2027 Benefits: Important Legal & Compliance Notices

Sony Pictures is required by law to provide benefit plan participants with certain legal notices each year. This document fulfills that obligation and does not require you to act, unless you wish to exercise one or more of the rights explained in this document. This document is a summary of Sony Pictures' benefits and not the official Plan document. In the event of a conflict between this summary and the official Plan document(s), the Plan document will control.

Please read these notices carefully and keep them where you can find them. If you have any questions regarding these legal notices, please contact the Sony Pictures Benefits Team at spe_benefits@spe.sony.com.

SUMMARY OF BENEFITS AND COVERAGE

To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) to help you compare your options. The SBC is available at benefits.sonypictures.com/resources under the Forms and Document section. You can also request a paper copy, free of charge, by contacting Sony Pictures Benefits Center Representative at 1-888-9-SONY-01. If you have dependents that are enrolled in the Sony Pictures plan, please share this information with them. Be aware that any SBC provided to you will be deemed to have been provided to your dependents unless the plan is advised of a different address.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Important Notice for Medicare-Eligible Employees and Covered Dependents

Sony Pictures Entertainment (Sony Pictures) is required to provide the notice that follows to all Medicare-eligible plan participants. The purpose of the notice is to provide you with a statement of assurance that while you are enrolled in Sony EPO, Sony PPO, Sony Consumer Choice or Kaiser HMO, the prescription drug coverage you have under any of these Sony Pictures medical plans is “Creditable Coverage.” This means that, on average, your Sony Pictures coverage is at least as good as the standard Medicare prescription drug coverage. (For more information on Creditable Coverage, you can refer to the “Creditable Coverage” section of the notice below.) Medicare prescription drug coverage is optional, and you may find that you have all the coverage you need with Sony Pictures. If you decide in a subsequent year that you want to enroll in a Medicare prescription drug plan, this notice will serve as confirmation to Medicare that you had Creditable Coverage in the interim. As a result, you will not have to pay a late penalty on your Medicare prescription drug plan monthly premium if you decide to enroll during a subsequent annual enrollment window. Note, however, that if you opt out (choose the “No Coverage” option) with Sony Pictures, you do not have Creditable Coverage and may be subject to a future premium penalty if you subsequently enroll in a Medicare prescription drug plan. The notice that follows explains the effect of having Creditable and non-Creditable Coverage.

Important Notice from Sony Pictures About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sony Pictures Entertainment and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Sony Pictures has determined that the prescription drug coverage offered by Sony Pictures Entertainment Health & Welfare Benefits Plan medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, there’s no effect on your Sony Pictures coverage while you remain an eligible employee (or as the covered dependent of an employee). Your Sony Pictures coverage will remain primary, and your Medicare prescription drug coverage will be secondary.

If you do decide to join a Medicare drug plan and drop your current Sony Pictures coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Sony Pictures and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

If you have questions, call a Sony Pictures Benefits Center Representative at 1-833-9-SONY-01. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sony changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

> Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

NOTIFICATION OF YOUR RIGHTS TO PLAN MODIFICATION, TERMINATION, AND INTERPRETATION

Sony Pictures reserves the right in its sole and absolute discretion to amend, modify, or terminate any or all employee benefit plans at any time and for any reason. This means that Sony Pictures may decide to change the design of the prescription drug benefit so that it no longer constitutes Creditable Coverage. If this happens, we will notify you of the change and of your options at that time.

In addition, Sony Pictures reserves the sole and absolute discretionary right to interpret and apply the terms of the medical plan and to render final and binding decisions about the plan and its coverage. In the event of a conflict between this notice and the terms of the plan, the terms of the plan will govern in all cases.

Consolidated Omnibus Budget Reconciliation Act of 1985 ["COBRA"] – requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end (called "qualifying events"). For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the plan administrator.

SPECIAL ENROLLMENT PERIODS

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid

or a state health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact a Sony Pictures Benefits Center representative toll-free at 1-833-9-SONY-01. Individuals who have questions about HIPAA may contact The Centers for Medicare & Medicaid Services (CMS) toll-free at 1-877-267-2323. The CMS website also provides answers to your questions about the provisions of HIPAA, which can be found at the following Internet address: cms.gov. Individuals may also contact CMS directly, by mail, at:

The Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

PATIENT PROTECTIONS NOTICE

The Kaiser Permanente HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser at 1-800-464-4000.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser at 1-800-464-4000.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE ("WHCRA")

Your health care plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

Call your health care provider at 1-888-385-1053, Aetna or Kaiser at 1-800-464-4000, for more information.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

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

SONY PICTURES GROUP BENEFIT PLAN ANNUAL SUMMARY REPORT

The 2025 Summary Annual Reports (SARs) summarize the financial information for Sony Pictures' Benefits Plans as required by the Employee Retirement Income Security Act (ERISA) of 1974, as amended. To view the reports, go to mySPE>Resources>Benefits. If you are unable to access the SAR document, please contact People & Organization (P&O) at 1-310-244-4748. You can also contact P&O by email at spe_benefits@spe.sony.com.

