

Annual Benefits Enrollment Guide

When it comes
to your benefits,
don't leave anything
up in the air.

Coldwater Creek



When it comes to your benefits, don't leave anything up in the air.

May 14 – June 18, 2010

This is your yearly opportunity to keep your benefit plan centered on what's most important – you and your family. Open enrollment is your chance to re-familiarize yourself with the benefits Coldwater Creek offers, as well as learn about changes, new benefits, and new benefit providers. It is also your chance to make changes to your coverage and add or drop dependents, if you desire.

Your new benefit elections will become effective on July 1, 2010 and will remain in effect through June 30, 2011, unless you experience a Qualifying Life Event such as the birth of a child, marriage, divorce, or loss of coverage through another plan.

What is required to complete Annual Benefits Enrollment?

In order to re-enroll:

- Complete the reply card at the back of this guide
- OR
- Complete the enrollment forms at the back of this guide

Hand deliver or mail to the HR department using the postage paid reply card or envelope. Faxes cannot be accepted.

Enrollment Materials enclosed at the back of this guide:

- ✓ 2010 No Change Reply Card
- ✓ 2010 Medical/Dental/Vision Enrollment Form
- ✓ 2010 Voluntary Life Insurance Enrollment Form

June 18th is the Deadline for Annual Benefits Enrollment.

The benefits department is required by law to restrict the Annual Benefits Enrollment timeline and cannot accept late enrollments for any reason.

For questions, please contact the HR department at 1.866.714.3295 or HRdirect@thecreek.com

What's New in 2010

Beginning on July 1, 2010 the following changes will occur:

- Rates for employee premiums on our medical plan will increase, on average 10%. Co-pays on emergency room and urgent care visits and prescription drugs will also increase. These increases are due to rising medical and pharmaceutical costs and an increase in the amount of significant claims in 2009.
- We now offer free diabetes testing supplies, which will allow you to focus on preventive care.
- Our mental health coverage will no longer limit the number of visits per plan year.
- Our out-of-network vision coverage will expand to include exams, lenses, frames and contact lenses.
- We are changing our prescription drug mail order company to Next Rx.

Think Smart!

Focus on Wellness

Coldwater Creek offers a preventive Wellness benefit which rewards you for proactively visiting your doctor and dentist. Coldwater Creek pays the first \$500 of your In-Network wellness visits each calendar year. Be sure to verify with your physician that your claim is submitted as a “wellness checkup.”

Establish a Relationship with a Primary Care Physician

Take an active role in your health care by developing a relationship with a primary care physician. Ask your doctor for the preventive care schedule that is recommended for your age and gender.

How to Be a Smart Health Care Consumer.

The total cost of benefit plans today averages between \$400 and \$1,200 per month per employee. Self-insurance can reduce this cost, but only if we become wise consumers of health care services. Here are a few ways to be a wise consumer.

It’s Your Money—Save It!

1. **Check Costs**—Doctors may provide the same service and treatment at varying costs. Ask your health care provider about the cost of treatment before deciding.
2. **Save Money on Prescriptions**—You can save money by requesting generic prescriptions. You can also save up to 30% by purchasing your prescriptions through pharmacy programs such as Costco and Walmart, or through Next Rx’s mail order service.
3. **Don’t Use the Emergency Room (ER) or Urgent Care as a Doctor’s Office**—Trips to the emergency room or urgent care are expensive! If you aren’t experiencing a true medical emergency, schedule an appointment with your doctor.
4. **Visit In-Network Providers to Receive Care**—In-network providers agree to treat participants at a pre-negotiated discount rate, saving money for you and Coldwater Creek.
5. **Review your Explanation of Benefits (EOB)**—After incurring medical or dental expenses, you will receive an EOB from the insurance carrier. Please review it carefully and report any discrepancies or errors to Blue Cross of Idaho immediately.

The Best Way to Curb Health Care Costs is to Make Healthy Life Choices!

1. **Exercise and Stay in Shape**—Our bodies are designed to be active. By taking time to exercise you will feel good and improve your health.
2. **Eat Healthy**—Give it a try! You’ll have more energy and keep excess weight off. Contact the HR department for more information on eating healthy.
3. **Get an Annual Physical**—Take advantage of our great Wellness benefit by scheduling your annual physical. Remember, you can spend up to **\$500** each year with no co-pay and no deductible!
4. **Quit Smoking**—Coldwater Creek offers a Smoking Cessation program for associates who have committed to stop smoking. The program reimburses employees for any related expenses they incur while becoming smoke free. (For more information call the HR department.)

Self-Funding Benefit Plans

Coldwater Creek “self-insures” our benefits plans. This means all of your claims are paid directly by Coldwater Creek. This allows us to avoid some of the expenses that are involved with insurance plans and allows us to provide better benefits.

However, since healthcare costs are rising dramatically each year, it is important to use every benefit dollar wisely. This is especially true for our self-insured plans because the dollars in these plans are contributed by both you and the company.

Coldwater Creek will provide Case Management services to help coordinate your health care, as well as to manage costs.

Employees will be referred to Case Management for situations such as, choosing not to follow a physician’s recommended treatment, resulting in repetitive visits for the same, treatable condition; excessive use of emergency room or urgent care services.

By utilizing Case Management, the company can target high-risk claims before they escalate, saving an average of \$15,000 per claim. Employees are encouraged to be proactive in seeking treatment and following through with the health care plan they have developed with their physician. Any determined abuse, such as described above, will result in a \$500 penalty.

Benefit Eligibility

In order to be eligible for benefits and to sign up during open enrollment, you must have worked for at least six months prior to May 1st. Additionally, you must have worked an average of 32 hours or more from May 1st of the prior year to April 30th of the current year. Coldwater Creek will calculate your average weekly hours worked.

