

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 prescription drug plans. For more information about Medicare prescription drug plans:

Visit www.medicare.gov.

- Call your State Health Insurance Assistance Program (see your copy of the Medicare and 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.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: 10/10/2025

Name of Sender: Texas Health

Contact/Office:

Benefits Department Address:

612 E. Lamar Blvd.

Suite 400

Arlington, TX 76011

Phone number: 682-236-7236

TEXAS HEALTH GROUP HEALTH 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.

Texas Health contracts with third party administrators (TPAs) to manage the administration of its medical, dental, vision, health care flexible spending account plans, and the Health Savings Account. In 2026, the medical TPAs are Quantum Health/Allegiance and UnitedHealthcare. The dental TPA is Aetna, the vision TPA is Superior Vision by MetLife, the health care flexible spending account TPA is HealthEquity, and the Health Savings Account TPA is also HealthEquity.

Demographic information about you and your family members (such as name, address, dependent names, date of birth and coverage levels) is provided to the appropriate TPA each pay period, so their files contain the most current information. To protect your privacy even more, Texas Health may now require you to complete an Authorization form when you need assistance with a specific claim; to help you with an issue or in order to better administer other Texas Health benefit plans as described below. The following information describes how medical information about participants may be used and disclosed and how you can access this information.

Understanding Your Health Information

This Notice of Privacy Practices describes the privacy practices of Texas Health's Group Health Plan (GHP) for employees providing for medical, dental, vision, and health care flexible spending account reimbursement. Federal law requires that any health information the GHP maintains that identifies participants remain private. Specifically, this notice describes your rights concerning your health information, the responsibilities of the GHP regarding your health information, how the GHP may use or disclose your health information, and whom you may contact regarding the GHP's privacy policies. The GHP will not use or disclose your health information without written authorization, except as described in this Notice. Use or disclosure pursuant to this Notice may include electronic transfer of your health information.

Your Health Information Rights

If you are a participant in Texas Health's medical, dental, vision, or health care flexible spending account plan, you have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed
- Request to inspect or obtain a copy of your health information as provided by law
- Request, in writing, that your health information be amended, as provided by the law, if you feel the health information about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- Request that your health information be communicated with you in a specific way or at a specific location. Reasonable requests will be accommodated.
- Request, in writing, to obtain an accounting of disclosures or a report of who has accessed your health information, as provided by law
- Obtain a paper copy of this Notice of Privacy Practices on request.

You may exercise these rights as follows:

- The majority of information regarding the processing of health claims is maintained by third party administrators, contracted by the GHP to perform claims administration, payment, and coverage verification. As a result, you should direct your requests regarding this information to the third-party administrators listed in the Important Contacts (pages 236-237) of this Employee Benefits Handbook.
- All other requests may be directed to the Privacy Contact listed on this notice.

Texas Health's Responsibilities

The GHP has certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information.
- Provide you with this notice that describes the GHP's legal duties and privacy practices regarding the information it maintains about you.
- Abide by the terms of the notice currently in effect.

The GHP reserves the right to change its information privacy policies and practices and to make the changes applicable to any health information that it maintains. If changes are made, the revised Notice of Privacy Practices will be made available on the Benefits website (**BeHealthyTHR.org**) and will be supplied when requested by participants.

Use and Disclosure of Health Information Without Authorization

Certain use and disclosure of your health information is necessary and permitted by law to treat you, process payments for your treatment, and support the operations of the GHP and other involved entities. The following categories describe ways that the GHP may use or disclose your information. It provides some representative examples. All of the ways your health information is used or disclosed should fall within one of these categories:

- Treatment—your health information may be disclosed to a health care provider for your medical treatment.

