Welcome to This Year's Open Enrollment Period!

Your 2026 – 2027 Health Plan: What You Need to Know

Your Provider Network is Changing:

- Starting this year, your plan will use the Cigna PPO network for in-network care, replacing Aetna.
- Your current Aetna providers also participate in Cigna's PPO and should continue to remain "in network" as part of your plan. However, because network providers are always subject to change, we recommend visiting **cigna.com** to confirm before your next visit.

New ID Cards:

- New ID cards will be mailed in June to the address we have on file.
- Once you receive your new card, please discard your old one.
- Be sure to share your new ID card with your medical providers at your next appointment.
- Please also present your new ID card at the pharmacy, as it will include an updated Rx Group #.

New Member Portal:

You can access your benefits, digital ID Card, claims information and provider search tool at **my.homesteadplans.com.** The portal will be available to you starting at the beginning of the Open Enrollment period.

Your Health and Well-Being are Our Top Priorities

This packet includes everything you need to know to get the most from your Claim Watcher health benefits plan. We encourage you to review the enclosed materials carefully and take full advantage of the benefits available to you.

If you have any questions or need help, please don't hesitate to call your Concierge Member Services team at **(855) 897-4816**, Monday – Friday from 8 a.m. – 6 p.m. ET. or email us at **customerservice@homesteadplans.com**.

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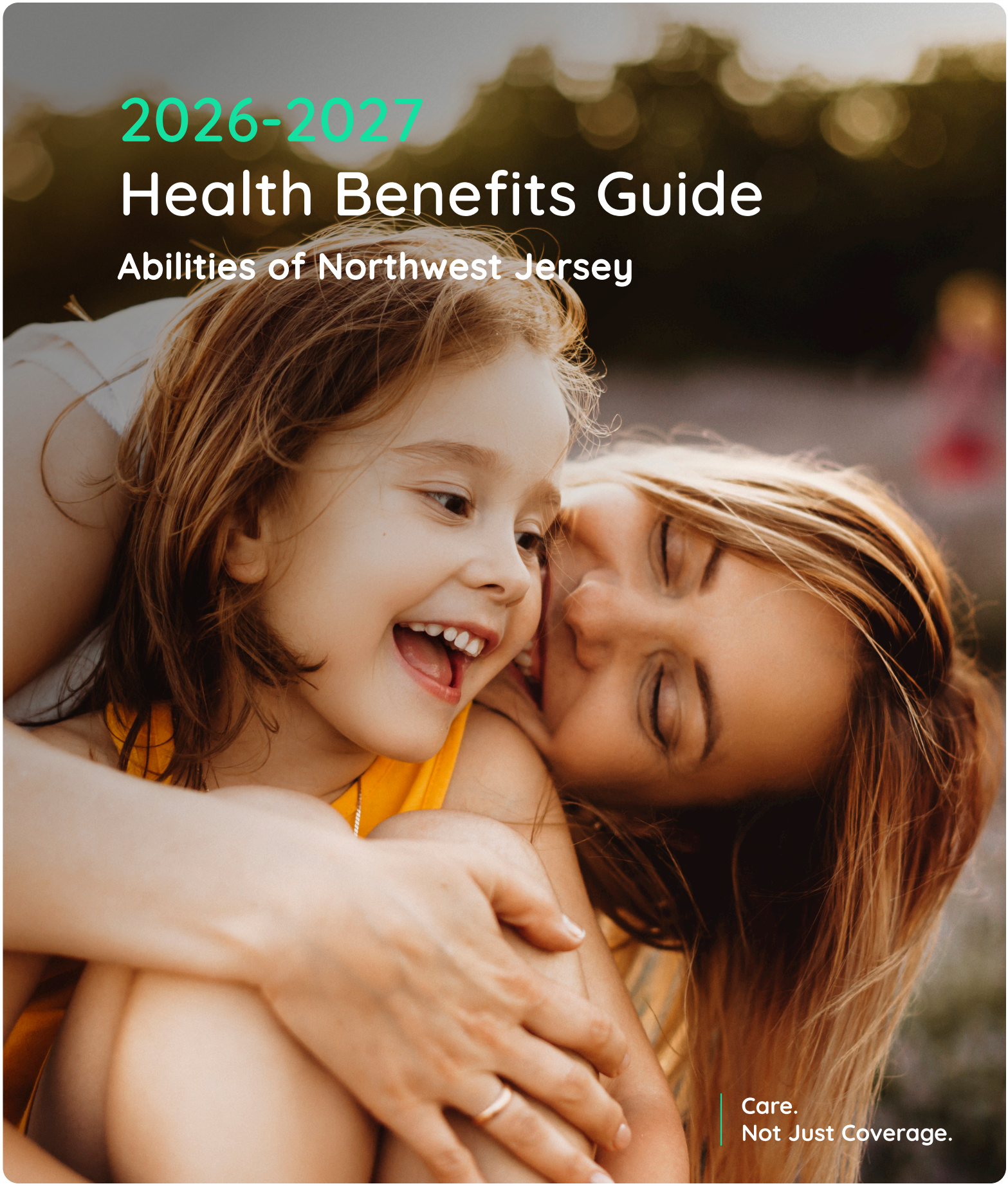

