

ST. PAUL ELECTRICAL WORKERS HEALTH PLAN
(The Plan)
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.

A. Health Programs Covered By This Notice

This Notice describes the practices of the group health programs (Medical, Dental and Vision plans) that are part of this Plan and will apply to you to the extent you participate in these programs. If you participate in other programs, you may receive additional notices.

B. Pledge Regarding Your Protected Health Information

This Notice explains how the Plan uses and discloses your protected health information and the rights that you have with respect to accessing that information and keeping it confidential. “Protected health information” means information that individually identifies you, and relates to payment for your health care, your health or condition, or health care you receive, including demographic information. The Plan creates, receives and maintains eligibility and enrollment information, information about your health care claims paid under the Plan, and other protected health information that is necessary to administer the Plan.

The Plan is required by law to maintain the privacy of your protected health information and to provide this Notice to you. This Notice explains the Plan’s legal duties and privacy practices, and your rights regarding your protected health information. The Plan is committed to protecting the privacy of your protected health information by complying with all applicable federal and state laws.

While this Notice is in effect, the Plan must follow the privacy practices described. This Notice takes effect on the effective date shown below, and will remain in effect until it is replaced. The Plan reserves the right to change its privacy practices and the terms of this Notice at any time, provided that applicable law permits such changes. The Plan reserves the right to make such changes effective for all protected health information that the Plan maintains, including information created or received before the changes were made. The Plan will provide a revised copy of the Notice through the mail.

You may request a copy of the Plan’s Notice of Privacy Practices at any time. For more information about the Plan’s privacy practices, or for additional copies of this Notice, please contact the Plan using the information listed at the end of this Notice.

C. Uses and Disclosures of Your Protected Health Information

The following categories describe the different ways the Plan uses and discloses your protected health information. Not every use or disclosure within a category is listed, but all uses and disclosures fall into one of the following categories:

1. *For Treatment.* The Plan may disclose your protected health information to a health provider to assist them in providing you with medical treatment or services including helping providers to coordinate your care. For example, a health care provider, such as a physician, nurse,

or other person providing health services to you, may request information in your record that is related to your treatment. We will convey this information to the health care provider to assist them in determining what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the treatment.

2. *For Payment.* The Plan may use and disclose your protected health information to others for purposes of paying for treatment and services that you receive. For example, a bill may be sent to you or this Plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. The Plan will use this information to process the bill to determine if it is for a treatment covered under the Plan, to pay the bill, to negotiate with the health care provider and to seek any coordination of coverage with another plan. The Plan may use and disclose protected health information to determine your eligibility for Plan benefits, facilitating payment for treatment and health care services you receive, determining benefit responsibility under the Plan, coordinating benefits with other plans, determining medical necessity, and so on. For example, the Plan may share protected health information with third party administrators hired to provide claims services and other administrative services to the Plan.

3. *For Health Care Operations.* The Plan may use and disclose protected health information about you for operational purposes. The Plan may use and disclose protected health information for underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration. To the extent the Plan uses or discloses protected health information for underwriting purposes, under HIPAA the Plan is prohibited from using or disclosing protected health information that is genetic information of an individual for such purposes.

4. *Benefits.* The Plan may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives, or to tell you about health-related products or services (or payment or coverage for such products or services) that may be of interest to you. The Plan may use your protected health information to contact you with information about benefits under the Plan, including certain communications about health plan networks, health plan changes, and value-added health plan-related products or services. The Plan may communicate with you face-to-face regarding any benefits, products or services. The Plan may use or disclose protected health information to distribute small promotional gifts.

5. *Health Plan Disclosure to Sponsors of Plan.* The Plan may disclose your protected health information to the Plan Sponsors, Trustees, but only to permit the Trustees to perform Plan administration and fiduciary functions.

6. *Required by Law.* The Plan may use and disclose information about you as required by law. For example, the Plan may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards. Under certain circumstances, such as a court order, or court-issued warrant, subpoena or summons, or grand jury subpoena, the Plan may disclose your protected health information to law enforcement officials. The Plan also may disclose limited protected health information to a law enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. The Plan may disclose protected health information about the victim of a crime (under limited circumstances); about a death the Plan believes may be the result of criminal conduct; to report a crime on the premises of the Plan; or, in an emergency,

information relating to a crime not on the premises. If you are an inmate of a correctional institution, the Plan may disclose protected health information to the institution or to law enforcement.

