

September 2021

Dear Employee,

Enclosed you will find the annual required notices for the ProHealth Care Health, Dental and Vision Plan. **These are required annual notices and there is no action required.**

- **Summary Annual Report:** This notice summarizes the annual financial report filed with the Department of Labor.
- **Newborns' and Mothers' Health Protection Act of 1996:** This notice includes information regarding the length of hospital stay following childbirth.
- **Women's Health and Cancer Rights Act of 1998:** This notice describes the special rights you may be entitled to following a mastectomy.
- **When You Can Change Your Coverage:** Open enrollment is your opportunity to select benefit coverage for the next plan year. This notice describes when you can make benefit elections outside of open enrollment.
- **Special Enrollment Rights:** Describes the special enrollment rights available to you under the Health Insurance Portability and Accountability Act of 1996 (HIPPA).
- **Summary of Benefits and Coverage (SBC):** A document that provides simple and consistent information about the health plan benefits and coverage. If you are interested in reviewing a copy of the Summary Plan Description (SPD), contact Human Resources at 262-928-4185.

Prescription Drug Coverage and Medicare Part D: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 5 for more details. Keep this notice where you can find it. It has information about your current prescription drug coverage with ProHealth Care, Inc. and about your options under Medicare's prescription drug coverage.

- **Medicaid and the Children's Health Insurance Program (CHIP):** If you are eligible for health coverage from your employer, but are unable to afford the premiums, you may be eligible for assistance. This notice provides you with contact information.
- **Wellness Program Disclosure:** If you are unable to meet Wellness Program goals due to a physical or medical limitation, we will provide you with an alternative method to earn rewards under the program.
- **Summary Plan Descriptions and Annual Reports:** ProHealth Care is required to disclose specific information about the health, welfare and retirement plans it offers to its employees.
- **ProHealth Care Health, Dental and Vision Plan Notice of Privacy Practices:** This notice tells how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

SUMMARY ANNUAL REPORT FOR CAFETERIA PLAN FOR EMPLOYEES OF PROHEALTH CARE

This is a summary of the annual report of the Cafeteria Plan for Employees of ProHealth Care (Employer Identification Number 39-1486873, Plan Number 512) for the plan year 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

ProHealth Care has committed itself to pay certain Medical, Dental, and EAP claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contract with Vision Service Plan, The Lincoln National Life Insurance Company and to pay all Vision, Life insurance, AD&D, OPT CHILD LIFE, OPT SPOUSE LIFE, OPTIONAL LIFE, VOL SPOUSE AD&D, VOLUNTRY AD&D, Long-term disability, OPT LTD claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$2,855,871.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2020, the premiums paid under such "experience-rated" contracts were \$540,037 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$450,792.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Financial information and information on payments to service providers.
- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 725 American Avenue Suite 305, Waukesha, WI 53188 and phone number, 262-928-2932.

You also have the legally protected right to examine the annual report at the main office of the plan: 725 American Avenue Suite 305, Waukesha, WI 53188, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Newborns' and Mothers' Health Protection Act of 1996

In accordance with the Newborns' and Mothers' Health Protection Act of 1996, the Medical Plan does not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable), after consulting with the mother. In any case, the Medical Plan does not require that the provider obtain authorization for prescribing a length of stay shorter than 48 hours (or 96 hours).

Women's Health and Cancer Rights Act of 1998

In compliance with the Women's Health and Cancer Rights Act of 1998, the Medical Plan provides coverage for the following medical conditions in conjunction with a mastectomy:

- 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.
- Protheses and treatment of physical complications of the mastectomy, including lymphedemas.

These services will be provided in a manner determined in consultation with the attending physician and the patient. Coverage is subject to applicable deductibles and coinsurance amounts that apply to other medical and surgical benefits under the Plan.

When You Can Change Your Coverage

Annual enrollment is your opportunity to select the benefit coverage you want. IRS regulations stipulate that changes in benefit plan elections can be made at other times during the year only if you experience a qualifying status change.