If your regular hours average more than 32 hours per week, you will be offered benefits through Coldwater Creek, and your status will change from part time regular to full time regular, effective July 1st of the current plan year.

Once you become benefited, Coldwater Creek will continue to evaluate your average weekly hours on a quarterly basis. During the audit, we will review your average hours worked to ensure they meet the eligibility minimum of 32 hours.

If your average hours have dropped below the required minimum of 32 hours per week, you will be notified and asked to increase your average to the required minimum.

If your average hours return to the minimum, you will stay benefited. If you do not meet the minimum requirement, your benefits will lapse at the end of the current month. Please talk with your manager if you have questions about your work schedule.

2010 Plan Options

Medical/Dental PPO Plan Options— Blue Cross of Idaho

Medical Plan

This Plan provides comprehensive medical and prescription drug coverage for you and your eligible dependents, including your domestic partner. This Plan encourages the use of our PPO (Preferred Provider Organization) but will also allow you to visit any doctor. If you choose to visit a doctor not in the PPO network, you will pay more for services and receive coverage as low as 50 percent for some types of services. Please review the Medical Summary of Benefits which follows.

Dental Plan

This Plan offers comprehensive dental coverage for you and your eligible dependents, including your domestic partner. The Plan encourages the use of our PPO (Preferred Provider Organization) but will also allow you to visit any dentist. Preventive services are paid at 100% with no deductible. Routine and major dental expenses are paid at 80% and 50% respectively, but there is no reimbursement until the annual deductible has been satisfied.

If you choose to visit a dentist not in the PPO network, your Plan will pay at the same rates listed above, but the dentist may choose to bill you for the difference between their charge and the Plan reimbursement amount. Please review the Dental Benefit Highlights on page 8.

Our Benefits in Comparison

Did you know Coldwater Creek's benefit plan is one of the most generous in our industry? On average, Coldwater Creek pays 88% of your benefit premiums. In comparison to other retailers, our deductibles are 33% lower, our employee monthly premiums are 25% lower and our out-of-network deductibles and out-of-pocket maximums cost you 50% less.

2010-2011 Cost Sharing Between You and Coldwater Creek

Medical/Dental Bi-Weekly 2010-2011										
	Employee Only		Employee + Spouse/ Partner		Employee + 1 Child		Employee + 2 or More Children		Family	
Salary/Grade	CWC Pays	Employee Pays	CWC Pays	Employee Pays	CWC Pays	Employee Pays	CWC Pays	Employee Pays	CWC Pays	Employee Pays
Salary Level 0-2	\$134.13	\$56.13	\$227.06	\$187.37	\$158.84	\$136.96	\$175.50	\$186.56	\$266.32	\$279.84
Salary Level 3-4	\$159.39	\$30.88	\$279.04	\$135.38	\$201.29	\$94.50	\$228.13	\$133.93	\$337.09	\$209.07
Salary Level 5-6	\$165.80	\$24.46	\$328.75	\$85.68	\$233.51	\$62.28	\$275.42	\$86.64	\$417.25	\$128.91
Salary Level 7	\$170.03	\$20.24	\$364.73	\$49.69	\$256.87	\$38.92	\$311.91	\$50.15	\$474.78	\$71.38
Salary Level 8	\$177.35	\$12.92	\$373.98	\$40.44	\$265.81	\$29.98	\$321.49	\$40.56	\$485.84	\$60.32
Hourly	\$181.03	\$9.23	\$390.58	\$23.84	\$280.22	\$15.57	\$338.52	\$23.54	\$507.48	\$38.69

Vision Biweekly					
Status/Grade	Employee Only	Employee + Spouse/Partner	Employee + 1 Child	Employee + 2 or More Children	Family
Salaried	\$3.11	\$4.85	\$4.95	\$4.95	\$7.99
Hourly	\$3.11	\$4.85	\$4.95	\$4.95	\$7.99

Blue Cross of Idaho Coldwater Creek Medical Benefit Highlights

SUMMARY OF BENEFITS (Effective Date: 7/1/10)		Preferred Blue® Large Group	
Benefit Period* Deductible (Individual/Family)	Salaried: \$750/\$1500 Hourly: \$500/\$1000		
Coinsurance	You pay 20% of the allowed amount for covered services in-network	You pay 50% of the allowed amount for covered services out of network	
Individual Out-of-Pocket Limit (Does not include: deductible, in-network copayments, drugs, dental and vision, non-covered services and charges over the allowed amount)	\$3,000		
Family Out-of-Pocket Limit (Does not include: deductible, in-network copayments, drugs, dental and vision, non-covered services and charges over the allowed amount)	\$6,000		
Comprehensive Lifetime Benefit Limit (Per insured)	\$1,000,000		

*The specified period of time during which charges for covered services must be incurred in order to accumulate toward annual benefit limits, deductible and out-of-pocket limits.

Prescription Drug Option	
Retail Prescription Drugs (30 day supply, 1 copayment)	
Generic	You pay a \$10 copayment
Brand Name	You pay a \$30 copayment
Non-Formulary (Not covered by Prescription Drug Plan)	You pay a \$50 copayment
Mail Order Prescription Drugs (90 day supply, 1 copayment)	
Generic	You pay a \$20 copayment
Brand Name	You pay a \$60 copayment
Non-Formulary (Not covered by Prescription Drug Plan)	You pay a \$100 copayment
Smoking Cessation (Retail and Mail order)	BCI pays up to \$600 per insured, per benefit period (Benefits are limited to a 30-day supply at one time)

