected health information; and
- abide by the terms of this notice.

Effective Date
This notice is effective February 16, 2026.

Our Responsibilities
How We May Use and Disclose Your Medical Information
We use and disclose medical information in many different ways. Several examples are described in the categories below. (However, not every use or disclosure within a category will be listed.) We are permitted to use and disclose your medical information, provided the use and disclosure falls within one of thesecategories:

- **For Treatment:** We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

- **For Payment:** We may use and disclose protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan and to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We also may share medical information with a utilization review or pre- certification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health care claims or to another health plan to coordinate benefit payments.

- **For Health Care Operations:** We may use and disclose protected health information for other Plan operations that are necessary to administer the Plan. These uses of protected health information would include:

- Conducting quality assessment and improvement activities;
- Underwriting, premium rating, and other activities relating to Plan coverage;
- Submitting claims for stop-loss (or excess loss) coverage;
- Conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs;
- Business planning and development, such as cost management; and
- Business management and general Plan administrative activities.

Substance Use Disorder ("SUD") Treatment Records: The Plan may receive or maintain treatment records about you from a covered SUD treatment program protected under 42 CFR Part 2 ("Part 2"). These treatment records may be related to the diagnosis, treatment, or referral for treatment for a substance use disorder.

If the Plan obtains SUD treatment records pursuant to a general written consent you provided to the Part 2 program, the Plan may then use and disclose your records for treatment, payment or health care operations. If the Plan obtains SUD treatment records pursuant to specific consent you provided to the Part 2 program, we will use and disclose your records only as expressly permitted by the consent provided to us. The use or disclosure of SUD counseling notes that are part of the SUD treatment record are restricted unless you give separate written consent to the Part 2 program for the use or disclosure of such SUD counseling notes. The Plan may also redisclose SUD treatment records to certain individuals and entities who are subject to HIPAA or Part 2, such as providers, contractors, or business associates working on your care or on the plan's behalf. Your written consent is valid until you revoke it in writing, unless you set an earlier expiration date. If you revoke your consent, the plan will no longer share your information, except where already used or disclosed.

The Plan will never use or disclose your SUD treatment records, or testimony that describes the information contained in the records in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your written consent or by court order after notice and an opportunity to be heard has been provided to you or the holder of the SUD treatment records. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD treatment records are used or disclosed.

For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

- **To Business Associates:** We may contract with individuals or entities known as "Business Associates" to perform various functions on our behalf or to provide certain types of services. Examples of Business Associates include third party administrators, data processing companies, or other companies that provide administrative services to the Plan. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract with us.
- **As Required by Law:** We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose protected health information when required by a court order in a litigation proceeding such as a malpractice action, or as required by national security laws or public health disclosure laws.

- **To Avert a Serious and Imminent Threat to Public Health or Safety:** We may use and disclose protected health information, in a manner which is consistent with applicable laws, if the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public.

- **To Plan Sponsors:** For the purpose of administering the plan, we may disclose protected health information to certain employees of Foot Locker. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Workers' Compensation: We may release your protected health information for workers' compensation claims or other similar programs established to provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose your protected health information for public health activities.
These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. Examples of these oversight activities include audits, investigations, inspections, licensure, or other activities necessary for the oversight of the health care system, government benefit programs and compliance with applicable civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested.

Law Enforcement: In the following situations, we may release your protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's

agreement;

- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release your protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining the cause of death or other duties authorized by law. We may also release medical information to funeral directors as necessary to allow the funeral director to carry out his duties.

Organ and Tissue Donation: If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.

Military and Veterans: If you are a member of the armed forces, we may release your protected health information to the armed forces as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may release your protected health information to authorized federal officials to conduct intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or law enforcement official. This release would be necessary, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research: We may disclose your protected health information to researchers when:

- The individual identifiers have been removed; or
- When an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits: We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You: When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives: We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc. under applicable state law, so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note:

Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- treating such a person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members: With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations: Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your protected health information:

- **Right to Inspect and Copy:** You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request to Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA 17011. If you request a copy of the information, we may charge a fee for copying and mailing the information. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access your medical information, you may request that denial be reviewed you must submit your request to Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA 17011.

- **Right to Amend:** If you feel that the protected health information, we have about you is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and include a reason that supports your request. Requests for amendment must be submitted to Foot Locker HR Services, 3543 Simpson Ferry Road, Camp Hill, PA 17011.