7. *Public Health.* Your protected health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities. The Plan 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.

8. *Decedents (Death, Organ/Tissue Donation).* Your protected health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes. The Plan may disclose protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization, for certain limited purposes.

9. *Research.* The Plan may use or disclose protected health information for research purposes, provided that the researcher follows certain procedures to protect your privacy. To the extent it is required by state law, the Plan will obtain your consent for a disclosure for research purposes.

10. *Government Functions.* Specialized government functions such as protection of public officials or reporting to various branches of the armed services may require use or disclosure of your protected health information.

11. *Workers Compensation.* Your protected health information may be used or disclosed in order to comply with laws and regulations related to workers compensation.

12. *Plan Communications with Individuals Involved in Your Care (or Payment for Your Care).* In general, the Plan will communicate directly with you about your claims and other Plan-related matters that involve your protected health information. In some cases, however, it may be appropriate to communicate about these matters with other individuals involved in your health care or payment for that care, such as your family, relatives, or close personal friends (or anyone else, if you choose to designate them). If you agree, the Plan may disclose to these persons protected health information about you that is directly relevant to their involvement in these matters. The Plan may also make such disclosures to these persons if you are given the opportunity to object to the disclosures and do not do so, or if the Plan reasonably infers from the circumstances that you do not object to disclosure to these persons. In these circumstances, the Plan would not need to obtain your written authorization. For example, if you are an employee and are attempting to resolve a claims dispute with the Plan, and you orally inform the Plan that your spouse will be calling the Plan for additional discussion of these issues, the Plan would be permitted to disclose protected health information directly relevant to that dispute to your spouse.

The Plan also may use or disclose your name, location and general condition (or death) to notify, or help to notify persons involved in your care about your situation. If you are incapacitated or in an emergency, the Plan may disclose your protected health information to persons involved in your care (or payment) if it determines that the disclosure is in your best interest.

13. *De-Identified Data.* The Plan may create a collection of information that can no longer be traced back to you (i.e., does not contain individually identifying information).

OTHER DISCLOSURES REQUIRE AUTHORIZATION: Other uses and disclosures of your personal protected health information will be made only with your written authorization. You may revoke your authorization at any time by providing a written revocation to the Plan.

D. Specific Disclosures Which Require Authorization Under HIPAA

1. *Uses and Disclosures You Specifically Authorize.* You may give the Plan written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give the Plan an authorization, you may revoke it in writing at any time. If you revoke your permission, the Plan will stop using or disclosing your protected health information in accordance with that authorization, except to the extent the Plan has already relied on it. Without your written authorization, the Plan may not use or disclose your protected health information for any reason except those described in this Notice.

2. *Psychotherapy Notes.* The Plan must obtain an authorization for any use or disclosure of psychotherapy notes, except in limited circumstances as provided in 45 C.F.R. §164.508(a)(2).

3. *Marketing.* The Plan must obtain an authorization for any use or disclosure of protected health information for marketing (as defined under HIPAA), except if the communication is in the form of a face-to-face communication made by the Plan to an individual; or a promotional gift of nominal value provided by the Plan. If the marketing involves financial remuneration, as defined in paragraph (3) of the definition of marketing at 45 C.F.R. §164.501, to the Plan from a third party, the authorization must state that such remuneration is involved.

4. *Sale of Protected Health Information.* Except in limited circumstances covered by the transition provisions in 45 C.F.R. §164.532, the Plan must obtain an authorization for any disclosure of protected health information which is a sale of protected health information, as defined in 45 C.F.R. §164.501. Such authorization must state that the disclosure will result in remuneration to the covered entity.

E. Uses and Disclosures of Substance Use Disorder Treatment Records

The Plan may receive, maintain, or disclose records that identify you as having a substance use disorder, being diagnosed with a substance use disorder, or receiving substance use disorder treatment from a federally assisted substance use disorder program. These records are protected by federal law and receive greater confidentiality protections than other health information, pursuant to 42 C.F.R. Part 2 ("Part 2").

The Plan will not use or disclose substance use disorder treatment records unless:

- You provide a written authorization that meets the requirements of Part 2;
- The use or disclosure is required or permitted by Part 2 (for example, in a medical emergency, for scientific research, for audit or evaluation activities, to report certain crimes occurring on program premises, or pursuant to a valid court order); or
- The information has been fully de-identified in accordance with Part 2.