2026-2027
Health Benefits Guide
Abilities of Northwest Jersey

Care.
Not Just Coverage.

Care.
Not Just Coverage.

Your Health Plan at a Glance

Your employer's health plan is **self-funded** — that means your employer, not an insurance company, pays for the cost of your covered health care.

This approach gives you access to Cigna's extensive PPO network combined with **greater flexibility** and **added safeguards** against unexpected balance bills.

Broad Access to Care

Your plan combines certain networks and services to give your broad access to care:

- **Cigna PPO Network** – For in-network coverage, you have access to Cigna's large network of quality doctors, hospitals, and facilities.
- **Homestead Claim Watcher** – For out-of-network care, Claim Watcher reviews and reprices claims to ensure fair costs and protects you from balance bills.

Finding In-Network Providers

To get the best coverage and avoid extra costs, choose providers in the Cigna PPO Network. Here's how:

1. Go to **Cigna.com**
2. Click **Find a Doctor**
3. Choose **Employer or School** when asked how you're covered
4. Select the **Cigna PPO Network**

Tell your provider you use the Cigna PPO Network and **show your ID card**.

Balance Bill Defense

Sometimes, you may receive care from an out-of-network provider, by choice or without realizing it — such as care from an out-of-network anesthesiologist at an in-network hospital.

In many plans, this can result in a balance bill — the difference between what the plan pays and what the provider charges.

With your plan, Homestead's Claim Watcher helps prevent these situations and supports :

- **Fair Pricing** – All out-of-network claims are reviewed and repriced to a reasonable amount.
- **Support and Legal Defense** – If you get a bill for more than the amount shown on your Explanation of Benefits (EOB), call us immediately! We'll step in and take the lead to advocate and manage on your behalf.

We're Here to Help

Your Member Concierge Team is here to make things easier helping you understand your coverage, find providers, and handle any claims issues.

> Call or email us at:
> - **855) 897-4816**
> Monday – Friday, 8 a.m. - 6 p.m. EST
> - **customerservice@homesteadplans.com**

