

Required Annual Notices

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination is Against the Law

The International Motors, LLC Retiree Health Benefit and Life Insurance Plan and the International Motors, LLC Health Plan comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). International Motors, LLC Retiree Health Benefit and Life Insurance Plan and the International Motors, LLC Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

International Motors, LLC Retiree Health Benefit and Life Insurance Plan and the International Motors, LLC Health Plan:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, including qualified interpreters and information written in other languages.

If you need these services, you should contact the P&C Connection Network by calling 877-353-5100 or in writing at:

P&C Connection Network
Dept: 02154
P.O. Box 299100
Lewisville, TX 75029-9100

If you believe that the International Motors, LLC Retiree Health Benefit and Life Insurance Plan and the International Motors, LLC Health Plan have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Director – HR Operations at:

Civil Rights Coordinator
ATTN: Director, HR Operations
P.O. Box 4080
Lisle, IL 60532

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance or need a copy of the International Motors, LLC ACA Section 1557 Nondiscrimination Grievance Procedure, the Civil Rights Coordinator is available to help you.

If you believe that the International Motors, LLC Retiree Health Benefit and Life Insurance Plan or the International Motors, LLC Health Plan have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

The U.S. Department of Health and Human Services, Office for Civil Rights can also be reached by mail or phone at:

Mail

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

Phone

1-800-368-1019
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Language	Language Assistance Message
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-353-5100.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-353-5100.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-353-5100。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-353-5100.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-353-5100.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان 1-877-353-5100 م)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-353-5100.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-353-5100 まで、お電話にてご連絡ください。
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-xxx-xxx-xxxx (TTY: 1-877-353-5100).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-353-5100.

Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-353-5100.
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-xxx-xxx-xxxx (TTY: 1-877-353-5100).
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-353-5100.
Persian (Farsi)	1-877-توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 353-5100
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-353-5100.

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, your state 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 and you live in a State listed below, 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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 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

Health Insurance Portability and Accountability Act of 1996

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 READ IT CAREFULLY. This notice provides you information required by law about the duties and privacy practices of the International Motors, LLC Health Plan, International Motors, LLC Cafeteria Plan, and the International Motors, LLC Retiree Health Benefit and Life Insurance Plan, (collectively, "the Plans") to protect the privacy of your medical information. Pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy regulation (HIPAA), the Plans are required to maintain the privacy of protected health information, including your substance use disorder information to the extent the Plans receive, maintains or transmits records that are subject to 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Record ("Part 2"), and to provide individuals with notice of the Plans' privacy practices with respect to protected health information. Under HIPAA, the Plans are required to abide by the terms of the privacy notice currently in effect.

The Plans provide benefits to you as described in your summary plan description(s) and receive and maintain your protected health information in the course of providing you with health benefits. The Plans are sponsored by International Motors, LLC (Plan Sponsor).

If your plan is an insured plan, such as an HMO, you will receive a similar notice from that plan. That notice applies to the extent your health care benefits are provided through the insured plan.

How the Plans May Use and Disclose Protected Health Information

The Plans may use and disclose your protected health information for the following purposes, without obtaining your prior written authorization:

Health Care Operations

The Plans may use and disclose protected health information for health care operations, which are administrative activities involved in providing and managing your health benefits. These include activities such as conducting quality assessments and improvement activities; population-based activities relating to improving health or reducing health care costs, protocol development, and case management and care coordination; reviewing the competence or qualifications of health care professionals; evaluating the Plans' performance; underwriting, premium rating and other activities relating to the creation, renewal or replacement of a contract for health insurance or health benefits; and conducting or arranging for medical review, legal services and auditing functions. For example, the Plans (or a business associate) may use or disclose your protected health information to provide case management or care coordination programs for specific conditions, such as heart disease, diabetes or asthma.

Payment

The Plans may use and disclose your protected health information to determine or fulfill their responsibilities for coverage, the provision of benefits and payment. For example, the Plans may use your protected health information to decide whether you can submit a bill for a particular treatment to the Plans for reimbursement and what the payment should be; during this process, the Plans may disclose information to your provider. The Plans may also deliver Explanation of Benefits forms and other payment and benefit materials, which contain protected health information, to the address the Plans have on record for the subscriber.

Treatment

The Plans may use and disclose your protected health information to aid in your treatment or to assist in the coordination of health care services. For example, the Plans may disclose your protected health information to your doctor, at the doctor's request, for your treatment.