  We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

  - Is not part of the medical information kept by or for the Plan;
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the information you would be permitted to inspect and copy; or

- Is accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting" of certain disclosures of your protected health information. The Accounting will not include:

    - disclosures for purpose of treatment, payment or health care operations;
    - disclosures made to you;
    - disclosures made pursuant to your authorization;
    - disclosures made to friends or family in your presence or because of an emergency;
    - disclosures for national security purposes; and
    - disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request to Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA 17011. Your request must state a time period, which may not be longer than six (6) years prior to the date on which you make your request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a twelve (12) month period will be free. You may be charged for the costs associated with providing additional lists. We will notify you of the cost involved and you may withdraw or modify your request before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on your protected health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on your protected health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

  Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it, or we notify you. We will comply with any restriction request if:

    - Except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and
    - The protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

  To request restrictions, you must make your request to Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA 17011. Your request must include:

    - What information you want to limit;
    - Whether you want to limit our use, disclosure or both; and
    - To whom you want the limits to apply (for example, disclosures to your spouse).

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at work or by mail.

To request confidential communications, make your request to Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA 17011. You are not required to provide a reason for your request. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected health information could endanger you. Your request must specify how or where you wish to be contacted.

- **Right to be Notified of a Breach:** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

- **Right to a Paper Copy of This 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, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, call the Foot Locker HR Services at (800) 558-7000.

Changes to This Notice

We reserve the right at any time to change the terms of this notice and to make the revised notice effective for protected health information we already have about you, as well as for any information we receive in the future.

If changes are made to the Plan's privacy policies described in this notice, the Plan will amend this Notice and post the revised notice on its website by the effective date of the change and issue an email to your Foot Locker or personal email. For all other employees, we will send a postcard alerting you to the change by first class U.S. Mail to your last known address within 60 days of the change. If you would like a paper copy of the change, please send a request to Foot Locker HR Services via email HRServices@footlocker.com.

State Laws

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA 17011. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contact

If you have any questions or wish to receive additional information about the matters covered by this Notice, please contact Foot Locker HR Services via email HRServices@footlocker.com or Foot Locker Privacy-Legal team via email privacy@footlocker.com

Notice Regarding Wellness Program

Rally Wellness is a voluntary wellness program available to all team members enrolled in the UnitedHealthcare medical coverage. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve team member health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act (GINA) of 2008, and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others. If you choose to participate in the wellness program

you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA.

However, team members who choose to participate in the wellness program can complete challenges to earn points which can be redeemed for discounts on various offerings. Although you are not required to complete the HRA, only team members who do so will receive the points.

The information from your HRA will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program such as the Real Appeal Virtual Weight Loss and Quit for Life smoking cessation programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Foot Locker may use aggregate information it collects to design a program based on identified health risks in the workplace, Rally Wellness will never disclose any of your personal information either publicly or to Foot Locker, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact HR Services at 1-800-558-7000 or HRServices@footlocker.com or Foot Locker Privacy-Legal team via email privacy@footlocker.com.

GINA Warning for Wellness Program Materials Requesting Medical Information

In answering questions on the HRA or other wellness program inquiries, do not include any genetic information. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to the HRA or other wellness program requests. “Genetic information” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s

family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which an individual may be atrisk.

Premium Assistance Under Medicaid and the the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed 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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
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	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**

Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**

Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within thirty (30) days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within thirty (30) days after the marriage, and within sixty (60) days after the birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage, and you request enrollment within sixty (60) days after that coverage ends; or
- If you or your dependents become eligible for state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within sixty (60) days after the determination of eligibility for such assistance.

Note: The sixty (60) day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a thirty (30) day period applies to most special enrollments.

To request special enrollment or obtain more information, contact HR Services at 1-800-558-7000 or HRServices@footlocker.com from 8:30 am – 6 pm eastern time.

Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan sponsored by Foot Locker, Inc. (the" Plan"). This notice has important information about your right to **COBRA** continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for **COBRA**, you may also become eligible for other coverage options that may cost less than **COBRA** continuation coverage.

The right to **COBRA** continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (**COBRA**). **COBRA** continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator c/o **Foot Locker HR Services** via email HRServices@footlocker.com or send mail to **3543 Simpson Ferry Road, Camp Hill, PA 17011.**

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, **COBRA** continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect **COBRA** continuation coverage for **COBRA** continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer **COBRA** continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

You Must Give Notice of Some Qualifying Events

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. IF THESE PROCEDURES ARE NOT FOLLOWED OR IF THE NOTICE IS NOT PROVIDED IN WRITING TO FOOT LOCKER DURING THE 60-DAY NOTICE PERIOD, ANY SPOUSE OR DEPENDENT CHILD WHO LOSES COVERAGE WILL NOT BE OFFERED THE OPTION TO ELECT CONTINUATION COVERAGE.