NOTICE OF PRIVACY PRACTICES FOR SONY PICTURES

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. The privacy of your medical information is important to us.

Under privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996, as amended (the "HIPAA Privacy Rule"), Sony Corporation of America's self-insured group health plans (the "HIPAA Plans") are required by law to maintain the privacy of protected health information maintained by the HIPAA Plans. The term "Plan Sponsor" refers to Sony Corporation of America (the "Company"). The term "PHI" refers to "protected health information" and means the information created or received by the HIPAA Plans that identifies you and relates to your past, present or future mental or physical health, condition, treatment or created in connection with the payment for health care services. The HIPAA Plans must provide participants with notice of its legal duties and privacy practices with respect to PHI.

This Notice is effective as of the revised effective date indicated below. The HIPAA Plans are required to abide by the terms of this Notice, as currently in effect.

Purpose of This Notice

The HIPAA Plans must provide participants with notice of their legal duties and privacy practices with respect to PHI. This Notice describes the HIPAA Plans' privacy practices regarding PHI. The insurers or HMOs that provide or fund your benefits under any fully insured group health plan sponsored by Company, will provide you with a separate description of their own privacy practices. Similarly, your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive.

This Notice also describes how the HIPAA Plans may use and disclose PHI about you in administering your benefits. This Notice explains your legal rights regarding the information and the person to contact for further information about the HIPAA Plans' privacy practices.

This Notice is effective as of February 1, 2026.

How the HIPAA Plans May Use and Disclose PHI

In order to provide you with health coverage, the HIPAA Plans need PHI about you, and the HIPAA Plans obtain that information from many different sources – including your benefits plan sponsor or third-party administrators (TPAs) and health care providers. In administering your health benefits, by law, the HIPAA Plans may use and disclose this information in various ways, without your consent, including:

Health Care Operations: The HIPAA Plans may use and disclose protected health information during the course of plan administration – that is, during operational activities such as quality assessment and improvement; performance measurement and outcomes assessment; and preventive health, disease management, case management and care coordination. For example, the HIPAA Plans may use the information in the administration of reinsurance and stop loss; enrollment and dis-enrollment; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; and other general administrative activities, including data and information systems management and customer service. The HIPAA Plans are prohibited from using or disclosing genetic information of an individual for underwriting purposes.

Payment: To help pay for your covered services, the HIPAA Plans may use and disclose PHI in a number of ways – including conducting utilization and medical necessity reviews; coordinating care and responsibility for plan coverage and benefits; determining eligibility; collecting premiums; calculating cost sharing amounts; and responding to complaints, appeals and requests for external review. For example, the HIPAA Plans may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, the HIPAA Plans may disclose PHI to your provider. The HIPAA Plans also may mail Explanation of Benefits forms and other information to the address it has on record for the participant (*i.e.*, the primary insured).

Treatment: The HIPAA Plans may disclose PHI to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from the HIPAA Plans to supplement their own records. Additionally, so that your treatment and care are appropriate, your doctor may use your PHI to consult with a specialist regarding your condition. The HIPAA Plans also may send certain information to health care providers for patient safety or other treatment-related reasons.

Substance Abuse Disorder ("SUD") Treatment Information. If the HIPAA Plans receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, the HIPAA Plans may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If the HIPAA Plans receive or maintain your Part 2 Program record through specific consent you provide to the HIPAA Plans or another third party, the HIPAA Plans will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to the HIPAA Plans.

In no event will the HIPAA Plans use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or a court order after the relevant HIPAA Plan provides you notice of the court order. If the use or disclosure is appropriately authorized by a court order, the HIPAA Plans will not use or disclose the Part 2 Program record, or testimony about such record, unless the court order authorizing use or disclosure is accompanied by a subpoena or other legal requirement compelling disclosure. You can provide a single consent for all future uses and disclosures of Part 2 Program records for purposes of treatment, payment, and health care operations that do not permit use for civil, criminal, administrative, or legislative proceedings.

Although the Plan does not anticipate using any Part 2 Program records for fundraising purposes, you will be given an opportunity to opt out of receiving any fundraising communications from the Plan before the Plan will use your Part 2 Program records for fundraising purposes.

