

# J. J. Keller & Associates, Inc.: Important Disclosures & Notices

## Michelle's Law Notice

If the Plan provides for dependent coverage that is based on a dependent's full-time student status, then this Michelle's Law Notice applies. If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while a dependent child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the dependent child to lose student status for purposes of coverage under the plan, that child may maintain dependent eligibility for up to one year. If the treating physician does not provide written documentation when requested by the Plan Administrator that the serious illness or injury has continued, making the leave of absence medically necessary, the plan will no longer provide continued coverage. ❖

## Benefits during a Leave of Absence

Your health benefits may be protected and maintained during a leave of absence, such as a leave qualifying under the Family Medical Leave Act. Other leaves of absence may, however, render you ineligible to participate in the health plan. If coverage is lost due to a leave of absence, you may be eligible to continue coverage under COBRA. Similarly, if you become ineligible for health benefits due to a leave of absence for military reasons, you may be eligible to continue that coverage under USERRA. Please contact your Human Resources Department or your manager for more information regarding what benefits are protected and maintained during a leave of absence and for more information about FMLA, COBRA and USERRA. ❖

## Premium Assistance under Medicaid and The Children's Health Insurance Program (CHIP)

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, they may contact the State Medicaid or CHIP office to find out if premium assistance is available.

If an Employee or his/her dependents are NOT currently enrolled in Medicaid or CHIP, and they think they (or any of their dependents) might be eligible for either of these programs, they can contact the State Medicaid or CHIP office or dial **1-877-KIDS NOW** or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If they qualify, ask if the state has a program that might help pay the premiums for an employer-sponsored plan.

If an Employee or his/her dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under their employer plan, the employer must allow the Employee to enroll in the employer plan if they are not already enrolled. This is called a "special enrollment" opportunity, and **the Employee must request coverage within 60 days of being determined eligible for premium assistance**. If the Employee has questions about enrolling in the employer's plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**Associates living in one of the following States may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2025. V 0.6.0. The most recent CHIP notice can be found at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>. Contact the respective State for more information on eligibility –**

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<https://dhss.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program  
Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:  
<https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+ Website: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service:

1-800-359-1991/State Relay 771

Health Insurance Buy-In Program (HIBI) Website:

<https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

### FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

### GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

### INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [iowa Medicaid | Health & Human Services](http://iowa.gov/Health%20&%20Human%20Services)

Medicaid Phone: 1-800-338-8366

Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](http://iowa.gov/Health%20&%20Human%20Services)

Hawki Phone: 1-800-257-8563

HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://iowa.gov/Health%20&%20Human%20Services)

HIPP Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

### KENTUCKY – Medicaid

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](mailto:KIHIPP.PROGRAM@ky.gov)

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website:  
<https://chfs.ky.gov/agencies/dms>

#### LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or  
[www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

#### MAINE – Medicaid

Enrollment Website:  
[https://www.mymaineconnection.gov/benefits/  
s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine Relay 711  
Private Health Insurance Premium Webpage:  
[https://www.maine.gov/dhhs/ofi/applications-  
forms](https://www.maine.gov/dhhs/ofi/applications-forms)  
Phone: 1-800-977-6740  
TTY: Maine Relay 711

#### MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

#### MINNESOTA – Medicaid

Website:  
<https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672

#### MISSOURI – Medicaid

Website: [http://www.dss.mo.gov/  
mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005

#### MONTANA – Medicaid

Website:  
[https://dphhs.mt.gov/MontanaHealthcareProgram  
s/MemberServices](https://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices)  
Phone: 1-800-694-3084  
Email: [HSHSHIPProgram@mt.gov](mailto:HSHSHIPProgram@mt.gov)

#### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

#### NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

#### NEW HAMPSHIRE – Medicaid

Website: [https://www.dhhs.nh.gov/programs-  
services/medicaid/health-insurance-premium-  
program](https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)  
Phone: 603-271-5218  
Toll free number for the HIPP program:  
1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

#### NEW JERSEY – Medicaid and CHIP

Medicaid Website: [http://www.state.nj.us/  
humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392  
CHIP Website:  
<http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

#### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/  
health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

#### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

#### NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

#### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

#### OREGON – Medicaid

Website:  
<http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

#### PENNSYLVANIA – Medicaid and CHIP

Website: [https://www.pa.gov/en/services/  
dhs/apply-for-medicaid-health-insurance-  
premium-payment-program-hipp.html](https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html)  
Phone: 1-800-692-7462  
CHIP Website: [Children's Health Insurance  
Program \(CHIP\) \(pa.gov\)](http://Children's Health Insurance Program (CHIP) (pa.gov))  
CHIP Phone: 1-800-986-KIDS (5437)

#### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347 or  
401-462-0311 (Direct Rlte Share Line)

#### SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

#### SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

#### TEXAS – Medicaid

Website: [https://www.hhs.texas.gov/services/  
financial/health-insurance-premium-payment-  
hipp-program](https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program)  
Phone: 1-800-440-0493

#### UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website:  
<https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website:  
<https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

#### VERMONT – Medicaid

Website: [https://dvha.vermont.gov/members/  
medicaid/hipp-program](https://dvha.vermont.gov/members/medicaid/hipp-program)  
Phone: 1-800-250-8427

#### VIRGINIA – Medicaid and CHIP

Website: [https://coverva.dmas.virginia.gov/  
learn/premium-assistance/famis-select](https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select)  
[https://coverva.dmas.virginia.gov/learn/premium-  
assistance/health-insurance-premium-payment-  
hipp-programs](https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs)  
Medicaid/CHIP Phone: 1-800-432-5924

#### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

#### WEST VIRGINIA – Medicaid and CHIP

Website: [https://dhhr.wv.gov/bms/  
http://mywvhipp.com/](https://dhhr.wv.gov/bms/http://mywvhipp.com/)  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone:  
1-855-MyWVHIPP (1-855-699-8447)

#### WISCONSIN – Medicaid and CHIP

Website:  
[https://www.dhs.wisconsin.gov/  
medicaid/index.htm](https://www.dhs.wisconsin.gov/medicaid/index.htm)  
Phone: 1-800-362-3002

#### WYOMING – Medicaid

Website: [https://health.wyo.gov/  
healthcarefin/medicaid/programs-and-eligibility/](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, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565 ❖

## Notice Regarding Wellness Program

The LIFE Premium Points Program is a voluntary wellness program available to all associates and their spouses on the company's health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the LIFE Premium Points Program you will be asked to complete a biometric screening, which will include a tobacco attestation, blood test for glucose levels, and total cholesterol. The biometric screening also includes a blood pressure reading and body mass index (BMI) measurement or waist circumference measurement. You are not required to participate in the blood test or other medical examinations. Associates and their spouse on the

company health plan who choose to participate in the LIFE Premium Points Program will receive a premium incentive of \$2,000 per associate and an additional \$2,000 for a spouse for completing the Life Premium Points requirements. Although associates are not required to complete the biometric screening, only associates who do so will receive the incentive.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the LIFE Wellness Clinic. You are also encouraged to share your results or concerns with your own doctor.

We are required by law to maintain the privacy and security of your personal identifiable health information. Although the wellness program and J. J. Keller & Associates, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, The LIFE Premium Points Program will never disclose any of your personal information except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the LIFE Premium Points Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the LIFE Premium Points Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the Marathon Health providers in order to provide you with services under the LIFE Wellness Clinic. In addition, all medical information obtained through the program will be maintained separately from your personal records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the LIFE Premium Points Program, we will notify you immediately.

## Patient Protection Notice

If the J. J. Keller & Associates, Inc. generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, you will be able to designate a new provider. For information on how to select a primary care provider, and for a list of the

participating primary care providers, contact Human Resources. ❖

## Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- 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.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. ❖

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage generally may not, under federal law, 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 normal 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, after consulting with the mother, from discharging the mother or her newborn earlier than 48 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). ❖

## Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child

that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge. ❖

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Associates as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Associates may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1<sup>st</sup>, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1<sup>st</sup>. After Dec. 15<sup>th</sup>, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

### Can individuals Save Money on Health Insurance Premiums in the Marketplace?

Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.96% of household income for the plan year beginning in 2026, or if the coverage the employer provides does not meet the "minimum

value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit.\*

**Note:** If a health plan is purchased through the Marketplace instead of accepting health coverage offered by an employer, then the Employee may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as the employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Any Employee payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can Individuals Get More Information?