Qualifying status changes include:

- Marriage, divorce, legal separation, annulment, death of a spouse
- Change in the number of dependents
- Change in employment status for yourself or your spouse, e.g., beginning or end of employment with the company, beginning or return from an unpaid leave of absence
- Change in dependent status, e.g., dependent child "ages out" of eligibility for a health care plan
- Change in residence or workplace for you or your spouse, requiring changes to your plan options.

If you experience a qualifying status change, contact your Human Resources department within 31 days of the change via mail, telephone or email. You will need to provide the following information with supporting documentation on the appropriate form:

- The type of status change,
- The date the change occurred, and
- The new or changed benefit coverage requested.

If you do not contact Human Resources within 31 days of the qualifying status change, you will not be able to make any changes to your benefit elections until the next annual open enrollment period (unless you experience another qualifying status change or qualify for a special enrollment).

Special Enrollment Rights

Apart from a qualified status change, you also may have the right to make benefit changes under certain other circumstances that qualify for special enrollment rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you are not currently enrolled in a company-sponsored health care plan, you may add coverage for yourself and your dependent(s) before the next annual enrollment period, if you request enrollment within 31 days of the date of the event due to special enrollment rights (newborns within 90 days of birth; children placed with you for adoption within 90 days of placement).

You may qualify for special enrollment rights if:

- You lose your coverage under another health care plan (including Medicare or Medicaid) if, when coverage under this plan was declined or waived, you stated in writing that other coverage was the reason for the waiver. If you did not provide this information at the time you declined coverage under the plan, you and your dependents will not be eligible for special enrollment rights upon a loss of other coverage;
- You have a new dependent as a result of a marriage, birth, adoption or placement for adoption; or
- You are required to provide coverage for a dependent under the terms of a Qualified Medical Child Support Order.

Further, if you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program ("CHIP") is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state CHIP. In addition, if you become eligible for premium assistance under Medicaid or a state CHIP, you are eligible for special enrollment rights if you request enrollment within 60 days of the date you or your dependents become eligible for Medicaid or state CHIP premium assistance.

If you contact Human Resources within 90 days, your enrollment will be retroactive to the date of the event for birth, adoption or placement for adoption. For all other special enrollments, if you contact Human Resources within the applicable 31-day or 60-day period, your election will be effective going forward from the date you enroll.

Summary of Benefits and Coverage (SBC)

The Affordable Care Act (ACA) requires health plans and health insurance issuers to provide applicants and enrollees with a concise document providing simple and consistent information about the health plan benefits and coverage. This document is called a Summary of Benefits and Coverage (SBC).

The SBC will be available on Employee Self Service (ESS) under Benefit Information and on the I-Net under the Medical Plan. For a paper copy, e-mail Human Resources at HRTotalRewards@PHCI.org or call Human Resources at 262-928-4185.

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. ProHealth Care, Inc. has determined that the prescription drug coverage offered by the following plan options under the ProHealth Care Health, Dental and Vision Plan 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:

- ProHealth PPO Medical Plan
- ProHealth High Deductible Medical Plan

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current ProHealth Care, Inc. coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current ProHealth Care, Inc. coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

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

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

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:	September 1, 2021
Name of Entity/Sender:	ProHealth Care, Inc.
Contact Office:	Human Resources
Address:	725 American Ave. POB Suite 305 Waukesha, WI 53188-1131
Phone Number:	262-928-4185

Premium Assistance Under Medicaid and 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, 2021. Contact your State for more information on eligibility –

ALABAMA Medicaid	CALIFORNIA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA Medicaid	COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

<p align="center">ARKANSAS Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center">FLORIDA Medicaid</p> <p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p align="center">GEORGIA Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131</p>	<p align="center">MASSACHUSETTS Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>
<p align="center">INDIANA Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: https://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 800-657-3739</p>
<p align="center">IOWA Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3484</p>
<p align="center">KENTUCKY Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA Medicaid</p> <p>Website: Http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