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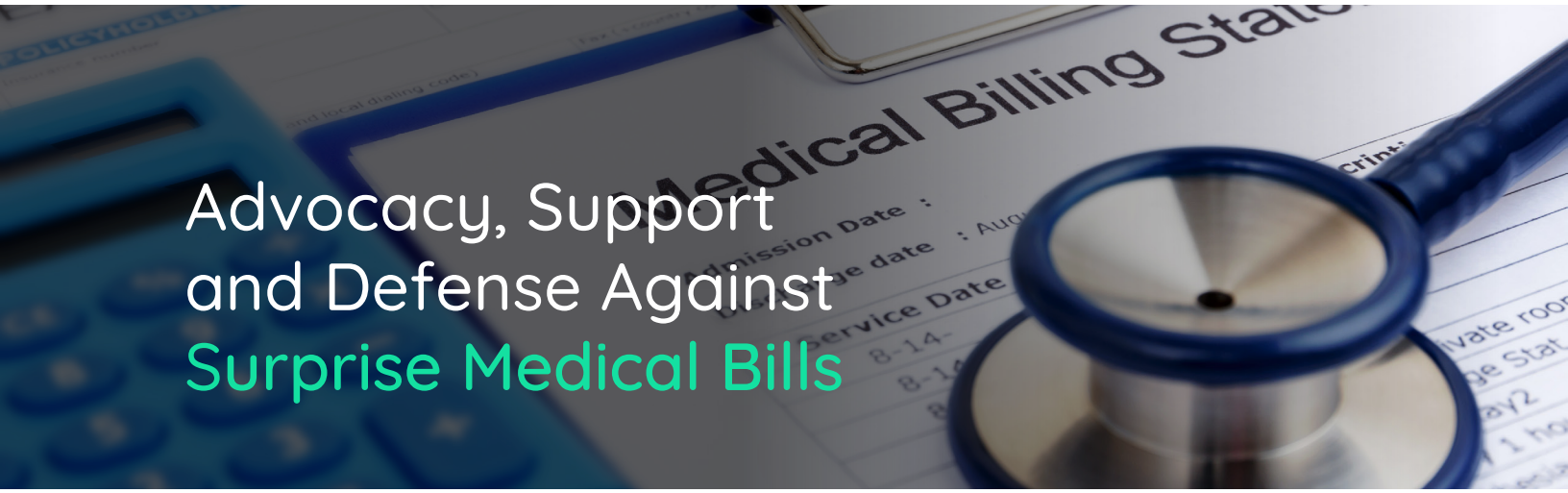
05/2026



Advocacy, Support and Defense Against Surprise Medical Bills

Receiving a balance bill is rare for our members, but they do happen sometimes.

However,you don't need to worry. We will vigorously defend against any attempt to charge you more than your patient responsibility — **at no cost to you!**

What is a balance bill?

When you receive medical care there is usually an amount you need to pay after your coverage is applied. This is called your patient responsibility and includes any copayment, coinsurance, or deductible amount as determined by your benefits plan.

> **A balance bill is when you are asked to pay more than your patient responsibility.**

Each time you receive care, you'll receive an Explanation of Benefits (EOB) that clearly outlines your patient responsibility. This is not a bill. It's a document explaining the services billed by the provider, the amount paid by your plan, and your remaining patient responsibility (if there is any) for each claim submitted.

Review your EOBs carefully. If you've paid the patient responsibility shown on your EOB and the provider sends you a bill for an additional amount not covered by your plan, this is a balance bill.

What to do if you receive a balance bill

There is a 30-day deadline from the date of an initial bill for us to begin this process with you – so it's important for you to open your mail regularly to review any medical bills and call Customer Service immediately if you think you've received a balance bill.

Health care can be complicated, but having the right support makes all the difference.

> **Call the Customer Service number on your ID card anytime you have questions or need help!**

