

HEALTH BENEFIT PLAN HIPAA 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 Cigna Open Access Medical Plan (the “Health Plan”) continues its commitment to maintaining the confidentiality of your private medical information. This notice describes the legal obligations of the Health Plan imposed by the Health Insurance Portability and Accountability Act of 1996, the American Recovery and Reinvestment Act of 2009 and accompanying regulations (the “Privacy Rule”) regarding your health information. The Privacy Rule requires that the Health Plan use and disclose your health information only as described in this notice. This notice only applies to health-related information received by or on behalf of the Health Plan.

This notice only applies to Health Plan participants, former participants, and their dependents who participate in the Health Plan, which include, but are not limited to:

- Medical benefits;
- Dental benefits;
- Vision benefits;
- Prescription drug coverage;
- Health care spending account program;
- Employee assistance program; and
- Wellness program.

In this notice, the terms “we,” “us,” and “our” refer to the Health Plan, all Health Plan employees involved in the administration of the Health Plan, and all third parties who perform services for the Health Plans. Actions by or obligations of the Health Plan include these Health Plan employees and third parties. However, Health Plan employees perform only limited Health Plan functions -- most Health Plan administrative functions are performed by third party service providers.

Please note: This notice does not apply to insured benefits including benefits provided through an insured HMO or DMO. If you are enrolled in an insured benefit, you will receive a separate notice from the insurance company or HMO or DMO provider.

WHAT IS PROTECTED?

Federal law requires us to have a special policy for safeguarding a category of medical information received or created in the course of administering the Health Plan, called “protected health information.” Protected health information is health information (including genetic information and substance use disorder treatment records) that can be used to identify you and that relates to:

- your physical or mental health condition,
- the provision of health care to you, or
- payment for your health care.

Your medical and dental records, your claims for medical and dental benefits, and the explanation of benefits (“EOB’s”) sent in connection with payment of your claims are all examples of protected health information.

If the Health Plan obtains your health information in another way – for example, if you are hurt in a work accident or if you provide medical records with your request for Family and Medical Leave Act (FMLA) absence--then the Health Plan will safeguard that information in accordance with other applicable laws, but that information is not subject to this notice. Similarly, health information obtained by a non-health-related benefits program, such as the long-term disability program is not protected under this notice. This notice does not apply in those types of situations because the health information is not received or created in connection with the Health Plan.

The remainder of this Notice generally describes our rules with respect to your protected health information received or created by the Health Plan.

YOUR RIGHTS

When it comes to your protected health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other protected health information we have about you, except psychotherapy notes and information compiled in anticipation of a civil criminal or administrative action or proceeding. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- In the unlikely event that your request to inspect or copy your protected health information is denied, you may have that decision reviewed.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain protected health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared protected health information

- You can ask for a list (accounting) of the times we’ve shared your protected health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical or general power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 7.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting:
www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint or use your protected health information for employment purposes without your authorization.

YOUR CHOICES

For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your protected health information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share protected health information with your family, close friends, or others involved in payment for your care
- Share protected health information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your protected health information if we believe it is in your best interest. We may also share your protected health information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your protected health information unless you give us written permission:

- Marketing purposes
- Sale of your protected health information

OUR USES AND DISCLOSURES: HOW DO WE TYPICALLY USE OR SHARE YOUR PROTECTED HEALTH INFORMATION?

We typically use or share your protected health information in the following ways.

Help manage the health care treatment you receive

We may use your protected health information and share it with professionals who are treating you.

Example: We might disclose protected health information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

Health Care Operation Activities of the Health Plan

- We may use and disclose your protected health information for Health Plan operations. These uses and disclosures are necessary to run the Health Plan.
- We may use medical information in connection with conducting quality assessment and improvement activities; enrollment, premium rating, disease management and other activities relating to Health Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Health Plan administrative activities.
- We are not allowed to use or disclose protected health information that is genetic information for underwriting purposes. In addition to rating and pricing a group insurance policy, this means the Health Plan will not use genetic information (including information

requested or collected in a health risk assessment or wellness program) for setting deductibles or other cost sharing mechanisms, determining premiums or other contribution amounts, or applying preexisting condition exclusions.

