NOTICE OF PRIVACY PRACTICES
for the
TWIN CITY IRON WORKERS HEALTH & WELFARE PLAN

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.

This Notice is Effective February 16, 2026

Introduction

Under the federal Medical Data Privacy Regulations, or "Privacy Regulations," the Plan is required to give you this NOTICE OF PRIVACY PRACTICES which tells you about how the Plan protects the privacy of your health information and your rights under the new Privacy Regulations.

The Privacy Regulations govern the use and disclosure of your individually identifiable health information that is transmitted or maintained by the Plan. This is called "Protected Health Information" or "PHI" under the Regulations.

1. When the Plan Uses and Discloses Your PHI

A. Uses and Disclosures Required by the Privacy Regulations

The Plan is required to give you access to certain PHI, if you ask, so you can inspect and copy it.

The Plan is required to release your PHI to the Secretary of the federal Department of Health and Human Services to review the Plan's compliance with the Privacy Regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations.

The Plan and its "business associates" have the right to and will use PHI without your consent, authorization or opportunity to agree or object so the Plan can carry out "treatment, payment and health care operations." The Plan can also disclose PHI to the Board of Trustees for purposes related to treatment, payment and health care operations. The Summary Plan Description has been amended to protect your PHI as required by federal law.

Treatment includes providing, coordinating or managing health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

> For example, the Plan may release your PHI to a treating doctor so that the doctor may obtain information concerning your treatment from your prior treating doctor.

Payment includes determining coverage and paying benefits (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations).

> For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the doctor's bill for your visit to the doctor will be paid by the Plan.

Health care operations includes quality assessment and improvement, reviewing competence or qualifications of health care professionals, determining the appropriate contribution rates to the Plan, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts or determining the appropriate contribution rates for the Plan. It also includes disease management, case management, conducting or arranging for medical review; legal services and auditing functions, including fraud and abuse compliance programs; planning and development, Plan management and general administrative activities.

For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

C. Uses and Disclosures that Require Your Written Authorization.

Your written authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist; before the Plan will use your PHI for marketing purposes; or before the Plan would make a sale involving your PHI.

Your authorization will also generally be obtained before the Plan will release your PHI to persons not specifically authorized to receive the information under the Privacy Regulations, such as your spouse. When your authorization is required for a release of your PHI, you will also have the right to revoke the authorization at any time. You or your spouse will not be able to access the PHI of an adult child without a signed authorization from the adult child.

D. Uses and Disclosures that Require that You Have an Opportunity to Agree or Disagree before the Information is Used or Released.

The Plan can disclose your PHI to family members, other relatives and your close personal friends if the information is directly relevant to the family or friend's involvement with your care or payment for that care; and you have either agreed to the disclosures or have been given an opportunity to object and have not objected.

E. Other Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required.

The Plan can use and disclose your PHI without your consent, authorization or request under the following circumstances; however, as a general rule the Plan will release PHI in these situations only when necessary to protect a person's health or safety:

1. When required by law, such as releases to the Secretary of Health and Human Services.

2. When permitted for purposes of public health activities, including when necessary to report if you have been exposed to a communicable disease or are at risk of spreading a disease or condition.

3. To report information about abuse, neglect or domestic violence to public authorities.

4. To a public health oversight agency for oversight activities such as civil, administrative or criminal investigations; inspections; licensing or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

5. When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request.

6. When required for law enforcement purposes (for example, to report certain types of wounds).

7. For other law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person.

8. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Disclosure is also permitted to funeral directors, as necessary to carry out their duties with respect to the decedent.

9. For research, subject to certain conditions.

10. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

11. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

F. Uses and Disclosures of Substance Use Disorder Treatment Records

The Plan may receive, maintain, or disclose records that identify you as having a substance use disorder, being diagnosed with a substance use disorder, or receiving substance use disorder treatment from a federally assisted substance use disorder program. These records are protected by federal law and receive greater confidentiality protections than other health information, pursuant to 42 C.F.R. Part 2 ("Part 2").

The Plan will not use or disclose substance use disorder treatment records unless:

- You provide a written authorization that meets the requirements of Part 2;
- The use or disclosure is required or permitted by Part 2 (for example, in a medical emergency, for scientific research, for audit or evaluation activities, to report certain crimes occurring on program premises, or pursuant to a valid court order); or
- The information has been fully de-identified in accordance with Part 2.

Part 2 records (or testimony about their contents) may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless based on your specific written consent or pursuant to a court order that complies with Part 2.

Any substance use disorder treatment records disclosed by the Plan discloses with your written authorization will be subject to federal redisclosure restrictions. The recipient of the information is prohibited from further disclosing it unless permitted by Part 2 or authorized by you in writing.

The Plan will maintain appropriate safeguards to protect the confidentiality of substance use disorder records, including any segregation, labeling, access restrictions, or redisclosure limitations required by Part 2.

