



GROUP HEALTH PLAN

2021 Required Legal Notices and Disclosures

List of Notices and Disclosures

Notice of Privacy Policy and Procedures

Medicare Part D Notice of Creditable Rx Coverage

Wellness Incentive Program

Women's Health & Cancer Rights Act Notice

HIPAA Special Enrollment Rights

For additional information on any of these notices or the benefits they address, contact the HR Benefits team at 801-583-2787, ext.2282 or benefitshelp@aruplab.com

ARUP Laboratories

Employee Health Care Benefits Plan

NOTICE OF PRIVACY PRACTICES STATEMENT

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

THE PLAN'S PRIVACY PRACTICES

ARUP Laboratories Employee Health Care Benefits Plan ("the Plan") is committed to protecting the confidentiality of your medical and health information ("Protected Health Information") as described in this Notice and maintains the privacy of your Protected Health Information as required by law. You are receiving this Notice because you are enrolled in the Plan. This Notice describes our privacy practices relating to Protected Health Information, including how we may use your Protected Health Information within the Plan and how under certain circumstances we may disclose it to others outside the Plan. This Notice also describes the rights you have concerning your own Protected Health Information. Please review it carefully. If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices of the Plan, please contact the Plan Privacy Officer listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION PERMITTED BY LAW

The law permits us to use your Protected Health Information for treating you, billing for services, and for healthcare operations, all of which are explained below. The workforce members who administer and manage this Health Plan may use your Protected Health Information only for appropriate plan purposes (such as for treatment, payment, or healthcare operations), but not for purposes of other benefits not provided by this Plan, and not for employment-related purposes of ARUP.

Your Protected Health Information may be used and disclosed only for the following purposes:

For Communications with Insurance Companies: The Plan provides medical benefits to you in part through insurance companies. The Plan may communicate with these insurance companies to assist you in resolving claims or coverage issues. The Plan also may communicate with these insurance companies to administer the self-insured portion of the

Plan. You should review the Notices of Privacy Practices sent by such insurance companies to see how each of them will handle your health information.

For Treatment: We may disclose your Protected Health Information to a healthcare provider for the healthcare provider's treatment purposes. For example, if your primary care physician or other healthcare provider refers you to a specialist for treatment, the Plan can disclose your PHI to the specialist to whom you have been referred so the specialist can become familiar with those records. The Plan may also disclose your PHI to the ARUP Family Health Clinic so that it can provide case management assistance to you.

For Payment: We use and disclose your medical information to review bills and pay claims if necessary. We may also share your medical information with other companies to help us with health claims, coordination with health insurance companies, or utilization review. We may communicate with insurance companies to help you resolve problems about payment of claims.

For Plan Operations: We may use or disclose your medical information to assist us with administering the Plan. We may use your medical information for medical necessity review; coordination of care, benefits, and other services; program analysis and reporting; audit, accounting, or legal services; risk management; detection and investigation of fraud and other unlawful conduct; underwriting and ratemaking; resolution of third party liability; administration of reinsurance and excess or stop loss insurance and coordination with these insurers; data and information systems management; and other business management and planning activities. For example, we may use your medical information to generate data about how we can serve you better. We will not use or disclose PHI that is genetic information for underwriting purposes.

To Family Members and Others Involved in Your Care: We may disclose your medical information to a family member, relative, close friend, or any other person the Member identifies for the purpose of assistance with the Member's care or payment for care. For example, if your spouse calls us to get information about a claim for your care, we may talk with your spouse to assist you in resolving a problem. If you do not want us to discuss your medical information with your family members or others involved in your care, please contact the Benefits Administrator.

For Research: We may use or disclose your Protected Health Information without your consent or authorization for research projects, such as studying the effectiveness of a treatment you received, if an Institutional Review Board approves a waiver of authorization for disclosure. These research projects must go through a special process that protects the confidentiality of your medical information.

As Required by Law: Federal, state, or local laws sometimes require us to disclose a member's medical information. For example, we may be required to release information for a workers' compensation claim.

To Law Enforcement Officials: We may disclose Protected Health Information to law enforcement officials as required by law or in compliance with a search warrant, subpoena, or court order. We may also disclose Protected Health Information to law enforcement officials in certain circumstances, including but not limited to the following: (i) to help in identifying or locating a person, (ii) to prosecute a violent crime, (iii) to report a death that may have resulted from criminal conduct, (iv) to report criminal conduct at ARUP, and (v) to provide certain information in domestic violence cases.

For Judicial Proceedings: We may disclose your Protected Health Information to a third party if we are ordered to do so by a court or if the Plan receives a subpoena or a search warrant.