Example: We may use your claims data to alert you to an available case management program if you become pregnant or are diagnosed with diabetes or liver failure. We may also disclose your protected health information to another health plan or health care provider who has a relationship with you for their operations activities if the disclosure is for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes.

Payment for your health services

We may use and disclose your protected health information as we pay for your health services.

Example: We may exchange your protected health information with your spouse's health plan for coordination of benefits purposes.

To Health Plan Sponsor and Vendors to Administer your plan

We may disclose enrollment and disenrollment information and summary health information to the Board of Trustees of the Health Plan (the "Health Plan Sponsor") and vendors that administer the Health Plan. In addition, we may disclose your protected health information to certain employees of the Health Plan that are involved in Health Plan administration. However, those employees will only use or disclose that information as described above, unless you have authorized further disclosures. Your PHI **cannot be used for employment purposes** without your specific authorization.

Example: If you experience a qualifying mid-year change in status, we may disclose your enrollment information to the Health Plan's third-party administrator so your eligibility and coverage legal can be properly adjusted. Your contributing employer may receive only the minimum enrollment information necessary to determine the correct contribution or payroll withholding amount.

OUR USES AND DISCLOSURES: HOW ELSE CAN WE SHARE YOUR PROTECTED HEALTH INFORMATION?

We are allowed or required to share your protected health information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your protected health information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share protected health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share a "limited data set" of your protected health information for certain health research provided that we enter into a data use agreement with the researcher.

Comply with the law

We will share protected health information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share protected health information about you with organ procurement organizations.
- We can share protected health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share protected health information about you:

- To comply with workers' compensation laws
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share protected health information about you in response to a court or administrative order, or in response to a subpoena.

Communicate with service providers

We may enter into agreements with entities or individuals to provide services (for example, claims processing services) to the Health Plan. These service providers, called “business associates,” may create, receive, have access to, use, and/or disclose (including to other business associates) protected health information in conjunction with the services they provide to the Health Plan, provided that we have obtained satisfactory written assurances that the business associates will comply with all applicable Privacy Rules.

OUR RESPONSIBILITIES

- **We are required by law to maintain the privacy and security of your protected health information.**
- **The Health Plan must notify you within 60 days of discovery of a breach. A breach occurs if unsecured protected health information is acquired, used or disclosed in a manner that is impermissible under the Privacy Rules, unless there is a low probability that the protected health information has been compromised.**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it.**
- **We will not use or share your protected health information other than as described here unless you provide written authorization. If you authorize use or sharing, you may change your mind at any time. Let us know in writing if you change your mind.**

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

ADDITIONAL PROTECTIONS

Substance Use Disorder Treatment Records

There are limitations on how we can use or disclose records of your identity, diagnosis, prognosis, or treatment maintained in connection with a program related to a substance use disorder that was conducted, regulated or assisted by a federally assisted program (“SUD records”). SUD records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

ADDITIONAL INFORMATION

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

No Guarantee of Employment

This notice does not create any right to employment for any individual, nor does it change a contributing employer's right to discipline or discharge any of its employees in accordance with its applicable policies and procedures.

No Change to Health Plan Benefits

This notice explains your privacy rights as a current or former participant in the Health Plan. The Health Plan is bound by the terms of this notice as they relate to the privacy of your protected health information. However, this notice does not change any other rights or obligations you may have under the Health Plan. You should refer to the Health Plan documents for additional information regarding your Health Plan benefits.

Compliance with State Privacy Laws

State law may further limit the permissible ways the Health Plan uses or discloses your protected health information. If an applicable state law imposes stricter restrictions on the Health Plan, we will comply with that state law.

Effective Date: February 16, 2026

Privacy Officer Contact Information:

Privacy Officer
Jill Paul, HR Manager
727-562-4870