Additional Reasons for Disclosure

The HIPAA Plans may use or disclose PHI in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. The HIPAA Plans also may disclose such information for several additional purposes, in accordance with law without your authorization, including:

- **Plan Administration** – to the Plan Sponsor as specified in the applicable plan documents.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Associates** – to persons who provide services to the HIPAA Plans which have agreed to maintain the privacy of your PHI under, and in accordance with, the HIPAA Privacy Rule and the HIPAA Plans' privacy practices (they are referred to as "Business Associates").
- **Industry Regulation** – to state insurance departments, U.S. Department of Labor and other government agencies.
- **Law Enforcement** – to federal, state and local law enforcement officials.
- **Coroner or Medical Examiner**- for purposes of identification or determining cause of death.
- **Legal Proceedings** – in response to a court order, subpoena or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (*e.g.*, child abuse and neglect, threats to public health and safety, and national security).
- **Workers' Compensation** – To the extent required or permitted by law, the HIPAA Plans may release PHI about you for workers' compensation or similar programs.
- **As otherwise required or permitted by applicable law.**

Disclosures to the Plan Sponsor

Plan Sponsor. The HIPAA Plans may share PHI about you with the Plan Sponsor. In the vast majority of circumstances, the HIPAA Plans share only summary information with the Plan Sponsor about the types and frequency of claims, the total cost for those claims, and other related information that does not identify any particular beneficiary. The HIPAA Plans do not need your permission to share this information with the Plan Sponsor.

The HIPAA Plans may retain an administrator to assist them in administering the claims processing, claim review, and claim payment functions conducted by the HIPAA Plans. As a result, the administrator will receive the majority of health information involving you and your health benefit claims, and it has agreed to be bound by the same restrictions as the HIPAA Plans in its use and disclosure of your PHI.

In some cases, however, the Plan Sponsor may receive specific information about particular participants in the HIPAA Plans. For example, reinsurers and other benefit providers may need information on certain chronic or catastrophic illnesses and injuries in order to quote premiums or to continue coverage under some or all of the Plan Sponsor's insurance policies, including those that insure a portion of the Plan. The Plan Sponsor will not use this information in a way that violates the HIPAA Privacy Rule. The Plan Sponsor will not use or disclose this information for employment related actions against you or for decisions regarding your eligibility for or participation in any other benefit or benefit plan of the Plan Sponsor.

You may also request that Plan Sponsor employees intervene on your behalf in addressing claims payment issues or to resolve coverage questions under the Plan (such as, for example, whether a particular requested service is experimental or medically necessary). Should you make such a request, you will be deemed to have consented to the HIPAA Plans sharing all of the information about your medical condition or your claim with the Plan Sponsor. The Plan Sponsor will use and disclose this PHI only in accordance with the applicable law.

Disclosure to Others Involved in Your Health Care

The HIPAA Plans may disclose PHI about you to a relative, a friend, the participant under the HIPAA Plans or any person you identify, provided the information is directly relevant to that person's involvement with your health care and either (i) you are present and do not object to the disclosure, or (ii) you are not present and the HIPAA Plans determine that the disclosure would be in your best interest. For example, if a family member or a caregiver calls the HIPAA Plans with prior knowledge of a claim and you are on the phone with that person, the HIPAA Plans may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by contacting the HIPAA Plans' Privacy Officer.

If you are a minor, you also may have the right to block parental access to your PHI in certain circumstances, if permitted by state law. You can make such a request by contacting (or having your provider contact) the HIPAA Plans' Privacy Officer.

Uses and Disclosures Requiring Your Written Authorization

The HIPAA Plans will ask for your written authorization before using or disclosing your PHI for the following uses or disclosures: (i) psychotherapy notes; (ii) marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI and (iv) all situations other than those described in this Notice. If you have given the HIPAA Plans an authorization, you may revoke it at any time. The HIPAA Plans are unable to take back any disclosures already made with your authorization. If you have questions regarding authorizations, please contact the HIPAA Plans' Privacy Officer.

Your Legal Rights

The HIPAA Privacy Rule gives you the right to make certain requests regarding your PHI.

You have the right to request to receive communications from the HIPAA Plans on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you may ask that the HIPAA Plans only contact you at work or by mail, or at a mailing address other than your home address. The HIPAA Plans are not required to accommodate your request unless you would be endangered by the usual method of communication. You are not required to provide the HIPAA Plans with an explanation as to the reason for your request.

You have the right to request a restriction or limitation on the PHI the HIPAA Plans use or disclose about you for purposes of treatment, payment or operations. To request restrictions, you must make your request in writing to the HIPAA Plans' Privacy Officer. In your request, you must tell the relevant HIPAA Plan (1) what information you want to limit; (2) whether you want to limit the HIPAA Plan's use, disclosure, or both; and (3) to whom you want the limits to apply. The HIPAA Plans are not required to agree to your request.