Medical Services Covered	Copay	In-Network	Out-of-Network		
Allergy Injections	No	You pay a \$5 copayment (if this is the only service provided during the visit)	You pay 50%		
Ambulance Transportation Services	Yes	You pay 20%			
Chiropractic Care (Limited to \$800 combined per insured, per benefit period)	Yes		You pay 50%		
Dental Services Related to Injury (Covered only for the 12-month period immediately following the date of injury, providing your group's contract remains in effect during that 12-month period.)	Yes		You pay 50%		
Diabetes Self-Management Education Services (From approved providers only. Limited to \$500 per insured, per benefit period.)	No		You pay a \$25 copayment per visit	Not covered, you pay 100%	
Diagnostic Services (Including diagnostic mammogram)	Yes	You pay 20% \$100 copay for ER (waived if admitted)	You pay 50%		
Durable Medical Equipment					
Emergency Services (\$100 copay)					
Home Health Skilled Nursing (Limited to \$5,000 combined per insured, per benefit period.)					
Home Intravenous Therapy	Yes			Not covered, you pay 100%	
Hospice Services (\$10,000 lifetime benefit limit per insured. There are no benefits for services rendered by non-contracting hospice providers.)	No	You pay nothing			
Hospital Services (Inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility.)	Yes	You pay 20%	You pay 50%		
Inpatient Physical Rehabilitation (\$150,000 lifetime benefit limit per insured. There are no benefits for services rendered by non-contracting facility providers.)	Yes			Not covered, you pay 100%	
Maternity Services	Yes			You pay 50%	
Mental Health • Inpatient (Unlimited) • Outpatient (Unlimited)	Yes	You pay 20%	You pay 50%		
Orthotic Devices	Yes	You pay 20%	You pay 50%		
Outpatient Rehabilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to \$2,000 per insured, per benefit period.)	Yes	You pay 50%	Not covered, you pay 100%		
Physician Office Visit (Other services rendered during a physician office visit will be subject to deductible and coinsurance.)	No	You pay a \$25 copayment	You pay 50%		
Post Mastectomy Reconstructive Surgery	Yes	You pay a \$40 copayment and 20%			
Prosthetic Appliances					
Skilled Nursing Facility (Limited to 30 days combined per insured, per benefit period.)					
Selected Therapy Services (Including chemotherapy, enterostomal therapy, growth hormone therapy, radiation, renal dialysis, respiratory therapy, and inpatient occupational therapy.)					
Surgical/Medical (Professional Services)					
Transplant Services					
Urgent Care Clinic (non-hospital) (other services rendered during office visit will be subject to deductible and coinsurance.)				Yes	You pay 20%
Preventive Care Benefits (See policy for specifically listed services)			Yes/No	You pay nothing for services specifically listed up to \$500. For services in excess of \$500, you pay deductible and coinsurance.	Not covered, you pay 100%
Immunizations (See policy for specifically listed immunizations)	No	You pay nothing for listed immunizations			

Blue Cross of Idaho Coldwater Creek Dental Benefit Highlights

Preferred Blue® Dental Passive PPO with Ortho		
Individual/Family Deductible (Deductible applies to basic and major services.)	\$50	
Individual Benefit Period Maximum	\$1,500	
Orthodontic Lifetime Maximum for Eligible Dependent Children	\$1,000	
In/Out-of-Network	In-Network	Out-of-Network
	You pay only coinsurance amounts for allowed charges.	You pay your deductible, coinsurance, and are responsible for the difference between what Blue Cross allows and what the out-of-network provider charges.*
Preventive Services		
Oral Examinations (Two examinations per benefit period.)	You pay nothing*	
Fluoride (Two applications per benefit period and limited to Insureds who are Eligible Dependent children under age 23.)		
Sealants (Limited to molars and bicuspid and lingual pits on upper anterior laterals of Eligible Dependent children under age 16. Limited to permanent teeth except for retained deciduous teeth where no permanent tooth exists. Also limited to one time per tooth in any two consecutive benefit periods.)		
X-rays, Bitewings (Two per benefit period.)		
X-rays, Complete Mouth Series or Panoramic X-ray (One time in any five consecutive benefit periods.)		
Prophylaxis (Two cleanings per benefit period.)		
Space Maintainers (For enrolled eligible dependent children under the age of 16.)		
Basic Services		
Fillings (Restorations involving multiple surfaces will be combined and paid according to the number of surfaces treated.)	You pay 20% of the allowed amount*	
Extractions		
Root Canal Therapy		
Periodontal Maintenance (Limited to four times per benefit period. To be eligible, at least three months must have elapsed since the last periodontal therapy was performed. Periodontal therapy is defined as any of the following procedures: gingivectomy, gingival curettage, mucogingival surgery, osseous surgery, osseous grafts, scaling and root planning.)		
Scaling and Root Planning (Two times per quadrant of the mouth, per benefit period.)		
Osseous Surgery (Once per area of the mouth, per benefit period.)		
Major Services—Preauthorization required on all major services		
Bridges, Inlays, Onlays, Crowns, Veneers, and Full or Partial Dentures (Five year replacement.)	You pay 50% of the allowed amount*	
Orthodontia		
Orthodontia (For enrolled eligible dependent children.)	You pay 50% of the allowed amount*	

*Out-of-network you pay your coinsurance, deductible, and any difference between what Blue Cross of Idaho allows and what the out-of-network provider charges. This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Plan apply to this program.

Vision Plan Option

Services for vision care are provided through our Vision Service Plan (VSP). You must be enrolled to participate. You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket.

Your Coverage from a VSP Doctor

Exam covered in full every 12 months

Prescription Glasses—Lenses covered in full every 12 months

- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame every 24 months

- Frame of your choice covered up to \$120.
- Plus, 20% off any out-of-pocket costs.

– OR –

Contact Lens Care every 12 months

\$120 allowance for contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of contacts. If you choose contact lenses you will be eligible for one set of eyeglass frames 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of replacement lenses.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 30% savings on lens options like progressives and scratch-resistant and anti-reflective coatings.
- 20% off additional glasses and sunglasses, including lens options.*

Contacts*

- 15% off cost of contact lens exam (fitting and evaluation).

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities.
- After surgery, you may use your frame allowance (if eligible) to purchase frames from any VSP doctor.