To Business Associates

The Plans hire business associates, including insurance companies that serve as third-party administrators, to help provide benefits to you. These business associates also receive and maintain your protected health information in the course of assisting the Plans, including information disclosed to them by the Plans.

To Plan Sponsor

The Plans may disclose to the Plan Sponsor, in summary form, claims history and other similar protected health information. Such summary information does not disclose your name or other unique identifying characteristics. The Plans may also disclose to the Plan Sponsor the fact that you are participating in, have enrolled in or have discontinued enrollment from, the Plans. The Plans may disclose your protected health information to the Plan Sponsor to the extent necessary for the Plan Sponsor to fulfill its administrative functions for the Plans.

Health-Related Benefits and Services

The Plans may use and disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To One Another

The Plans may share protected health information with one another as necessary to carry out treatment, payment or health care operations related to their organized health care arrangement, as defined under, and in accordance with, HIPAA.

Other Permissible Uses and Disclosures Not Requiring Your Prior Written Authorization

- As required by law
- For public health activities, such as to public health authorities to prevent or control disease or to report child abuse or neglect
- To protect victims of abuse, neglect or domestic violence, where such disclosure is to a government authority authorized by law to receive reports of abuse, neglect or domestic violence
- For health oversight activities, where such disclosure is to a health oversight agency for activities authorized by law
- For judicial and administrative proceedings, which include responding to a court or administrative order; such disclosures also include responding to a subpoena, discovery request or other lawful process, if efforts have been made to tell you about the request or to obtain an order protecting the information
- For law enforcement purposes (including if you are an inmate or are under the custody of a law-enforcement official, in order to protect the safety and security of others, or of the correctional institution or to provide you with health care).
- To a coroner or medical examiner, to the extent required for the purposes of his or her duties
- To a funeral director, to the extent necessary to carry out his or her duties with respect to the decedent
- To organ procurement organizations or other entities, to the extent required to facilitate organ, eye or tissue donation and transplantation
- For research purposes, provided that research projects will comply with HIPAA's research approval process
- To avert a serious threat to health or safety, provided such disclosure is to a person who may be able to help prevent or lessen the threat
- For specialized government functions, including, but not limited to, as required by military command authorities if you are a member of the armed forces, and to authorized federal officials for national security activities
- To comply with laws relating to workers' compensation or similar programs

Opportunity to Object – Individuals Involved in Your Care

The Plans may disclose your protected health information to a person, such as a family member or friend, who is involved in your medical care or who helps pay for your care to the extent that you have agreed to such disclosure (and you have authorized such individual as your personal representative (with the formalities required by the Plan), you have failed to object to such disclosure when given an opportunity to do so, or it is reasonable for the Plans to infer based on the circumstances that you do not object to such disclosure. If you are not present, if you are incapacitated, or in the event of an emergency, the Plans may exercise their judgment to determine whether disclosure of your protected health information to such person(s) is in your best interest. The Plans also may notify such individuals about your location, general condition or death and may disclose such information to an entity assisting in a disaster relief effort.

Use and Disclosures That Require Your Prior Written Authorization

If your authorization is required by the HIPAA privacy regulations for specific disclosures, the Plans will only disclose your Protected Health Information if you have authorized it. For example, an authorization will be required (unless an exception applies) to disclose your Protected Health Information as follows: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) disclosures that constitute a sale of your Protected Health Information.

In all situations other than those described above, the Plans will obtain your written authorization before using or disclosing protected health information about you. In addition, to the extent that the use or disclosure by the Plans of your protected health information is prohibited, or materially limited, by other applicable law, the use and disclosure of your protected health information will be conducted in accordance with such more stringent law. If you have provided a written authorization for the use or disclosure of your protected health information, you may revoke it at any time, except to the extent that the Plans (or their business associates) have already taken action in reliance upon it. If you have questions regarding authorizations, please contact the business associate at the number on your ID card.

Prohibition on Use and Disclosures of Genetic Information

The Plans are prohibited from using or disclosing your genetic information for underwriting purposes.