2. Your Rights

A. Right to Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request.

The Plan will comply with your request if, except as otherwise required by law, the disclosure is to the Plan for purposes of carrying out payment or health care operations (and not for the purpose of carrying out treatment); and the PHI pertains solely to a health care item or service for which the health care provider in question has been paid out-of-pocket in full. To request a restriction of this

kind, you must make your request in writing to the Plan's contact person listed at the end of this notice. In the written request, you must inform the Plan (1) what information you wish to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to who do you want the limits to apply (for example disclosures to your spouse).

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI. You have a right to request an electronic copy of your PHI that is in such a designated record set as long as requested in a form and format that is readily producible. If your request for an electronic copy is not in a readily producible electronic format, it can then either (1) be produced in a mutually agreeable machine readable form such as MS Word, Excel, PDF, HTML, or (2) you can receive your PHI in paper form. The Plan may charge you a cost-based fee to produce the electronic or paper copy of your records.

Designated Record Set includes your medical records and billing records maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case management record systems maintained by or for the Plan; or other information used in whole or in part by or for the Plan to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the Plan's Contact Person.

If the Plan denies you access, you or your personal representative will be provided with a written denial stating the basis for the denial, a description of how you can exercise those review rights and a description of how you can complain to the Secretary of the U.S. Department of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a designated record set as long as the PHI is maintained in the designated record set. The request must be made in writing and must provide your reasons supporting your request.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan cannot comply with the deadline. If the request is denied in whole or part, the Plan will provide you with a written denial that explains the basis for the denial. You or your personal representative can then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests to amend your PHI in a designated record set should be made to the Plan's Contact Person at the Plan Administrator's office. You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

D. The Right to Receive an Accounting of PHI Disclosures

You have the right to request an "accounting" of certain disclosures of your PHI. The accounting will not include (1) disclosures for treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request an accounting of disclosures, you must submit your request in writing to the Plan's Contact Person at the Plan Administrator's Office. Your request must state the time period you want the accounting to cover, which may be no longer than six years before the date of the request. Your request should indicate in what form you want the list (paper or electronic). The first accounting you request within a twelve-month period will be provided free of charge. For additional lists, the Plan will charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

E. The Right to Confidential Communications

You have the right to request that the Plan communicate with you about medical matters in a confidential way or at a certain location. To request confidential communications, you must make your request in writing to the Plan's Contact Person at the Plan Administrator's office.

F. The Right to Receive a Paper Copy of This Notice Upon Request.

Please contact the Plan's Contact Person at the Plan Administrator's office to receive a paper copy of this Notice.

G. The Right to Be Notified of a Breach

You have the right to be notified in the event that the Plan and/or its Business Associate discover a breach of unsecured PHI.

H. Underwriting

The Plan may use your PHI for purposes of underwriting certain insurance. However, under no circumstances will the Plan use any genetic testing PHI for such purposes.

I. Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of this authority may take one of the following forms: (1) a power of attorney for health care purposes notarized by a notary public; (2) a court order of appointment of the person as the conservator or guardian of the individual; or (3) an individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

3. The Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

You have a right to be notified in the event the Plan or a business associate of the Plan discovers a breach of your unsecured PHI.

The Plan is required to comply with the terms of this notice. The Plan, however, reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan before that date. If a privacy practice is changed, a revised version of this notice will be provided by mail to all past and present covered persons for whom the Plan still maintains PHI.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice.

A. Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

This minimum necessary standard will not apply in the following situations:

1. Disclosures to or requests by a health care provider for treatment;

2. Disclosures made to the Secretary of the U.S. Department of Health and Human Services;

3. Uses or disclosures that are required by law; and

4. Uses or disclosures that are required for the Plan's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe the information can be used to identify an individual. In other words, if the information is de-identified, it is not individually identifiable health information and, therefore, not PHI.

The Plan can also use or disclose "summary health information" to the Board of Trustees for obtaining premium bids or modifying, amending or terminating the Plan. Summary health information summarizes the claims history, claims expenses or type of claims experienced by individuals and from which identifying information has been deleted in accordance with the Privacy Regulations.

4. Your Right to File a Complaint With the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Plan's Contact Person at the Plan Administrator's office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The Plan will not retaliate against you for filing a complaint.

5. Who to Contact for More Information

If you have any questions, please contact the Plan's Contact Person at the Plan Administrator's office. The address is 3001 Metro Drive, Suite 500, Bloomington, MN 55425, and the telephone number is 952-854-0795 or 1-800-535-6373.

Conclusion

PHI uses and disclosures by the Plan are regulated by the federal HIPAA law. This notice attempts to summarize the Privacy Regulations. The Privacy Regulations will supersede any discrepancy between the information in this notice and the regulations.