You have the right to inspect and obtain a copy of PHI that is contained in a "designated record set" – enrollment records, payment records, claims adjudication records, case or medical management records, and other records used by the HIPAA Plans to make decisions about you. The HIPAA 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.

- You have the right to request the HIPAA Plans to amend PHI that is in a "designated record set." Your request must be in writing and must include the reason for the request. The Plan will respond to the request no later than 60 days after the request, unless it extends this timeframe as permitted under the HIPAA Privacy Rule. If the HIPAA Plans deny the request, you may file a written statement of disagreement. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.
- You have the right to request an "accounting of disclosures." This is a list of some of the disclosures the HIPAA Plans made of medical information about you that were not specifically authorized by you in advance. Such accounting does not have to include PHI disclosures made to you about your own PHI. Your request must be in writing. If you request such an accounting more than once in a 12-month period, the HIPAA Plans may charge a reasonable fee. Your written request must be for a stated time period not longer than six (6) years prior to the date of the request. If the accounting cannot be provided to you within 60 days, the HIPAA Plans have the right to a 30-day extension provided you are given a written statement of the reasons for the delay and the date by which the accounting is anticipated to be provided.
- You have the right to choose someone to act on your behalf (i.e., designation of a healthcare power of attorney or personal representative) by exercising your rights and making decisions about your health information.

You have the right to be notified in the event that the Plan Sponsor or a Business Associate discovers a breach of unsecured PHI.

You have the right to receive a paper copy of this notice at any time upon written request.

You may make any of the requests described above, by contacting the HIPAA Plans' Privacy Officer as indicated in the "Complaints" section below. You may also exercise your rights through a personal representative. Your representative will be required to provide evidence of his or her authorization by you to act on your behalf before access will be given to your PHI.

Complaints

You also have the right to file a complaint if you think your privacy rights have been violated. Employees and retirees should contact HIPAA Plans' Privacy Officer, Ms. Gabrielle Ernst, Sony Pictures Entertainment Inc., 10202 W. Washington Blvd., Culver City, CA 90232. You may also submit your complaints by e-mail to HIPAA_Privacy@sonyusa.com. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by submitting a detailed written description of the issue via mail to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 (telephone number: 1-877-696-6775); via email to OCRComplaint@hhs.gov; or through the OCR Complaint portal at ocrportal.hhs.gov/ocr/smartscreen/main.jsf. Your written description must name the covered entity (the Plan) and what action (or lack of action) you believe has violated HIPAA. Your complaint must be submitted within 180 days of when you knew or should have known of the issue, unless this deadline is waived by the Office for Civil Rights. You will not be retaliated against for filing a complaint.

The HIPAA Plans' Legal Obligations

The HIPAA Privacy Rule requires the HIPAA Plans to keep PHI about you private, to give you notice of its legal duties and privacy practices; to notify individuals should any breach of unsecured PHI occur, and to follow the terms of the Notice currently in effect.

The information provided in this Notice is a summary and, therefore, general in nature. The actual terms of the HIPAA Plans and their HIPAA privacy practices and procedures must be consulted with regard to privacy in any particular circumstance. If you have any questions about the HIPAA Privacy Rule or the privacy practices maintained by the HIPAA Plans, please contact the Privacy Officer.

This Notice is Subject to Change

The HIPAA Plans reserve the right to change the terms of this Notice and their privacy policies at any time. If the HIPAA Plans do make such changes, the new terms and policies will then apply to all PHI maintained by the HIPAA Plans (including information in the HIPAA Plans' possession at the time of the change as well as information created or received in the future). If the HIPAA Plans make any material changes regarding their practices, the HIPAA Plans will distribute a new notice to the participant.

Contact Information

If you have questions, requests or complaints regarding this Notice, please contact the HIPAA Plans' Privacy Officer at the address noted above in the "Complaints" section. Include your name, phone number and e-mail address.

NOTIFICATION OF YOUR RIGHTS FOR BENEFITS CONTINUATION OF COVERAGE

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X — The Consolidated Omnibus Budget Reconciliation Act of 1985 ["COBRA"]) — requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end (called "qualifying events"). For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the plan administrator.

PARENTAL AND LACTATION LEAVES AND ACCOMMODATIONS

For more information about your rights and obligations under applicable federal, state, and local labor law, including with respect to parental leave and/or lactation accommodations, please refer to the employee handbook posted on mySPE

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, 2026. 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: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ 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	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**

Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	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
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	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/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672

MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
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	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	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)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**

Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
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/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
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	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
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, 2026, 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