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

General Information About This Notice

Caliber Holdings LLC continues its commitment to maintaining the confidentiality of your private medical information. This Notice describes Caliber Holdings LLC's efforts to safeguard your health information from improper or unnecessary use or disclosure. A federal law known as the "HIPAA privacy rules" requires the Caliber Holdings LLC Health Plans to provide you with this summary of the Health Plans' privacy practices and related legal duties and your rights in connection with the use and disclosure of your Health Plan information. Caliber Holdings LLC and the Health Plan are required to abide by the terms of this Notice as currently in effect.

The Health Plans

This Notice describes the privacy practices of the medical, dental, vision, and flexible spending account health benefits programs offered by Caliber Holdings LLC (collectively referred to as the "Health Plans"):

The Health Plan provides health benefits to eligible employees and their eligible dependents.

What Information Is Protected?

The HIPAA privacy rules require the Health Plans to establish policies and procedures for safeguarding a category of medical information called "protected health information," or "PHI," received or created in the course of administering the Health Plans. PHI is health information 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. A claim form for medical or dental benefits and the Explanation of Benefits statements (EOBs) sent in connection with payment of your claims are examples of documents containing PHI.

This Notice only applies to health-related information received by or on behalf of the Health Plans. If your employer 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 leave under the Family and Medical Leave Act—then this Notice does not apply, but Caliber Holdings LLC will safeguard that information in accordance with other applicable laws and company policies. Similarly, health information obtained in connection with a non-Health Plan benefit, such as long term disability or life insurance, is not protected under this Notice. This Notice also does not apply to information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

Uses and Disclosures That Do Not Require Your Authorization

The Health Plans may use or disclose your PHI in certain permissible ways described below. To the extent required under the HIPAA privacy rules, the PHI used and disclosed by the Health Plans will be limited to the minimum amount of PHI necessary for these purposes.

» Payment. The Health Plans may use and disclose your PHI to obtain payment for your coverage and to determine and fulfill the Health Plans' responsibility to provide health benefits—for example, to make coverage determinations, administer claims, and coordinate benefits with other coverage you may have.

>> The Health Plans also may disclose your PHI to another health plan or to a health care provider for its payment activities—for example, for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.

» Health Care Operations. The Health Plans may use and disclose your PHI for their health care operations—for example, to arrange for medical review, for disease management, to conduct quality assessment and improvement activities, or for underwriting. However, the Health Plans are prohibited from using or disclosing your genetic information for underwriting purposes. The Health Plans also may disclose your PHI to another health plan or a health care provider that has or had a relationship with you for it to conduct quality assessment and improvement activities; for accreditation, certification, licensing, or credentialing activities; or for the purpose of health care fraud and abuse detection or compliance—for example, for the other health plan to perform case management or health care provider performance evaluations, or for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills.

» Treatment. The Health Plans may disclose your PHI to your health care provider for its provision, coordination, or management of your health care and related services—for example, for managing your health care with the Health Plans or for referring you to another provider for care.

» To Comply With Law. The Health Plans may use and disclose your PHI to the extent required to comply with applicable law.

>> Disclosures to Caliber. The Health Plans may disclose your PHI to certain employees or other individuals under the company's control to allow the plan sponsor to administer the Health Plans, as described in this Notice. Your employer cannot use your PHI obtained from the Health Plans for any employment-related actions without your written authorization.

>> In addition, Caliber Holdings LLC may use or disclose "summary health information" for purposes of obtaining premium bids or modifying, amending, or terminating the Health Plans. Summary health information is information that summarizes claims history, claims expenses, or types of claims experienced by individuals for whom Caliber Holdings LLC provides benefits under the Health Plans and from which the individual identifying information, except for five-digit zip codes, has been deleted.

Caliber Holdings LLC also may use or disclose Health Plan eligibility and enrollment/disenrollment information—for example, for payroll processing.

» Third Party Providers (Business Associates). The Health Plans contract with third party administrators and various service providers, called "business associates," to perform certain plan administration functions. The Health Plans' business associates will receive, create, use, and disclose your PHI, but only after the business associates have agreed in writing to appropriately safeguard and keep confidential your PHI. Aon Hewitt is an example of a Health Plan business associate. Business associates may also use or disclose your PHI on behalf of the Health Plans, as described in this Notice.

» Disclosures to Family Members and Friends. The Health Plans may disclose your PHI to your family members, close friends, or other persons involved in your health care if you are present and you do not object to the disclosure (or if it can be inferred that you do not object), or, if you are not present or are unable to object due to incapacity or emergency, the disclosure is in your best interest. Following your death, the Health Plans may disclose your PHI to your family members, close friends, or other persons who were involved in your health care unless doing so would be against your stated preferences. Disclosure will be limited to your PHI that is directly relevant to the person's involvement in your health care.