Notice Procedures:

Any notice that you provide to the Plan Administrator must be in writing. Oral notice, including noticeby telephone, is not acceptable. You must mail your notice to Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA17011.

For the most recent information, check the Plan's most recent Summary Plan Description. If you do not have a copy, you may request one from the Plan Administrator c/o Foot Locker HR Services via email HRServices@footlocker.com or send mail to 3543 Simpson Ferry Road, Camp Hill, PA17011.

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state the name of the Plan, the name and address of the team member covered under the Plan, and the name(s) and address(es) of the qualified beneficiary(ies). Your notice must also name the qualifying event and the date it happened. If the qualifying event is a divorce, your notice must include a copy of the divorce decree.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, **COBRA** continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect **COBRA** continuation coverage. Covered employees may elect **COBRA** continuation coverage on behalf of their spouses, and parents may elect **COBRA** continuation coverage on behalf of their children.

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COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of **COBRA** continuation coverage can beextended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of **COBRA** continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of **COBRA** continuation coverage and must last at least until the end of the 18-month period of **COBRA** continuation coverage. The Plan requires you to follow the procedures specified in the box above under "Notice Procedures." In addition, your notice must include the name of the disabled qualified beneficiary, the date that the qualified beneficiary became disabled, and the date that the Social Security Administration made its determination. Your notice must also include a copy of the Social Security Administration's determination. **IF THESE PROCEDURES ARE NOT FOLLOWED, OR IF THE NOTICE IS NOT PROVIDED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN THE REQUIRED PERIOD, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA CONTINUATION COVERAGE.**

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of **COBRA** continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of **COBRA** continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting **COBRA** continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. You must notify the Plan Administrator in writing of the second qualifying event within sixty (60) days after the second qualifying event. The Plan requires you to follow the procedures specified in the box above under "Notice Procedures." Your notice must also name the second qualifying event and the date it occurred. If the second qualifying event is a divorce, your notice must include a copy of the divorce decree. **IF THESE PROCEDURES ARE NOT FOLLOWED OR IF THE NOTICE IS NOT PROVIDED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN THE REQUIRED 60-DAY PERIOD, THEN THERE WILL BE NO EXTENSION OF COBRA CONTINUATION COVERAGE DUE TO A SECOND QUALIFYING EVENT.**

Shorter maximum coverage period for health Flexible Spending Accounts (FSAs)

The maximum **COBRA** coverage period for a health FSA maintained by the employer ends on the last day of the plan year in which the qualifying event occurred. You will be notified of your eligibility to continue health FSA coverage upon your qualifying event.

Children born to or placed for adoption with the covered team member during COBRA period

A child born to, adopted by, or placed for adoption with the covered team member during a period of continuation coverage is considered to be a qualified beneficiary, provided that the covered team member has elected **COBRA** continuation coverage for himself or herself. The child's **COBRA** continuation coverage begins when the child is enrolled in the Plan and lasts for as long as **COBRA** coverage lasts for other family members of the team member. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements (for example, regarding age).

Alternate recipients under QMCSOs

A child of the covered team member who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the covered team member's period of employment with the employer is entitled to the same rights under **COBRA** as a dependent child of the covered team member, regardless of whether that child would otherwise be considered a dependent.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in **COBRA** continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than **COBRA** continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect **COBRA** continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect **COBRA** continuation coverage and later enroll in Medicare Part A or B before the **COBRA** continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the **COBRA** election, **COBRA** coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of **COBRA** coverage.

If you are enrolled in both **COBRA** continuation coverage and Medicare, Medicare will generally pay first (primary payer) and **COBRA** continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your **COBRA** continuation coverage rights should be addressed to the the Plan Administrator c/o Foot Locker HR Services via email HRServices@footlocker.com or mail 3543 Simpson Ferry Road, Camp Hill, PA 17011. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including **COBRA**, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start.

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Women's Health and Cancer Rights Act

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

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

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

To request more information on WHCRA benefits, contact HR Services at 1-800-558-7000 or HRServices@footlocker.comfrom 8:30 am – 6 pm eastern time.