- Payment—your health information may be used or disclosed to determine premiums under the GHP, establish whether the GHP is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor's bill, your medical information may be used to determine whether the terms of the GHP cover the medical care you received. Your medical information may also be disclosed to a health care provider or other person as needed for that person's payment activities.
- Health Care Operations—health care operations are activities that federal law considers important to the GHP's successful operation. Here are some examples. The GHP may:
 - Use your medical information to evaluate the performance of participating doctors under the GHP
 - Disclose your medical information to an auditor who will make sure that the GHP is following applicable laws
 - Contact you to give you information about treatment alternatives or other health-related benefits and services that may interest you
 - Disclose your medical information to a health care provider or health plan that is involved with your health care, as needed for that person's quality-related health care operations
 - Provide some services through contracts with third party business associates. An example is a TPA who performs claims administration, payment, and coverage verification. To protect your health information, the GHP requires these business associates to appropriately protect your information.

Disclosures Requiring Verbal Agreement

Unless you give notice of an objection, and in accordance with your agreement, your health information about your location or condition may be used or disclosed to a family member or other person who is responsible for your care or who helps you pay for your care. Your health information may be disclosed to your relative, friend, or other person you identify, if the information relates to that person's involvement with your health care or payment for your health care. You will be given an opportunity to agree or object to these disclosures, except as due to your incapacity or in emergency circumstances.

Disclosures Required by Law or Otherwise Allowed Without Authorization or Notification

The following disclosures of health information may be made without your written authorization or verbal agreement:

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement (for example when responding to court orders)
- To persons authorized by law to receive public health information, including reports of disease, injury, birth, death, child abuse or neglect, food problems, or product defects
- To health oversight agencies, if authorized by law, to monitor the health care system, government benefit programs, or compliance with civil rights laws
- To organ procurement organizations for tissue donation and transplant
- For research purposes, when the research has been approved by an institutional review board that has reviewed the research proposal and established guidelines to provide for the privacy of your health information; or the disclosure is of a limited data set, where personal identifiers have been removed
- To coroners and funeral directors for identification, determining the cause of death, or performing their duties as authorized by law
- To avoid a serious threat to the health or safety of a person or the public

- For specific government functions, such as protection of the President of the United States
- For workers' compensation purposes
- To military command authorities as required for members of the armed forces
- To authorized federal officials for national security and intelligence activities, as authorized by law
- To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

Disclosures to the Plan Sponsor

The TPA, on behalf of the GHP, may disclose your health information to Texas Health as the Plan Sponsor if the disclosure is permitted by the plan document or by law. Also, the TPA may disclose summary medical information, from which information that identifies you has been removed, so Texas Health may change or terminate the GHP or obtain new premium bids. The TPA may disclose to Texas Health whether you are participating or enrolled in a benefit option offered by the GHP.

Breach Notification

In certain instances, you have the right to be notified in the event that the GHP, or one of its business associates, discloses your health information. Notice of any such use or disclosure will be made as required by state and federal law.

Required Uses and Disclosures

Under the law, the GHP must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine Texas Health's compliance with federal privacy law.

Uses and Disclosures Requiring Written Authorization

With your authorization, your personal health information may be disclosed to Texas Health, the Group Health Plan Sponsor, and used by Texas Health in connection with other benefit plans in the Texas Health system for the purpose of managing those plans and determining their effectiveness. For example, to evaluate the design and operation of the medical plan and other benefit plans/programs; to determine whether the disability program is being administered correctly; to determine whether the leave programs are being used appropriately; to review and evaluate the quality of the service provided by vendors for the various programs; and to determine the effectiveness of the disease management program and the wellness programs. Any other uses or disclosures of your health information not addressed in this notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time. Specific examples of uses or disclosures requiring authorization include: use of psychotherapy notes, marketing activities, and some types of sale of your health information.

Your genetic information cannot be used or disclosed for underwriting purposes except for the long term care policy.

Privacy Complaints

You have the right to file a complaint if you believe your privacy rights have been violated. This complaint may be addressed to the Privacy Contact listed in this notice, or to the Secretary of the Department of Health and Human Services. There will be no retaliation for registering a complaint.

Privacy Contact

Address any questions about this notice or how to exercise your privacy rights to the Texas Health Benefits office at 1-866-35-HIPAA (1-866-354-4722).

Effective Date

April 14, 2003

Updated January 2014

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, the state of Texas may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs.

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

You may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.