» Marketing Communications. The Health Plans may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you. The Health Plans may also use and disclose your PHI to communicate face-to-face with you to encourage you to purchase or use a product or service that is not part of the health benefits provided by the Health Plans, or to provide a promotional gift of nominal value to you.

» Disclosures in Connection with Regulatory Inquiry. The Health Plans may disclose your PHI to the U.S. Department of Health and Human Services in connection with an inquiry or review of the Health Plans' compliance with the HIPAA privacy rules.

» Judicial and Administrative Proceedings. The Health Plans may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

» Workers' Compensation. The Health Plans may disclose your PHI as necessary to comply with workers' compensation or similar laws or programs.

» Research. The Health Plans may use or disclose your PHI for research purposes, as long as certain privacy-related standards are satisfied.

» Public Health. The Health Plans may use or disclose your PHI for certain public health activities, including to a public health authority for the prevention or control of disease, injury, or disability; to a proper government or health authority to report child abuse or neglect; to report reactions to medications or problems with

products regulated by the Food and Drug Administration; to notify individuals of recalls of medication or products they may be using; to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition; or to provide immunization information to a school about a student or potential student.

» Other Uses and Disclosures. In addition, the Health Plans may use or disclose your PHI in limited circumstances as permitted or required by law, including:

>> For certain health oversight activities, such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services.

>>To police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law.

>> To an appropriate government authority to report suspected instances of abuse, neglect, or domestic violence.

>> To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

>> If you are deceased, to allow a coroner or medical examiner to identify you or determine your cause of death, for tissue donation purposes, or to allow a funeral director to carry out his or her duties.

>> For purposes of public safety or national security.

>> To specialized government units, such as the U.S. military or U.S. Department of State, for certain government purposes.

Uses and Disclosures With Your Written Authorization

A Health Plan may use or disclose your PHI for a purpose other than as described above only if you give the Health Plan your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures of your PHI for marketing purposes, and disclosures that constitute a sale of your PHI require your authorization under the HIPAA privacy rules. If you provide a Health Plan with your authorization to use or disclose your PHI, you may revoke your authorization at any time by delivering a written revocation statement to the Privacy Officer. If you revoke your authorization, the Health Plans will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, the Health Plans cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

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.

Your Individual Rights

The HIPAA privacy rules provide you with certain rights regarding your PHI.

» Right to Request Additional Restrictions. You may request restrictions on a Health Plan's use and disclosure of your PHI. While the Health Plans will consider all requests for additional restrictions carefully, the Health Plans are not required to agree to a requested restriction. If you wish to request restrictions on a Health Plan's use and disclosure of your PHI, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is used or disclosed by third party vendors (business associates) that administer the Health Plans (for example, most medical PHI is maintained by the medical claims administrator). To request restrictions on the use or disclosure of your PHI by these vendors, you may wish to contact the vendors directly. For more information on your right to request restrictions, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address listed on page 6 of this notice.

» Right to Receive Confidential Communications. You may request to receive your PHI by alternative means of communication or at alternative locations. Your request must specify how or where you wish to be contacted. The Health Plans will try to accommodate any reasonable request for confidential communication. Please note that in certain situations, such as with respect to eligibility and enrollment information, the Health Plans are obliged to communicate directly with the employee rather than a dependent unless your request clearly states that disclosure of that information through the normal methods could endanger you. If you wish to request confidential communication of your PHI, you may obtain a request form from the Privacy Officer. Most communications of PHI relating to your health benefits are made by third party vendors (business associates) that administer the Health Plans. To request confidential communication of your PHI by these vendors, you may wish to contact the vendors directly. For more information on your right to request confidential communication of your PHI, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address listed on page 6 of this notice.

» Right to Inspect and Copy Your PHI. You may request access to certain Health Plan records that contain your PHI in order to inspect and request copies of those records. If you request copies, the Health Plans may charge you copying, mailing, and labor costs. To the extent that your PHI is maintained electronically, you may request that the Health Plans provide a copy to you or to a person or entity designated by you in an electronic format. Under limited circumstances, a Health Plan may deny you access to a portion of your records. If you desire access to your records, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is created or maintained by third party vendors (business associates) that administer the Health Plans. For access to that information, you may wish to contact the vendors directly. For more information on your right to inspect and request copies of your PHI, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address listed on page 6 of this notice.