* Available from any VSP doctor within 12 months of your last eye exam.

In-Network Co-pays	
Exam	You pay \$15 copayment
Prescription Glasses	You pay a \$ 25 copayment
Contacts	You pay a \$ 0 copayment
Out-of-Network Reimbursement Amounts	
Exam	Up to \$ 50
Single vision lenses	Up to \$ 50
Lined bifocal lenses	Up to \$ 75
Lined trifocal lenses	Up to \$ 100
Frame	Up to \$ 70
Contacts	Up to \$ 130

2010 Voluntary Life Insurance

Coldwater Creek offers an affordable, voluntary life insurance plan in addition to our group life insurance.

Insurance for You

You can purchase voluntary life insurance for yourself up to five times your basic annual earnings, not to exceed \$500,000. By enrolling in voluntary life insurance during open enrollment or increasing your coverage, you will be required to complete a Medical Evidence of Insurability form. Please contact the HR department to acquire this form. You cannot be insured as an employee and as a dependent of someone else who works for Coldwater Creek under this policy.

Insurance for your Spouse or Domestic Partner

Your spouse or domestic partner insurance benefit cannot exceed \$50,000 or 50% of the amount of your total life insurance, whichever is less.

Insurance for Your Dependent Children

You may purchase life insurance for your dependent children, ages birth to 19 years (age 23 for full-time students). Life insurance for dependent children must be purchased in \$1000 increments, beginning at \$2,000 and reaching a maximum of \$12,000 (but not to exceed 25% of employee's benefit). You cannot be insured as an employee and as a dependent of someone else who works for Coldwater Creek under this policy.

2010-2011 Voluntary Term Life Insurance – non-smoking rates

Employee's Amounts	\$10,000 increments
Minimum:	\$10,000
Maximum:	\$500,000
Up to Salary Multiple:	5 times
Guarantee Issue:	\$150,000

Spouse Amounts	\$5,000 increments
Minimum:	\$5,000
Maximum:	\$50,000
Guarantee Issue:	\$50,000
Child Rate	0.14 per \$1,000

Monthly Premium Cost by Coverage and Age

Coverage	0 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
5,000	0.30	0.30	0.40	0.45	0.68	1.13	1.70	2.90	4.45	6.75	13.15	22.85
10,000	0.60	0.60	0.80	0.90	1.35	2.25	3.40	5.80	8.90	13.50	26.30	45.70
15,000	0.90	0.90	1.20	1.35	2.03	3.38	5.10	8.70	13.35	20.25	39.45	68.55
20,000	1.20	1.20	1.60	1.80	2.70	4.50	6.80	11.60	17.80	27.00	52.60	91.40
25,000	1.50	1.50	2.00	2.25	3.38	5.63	8.50	14.50	22.25	33.75	65.75	114.25
30,000	1.80	1.80	2.40	2.70	4.05	6.75	10.20	17.40	26.70	40.50	78.90	137.10
35,000	2.10	2.10	2.80	3.15	4.73	7.88	11.90	20.30	31.15	47.25	92.05	159.95
40,000	2.40	2.40	3.20	3.60	5.40	9.00	13.60	23.20	35.60	54.00	105.20	182.80
45,000	2.70	2.70	3.60	4.05	6.08	10.13	15.30	26.10	40.05	60.75	118.35	205.65
50,000	3.00	3.00	4.00	4.50	6.75	11.25	17.00	29.00	44.50	67.50	131.50	228.50
60,000	3.60	3.60	4.80	5.40	8.10	13.50	20.40	34.80	53.40	81.00	157.80	274.20
70,000	4.20	4.20	5.60	6.30	9.45	15.75	23.80	40.60	62.30	94.50	184.10	319.90
80,000	4.80	4.80	6.40	7.20	10.80	18.00	27.20	46.40	71.20	108.00	210.40	365.60
90,000	5.40	5.40	7.20	8.10	12.15	20.25	30.60	52.20	80.10	121.50	236.70	411.30
100,000	6.00	6.00	8.00	9.00	13.50	22.50	34.00	58.00	89.00	135.00	263.00	457.00
110,000	6.60	6.60	8.80	9.90	14.85	24.75	37.40	63.80	97.90	148.50	289.30	502.70
120,000	7.20	7.20	9.60	10.80	16.20	27.00	40.80	69.60	106.80	162.00	315.60	548.40
130,000	7.80	7.80	10.40	11.70	17.55	29.25	44.20	75.40	115.70	175.50	341.90	594.10
140,000	8.40	8.40	11.20	12.60	18.90	31.50	47.60	81.20	124.60	189.00	368.20	639.80
150,000	9.00	9.00	12.00	13.50	20.25	33.75	51.00	87.00	133.50	202.50	394.50	685.50
160,000	9.60	9.60	12.80	14.40	21.60	36.00	54.40	92.80	142.40	216.00	420.80	731.20
170,000	10.20	10.20	13.60	15.30	22.95	38.25	57.80	98.60	151.30	229.50	447.10	776.90
180,000	10.80	10.80	14.40	16.20	24.30	40.50	61.20	104.40	160.20	243.00	473.40	822.60
190,000	11.40	11.40	15.20	17.10	25.65	42.75	64.60	110.20	169.10	256.50	499.70	868.30
200,000	12.00	12.00	16.00	18.00	27.00	45.00	68.00	116.00	178.00	270.00	526.00	914.00
210,000	12.60	12.60	16.80	18.90	28.35	47.25	71.40	121.80	186.90	283.50	552.30	959.70
220,000	13.20	13.20	17.60	19.80	29.70	49.50	74.80	127.60	195.80	297.00	578.60	1,005.40
230,000	13.80	13.80	18.40	20.70	31.05	51.75	78.20	133.40	204.70	310.50	604.90	1,051.10
240,000	14.40	14.40	19.20	21.60	32.40	54.00	81.60	139.20	213.60	324.00	631.20	1,096.80
250,000	15.00	15.00	20.00	22.50	33.75	56.25	85.00	145.00	222.50	337.50	657.50	1,142.50
260,000	15.60	15.60	20.80	23.40	35.10	58.50	88.40	150.80	231.40	351.00	683.80	1,188.20
270,000	16.20	16.20	21.60	24.30	36.45	60.75	91.80	156.60	240.30	364.50	710.10	1,233.90
280,000	16.80	16.80	22.40	25.20	37.80	63.00	95.20	162.40	249.20	378.00	736.40	1,279.60
290,000	17.40	17.40	23.20	26.10	39.15	65.25	98.60	168.20	258.10	391.50	762.70	1,325.30
300,000	18.00	18.00	24.00	27.00	40.50	67.50	102.00	174.00	267.00	405.00	789.00	1,371.00

