



Required Legal Notices

Notice of HIPAA 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.

This Notice is effective on February 16, 2026. Please provide this Notice to your family.

This Notice applies to the following health benefits provided under the health plans sponsored by PRRC, Inc. (collectively, the "Plans"):

The Medical benefits, Dental benefits, Vision benefits, and Health Care FSA benefit.

The references to "we" and "us" throughout this Notice mean the Plans.

This Notice has been drafted to comply with the "HIPAA Privacy Rules," under federal law. Any terms that are not defined in this Notice have the meaning specified in the HIPAA Privacy Rules.

How We Protect Your Privacy

The Plans will not disclose protected health information without your authorization unless it is necessary to provide your health benefits and administer the Plans, or as otherwise required or permitted by law. When we need to disclose individually identifiable information, we will follow the policies described in this Notice to protect your confidentiality.

How We May Use and Disclose Your Protected Health Information

The Plans will not use or disclose any of your protected health information for marketing purposes, nor will we make any disclosures that constitute the sale of your protected health information without your written authorization.

Any other uses and disclosures not specified in this notice require your authorization. We will not use or disclose your protected health information without your written authorization, except for the following purposes, or as otherwise permitted by law. You may revoke an authorization that you previously have given by sending a written request to PRRC, Inc. but not with respect to any actions we already have taken. When required by law, we will restrict disclosures to the Limited Data Set, or if necessary, to the minimum necessary information to accomplish the intended purpose.

Treatment	<p>We may disclose your protected health information to your health care provider for its provision, coordination or management of your health care and related services. For example, we may disclose your protected health information to a health care provider when the provider needs that information to provide treatment to you.</p> <p>We may also disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities or accreditation, certification, licensing or credentialing.</p>
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Payment

We may use or disclose your protected health information to provide payment for the treatment you receive under the Plans. For example, we may use and disclose your protected health information to pay and manage your claims, coordinate your benefits, and review health care services provided to you. We may use and disclose your protected health information to determine your eligibility or coverage for health benefits and evaluate medical necessity or appropriateness of care or charges. In addition, we may use and disclose your protected health information as necessary to preauthorize services to you and review the services provided to you. We may use and disclose your protected health information to adjudicate your claims. Also, we may disclose your protected health information to other health care providers or entities who need your protected health information to obtain or provide payment for your treatment.

Health Care Operations

We may use or disclose your protected health information for our health care operations. We may use or disclose your protected health information to conduct audits, for purposes of underwriting and rate-making, as well as for purposes of risk management. We may use or disclose your protected health information to provide you with customer service activities or develop programs. We may also provide your protected health information to our attorneys, accountants, and other consultants who assist us in performing our functions. We may disclose your protected health information to other health care providers or entities for certain health care operations activities, such as quality assessment and improvement activities, case management and care coordination, or as needed to obtain or maintain accreditation or licenses to provide services. We will only disclose your protected health information to these entities if they have or have had a relationship with you and your protected health information pertains to that relationship, such as with other health plans or insurance carriers in order to coordinate benefits, if you or your family members have coverage through another health plan.

Disclosures Between Health Plans

In addition to the uses and disclosures of your protected health information for purposes of treatment, payment and health care operations discussed above, the Plans may share your protected health information with each other. The Plans have entered into an "organized health care arrangement" to coordinate their operations and to better serve you and the other participants and beneficiaries of the Plans. To do this, the Plans may need to share protected health information with each other in order to manage their operations. However, the Plans will only share your protected health information with each other as is necessary for the treatment, payment or health care operations of the Plans and their common operation.

Disclosures to Sponsor of Plans

PRRC, Inc. is the sponsor of the Plans. We may disclose your protected health information to employees of the sponsor only to the extent necessary to administer the Plans. The sponsor is not permitted to use protected health information for any purpose other than the administration of the Plans. The sponsor must certify, among other things, that it will only use and disclose your protected health information as permitted by the Plans, restrict access to your protected health information to those individuals whose job it is to administer the Plans and it will not use protected health information for any employment-related actions or decisions.

Disclosures to Business Associates

We contract with individuals and entities (Business Associates) to perform various functions on our behalf or provide certain types of services. To perform these functions or provide these services, our Business Associates will receive, create, maintain, use or disclose protected health information. We require the Business Associates to agree in writing to contract terms to safeguard your information, consistent with federal law. For example, we may disclose your protected health information to a business associate to administer claims or provide service support, utilization management, subrogation, or pharmacy benefit management.

