

2026 EMPLOYEE BENEFIT NOTICES



Dear ColCal Colorado Inc. Employee,

The following pages provide employee benefit plan notices. Please read them carefully as we generally provide these once a year during annual open enrollment. You may see some of these notices in other documents as well, but we consolidate the following notices here for your convenience:

- NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESS
- NEWBORN AND MOTHER'S HEALTH PROTECTION ACT (NMHPA)
- PUBLIC HEALTH INSURANCE MARKETPLACE
- QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) AND NATIONAL MEDICAL SUPPORT NOTICES
- SUMMARY OF PRIVACY PRACTICES
- NOTICE OF PRIVACY PRACTICES

Throughout these pages you are invited to "Contact Benefits Administrator" for assistance. For any questions or requests you may have about the pages below, including a request for a paper copy of this notice packet, contact Katy Basinger at 970-245-0898 x 2.

If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 2 for more details.

Before we get into the notices, some basic rules governing our plan are summarized below:

- You may only enroll when first eligible or during our annual open enrollment each November.
- **Your election is locked for the entire plan year, January 1 to December 31.**
- You can generally submit an election change form within 30 days of a **qualifying life event** to request a benefit change during the plan year. We may require substantiating documentation of the event, and we may determine the event does not qualify to make the requested change.
- At any time, we may audit dependent status and require current substantiating documentation.
- Declining to enroll in coverage will require your signature each year.
- **Please keep us informed of address or beneficiary changes.**
- When first enrolling in health coverage, a **general notice of rights and responsibilities to continue health coverage under COBRA** is mailed to the home. It explains that when certain life events make an enrolled individual no longer eligible to stay on the plan, coverage might be able to continue for a limited time under COBRA so long as you or your spouse follow our procedures to notify us within 30 days of the qualifying life event.

EMPLOYEE BENEFIT NOTICES

- Your rights and responsibilities under the FMLA and our company-specific FMLA policies are discussed in our employee handbook.

NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

NEWBORN AND MOTHER'S HEALTH PROTECTION ACT (NMHPA)

Group health plans and health insurance issuers 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 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 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company,

2026 EMPLOYEE BENEFIT NOTICES



there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for “affordable, minimum value” medical coverage. “Minimum value” means our plan is intended to pay, on average, at least 60% of the costs of medical care received. “Affordable” means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you’ll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - a) You would no longer be paying for insurance on a pre-tax basis
 - b) You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - a) experience a “qualifying event” recognized by our plan as a mid-year election change, or
 - b) wait until our next annual open enrollment

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 ColCal Colorado Inc may use aggregate information it collects to design a program based on identified health risks in the workplace, our wellness program 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



EMPLOYEE BENEFIT NOTICES

confidentiality requirements. Your personally identifiable health information will only be provided to [indicate who will receive information such as "a registered nurse," "a doctor," or "a health coach"] 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. [Specify any other or additional confidentiality protections if applicable.] 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 Benefits Administrator.

2026 EMPLOYEE BENEFIT NOTICES



Qualified Medical Child Support Order (QMCSO) and National Medical Support Notices (NMSN)

This document sets forth the procedures to be followed by ColCal Colorado Inc. group health plans upon receipt of qualified medical child support orders (“QMCSO’s”), including any National Medical Support Notices (“NMSN’s”).

1. What is a QMCSO and who decides whether the order is “qualified”?
 - a. A QMCSO is a judgment, decree, or order, issued by a court or through a state administrative process, that requires group health plan coverage for the child of a plan participant (called an “alternate recipient”), and meets certain legal requirements. Such orders typically are issued as part of a divorce or as part of a state child support order proceeding.
 - b. The Plan Administrator for the applicable plan determines whether a medical child support order (including NMSN’s) meets the requirements for treatment as a QMCSO. The Plan Administrator for the ColCal Colorado Inc. group health plans has designated certain individuals within the ColCal Colorado Inc. to receive all medical child support orders and NMSN’s delivered to ColCal Colorado Inc. and to follow these procedures.
2. What is a National Medical Support Notice (“NMSN”)?
 - a. Certain state child support enforcement agencies are required by federal law to use the National Medical Support Notice when enforcing the provision of health care coverage to children under an employment-related group health plan. When properly completed, the NMSN will constitute a QMCSO.
3. What procedures are followed upon receipt of a medical child support order or NMSN?
 - a. The Plan Administrator or designee will promptly notify the plan participant and each alternate recipient (at the address specified in the order), and any legal representatives, of the receipt of the order/Notice and provide a copy of these QMCSO procedures.
 - b. The Plan Administrator or designee will review the order to determine if it meets the legal requirements of a QMCSO.
 - c. Within 40 business days after receipt of the order or Notice, or sooner if reasonable, the Plan Administrator or designee will notify the plan participant and alternate recipient (and any legal representatives) that either: (a) the order is a QMCSO; or (b) the order is not a QMCSO, along with an explanation of the defective or missing provisions.
 - d. For NMSN’s, the state agency and any other parties indicated in the Notice will also be notified, using the spaces indicated on the Notice.
 - e. For NMSN’s, the Plan Administrator or designee will complete and follow the instructions provided in the “Plan Administrator Response” section of the Notice. If the order or NMSN is determined to be a QMCSO, additional information will be provided, such as the effective date of the child’s coverage, the steps necessary to effectuate

EMPLOYEE BENEFIT NOTICES

coverage, a description of the coverage, and any forms or documents necessary for plan enrollment.

