

LITHKO CONTRACTING 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. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE LITHKO CONTRACTING HIPAA PRIVACY OFFICER AT BENEFITS@LITHKO.COM OR 855-413-0916.

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Lithko Contracting HIPAA Privacy Officer or the Benefits department:

Lithko Contracting HIPAA Privacy Officer – Kila Birk
2958 Crescentville Road West Chester, OH 45069
Email: birkk@lithko.com Phone: 513-564-2039

Effective Date

This Notice, as revised, is effective February 16, 2026.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of protected health information ("PHI") by the group health plan components of the Building Your Benefits Health & Welfare Benefit Plan sponsored by Lithko Contracting (collectively, the "Plan" or "We"). PHI includes almost all individually identifiable health information held by a group health plan -- whether received in writing, in an electronic medium, or as an oral communication. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

This Notice describes the privacy practices of the "Plan" and also describes your legal rights regarding your protected health information, including certain substance use disorder (SUD) records covered by 42 CFR part 2 (Part 2), held by the Plan under HIPAA. When the Plan receives information that is subject to Part 2, that information is protected by additional federal confidentiality requirements that are more restrictive than those that apply to other protected health information under HIPAA. In general, disclosures of SUD treatment records for treatment purposes are permitted with your prior written consent, or in accordance with applicable exceptions under 42 CFR Part 2.

Note: If you are covered by one or more fully insured group health plans offered by Lithko Contracting, the insurance carrier will provide information about the insurer's notice of privacy practices applicable to that coverage and how to obtain a copy directly from the insurance carrier.

The Plan's Duties With Respect To Health Information About You

The Plan is required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of the Plan's legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

It's important to note that these rules apply to the Plan, which is a separate entity from Lithko Contracting as an employer. Different policies may apply to other Lithko Contracting programs or to data unrelated to the Plan.

Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

How the Plan May Use and Disclose Your Protected Health Information

Under the law, the Plan may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers which can include providing, coordinating, or managing your health care. For example, we may disclose medical information about you to providers, including doctors, nurses, or other hospital personnel who are involved in taking care of you. The Plan may also disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use. Additionally, disclosures of SUD treatment records for treatment purposes are permitted with your prior written consent, or in accordance with applicable exceptions under 42 CFR Part 2. For example, if the Plan receives information protected by Part 2 and determines that a bona fide medical emergency exists, the Plan may disclose the minimum necessary information to medical personnel to address the emergency, as permitted by federal law.

For Payment

The Plan may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations

The Plan may use and disclose your protected health information for other Plan operations. In this regard, health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers such as wellness and risk assessment programs). These uses and disclosures are generally necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

The amount of health information used, disclosed or requested will be limited to the minimum necessary to accomplish the intended purposes, as required under the HIPAA rules. The Plan is also prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates

The Plan may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information, including SUD treatment records, to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required By Law

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of Lithko Contracting protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

How The Plan May Share Your Protected Health Information With Lithko Contracting

The Plan, or its health insurer or HMO, may disclose your protected health information without your written authorization to Lithko Contracting for plan administration purposes. Lithko Contracting may need your protected health information to administer benefits under the Plan. Lithko Contracting agrees not to use or disclose your protected health information other than as permitted or required by the Plan documents and by law.

Benefits, payroll, and/or finance staff are the only Lithko Contracting employees who will have access to your protected health information for plan administration functions.

Here's how additional information may be shared between the Plan and Lithko Contracting, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Lithko Contracting, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Lithko Contracting information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

Lithko Contracting cannot and will not use protected health information obtained from the Plan for any employment-related actions. However, protected health information collected by Lithko Contracting from other sources, for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other Allowable Uses Or Disclosures In Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your written authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Workers' Compensation

We may release your protected health information for workers' compensation or similar legal programs. These programs provide benefits for work-related injuries or illness.

Organ And Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military And Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following: - to prevent or control disease, injury, or disability; - to report births and deaths; - to report child abuse or neglect; - to report reactions to medications or problems with products; - to notify people of recalls of products they may be using; - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; - to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits And Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

SUD treatment 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 or the holder of the record, as provided in 42 CFR part 2. 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.

Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official- - in response to a court order, subpoena, warrant, summons or similar process; - to identify or locate a suspect, fugitive, material witness, or missing person; - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; - about a death that we believe may be the result of criminal conduct; - about criminal conduct; and - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners And Funeral Directors

The Plan may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security And Intelligence Activities

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research

We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining compliance with the HIPAA privacy rule.

Disclosures To You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification Of A Breach

You have the right to be notified in the event that the Plan (or one of its Business Associates) discovers a breach of your unsecured protected health information, as defined by HIPAA.

Other Disclosures

Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney).

Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; (2) treating such person as your personal representative could endanger you; or (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses And Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of SUD Part 2 treatment records, psychotherapy notes, and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization.

You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

You may elect to opt out of receiving fundraising communications from us at any time. To opt out, you may contact the Privacy Officer in writing at the address provided under Contact Information, by email at benefits@lithko.com, or by telephone at 855-413-0916

Your Rights

You have the following rights with respect to your protected health information. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

Right To Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You have the right to request that a health care provider not disclose protected health information about a specific health care item or service to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service. If you make such a request to your health care provider, the provider is required to comply with your request. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family members or other persons you identify as being involved in your care or payment for your care. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

Right To Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right To Inspect And Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information.

If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

Right To Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: is not part of the medical information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right To An Accounting Of Disclosures

You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (and under certain circumstances, three years for electronic health records) or the period Lithko Contracting has been subject to the HIPAA Privacy rules, if shorter. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible.

The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right To A Paper Copy Of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

Changes To The Information In This Notice

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet at www.buildingyourbenefits.com.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us.

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 <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

To file a complaint with the Plan, telephone or write the Privacy Officer as provided above under Contact Information.

You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, the Privacy Officer at the address or phone number provided above under Contact Information.

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