Disclosures to Family Members or Others	Unless you object, we may provide relevant portions of your protected health information to a family member, friend or other person you indicate is involved in your health care or in helping you receive payment for your health care. If you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, we will disclose protected health information (as we determine) in your best interest. After the emergency, we will give you the opportunity to object to future disclosures to family and friends.
Other Uses and Disclosures	The law allows us to disclose protected health information without your prior authorization in the following circumstances:
Required by law	We may use and disclose your protected health information to comply with the law.
Public health activities	We will disclose protected health information when we report to a public health authority for purposes such as public health surveillance, public health investigations or suspected child abuse.
Reports about victims of abuse, neglect or domestic violence	We will disclose your protected health information in these reports only if we are required or authorized by law to do so, or if you otherwise agree.
To health oversight agencies	We will provide protected health information as requested to government agencies that have the authority to audit or investigate our operations.
Lawsuits and disputes	If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a subpoena or other lawful request, but only if efforts have been made to tell you about the request or obtain a court order that protects the protected health information requested.
Law enforcement	We may release protected health information if asked to do so by a law enforcement official in the following circumstances: (a) to respond to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) to assist the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) to investigate a death we believe may be due to criminal conduct; (e) to investigate criminal conduct; and (f) to report a crime, its location or victims or the identity, description or location of the person who committed the crime (in emergency circumstances).
Coroners, medical examiners & funeral directors	We may disclose protected health information to facilitate the duties of these individuals.
Organ procurement	We may disclose protected health information to facilitate organ donation and transplantation.
Medical research	We may disclose protected health information for medical research projects, subject to strict legal restrictions.

Serious threat to health or safety	We may disclose your protected health information to someone who can help prevent a serious threat to your health and safety or the health and safety of another person or the general public.
Special government functions	We may use and disclose your protected health information to comply with the law.
Workers' compensation or similar programs	We may disclose your protected health information when necessary to comply with worker's compensation laws.
Genetic information	The Plans are prohibited from using or disclosing your protected health information that is genetic information for underwriting purposes.
SUD treatment information	If the Plans receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of payment or health care operations, the Plans may use and disclose your Part 2 Program record for payment and health care operations purposes as described in this Notice. If the Plans receive or maintain your Part 2 Program record through a specific consent you provide to the Plans or another third party, the Plans will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to the Plans. In no event will the Plans use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after providing you notice of the court order.

Your Individual Rights

Breach Notification	The Plans are required by law to notify you should a breach of your unsecured protected health information occur.
Who to contract to exercise your individual rights	<p>You have important rights with respect to your protected health information as described below. Your enrollment and eligibility information originates with and is maintained by PRRC, Inc. and requests regarding that information must be in writing and directed to the Benefits Department. However, most of your protected health information originates with and is maintained by the Claims Administrators for the Plans. Requests relating to your claims information must be in writing and should be directed to the Claims Administrator for the particular benefit. The contact information for the Claims Administrators:</p> <p>Medical Plans: Aetna 1-877-461-0933 Dental Plans: Aetna 1-877-238-6200 Vision Plan: EyeMed 1-866-9EYEMED (939-3633)</p>
Right to inspect and copy your protected health information	Except for limited circumstances, you may review and copy your protected health information. In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual. If you request copies of your protected health information, we may charge you a reasonable fee to cover the cost. Alternatively, we may provide you with a summary or explanation of your protected health information, upon your request if you agree to the rules and cost (if any) in advance.

If you believe that the protected health information we have is incomplete or incorrect, you may ask us to amend it. To process your request, you must use the form we provide and explain why you think the amendment is appropriate. We will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will make reasonable efforts to notify other parties of your amendment. If we agree to make the amendment, we will also ask you to identify others you would like us to notify.

We may deny your request if you ask us to amend information that:

Right to correct or update your protected health information

Was not created by us, unless the person who created the information is no longer available to make the amendment;

Is not part of the protected health information we keep about you;

Is not part of the protected health information that you would be allowed to see or copy; or

Is determined by us to be accurate and complete.

If we deny the requested amendment, we will notify you in writing on how to submit a statement of disagreement, complaint, or request inclusion of your original amendment request in your protected health information.

Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, put your complaint in writing and send it to the Benefits Department. The Plans will not retaliate against you for filing a complaint. You may also contact the Benefits Department if you have questions or comments about our privacy practices.

Right to obtain a list of the disclosures

You have the right to get a list of protected health information disclosures, which is also referred to as an accounting. The list will not include disclosures we have made as authorized by law. The list will not include disclosures made for treatment, payment and health care operations purposes (except as noted below with respect to electronic health records). Also, no accounting will be made for disclosures made directly to you or under an authorization that you provided or those made to your family or friends). The list will not include disclosures we have made for national security purposes or to law enforcement personnel. The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You may be charged for providing any additional lists within a 12-month period. You may also request and receive an accounting of disclosures made for payment, treatment, or health care operations during the prior three years for disclosures made through an electronic health record.

Right to choose how we communicate with you

You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail). We must agree to your request if you state that disclosure of the information may put you in danger.

Right to request additional restrictions on health information

You have the right to ask that we not use or share certain health information for treatment, payment, or health care operations. We are not required to agree to your request except in certain, limited circumstances. However, we will attempt to accommodate reasonable requests, if appropriate.

Future Changes to Our Practices and This Notice

We are required to follow the terms of this notice or any revision to it that is in effect. We reserve the right to change our privacy practices and the terms of this notice, to the extent allowed by law, and any changes to the Plans' privacy practices will apply to all PHI the Plans maintain (including PHI obtained about you before the change). If a change in our practices is material, we will revise this Notice to reflect the change. We will send or provide a copy of the revised Notice. You may also obtain a copy of any revised Notice by contacting the Benefits Department.

This Notice is intended as an overview of certain benefits-related requirements.

Contact for Information, Questions, Concerns

Contact Person/Office: The PRRC, Inc. Benefits Department