LOUISIANA Medicaid	NEVADA Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHipp)</p>	<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
MAINE Medicaid	NEW HAMPSHIRE Medicaid
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPPA program: 1-800-852-3345, ext. 5218</p>
NEW JERSEY Medicaid and CHIP	SOUTH DAKOTA Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW YORK Medicaid	TEXAS Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
NORTH CAROLINA Medicaid	UTAH Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
NORTH DAKOTA Medicaid	VERMONT Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
OKLAHOMA Medicaid and CHIP	VIRGINIA Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.covera.org/en/hipp Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
OREGON Medicaid	WASHINGTON Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>

PENNSYLVANIA Medicaid	WEST VIRGINIA Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HiPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND Medicaid and CHIP	WISCONSIN Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA Medicaid	WYOMING Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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, 2021, 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

Wellness Program Disclosure

The Employee Health and Wellness Program is a voluntary wellness program available to all ProHealth Care employees. This ProHealth Care Notice for Employer-Sponsored Wellness Program (Employer Notice), including the ProHealth Care Health, Dental and Vision Plan Notice of Privacy Practices (Notice of Privacy Practices), tells how medical information about you obtained through the Employee Health and Wellness Program may be used, disclosed and protected by ProHealth Care, and how you can get access to this information. Please review these Notices carefully.

ProHealth Care and the ProHealth Care Health, Dental and Vision Plan are dedicated to keeping your Employee Health and Wellness Program health information private and secure. We are providing the following information to assure you that your information is treated as confidential, and used only for health plan administration, wellness program and other limited authorized purposes. When we release your health information, we make reasonable efforts to limit the use and release only the minimum necessary information, and to those persons needed for the specific purpose.

The Employee Health and Wellness Program is designed and administered according to federal rules and laws permitting employer-sponsored wellness programs. Together they seek to improve employee health, identify potential health risks, prevent disease and protect your privacy. This authority includes the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Patient Protection and Affordable Care Act of 2010 (ACA), among other laws.

To summarize, as an employer offering a wellness program and a group health plan, we are required by law to maintain the privacy of your health information and to provide you with these Notices of our legal duties and privacy practices with respect to your health information. These Notices provide you with the following important information:

- What type of medical information will be obtained in the Employee Health and Wellness Program and the specific purposes for which it will be used by ProHealth Care (Employer Notice), and the ProHealth Care Health, Dental and Vision Plan (Notice of Privacy Practices),
- Protections from disclosure of an employee's medical information publicly, and by ProHealth Care as your employer and as an ADA covered entity (Employer Notice),
- How the ProHealth Care Health, Dental and Vision Plan as a HIPAA covered entity specifically uses and discloses your protected health information, HIPAA restrictions on disclosure and sharing of information, the methods used to prevent improper disclosure including compliance with HIPAA regulations (Notice of Privacy Practices), your HIPAA privacy rights with regard to your protected health information (Notice of Privacy Practices), and
- Our Health, Dental and Vision Plan obligation to you concerning the use and disclosure of your protected health information (Notice of Privacy Practices).

EEOC Notice Regarding What Medical Information Is Obtained Through The ProHealth Care Employee Health and Wellness Program

Employee Health and Wellness is a voluntary ProHealth Care wellness program intended to continually improve health for ProHealth Care employees. Additional economic incentives are available to employees and covered spouses who choose to participate in certain wellness activities, including WellAware 2021 -2022, a voluntary negative nicotine test score.

Employee Health and Wellness also includes incentives through a comprehensive, six-month medically supervised Weight Management Program, a three-month program of wellness and dietician coaching Jump Start Program, and an individualized, holistic care Diabetic Improvement Program. Participation in these programs may also require obtaining medical information through biometric screening measures and other patient information to assess medical, behavioral, physical and nutritional needs and to motivate positive change.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this Wellness Program, you might qualify for an opportunity to earn the same reward by different means. Contact us at (262) 560-4915 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

This information and other incentives are intended to promote health, manage disease, and provide follow-up results, interventions and options to improve health outcomes to benefit you and our community. It may also be used to offer you services through the Wellness Program. You are encouraged to share your results or concerns with your own doctor. The Wellness Program experience, combined with education, community support, other resources and personal motivators, creates momentum and a path for achievable, sustainable, positive change.