» Right to Amend Your Records. You have the right to request that the Health Plans amend your PHI maintained in the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Health Plans and any other records used by or for the Health Plans to make decisions about your benefits. The Health Plans will comply with your request for amendment unless special circumstances apply. A Health Plan may deny your request for amendment if you do not provide a reason to support your request or if the Health Plan believes that the information is accurate. In addition, a Health Plan may deny your request if you ask it to amend information that was created by another health plan or health care provider (but the Health Plan will inform you of the source of the information, if known). If your physician or other health care provider created the information that you desire to amend, you should contact the health care provider to amend the information. To make a request for amendment, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is created or maintained by third party vendors (business associates) that administer the Health Plans. To request amendment of that information, you may wish to contact the vendors directly. For more information on your right to request amendment of your PHI, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address listed on page 6 of this notice.

» Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by the Health Plans made within six years of the date of your request. The accounting will generally be provided free of charge, but if you request an accounting more than once during a twelve (12) month period, the Health Plans may charge you a reasonable fee for any subsequent accounting statements. You will be notified of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses. The accounting will not include all disclosures of your PHI. For example, the accounting will not include disclosures (i) to carry out treatment, payment or health care operations activities; (ii) made to you; (iii) made to friends or family members involved in your care; (iv) made pursuant to your written authorization; (v) for national security or intelligence purposes; or (vi) to correctional institutions or law enforcement officials. If you wish to request an accounting, you may obtain a request form from the Privacy Officer. Most PHI relating to your health benefits is used or disclosed by third party vendors (business associates) that administer the Health Plans. For an accounting of disclosures by a Health Plan vendor, you may wish to contact the vendor directly. For more information on your right to request an accounting, or for contact information for the Health Plan vendors, call or write to the Privacy Officer at the address listed on page 6 of this notice.

» Right to Receive Paper Copy of this Notice. You may obtain a paper copy of this Notice upon request to the Privacy Officer.

» Right to Notification of a Breach of Your PHI. You will be notified in the event of an improper use or disclosure of your PHI if a Health Plan determines that the privacy of your PHI was likely compromised.

Personal Representatives.
You may exercise your rights through your personal representative who has authority under applicable state law to make health-related decisions on your behalf. Your personal representative will be required by the Health Plans to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or evidence that you are the parent of a minor child. The Health Plans reserve the right to withhold your PHI from your personal representative in certain limited circumstances.

For Further Information; Complaints.
If you would like additional information about your privacy rights, contact the Privacy Officer listed at the end of this Notice. If you are concerned that a Health Plan has violated your privacy rights, or if you disagree with a decision that a Health Plan made about access to your PHI or any of your other rights described above, you should contact the Privacy Officer. Caliber Holdings LLC and the Health Plans take your complaints very seriously. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Secretary. Neither Caliber Holdings LLC nor the Health Plans will retaliate against you if you file a complaint with the Privacy Officer or the Secretary.

Summary of benefits and coverage availability
The health benefits available to you represent a significant component of your compensation package. Health benefits provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the Caliber benefits website at https://caliberbenefitsatwork.com/. During your enrollment period, you can view the SBC by opening the Plan Information page, as follows:
>> Access the website at https://caliberbenefitsatwork.com/
>> Open the Resources section at the top of the page
>> From the drop-down menu, select Plan Documents >> Then choose the Summary of Benefits and Coverage you'd like to review.

A paper copy is also available, free of charge, by calling the Caliber Benefits Center at 844-347-8941 (a toll-free number).

Note: If you have dependents in your household who are enrolled in a Caliber Holdings LLC plan, please share this SBC information with them.

Effective Date and Application of This Notice.

» Effective Date. This Notice is effective as of July 19, 2026.

» Right to Change Terms of This Notice. This Notice is subject to change. If the Health Plans revise this Notice, they may make the new Notice terms effective for all of your PHI that they maintain, including any information created or received prior to issuing the updated Notice. If the Health Plans make a material change to this Notice, you will be notified of the change if you are then covered by a Health Plan.

» If You Participate in an HMO or Other Insured Coverage Option. This Notice generally applies Caliber Holdings LLC and to the health benefit programs under the Health Plans. Your health insurance provider should provide you with a separate notice of privacy practices that describes the insurer's own privacy policies and procedures. Contact your insurance company for a copy of their most current notice.

Privacy Officer

Chief Legal Officer, Privacy Officer
Caliber Holdings
2941 Lake Vista Drive
Lewisville, TX 75067

Telephone Number: 877-275-2254