You may purchase life insurance for your dependent children, ages birth to 19 years old, (unmarried up to age 23 when dependent upon you for the majority of his or her financial support) in \$1,000 increments, between \$2,000 up to a \$12,000 maximum, not to exceed 25% of your benefit. Amounts in excess of the guarantee issue require Medical Evidence of Insurability forms to be completed.

The maximum amount of Voluntary Life insurance for your dependent may not exceed 50% of the combined Basic and Voluntary Life coverage.

2010-2011 Voluntary Term Life Insurance – smoking rates

Employee's Amounts	\$10,000 increments
Minimum:	\$10,000
Maximum:	\$500,000
Up to Salary Multiple:	5 times
Guarantee Issue:	\$150,000

Spouse Amounts	\$5,000 increments
Minimum:	\$5,000
Maximum:	\$50,000
Guarantee Issue:	\$50,000
Child Rate	0.14 per \$1,000

Monthly Premium Cost by Coverage and Age

Coverage	0 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
5,000	0.33	0.33	0.45	0.73	1.13	1.85	2.80	4.80	6.70	10.15	19.70	34.20
10,000	0.65	0.65	0.90	1.45	2.25	3.70	5.60	9.60	13.40	20.30	39.40	68.40
15,000	0.98	0.98	1.35	2.18	3.38	5.55	8.40	14.40	20.10	30.45	59.10	102.60
20,000	1.30	1.30	1.80	2.90	4.50	7.40	11.20	19.20	26.80	40.60	78.80	136.80
25,000	1.63	1.63	2.25	3.63	5.63	9.25	14.00	24.00	33.50	50.75	98.50	171.00
30,000	1.95	1.95	2.70	4.35	6.75	11.10	16.80	28.80	40.20	60.90	118.20	205.20
35,000	2.28	2.28	3.15	5.08	7.88	12.95	19.60	33.60	46.90	71.05	137.90	239.40
40,000	2.60	2.60	3.60	5.80	9.00	14.80	22.40	38.40	53.60	81.20	157.60	273.60
45,000	2.93	2.93	4.05	6.53	10.13	16.65	25.20	43.20	60.30	91.35	177.30	307.80
50,000	3.25	3.25	4.50	7.25	11.25	18.50	28.00	48.00	67.00	101.50	197.00	342.00
60,000	3.90	3.90	5.40	8.70	13.50	22.20	33.60	57.60	80.40	121.80	236.40	410.40
70,000	4.55	4.55	6.30	10.15	15.75	25.90	39.20	67.20	93.80	142.10	275.80	478.80
80,000	5.20	5.20	7.20	11.60	18.00	29.60	44.80	76.80	107.20	162.40	315.20	547.20
90,000	5.85	5.85	8.10	13.05	20.25	33.30	50.40	86.40	120.60	182.70	354.60	615.60
100,000	6.50	6.50	9.00	14.50	22.50	37.00	56.00	96.00	134.00	203.00	394.00	684.00
110,000	7.15	7.15	9.90	15.95	24.75	40.70	61.60	105.60	147.40	223.30	433.40	752.40
120,000	7.80	7.80	10.80	17.40	27.00	44.40	67.20	115.20	160.80	243.60	472.80	820.80
130,000	8.45	8.45	11.70	18.85	29.25	48.10	72.80	124.80	174.20	263.90	512.20	889.20
140,000	9.10	9.10	12.60	20.30	31.50	51.80	78.40	134.40	187.60	284.20	551.60	957.60
150,000	9.75	9.75	13.50	21.75	33.75	55.50	84.00	144.00	201.00	304.50	591.00	1,026.00
160,000	10.40	10.40	14.40	23.20	36.00	59.20	89.60	153.60	214.40	324.80	630.40	1,094.40
170,000	11.05	11.05	15.30	24.65	38.25	62.90	95.20	163.20	227.80	345.10	669.80	1,162.80
180,000	11.70	11.70	16.20	26.10	40.50	66.60	100.80	172.80	241.20	365.40	709.20	1,231.20
190,000	12.35	12.35	17.10	27.55	42.75	70.30	106.40	182.40	254.60	385.70	748.60	1,299.60
200,000	13.00	13.00	18.00	29.00	45.00	74.00	112.00	192.00	268.00	406.00	788.00	1,368.00
210,000	13.65	13.65	18.90	30.45	47.25	77.70	117.60	201.60	281.40	426.30	827.40	1,436.40
220,000	14.30	14.30	19.80	31.90	49.50	81.40	123.20	211.20	294.80	446.60	866.80	1,504.80
230,000	14.95	14.95	20.70	33.35	51.75	85.10	128.80	220.80	308.20	466.90	906.20	1,573.20
240,000	15.60	15.60	21.60	34.80	54.00	88.80	134.40	230.40	321.60	487.20	945.60	1,641.60
250,000	16.25	16.25	22.50	36.25	56.25	92.50	140.00	240.00	335.00	507.50	985.00	1,710.00
260,000	16.90	16.90	23.40	37.70	58.50	96.20	145.60	249.60	348.40	527.80	1,024.40	1,778.40
270,000	17.55	17.55	24.30	39.15	60.75	99.90	151.20	259.20	361.80	548.10	1,063.80	1,846.80
280,000	18.20	18.20	25.20	40.60	63.00	103.60	156.80	268.80	375.20	568.40	1,103.20	1,915.20
290,000	18.85	18.85	26.10	42.05	65.25	107.30	162.40	278.40	388.60	588.70	1,142.60	1,983.60
300,000	19.50	19.50	27.00	43.50	67.50	111.00	168.00	288.00	402.00	609.00	1,182.00	2,052.00