Protections from Disclosure of Medical Information Publicly and by ProHealth Care

Individual information is collected and maintained on separate forms, in encrypted electronic files. This is separate from your personnel records and treated as a confidential medical record. Medical information

collected through the Employee Health and Wellness Program will not be disclosed publicly and may never be used to make decisions regarding your employment. It only may be provided to your employer, ProHealth Care, in aggregate terms that do not disclose, or are not reasonably likely to disclose, your identity or the identity of other specific individuals, except for these specific, limited purposes:

- Individual information may be provided to ProHealth Care as sponsor, as needed to administer the ProHealth Care Health, Dental and Vision Plan (as further discussed in the Notice of Privacy Practices section, “How ProHealth Care Health, Dental and Vision Plan May Use or Disclose Your Health Information”);
- Individual information may be provided to ProHealth Care as needed to carry out specific activities related to the ProHealth Care Employee Health and Wellness Program, and to offer you services or information related to your health and potential risks through the Wellness Program; or
- Individual medical information may be provided to your ProHealth Care supervisors or managers in limited situations to assist persons with disabilities in accordance with confidentiality and non-discrimination laws. (e.g., ADA compliance, if you request a reasonable accommodation; first aid to a disabled person in the case of emergency).

This Notice for Employer-Sponsored Wellness Program is effective for the ProHealth Care Health, Dental and Vision Plan year effective January 1, 2022.

Summary Plan Documents and Annual Reports

ProHealth Care is required to disclose specific information about the health, welfare and retirement plans it offers to its employees.

The summary plan documents and summary annual reports are available electronically, in the following locations, so an up-to-date version is accessible to employees at all times. If there is a material change to the benefit during the plan year, a summary of material modifications (SMM) will be posted on the Human Resources Collaborate page and on Employee Self Service for employees to review.

- **ProHealth Care Collaborate Page:** click on Human Resources/click on Health & Wellness Benefits or Retirement Benefits. Then select the specific benefit plan you are looking for information on.
- **Employee Self Service:**
 - To access from home, go to <https://ess.phci.org>
 - To access from PHC Network ProNews Now go to ESS, click Lawson/ESS



- Enter your “u” or “p” number
- Click in Password box (or tab)
- Enter your personal (network) password
- Click Login (or press enter)

The following plans are covered under this notice:

- Medical Plan
- Dental Plan
- Vision Plan
- Life/Disability Plans
- Flexible Spending Accounts
- 401(k) Plan

If you have any additional questions on this notice or to request a hard copy of a plan document, please contact Human Resources at HRTotalRewards@phci.org or 262-928-4185.

ProHealth Care Health, Dental and Vision Plan Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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 ProHealth Care Health, Dental and Vision Plan (the “Plan”) is required by law to maintain the privacy of protected health information (“PHI”) maintained by the Plan. The Plan must provide participants with notice of its legal duties and privacy practices with respect to PHI under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), as amended and the privacy and security standards issued thereunder (together, the “Privacy Rule”), and any other more stringent state laws.

This Notice of Privacy Practices (“Notice”) describes the Plan’s privacy practices regarding PHI. Your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive. This Notice applies only to the health care components of the Plan only to the extent that such health care components are subject to the Privacy Rule, and does not apply to other benefits plans sponsored by ProHealth Care, such as long-term disability or life insurance.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

How the ProHealth Care Health, Dental and Vision Plan May Use or Disclose Your Health Information

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

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

Inspect and 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 health information we have about you. To inspect and receive an electronic or paper copy of such information, you must contact:

Medical Plan	Dental Plan	Dental CarePlus	Vision Plan
Aetna PO Box 981106 El Paso, TX 79998-1106	Delta Dental of Wisconsin PO Box 828 Stevens Point, WI 54481-0828	Dental CarePlus 3333 N. Mayfair Rd. Wauwatosa, WI 53222	VSP PO Box 99705 Sacramento, CA 95899-7105

Request to correct your health or claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. To ask for an amendment, you must make your request including a reason for your request in writing to the ProHealth Care Human Resources Department, at 725 American Ave., POB Suite 305, Waukesha, WI 53188.
- We may deny your request if we did not create the information you want changed, the information is already accurate and complete or for certain other reasons. If we deny your request, we will provide you with a written explanation and information on how you can appeal the denial.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will attempt to meet a reasonable request for confidential communications, but retain the right to deny such request unless you tell us you would be in danger if we did not. All requests for confidential communications must be in writing to the ProHealth Care Human Resources Department at 725 American Ave., POB Suite 305, Waukesha, WI 53188.