For Public Health Activities or Public Safety: We may also use and disclose certain Protected Health Information for public health purposes, such as preventing or lessening a serious and/or imminent threat to an individual's or the public's health or safety. We may also report information to ARUP Laboratories as required under laws addressing work-related illness and injuries or workplace medical surveillance. For instance, a positive communicable disease test result may be reported to the State of Utah Department of Health. We may also need to report patient problems with medications or medical products to the Food and Drug Administration (FDA).

For Military, Veterans, National Security, and Other Government Purposes: If you are a member of the armed forces we may release your Protected Health Information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose Protected Health Information to federal officials for intelligence and national security purposes, or for Presidential Protective Services.

For Health Oversight Activities: We may disclose Protected Health Information to a government agency that oversees the Plan or its personnel, such as the United States Department of Labor, to ensure compliance with state and federal laws.

For Information with Additional Protection: Certain types of Protected Health Information have additional protection under state or federal law. For instance, communicable disease and HIV/AIDS, drug and alcohol abuse treatment, and genetic testing information is treated differently than other types of medical information. In certain circumstances, we would be required to get your permission before disclosing this special information.

To ARUP Laboratories: ARUP Laboratories is the sponsor of the Plan. Only designated ARUP employees in the Human Resources Department, the Compliance Department, and the Office

of General Counsel will have access to medical information to perform functions related to administering the Plan.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The Plan cannot use your Protected Health Information for anything other than the reasons mentioned above without your signed "Authorization". An Authorization is a written document signed by you giving us permission to use or disclose your Protected Health Information for the purposes you specifically set forth in the Authorization. You may revoke the Authorization at any time by delivering a written statement to the Plan Privacy Officer identified below. If you revoke your Authorization, the Plan will no longer use or disclose your Protected Health Information as permitted by your Authorization. However, your revocation of the Authorization will not reverse the use or disclosure of your Protected Health Information made while your Authorization was in effect.

YOUR INDIVIDUAL RIGHTS

To Request a Copy of Your Protected Health Information: You have the right to look at your medical information that the Plan holds and to get a copy of that information. To see your Protected Health Information, submit a written request to the Plan Privacy Officer. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost.

To Request an Amendment of Your Medical Information: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend that information. To make a request to amend your medical information, submit a written request to the Plan Privacy Officer and tell us in detail why you believe your medical information is wrong or incomplete.

To Get a List of Certain Disclosures of Your Protected Health Information: You have the right to request a list of certain disclosures of your Protected Health Information. If you would like to receive such a list, submit a written request to the Plan Privacy Officer. Your request must state a time period desired for the accounting, which time period must be within six years prior to the date of your request, and may not include dates before April 14, 2003. We will provide the first list to you free, but we may charge you for any additional lists you request during the same twelve (12) month period. We will notify you in advance what this list will cost, at which time you may withdraw or modify your request.

To Request Special Communications: You have the right to ask us to communicate your Protected Health Information by alternative means of communication or at alternative

locations. For example, you can ask us not to call your home, but to communicate with you only by mail. To make such a request, write to the Plan Privacy Officer.

To Request Special Treatment for Your Medical Information: We handle your medical information in the ways we described in this notice. You have the right to ask us not to handle your medical information in a certain way (unless we are required by law to do it). We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request special treatment in the way we handle your medical information, submit your request in writing to the Plan Privacy Officer and describe your request in detail.

Right to receive notification in case of a breach: In the event your personal health information is inadvertently delivered to a person or entity not authorized to receive the information, you have the right to be notified of the event.

To Receive a Paper Copy of This Notice: If you have received this Notice electronically, you have the right to receive a paper copy at any time. You may download a paper copy of the notice from our website, www.aruplab.com/benefits, or you may obtain a paper copy of the notice by calling or writing to the Plan Privacy Officer.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose Protected Health Information, or how we implement the rights of Plan members concerning such information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all Protected Health Information we maintain. If we change these practices, we will publish a revised Notice. You can get a copy of our current Notice at any time by downloading a paper copy of the notice from our website, www.aruplab.com/benefits, or you may obtain a paper copy of the Notice by calling or writing to the Plan Privacy Officer.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions about this Notice, or have further questions about how the Plan may use and disclose your Protected Health Information, please contact the Plan Privacy Officer as set forth below. We also welcome your feedback regarding any problems or concerns you have with your privacy rights or how the Plan uses or discloses your Protected Health Information.

If you have a concern, please contact:

ARUP Health Plan Privacy Officer
500 Chipeta Way MS241, Salt Lake City, UT 84108
(800) 242-2787, ext. 2063
ARUPPrivacy@aruplab.com

If for some reason ARUP cannot resolve your concern or complaint, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint.