You may purchase life insurance for your dependent children, ages birth to 19 years old, (unmarried up to age 23 when dependent upon you for the majority of his or her financial support) in \$1,000 increments, between \$2,000 up to a \$12,000 maximum, not to exceed 25% of your benefit. Amounts in excess of the guarantee issue require Medical Evidence of Insurability forms to be completed.

The maximum amount of Voluntary Life insurance for your dependent may not exceed 50% of the combined Basic and Voluntary Life coverage.

Additional Benefits

Group Life Insurance

Group life insurance costs you nothing! It is fully paid by Coldwater Creek. Full-time, benefit-eligible associates are provided life insurance equal to two times their base annual salary, with a maximum of \$750,000 and a minimum of \$50,000. Anyone eligible for over \$500,000 will require underwriting approval. *You may request an enrollment form from the HR department if you need to make a change to your dependent coverage or beneficiaries.*

Short Term Disability

Benefits are based on 60% of weekly pay up to a maximum of \$1,000 per week for up to 12 weeks, and reduced by other income benefits. Coverage begins on the eighth consecutive day of disability.

Long Term Disability

Benefits are based on 60% of monthly pay, up to a maximum of \$10,000 for all associates who are hourly or in grade levels 6-8. Benefits are 66-2/3% of monthly pay, up to a maximum of \$15,000 for all associates in grade levels 0 to 5. Refer to the Long Term Disability Highlight sheet or Long Term Disability Certificate for further Plan details.

Employee Assistance Program (EAP)

Associates and eligible dependents can receive up to five free confidential counseling sessions per incident. They may receive counseling for issues such as emotional well-being, personal finances, addiction and recovery, legal matters and work-related concerns. For more information refer to the Business Psychology Associates brochure. For immediate plan details call the EAP Hotline: 800.726.0003.

Adoption Benefit

Associates may receive up to \$5,000 in reimbursement for adoption expenses. See the enrollee certificate for more detail.

Smoking Cessation

Associates may receive reimbursement for any related expense that they incur while becoming smoke free.

Business Travel Accident Insurance

Associates are covered under an Accidental Death & Dismemberment Policy if the accident occurs while

working or while on authorized travel away from their place of regular employment.

Other Important Things To Remember

Maintain a current address with the Human Resources Department to ensure you receive important benefit information.

- Verify all deductions on your paycheck for accuracy. Notify your supervisor or the HR department immediately of any discrepancies.
- Maintain a current designation of beneficiaries on file. Notify the HR department if you experience a qualifying event that will impact your coverage.

Important Notice from Coldwater Creek

About Your Prescription Drug Coverage and Medicare

The key purpose of this notice is to advise you that the prescription drug coverage you have under your Coldwater Creek medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2010. (This is known as “creditable coverage.”) The reason this is important is that if you or a covered dependent are or become covered by Medicare and you decide to enroll in a Medicare prescription drug plan during a subsequent annual enrollment period, you will not be subject to a late enrollment penalty as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

Notice of Creditable Coverage

Please read this notice carefully. This notice has information about your current prescription drug coverage with Coldwater Creek and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage is available to everyone with Medicare. All Medicare prescription drug plans and Medicare Advantage Plans provide at least a standard level of coverage. Some plans may also offer more coverage for a higher monthly premium.
2. Coldwater Creek has determined that the prescription drug coverage offered by the Coldwater Creek group insurance program is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay in 2010.
3. Read this notice carefully – it explains the options you have under Medicare’s prescription drug coverage, and can help you decide whether or not you want to enroll.

You may have heard about Medicare’s prescription drug coverage, and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at

least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

If you are covered under the Coldwater Creek prescription drug plan, your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage in 2010. Therefore, if you are or become eligible for Medicare, you can keep this coverage and not pay extra if you later decide to enroll in a Medicare prescription drug plan.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year thereafter, from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan, you may also continue your employer coverage. The employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. You may also drop your employer coverage, in which case Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event.

At this time, Coldwater Creek is planning to continue, for 2010, its prescription drug plan offerings available to Medicare eligible individuals, which include:

Coldwater Creek Medical Plan

You should know that if you drop or lose your coverage with Coldwater Creek and don’t promptly enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage, that’s at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll. You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, if this coverage changes, or upon your request.

Medicare Prescription Drug Coverage Information

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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the “Medicare & You” handbook for their telephone number).
- Call 800.MEDICARE 800.633.4227.
TTY users should call 877.486.2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call them at 800.772.1213 (TTY 800.325.0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after May 15, 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

For more information about this notice or your current prescription drug coverage, contact:

HR department
1.866.714.3295
HRdirect@thecreek.com
One Coldwater Creek Dr.
Sandpoint, Idaho 83864

Summary of Notice of Privacy Practices

This summary is provided to assist you in understanding the attached Notice of Privacy Practices.

The attached Notice of Privacy Practices contains a detailed description of how our company benefits plan will protect your health information, your rights as a plan participant and our common practices in dealing the your health information. Please refer to that Notice of further information.