Request restrictions on certain uses and disclosures

- You can ask us not to use or share certain health information for treatment, payment, or our operations. All requests must be in writing to the ProHealth Care Human Resources Department at 725 American Ave., POB Suite 305, Waukesha, WI 53188.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Request to get a list of those with whom we’ve shared information

- You can ask for a list (accounting of disclosures) of the times we’ve shared your 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.

Obtain a copy of this privacy notice

You may ask us to give you a paper or electronic copy of this Notice at any time. To obtain a paper copy of this Notice, send your written request to the ProHealth Care Human Resources Department at 725 American Ave., POB Suite 305, Waukesha, WI 53188. You may also obtain a copy of this Notice from the Human Resources Collaborate site or Employee Self-Service (ESS).

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your 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 the ProHealth Care Privacy Officer at 262-696-5811 or leave a message on the ProHealth Care Compliance Hotline at 262-928-2415.
- 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.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your 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 information with your family, close friends, or others involved in payment for your care
- Share 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 information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

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

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your 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 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 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 your information for health research.

Comply with the law

We will share 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 health information about you with organ procurement organizations.
- We can share 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 health information about you:

- For workers' compensation claims
- 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 health information about you in response to a court or administrative order, or in response to a subpoena.

Communicate with you

We may use and disclose your health information to communicate with you. We may contact you at the phone numbers and addresses you give us. For example, we may contact you concerning insurance, billing, payment and other benefit services. We may leave messages at your home or voicemail. We may send you text and email messages at numbers and addresses you give us.

Organized Health Care Arrangement

We participate in one or more organized health care arrangements (OHCA). An OHCA is an organized system of health care in which more than one covered entity participates in the joint arrangement. The purpose of the participation includes conducting quality assessment and improvement activities and utilization review, and performing other clinically integrated network activities. One OHCA in which we participate is known as About Health. Your health information may be shared with other About Health and other OHCA participants for these purposes

Note on Other Restrictions

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law in some circumstances to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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 information other than as described here unless you tell us we can in writing. If you tell us we can, 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.

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 web site, and we will mail a copy to you.

- This Notice of Privacy Practices is effective September 21, 2021. We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to privacy of your medical information.
- Please contact the ProHealth Care Privacy Officer at 262-696-5811 or via email at Cheryl.braunreiter@phci.org if you have any questions about this Notice or if you want more information about the Privacy Practices of the ProHealth Care Health, Dental and Vision Plan.
- The Language Assistance Services discussed on the Available Language Assistance Services communication are available immediately and during open enrollment.

Communicating with Patients with Limited English Proficiency

Available Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-262-928-4465 (VRS: 1-866-327-8877).

ATENCIÓN: Si habla español, tenemos a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-262-928-4465 (VRS: 1-866-327-8877).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-262-928-4465 (VRS: 1-866-327-8877).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-262-928-4465 (VRS: 1-866-327-8877)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-262-928-4465 (VRS: 1-866-327-8877).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-262-928-4465 (VRS: 866-327-8877-1)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-262-928-4465 (VRS: 1-866-327-8877).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-262-928-4465 (VRS: 1-866-327-8877)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-262-928-4465 (VRS: 1-866-327-8877).

ann du schwetzscht, kansch du mitaus Koschteebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-262-928-4465 (VRS: 1-866-327-8877).

ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-262-928-4465 (VRS: 1-866-327-8877).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-262-928-4465 (VRS: 1-866-327-8877).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-262-928-4465 (VRS: 1-866-327-8877).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-262-928-4465 (VRS: 1-866-327-8877) पर कॉल करें।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-262-928-4465 (VRS: 1-866-327-8877).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-262-928-4465 (VRS: 1-866-327-8877).