Your Legal Rights

HIPAA gives you the right to make certain requests regarding your protected health information. You may ask the Plans to:

- Restrict the use or disclosure of protected health information in connection with health care operations, payment and treatment. You also have the right to ask the Plans to restrict disclosures to persons involved in your health care, or to disaster relief entities. The Plans will consider your request, but are not required to agree to such requests.
- Communicate your protected health information to you in an alternative manner or to an alternative location. For example, you may want the Plans to mail your Explanation of Benefits to a different address from that of the primary subscriber (i.e., the International employee or retiree). Your request must clearly state that the disclosure of all or part of your protected health information could endanger you. The Plans will accommodate reasonable requests.
- Allow you to inspect and to obtain a copy of your protected health information, including medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. If the Plans did not create the information, they will refer you to the source, such as your physician or hospital. The Plans may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request. If the Plans do so, they will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial. If your health record is maintained electronically, you have the right to receive such electronic protected health in the electronic form and format you request if it is readily producible or, if not, in a readable electronic form and format agreed to by you and the Plans. In writing, you also may direct the

Plans to transmit your electronic protected health information to another person or party. The Plans may charge you for a fee to cover certain costs associated with providing your electronic protected health information to you or your designated recipient.

- Amend your protected health information. Your request must be in writing and must include the reason for the request. If the Plans deny the request, you may file a written statement of disagreement.
- Provide a list of certain disclosures of protected health information, other than, among others, those disclosures made for treatment, payment or health care operations, the Plans have made about you. Your request must be in writing. If you request such an accounting more than once in a 12-month period, the Plans may charge a reasonable fee.
- You have the right to be notified whenever the Plan or a Business Associate discovers a breach of unsecured Protected Health Information.

You may exercise any of the rights described above, or request a paper copy of this notice, by calling the P&C Connection Network toll-free number: 1-877-353-5100.

Confidentiality of Substance Use Disorder Records

The Plans will comply with Part 2 regarding the confidentiality of your substance use disorder patient records to the extent the Plans receive, maintain or transmit such records, ensuring that disclosures are made only as permitted by law. If you have provided a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, the Plans may use and disclose your Part 2 records for treatment, payment, and healthcare operations, as described earlier in this notice, until you revoke such consent in writing. However, the Plans will not use or disclose your Part 2 records in a civil, criminal, administrative, or legislative proceeding without either your written consent or a court order after you are provided notice and an opportunity to be heard. Further, the Plans will never use your Part 2 information for fundraising purposes.

Complaints

If you believe your privacy rights have been violated by the Plans, you have the right to file a complaint by writing to the Plans' Privacy Officer, 2701 International Drive, P.O. Box 4080, Lisle, Illinois 60532. You may also call the Network Hotline at 1-800-241-5689 or International's Security Hotline at 1-800-247-2124. You may also write to the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint.

Notice Is Subject to Change

The Plans reserve the right to revise or otherwise change its privacy practices and make new practices effective for all protected health information that they maintain at any time. If the Plans make a material revision or change to any of its privacy practices covered by this notice, the Plans will revise this notice and send you the revised notice within 60 days of the revision (or within such other time frame required under the regulations) or will prominently post the material change or the revised notice on (peopleandculturehub.international.com > Plan Information>Health and Welfare>Benefits Communications (for active employees) or international.com/our-company/people/retirees (for retirees) by the effective date of the material change to the notice and provide the revised notice, or information about the material change and how to obtain the revised notice during the next annual enrollment or at the beginning of the plan year if there is no annual enrollment process. In addition, copies of the revised notice will be made available to you upon written request. The revised notice will be effective for all of the protected health information that the Plans already maintain, as well as any information that the Plans may receive or hold in the future. To the extent the Plans retain your protected health information following coverage termination, the Plans will maintain such information in accordance with the terms of this notice, as may be revised from time to time.

Questions

If you have questions about this notice, please contact the P&C Connection Network at: Dept: 02154, P.O. Box 299100, Lewisville, TX 75029-9100, by calling toll-free: 1-877-353-5100

Effective Date This notice is effective as of September 19, 2025 and will remain in effect unless and until the Plans publish a revised notice.

**ANNUAL NOTICE
WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)**

Under the Women's Health and Cancer Rights Act of 1998, group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. Coverage must be provided for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction on the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications for all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that may apply under your plan for the mastectomy.

If you have any questions about the mastectomy-related benefits under your plan, please contact your health plan carrier in which you are enrolled.

If you have questions about this notice, please contact the P&C Connection Network at 1-877-353-5100