Effective date of this Notice: October 1, 2020

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Important Notice from ARUP about Your Prescription Drug Coverage and Medicare

If you or your dependents are not eligible for Medicare, you may disregard this notice.

This notice applies to those covered under the ARUP Laboratories Benefit Plan. Please read this notice carefully and keep it where you can find it. This notice contains information about your current prescription drug coverage with our Benefit Plan 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 a Medicare drug plan, 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 included 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. ARUP Laboratories has determined that the prescription drug coverage offered by the ARUP Laboratories 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 15 to December 7.

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, your current ARUP coverage will not be affected. Medicare eligible individuals who become eligible for Medicare Part D can keep this coverage if they elect Part D and this plan will pay primary to Medicare Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage under our plan, be aware that you and your dependents will not be able to get this coverage back except at the next annual open enrollment or if you have a “special enrollment” event.

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 ARUP Laboratories and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (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 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent 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

Contact the person at the number listed below for further information NOTE: You will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through ARUP Laboratories 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 located in the “Medicare & You” handbook. You will receive 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, assistance in paying for Medicare prescription drug coverage is available. For information about this assistance, visit Social Security on the web at www.socialsecurity.gov, or call 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 (penalty).

Date: 10/01/2020
Name of Entity/Sender: ARUP Laboratories
Contact--Position/Office: Lashell Johnson/Benefits Administrator, Lead
Address: 500 Chipeta Way, Salt Lake City, Utah 84108
Phone Number: (801) 583-2787, ext. 4502

WELLNESS INCENTIVE PROGRAM

ARUP Laboratories’ employees have access to a comprehensive Wellness Incentive Program. The confidential program provides covered employees and spouses with preferred medical benefit premiums.

1. Participation in the Wellness Incentive Program requires covered employees and spouses to participate in onsite Personal Health Profile (PHP). Registration is available at aruplab.com/clinic/php.
2. All three elements of the PHP must be completed, including:
 - health behavior and risk questionnaire

- biometrics measures (height, weight, and blood pressure)
 - blood draw and lab results, including hemoglobin A1c, lipids, and creatinine.
3. If you or your spouse are unable to complete the onsite screening, contact the ARUP benefits team at 801-583-2787, ext.2282, or at humanresourcesbenefits151@aruplab.com.
 4. ARUP Laboratories will not receive PHP results. The process is completely confidential. The benefits team will only receive notification that the employee and spouse have completed the profile.
 5. The confidential PHP results will provide employee with personalized advice for health improvement. We encourage employees to take advantage of the available resources to maintain and improve healthy lifestyles.
 6. ARUP is a smoke free campus. Use of tobacco products is prohibited. ARUP employees who do not use tobacco products are eligible for additional healthcare premium savings.
 7. During the enrollment process, participants will be asked to choose an option for tobacco use. By selecting non-tobacco use, the participant is affirming that tobacco use in any form of tobacco products will not be consumed during the enrollment year. This includes all tobacco products that are smoked (i.e., cigarettes, cigars, pipes), applied to the gums (i.e., dipping, chewing tobacco, or snuff) and/or inhaled.
 8. If the covered participant commences routine use of tobacco, the participant is no longer eligible for the premium reduction. This change must be reported to Human Resources immediately.
 9. Intentional falsification of this election or failure to report commencement of use after making the election constitutes fraud.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, includes important protections for individuals who elect breast reconstruction in connection with a mastectomy. WHCRA amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act) and is administered by the Departments of Labor and Health and Human Services.

Under WHCRA, group health plans, insurance companies, and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient.

Reconstructive Surgery: Correction of abnormal congenital conditions and reconstructive mammoplasties will be considered covered charges.

This mammoplasty coverage will include reimbursement for:

- (i) reconstruction of the breast on which a mastectomy has been performed,
- (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- (iii) coverage of prostheses and physical complications during all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the plan if you or your dependents later experience 1) a qualified loss of other coverage or 2) qualified change in status. Loss of health insurance coverage must not be for non-payment of premiums, but may include loss of eligibility, divorce, death, termination of employment, etc. A change in family status includes marriage, birth, adoption, placement for adoption. If you experience any of these events, you may be able to enroll yourself and your dependents, provided that you request enrollment in writing within 31 days of the qualified event (or within sixty (60) days from the date of the following: a) the loss of state Medicaid or CHIP coverage, or b) becoming eligible to participate in a state Medicaid or CHIP premium assistance program. If not requested within 31 days, you will need to wait until the Plan's next open enrollment period, typically held in October with coverage becoming effective January 1.