4. What are the procedures for determining whether medical child support orders and NMSN's are QMCSO's?
 - a. The Plan Administrator or designee will review medical child support orders and NMSN's to determine whether the order or Notice—
 - i. Is a judgment, decree, or order (including approval of a settlement agreement) which provides for child support with respect to a child of a group health plan participant or provides for health benefit coverage to such a child, and is made pursuant to a state domestic relations law (including a community property law), and relates to benefits under such plan, or is made pursuant to a law relating to medical child support described in section 1908 of the Social Security Act with respect to a group health plan.
 - ii. Creates or recognizes the existence of an alternate recipient's right to, or assigns to an alternate recipient the right to, receive benefits for which a participant or beneficiary is eligible under a group health plan.
 - iii. Specifies the name and last known mailing address of the plan participant and the name and mailing address of each alternate recipient (the name and mailing address of an official of a State or a political subdivision thereof may be substituted for the mailing address of any alternate recipient).
 - iv. Includes a reasonable description of the type of coverage to be provided by the plan to each alternate recipient, and the period to which such order applies.
 - v. Does not require the plan to provide any type or form of benefit, or any option, not otherwise provided under the plan, except to the extent necessary to meet the requirements of a law relating to medical child support described in section 1908 of the Social Security Act.
5. What are the procedures for administering the provision of benefits under QMCSO's?
 - a. Each alternate recipient under a QMCSO will be treated as a beneficiary under the plan for all purposes of ERISA, specifically including ERISA's reporting and disclosure requirements (i.e., receipt of summary plan descriptions and summaries of material modifications).
 - b. The alternate recipient will be added (or will remain) as a dependent of the plan participant for purposes of member contributions and deductibles.
 - c. Payment for benefits made by a group health plan pursuant to a QMCSO in reimbursement for expenses paid by an alternate recipient or an alternate recipient's custodial parent or legal guardian shall be made to the alternate recipient or the alternate recipient's custodial parent or legal guardian or to an official of a State or

2026 EMPLOYEE BENEFIT NOTICES



political subdivision thereof whose names and address have been substituted for the address of an alternate recipient in a QMCSO.

6. Designation of Representative
 - a. Alternate recipients may designate a representative for receipt of copies of notices that are sent to the alternate recipient.



EMPLOYEE BENEFIT NOTICES

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES 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 of Privacy Practices (the “Notice”) describes the legal obligations of the ColCal Colorado, Inc. Employee Medical Plan (the “Plan”) sponsored by ColCal Colorado, Inc. (the “Plan Sponsor”) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”). 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.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the Privacy Officer for the Plan. The Privacy Officer is the Plan Sponsor’s Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, CO 81505, (970) 245-0898 x 2.

Effective Date

This Notice is effective November 1, 2015.

Our Responsibilities

We are 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 our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the notice that is currently in effect.

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

2026 EMPLOYEE BENEFIT NOTICES



change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices in the manner required by the HIPAA privacy rule.

How We May Use and Disclose Your Protected Health Information

Under the law, we 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 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. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We 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, we 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. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are 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 stoploss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business



EMPLOYEE BENEFIT NOTICES

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, transmit, 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 to a Business Associate to process your claims for Plan benefits 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 contract 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 protected health information to certain employees of the Plan's sponsor. 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.

Fundraising. The Plan may use, or disclose to a Business Associate, some of your health information for fundraising purposes without any consent or authorization. However, you will have the right to opt out of receiving any such communications.

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 specific 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.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death 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. If you are a member of the armed forces, we may release your protected health

2026 EMPLOYEE BENEFIT NOTICES



information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities 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 involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official under the following circumstances:

- 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; and
- About criminal conduct.



EMPLOYEE BENEFIT NOTICES

Coroners, Medical Examiners, and Funeral Directors. We 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 reviewed the research proposal and 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 our 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.

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). However, 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

2026 EMPLOYEE BENEFIT NOTICES



to domestic violence, abuse, or neglect by such person; or (2) treating such person as your personal representative could endanger you; and (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 covered under the Plan. 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. With only limited exceptions, the following uses and disclosures of your health information requires an authorization:

- **Psychiatric Notes.** The Plan must obtain an authorization for any use or disclosure of psychiatric notes.
- **Marketing.** The Plan must obtain an authorization for any use or disclosure of your health information for marketing purposes. If the marketing involves direct or indirect remuneration to the Plan from a third party, the authorization must state that such remuneration is involved.
- **Sales.** The Plan must obtain an authorization for any disclosure of your health information that is a sale of your health information. The authorization must state that the disclosure will result in remuneration to the Plan.

Other uses or disclosures of your protected health information not described in this Notice will only be made with your written authorization. You may revoke written authorizations at any time, so long as the 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.