Part 2 records (or testimony about their contents) may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless based on your specific written consent or pursuant to a court order that complies with Part 2.

Any substance use disorder treatment records disclosed by the Plan discloses with your written authorization will be subject to federal redisclosure restrictions. The recipient of the information

is prohibited from further disclosing it unless permitted by Part 2 or authorized by you in writing.

The Plan will maintain appropriate safeguards to protect the confidentiality of substance use disorder records, including any segregation, labeling, access restrictions, or redisclosure limitations required by Part 2.

F. Your Rights

1. *Access.* You have the right to look at or get copies of protected health information maintained by the Plan that may be used to make decisions about your Plan eligibility and benefits, with limited exceptions. The Plan reserves the right to require you to make this request in writing. If you request copies, you may be charged a fee to cover the costs of copying, mailing, and other supplies. If you prefer, the Plan will prepare a summary or an explanation of your protected health information for a fee. The Plan may deny your request in very limited circumstances. If the Plan denies your request, you may be entitled to a review of that denial. You will be told how to obtain a review. The Plan will abide by the outcome of that review.

2. *Amendment.* If you feel that your protected health information is incorrect or incomplete, you have the right to request that the Plan amend it. The Plan reserves the right to require this request be in writing, including a reason to support your request. The Plan may deny your request if the Plan did not create the information you want amended or for certain other reasons. If the Plan denies your request, the Plan will provide you a written explanation and the process to be followed for any additional action.

3. *Accounting of Disclosures.* You have the right to receive a list of disclosures the Plan has made of your protected health information. This right does not apply to disclosures for treatment, payment, health care operations, and certain other purposes. Your request for the accounting must be in writing. You are entitled to such an accounting for the six (6) years prior to your request. The Plan will provide you with the date on which it made a disclosure, the name of the person or entity to whom it disclosed your protected health information, a description of the protected health information it disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, the Plan may charge you a reasonable, cost-based fee for responding to these additional requests. You will be notified of the cost involved and be given the opportunity to withdraw or change your request before any costs are incurred.

4. *Restriction Requests.* You have the right to request that the Plan place additional restrictions on its use or disclosure of your protected health information for treatment, payment, or health care operations. The Plan is not required to agree to these restrictions, but if it does, the Plan will abide by its agreement (except in a medical emergency). A covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if: (A) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (B) The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full. Any such agreement by the Plan must be in writing signed by a person authorized to make such an agreement on our behalf; without this written agreement, the Plan will not be bound by the requested restrictions. Please use the contact information at the end of this Notice to get more information about how to make such a request.

5. *Confidential Communication.* You have the right to request that the Plan communicate with you about your protected health information by alternative means or to an alternative location.

For example, you may ask that the Plan contact you only at work or by mail. You must make your request in writing and must specify how or where you wish to be contacted. Your request must state that the information could endanger you if it is not communicated in confidence as you request. The Plan will accommodate all reasonable requests. Please use the contact information at the end of this Notice to get more information about how to make such a request.

6. *Copy of this Notice.* You are entitled to receive a printed (paper) copy of this Notice at any time. Please contact the Plan using the information listed at the end of this Notice to obtain a copy of this Notice in printed form.

G. Obligations of the Plan

The Plan is required to:

- Maintain the privacy of protected health information;
- Make available to you this Notice which describes the Plan's legal duties and privacy practices with respect to your protected health information;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Notify you of any breach of your unsecured protected health information;
- Accommodate reasonable requests you may make to communicate protected health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your protected health information for reasons other than those listed above and permitted under law.

The Plan reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised Notices will be mailed.

H. Questions and Complaints

If you want more information about the Plan's privacy practices, have questions or concerns, or believe that the Plan may have violated your privacy rights, please contact the Plan using the following information:

Ronald G. Ethier
St. Paul Electrical Industry Administrative Service Corporation
1330 Conway Street, #130
St. Paul, MN 55106
651-776-4239, Extension 7767

You also may 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/.

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

I. Conclusion

Uses and disclosures of your protected health information by the Plan are regulated by the federal HIPAA law. This Notice attempts to summarize the Privacy Regulations. The Privacy Regulations will supersede any discrepancy between the information in this Notice and the regulations.

EFFECTIVE DATE: This Notice is effective as of the 16th day of February, 2026.