For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

The Marketplace can help when evaluating coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in the area.

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. ❖

### Special Enrollment Rights

If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

#### Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP)

If an employee or their dependent was:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or

2. becomes eligible for premium assistance under Medicaid or state child health insurance program, a special enrollment period under this Plan will apply.

The employee must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP. ❖

## HIPAA Notice of Privacy Practices

***THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

### HIPAA Notice of Privacy Practices

The J. J. Keller & Associates, Inc. Group Medical Plan (the "Plan"), which may include other health and welfare benefit offerings, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform associates (and any of their dependents) of the policies and procedures J. J. Keller & Associates, Inc. has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual's Authorization: The plan may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA's privacy rule) for:

#### 1. Payment and Health Care

**Operations:** In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an

individual's coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan's participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

#### 2. Disclosure to the Plan Sponsor:

As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

#### 3. Requirements of Law:

When required to do so by any federal, state or local law.

#### 4. Health Oversight Activities:

To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

#### 5. Threats to Health or Safety:

As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual's health or safety or to the health and safety of the public.

#### 6. Judicial and Administrative

**Proceedings:** In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written

notice to the individual to allow them to raise an objection.

**7. Law Enforcement Purposes:**

To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

**8. Coroners, Medical Examiners, or Funeral Directors:**

For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

**9. Organ or Tissue Donation:**

If the person is an organ or tissue donor, for purposes related to that donation.

**10. Specified Government Functions:**

For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

**11. Workers' Compensation:**

As necessary to comply with workers' compensation or other similar programs.

**12. Distribution of Health-Related Benefits and Services:**

To provide information to the individual on health-related benefits and services that may be of interest to them.

**Notice in Case of Breach**

J. J. Keller & Associates, Inc. is required to maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

**Use and Disclosure of Individual Health Information by the Plan that Does Require Individual Authorization:**

Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information.

However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only

with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

**Individual Rights with Respect to Personal Health Information:**

Each individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

**Right to Request Restrictions on Uses and Disclosures:**

An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at J. J. Keller & Associates, Inc., 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957, 920-720-7695.

**Right to Inspect and Copy Individual Health Information:**

An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at J. J. Keller & Associates, Inc., 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957, 920-720-7695. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

**Right to Amend Your Health Information:**

You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is

made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at J. J. Keller & Associates, Inc., 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957, 920-720-7695. The request may be denied in whole or part and if so, the Plan will provide a written explanation of the denial.

**Right to an Accounting of Disclosures:**

An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at J. J. Keller & Associates, Inc., 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957, 920-720-7695. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

**Right to Receive Confidential Communications:**

An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the request in writing to the HIPAA Privacy Officer at J. J. Keller & Associates, Inc., 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957, 920-720-7695. The Plan will attempt to honor all reasonable requests.

**Right to a Paper Copy of this Notice:**

Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their

HIPAA Privacy Officer at J. J. Keller & Associates, Inc., 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957, 920-720-7695 to make this request.

**The Plan's Duties:** The Plan is required by law to maintain the privacy of individual health information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

**Complaints and Contact Person:**

If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at J. J. Keller & Associates, Inc., 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957, 920-720-7695. They may also file a complaint with the Secretary of Health and Human Services if they believe their privacy rights have been violated. ❖

**Important Notice from J. J. Keller & Associates, Inc. about Your Prescription Drug Coverage and Medicare (Creditable Coverage)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with J. J. Keller & Associates, 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. J. J. Keller & Associates, Inc. has determined that the prescription drug coverage

offered by the J. J. Keller & Associates, Inc. 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.

**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 J. J. Keller & Associates, Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current J. J. Keller & Associates, Inc. coverage, be aware that you and your dependents will 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 J. J. Keller & Associates, 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 person 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 J. J. Keller & Associates, 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](http://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](http://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: January 1<sup>st</sup>, 2026

Name of Entity/Sender: J. J. Keller & Associates, Inc.

Contact--Position/Office: HR Services

Address: 3003 Breezewood Lane, P.O. Box 368, Neenah, WI, 54957

Phone Number: 920-720-7695 ❖