Website: <http://chipmedicaid.org>

Phone: 1-877-541-7905

For more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security
Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human
Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4,
Ext. 61565

NOTICE REGARDING WELLNESS PROGRAM

Be Healthy is a voluntary wellness program available to benefits-eligible employees. 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 *Be Healthy* program, you will be asked to complete a voluntary health check survey that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test in regard to blood glucose and LDL cholesterol. You are not required to complete the health check survey or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the *Be Healthy* program will receive an incentive of \$25 for completion of the health check survey and up to \$300 in rewards for completion of the biometric screening (or completion of a reasonable alternative). Although you are not required to complete the health check or participate in the biometric screening, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Texas Health Benefits department at 1-877-MyTHRLink (877-698-4754), prompt 9.

The information from your health check and the results 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 wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Texas Health may use aggregate information it collects to design a program based on identified health risks in the workplace, *Be Healthy* will never disclose any of your personal information either publicly or to the employer, 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 wellness 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 wellness 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 wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information includes doctors, nurses, Employee Health, applicable and need-to-know third-party vendors, and health coaches in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel 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 wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Texas Health Benefits department at 1-877-MyTHRLink (877-698-4754), prompt 9.

1557 NONDISCRIMINATION AND LANGUAGES/ ACCESSIBILITY NOTICES

Texas Health Resources and claims administrators comply with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The claims administrator provides free aids and services to help you communicate with us such as:

- Qualified sign language interpreters
- written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language interpreters to people whose primary language is not English
- Information written in other languages

The claims administrator also provides reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Mail:
Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call the toll-free phone number listed on your ID card (TTY/RTT 711). We are available Monday through Friday, 8 a.m. to 8 p.m. E.T.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online:
ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone:
1-800-368-1019, 1-800-537-7697 (TDD)

Mail:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available at: uhc.com/legal/nondiscrimination-and-language-assistance-notices.

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ستتوفر، **(Arabic) ملاحظة:** إذا كنت تتحدث اللغة العربية لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ATENSHUN: Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane sew me sew format, tapil lane fateofat, bwe bwale tepangiyom. Kol yegili nampa la ye toore paliuwal woal kard la laumw.

ATENSION: Yanggen fifino' hao **Chamoru (Chamorro)** guaha setbisio siha para hâgu ni' mandibâtdi, i setbision fino' pat lengguâhi yan fina'uma'espilha gi otro na manera siha taiguihi i para mana'dângkolo i inemprenta. Âgang i dibâtdi na numiru gi kattâ-mu aidentifikasion membro.

請注意: 如果您說**中文 (Chinese - Traditional)**, 您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

صحبت می‌کنید **(Farsi) توجه:** اگر به زبان فارسی خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند با شماره رایگان مندرج روی کارت شناسایی عضویتان تماس بگیرید.

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)**

બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

ATTENZIONE: Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項: 日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[] にお電話ください。

알림사항: **한국어 (Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'AKONINIZIN: Diné (Navajo) saad bee yánilitigo, t'aa jiiik'eh saad bee áka'e' eyeed bee áka'anída'wo'í dóó nááná lahgo át'éego bee hadadilyaa bee ahil hane'í, díi nitsaago bee ak'eda ashchínigii, náhóló. Bee atah nil'ini ninaaltsoos nitzizi bee nééhozini ąąą táa hiik'eh bee hane'í námboo bee hodilnih.

GEB ACHT: Wann du Deutsch (Pennsylvania Dutch) schwetztscht, Schprooch Hilfe mitaus Koscht un Communications in annere Formats wie groosse Druck iss meeglich. Ruf die koschdelos Nummer uff dei Member Identification Kaart.

UWAGA: Dla osób mówiących po polsku (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala português (Portuguese), tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на русском языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FA'AALIGA: Afai e te tautala i le Faa-Samoa (Samoan), o lo'avaanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Valaau i le numera e leai se totogi i lau kata faailo o le sui auai (ID).

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

زبان بولنے ہیں تو آپ (Urdu) توجہ دیں: اگر آپ اردو کے لیے زبان کی معاون خدمات اور دیگر فارمیٹ میں مفت مواصلات، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói Tiếng Việt (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.