Protected Health Information. Protected Health Information includes virtually all individually identifiable health information held or transmitted by the Coldwater Creek medical plan. Some examples of protected health information include your name, address, telephone number, email address, social security number, and date of birth.

Use and Disclosures of Health Information. We will use and disclose your health information in order to assist health care providers in treating you. We will also use and disclose your health information in order to make payment for health care services or to allow insurance companies to process insurance claims for services rendered to you. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, utilization review and claim review.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To you;
- To family members or close friends who are involved in your health care;
- For treatment, payment of claims and other health care operations;
- For certain limited research purposes;
- For purposes of public health and safety;
- To government agencies for their audits, investigations and other oversight activities;
- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities;

- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Plan Participant Rights. As a plan participant, you have the following rights:

- To have access to and/or copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

If you have a question, concern or complaint regarding our privacy practices, please refer to the attached Notice of Privacy Practices for the person or persons whom you may contact.

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. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty. We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. These rules apply to the Coldwater Creek medical plan, not to Coldwater Creek as an employer.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect July 1, 2010 and will remain in effect until we replace it.

We may change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We may make the changes in our privacy practices and this notice effective for all protected health information that we maintain including medical information we created or received before we made the changes.

If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of our notice (or any subsequent

revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice please contact us using the contact information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We will use and disclose your protected health information about you for treatment, payment, and health care operations.

We will make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request.

Following are examples of the types of uses and disclosures of your protected health care information that may occur without your authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment. We may disclose your medical information to a doctor or a hospital which asks us for it to assist in your treatment.

Payment. We may use and disclose your medical information to pay claims from doctors, hospitals and other providers for services provided to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.

Health Care Operations. We may use and disclose your protected health information to rate our risk, to conduct quality assessment and improvement activities, to engage in care coordination or case management, to manage our business, and the like.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the Coldwater Creek medical plan. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract with the business associate that contains terms to protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address

may be used to send you a newsletter about benefits available to you under the Coldwater Creek benefits plan. We may also send you information about products or services that we believe may be beneficial to you. You may contact us to request that these materials not be sent to you.

Coldwater Creek Inc. Personnel. We may disclose summary health information to Coldwater Creek personnel to permit them to perform plan administration functions. Please see your group health plan document for a full explanation of the limited uses and disclosures that Coldwater Creek may make of your protected health information in providing plan administration.

The Coldwater Creek medical plan is a separate entity from your employer Coldwater Creek. Your employer Coldwater Creek cannot and will not use protected health information obtained from the Coldwater Creek medical plan for any employment-related actions. However, health information collected by your employer from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Others involved in Your Health Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Marketing. We may use your protected health information to contact you with information about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Coroners or Funeral Directors. We may disclose the protected health information of a deceased person to a coroner, protected health examiner, funeral director or organ procurement organization for certain purposes.

Public Health and Safety. We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Health Oversight. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other regulatory programs and civil rights laws.

Abuse or Neglect. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Criminal Activity. Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Required by Law. We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar laws.

Process and Proceedings. We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

Law Enforcement. We may disclose limited information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Uses and Disclosures Based On Your Written Authorization. Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

Plan Participant Rights

Access. You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing to the contact person listed at the bottom of this notice to obtain access to your protected health information. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you .25¢ for each page and \$15.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Accounting of Disclosures. You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for

purposes other than treatment, payment, health care operations and certain other activities after April 14, 2003.

You have the right to an accounting of disclosures of protected health information that we made or that were made by one of our business associates in the six years prior to the date on which the accounting is requested. We do not need to account for disclosures to carry out treatment, payment and health care operations, or where a use or disclosure is otherwise permitted or made pursuant to your authorization. Additionally, we do not need to account for disclosures made for you to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security or intelligence purposes or certain purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. We will temporarily suspend your right to receive an accounting of disclosures to a health oversight agency or law enforcement official if such agency or official provides us with a written statement that an accounting would be reasonably likely to impede the agency's activities and specifying the duration of such a suspension.

We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests. You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing. You may not limit the uses and disclosures that we are legally required to make.

Confidential Communication. You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to different address. You must make your request in writing. We must accommodate your request if it is reasonable and it specifies the alternative means

or address, and continues to permit us to bill and collect payment from you.

Amendment. You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice. you have the right to get a copy of this notice by email. If you receive this notice on our website or by electronic mail (email), you are also entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Name of Contact Person: Lois Bishop
 Telephone: 208.265.7079 Fax: 208.265.7795
 Email: Lois.bishop@thecreek.com
 Address: One Coldwater Creek Drive
 Sandpoint, Idaho 83864.

Addendum for Washington

Under Washington State Law, you have these additional rights and restrictions:

No Charges for Copies of Your Health Records. If you request a copy of your health record as maintained by the company benefits department, we will not charge you for the first set of such copies. In the alternative, we can provide you with the records and ask that you copy them at your own expense. For additional sets of copies, we may charge you for the actual cost of copying the records, including labor, and postage if you ask us to mail the records to you. These charges will not exceed \$1.02 for pages 1 through 30, and 78¢ per page for pages 31 and over. The labor fee will not exceed \$23.00 per request. These charges are effective July 1, 2009 through June 30, 2011.

Expiration of Authorization. Any authorization you sign for the release of your health information will expire automatically within ninety (90) days if you have not put a different expiration date on the authorization form.

Access to Your Health Information. We will provide you with access to your health information within fifteen (15) working days from the date of your written request, unless we are prevented from doing so by extenuating and unusual circumstances. If you so request, we will also allow access to your designated representative pursuant to your written request.

Addendum for California

Under California State Law, you have these additional rights and restrictions:

No Re-Disclosure of Your Health Information. We will not re-disclose your health information which we have received by means of your written authorization except as authorized by you in writing, or except as allowed by state and federal law.

Communication of Limitations in Your Authorization to Release Records. If we disclose your health information pursuant to your written authorization which includes some limitation upon the recipient's use or disclosure of that information, we will communicate that limitation to the recipient of your health information.