Your Rights

You have the following rights with respect to your protected health information:

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 Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.



EMPLOYEE BENEFIT NOTICES

To inspect and copy your protected health information, you must submit your request in writing to the Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505. 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 request that the denial be reviewed by submitting a written request to the Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505.

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 Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505, (970) 245-0898 x 2. 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 Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505, (970) 245-0898 x 2. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for

2026 EMPLOYEE BENEFIT NOTICES



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 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 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 member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, 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.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to the Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505, (970) 245-0898 x 2. 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 Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505, (970) 245-0898 x 2. 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.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

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, contact the Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505, (970) 245-0898 x 2.



EMPLOYEE BENEFIT NOTICES

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. To file a complaint with the Plan, contact the Plan Sponsor's Benefit Plan Administrator, Katy Basinger, 607 25 Road, Suite 100, Grand Junction, Colorado 81505, (970) 245-0898 x 2. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

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Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

ColCal Colorado Inc., and Katy Basinger, Benefit Plan Administrator, 607 25 Road, Suite 100, Grand Junction, CO 81505 or at 970-245-0898 x 2 .

Notice: HIPAA Notice of Privacy Practice

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	<p>You have the right to:</p> <ul style="list-style-type: none"> ❖ Get a copy of your health and claims records ❖ Correct your health and claims records ❖ Request confidential communication ❖ Ask us to limit the information we share ❖ Get a list of those with whom we've shared your information ❖ Choose someone to act for you ❖ File a complaint if you believe your privacy rights have been violated
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Your Choices	<p>You have some choices in the way that we use and share information as we:</p> <ul style="list-style-type: none"> ❖ Answer coverage questions from your family and friends ❖ Provide disaster relief ❖ Market our services and sell your information
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Our Uses and Disclosures	<p>We may use and share your information as we:</p> <ul style="list-style-type: none"> ❖ Help manage the health care treatment you receive ❖ Run our organization ❖ Pay for your health services ❖ Help with public health and safety issues ❖ Do research ❖ Comply with the law ❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director ❖ Address workers' compensation, law enforcement and other government requests ❖ Respond to lawsuits and legal action
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Your Rights	<p>When it comes to your health information, you have certain rights.</p> <p>This section explains your rights and some of our responsibilities to help you.</p>
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Get a copy of health and claims records	<ul style="list-style-type: none"> ❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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Ask us to correct health and claims records	<ul style="list-style-type: none"> ❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ❖ We may say "no" to your request, but we'll tell you why in writing within 60 days.
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Request confidential communications	<ul style="list-style-type: none"> ❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ❖ We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
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Ask us to limit what we use or share	<ul style="list-style-type: none"> ❖ You can ask us not to use or share certain health information for treatment, payment or our operations. ❖ We are not required to agree to your request, and we may say "no" if it would affect your care.
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Get a list of those with whom we've shared information	<ul style="list-style-type: none"> ❖ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. ❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> ❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> ❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ❖ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> ❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9. ❖ 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 (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ❖ We will not retaliate against you for filing a complaint.

Your Choices	<p>For certain health information, you can tell us your choices about what to share.</p> <p>If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.</p>	
In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> ❖ Share information with your family, close friends, or others involved in payment for your care ❖ Share information in a disaster relief situation <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>	
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> ❖ Marketing purposes ❖ Sale of your information 	

Our Uses and Disclosures	<p>How do we typically use or share your health information.</p> <p>We typically use or share your health information in the following ways.</p>	
Help manage the health care treatment you receive	<ul style="list-style-type: none"> ❖ We can use your health information and share it with professionals who are treating you. 	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	<ul style="list-style-type: none"> ❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. 	Example: We use health information about you to develop better services for you.

Pay for your health services	❖ We can use and disclose your health information as we pay for your health services.	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your Plan	❖ We may disclose your health information to your health plan sponsor for plan administration.	Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Uses and disclosures of certain substance use disorder treatment records

If we receive or maintain any Information about you from a substance use disorder treatment program that is covered by Section 543 of the PHSA (42 USC 290dd-2) and 42 CFR Part 2(a (“Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose those records for purposes of treatment, payment, for health care operations, we may use and disclose those records for treatment, payment, and health care operations purposes as described in this notice. However, we will not use or disclose a Part 2 program record about you, or testimony that describes the information contained in a Part 2 program record about you, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority against you, unless authority by your consent or the order of a court after it provides you notice of the court. Although we do not anticipate using any part 2 program recordings for fundraising purposes, you will be provided with a clear conspicuous opportunity to elect not to receive any fundraising communications from us before we use any Part 2 Program records for fundraising purposes.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [Your Rights Under HIPAA | HHS.gov](https://www.hhs.gov/hipaa/for-professionals/your-rights/).

Help with public health and safety issues	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone’s health or safety
Do research	❖ We can use or share your information for health research
Comply with the law	❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> ❖ We can share health information about you with organ procurement organizations. ❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers’ compensation, law enforcement and other government requests	We can use or share health information about you: <ul style="list-style-type: none"> ❖ For workers’ compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

- ❖ We are required by law to maintain the privacy and security of your protected health information.
- ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [Your Rights Under HIPAA | HHS.gov](#).