No Discrimination for Refusing to Sign an Authorization. We will not discriminate against you for refusing to sign an authorization for release of your health information.

Disclosure of Employee Health Information. We will not use or disclose your health information without your written authorization except where: (a) we are compelled to do so by a court order or administrative process; (b) the health information is relevant to a lawsuit, arbitration or grievance to which you and the company are parties and in which you have put your mental or physical condition at issue; in such event, your health information may be disclosed only in connection with that proceeding; (c) your health information must be used to administer the company's employee benefit plan; and (d) your health information is necessary to be disclosed to a health care provider, health care professional or health care facility to aid in your diagnosis or treatment and you are unable to authorize the disclosure. Otherwise, we will not disclose your health information except pursuant to a valid authorization.

Charges for Copies of Your Records. If you request a copy of your medical records, we may charge for the cost of the copies, including labor to make the copies. These charges will not exceed 25¢ per page for copies, and actual labor costs for clerical assistance.

California Notice. As distinct from protected health information the Coldwater Creek benefits plan may receive and use as described in the above Notice of Privacy Practices, Coldwater Creek, your employer, may separately receive medical information about its employees, for example, when an employee requests family medical leave or seeks accommodation of a disability. When Coldwater Creek receives medical information in its function as an employer we will not use or disclose your medical information unless you sign an authorization, except: (a) When compelled by a judicial or administrative process; (b) When relevant to a lawsuit, arbitration or other claim when you have first raised your medical history, condition or treatment as an issue in the case; (c) For the purpose of administering and maintaining employee benefit plans, including plans providing for disability and workers' compensation, and for determining eligibility for paid and unpaid leave from work for medical reasons; and (d) To aid your health care provider in diagnosis or treatment when you or someone designated by you is unable to authorize disclosure. If you refuse to sign an authorization, we will not discriminate against you in terms or conditions of employment, but we can take such actions as are necessary in the absence of medical information due to your refusal to sign an authorization.

Addendum for Nevada

Under Nevada State Law, you have these additional rights and restrictions:

Access to Your Health Information. Upon your request, we will make your health information available for your inspection within ten (10) business days from the date of your request.

Communicable Diseases. We will not disclose any information or records showing you have a communicable disease except as required by state or federal law.

Addendum for Oregon

Under Oregon State Law, you have these additional rights and restrictions:

Access to Your Health Records. Upon your request, we will provide you access to your health records. However, if we believe disclosure of your health records, or any part thereof, would be harmful to your life or physical safety, we may withhold your health records or provide an accurate and representative summary of the factual information contained in your health records. Should we choose to withhold your health records or provide a summary thereof, we will give you notice of that decision.

HIV/AIDS Status. Should we obtain information regarding your HIV/AIDS status, we will not disclose your identity without your consent except as permitted by federal law, state law or regulation.

Legal Notices

Summary plan descriptions or certificates which describe the benefits available to eligible associates and dependants under the Coldwater Creek Benefits Program can be obtained by contacting the HR department at 1.866.714-3295 or HRdirect@thecreek.com. Coldwater Creek Benefits Program, includes all of the health and welfare benefits sponsored by Coldwater Creek Inc. including the 401(k) Retirement Savings Plan.

As a participant in Coldwater Creek's Benefit Plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA) of 1974. You may contact the HR department at 1.866.714-3295, if you need any additional information.

2010 Annual Notice – Women's Health and Cancer Rights Act of 1998. The Coldwater Creek's Benefits Plan provides benefits for mastectomy and mastectomy related services including: reconstruction and surgery to achieve symmetry between breasts; prosthesis; and treatment of physical complications of all stages of mastectomy,

including lymph edemas. Coverage is provided in accordance with your plan design and subject to limitations, copayments, deductibles, co-insurance and referral requirements, if any, as outlined in your plan documents. You can contact a Blue Cross Member Services Representative via the toll-free number on your benefit ID card for more information, or call the HR department at 1.866.714.3295.

COBRA Rights

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), federal law makes it possible for certain employees and their eligible dependents to continue participating in health care plans if coverage would otherwise terminate. Please review the "Continuation Coverage Rights – COBRA Summary", the Blue Cross Enrollee Certificate in your Benefits Packet.

HIPAA Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the circumstances under which coverage may be excluded for pre-existing conditions. HIPAA also gives you rights to receive certifications of health plan coverage after you lose coverage. This may help you avoid a pre-existing condition exclusion under your next health coverage. Please contact the HR department should you need assistance in obtaining a certificate either from your previous employer or from Coldwater Creek.

The Fine Print

The information contained in this Guide should in no way be construed as a promise or guarantee of benefits. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this Guide and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from the HR department.

Enrollment Procedure

To Keep Things The Same

Complete and return your “No Change Reply” card by mailing or hand delivering it to the HR department.

How Do I Make Changes?

Medical/Dental/Vision

Complete the Medical/Dental/Vision form to add to, or drop, your medical, dental or vision coverage.

Voluntary Life Insurance

Complete the Voluntary Life Insurance form to add to, or drop, your voluntary life insurance coverage.

Dependent Coverage

It is important you only enroll dependents who are eligible for coverage based upon the dependent eligibility requirements found in the summary plan document or the enrollee certificate. If you enroll a dependent who does not meet the dependent eligibility requirements, Coldwater Creek has the right to request reimbursement of any expenses paid for the ineligible dependent. You are required to notify the HR department in writing as soon as possible if a dependent no longer qualifies as an eligible dependent under the Plan.

If you experience a Qualifying Life Event, you must contact your respective Benefits office in writing within 31 days of the date of the event.

Coldwater Creek
One Coldwater Creek Drive
Sandpoint, ID 83864
Phone: 866-714-3295
email: HRdirect@thecreek.com