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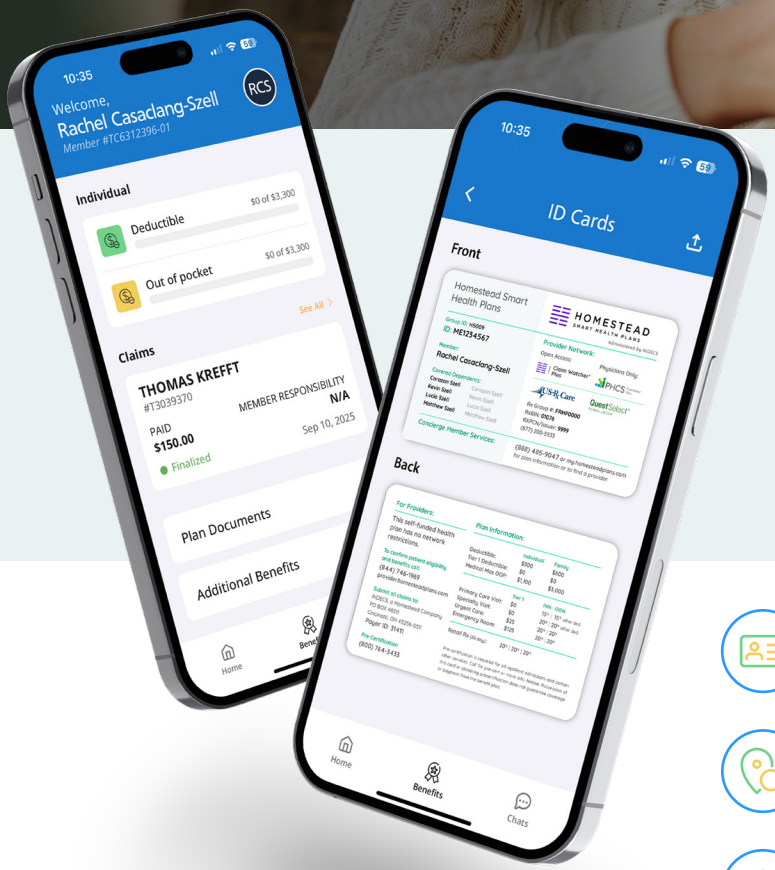
Member Portal
powered by TrueClaim

Your health at your fingertips.

Quick and easy access your health plan—anytime, from anywhere.



Get Connected to Your Benefits

To get started, download the TrueClaim app or visit **my.homesteadplans.com** and register using the same email you use for benefits enrollment or receiving other HR-related communications.

Need help signing up?
If the system doesn't recognize your email, or you want to add access for a family member, just email us at **customerservice@homesteadplans.com.**

Get Your ID Card: View, download, or print your digital ID card whenever you need it.

Find a Provider: Use the provider search tool to quickly find doctors, specialists, and facilities who accept the plan.

View Claims & EOBs: Track claims in real time and view your Explanation of Benefits (EOBs) in just a few taps.

Track Your Spending: See how much you've paid toward your deductible and out-of-pocket maximum.

Estimate the Cost of Care: Know before you go and avoid surprises by using the cost estimator to see prices for common services and procedures.

Download the app to access anytime.

TrueClaim is available for download from the App Store or Google play.

Download on the App Store

ANDROID APP ON Google play

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call Customer Service at 1-855-485-8551 or visit my.homesteadplans.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-855-485-8551 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network - $1,000/Individual or $2,000/Family Out-of-Network - $2,000/Individual or $4,000/Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and primary care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$5,000/Individual or $10,000/Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Copayments for certain services, premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. https://hcpdirectory.cigna.com/web/public/consumer/directory/search	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You may see a specialist for covered services without a referral.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$30 copay/office visit	50% coinsurance after deductible	None
	Specialist visit	$50 copay/visit	50% coinsurance after deductible	None
	Preventive care/screening/ immunization	No charge	No charge	You may have to pay for services that aren't preventive.
If you have a test	Diagnostic test (x-ray, blood work)	$50 copay/test – Xray No charge - Lab	50% coinsurance after deductible	If performed as a part of a physician office visit and billed by the Physician, expenses are covered subject to the applicable Physician's office visit member cost.
	Imaging (CT/PET scans, MRIs)	$100 copay/test	50% coinsurance after deductible	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.us-rxcare.com 1-877-200-5533	Tier 1 - Preferred Generic	$15 retail copay/prescription $30 mail order copay/prescription	N/A	Generic ACA Preventive drugs are covered at no cost; the member pays $0. Retail: Covers up to a 30-day supply Mail Order: Covers 31–90-day supply. Pre-Certification required for Specialty and/or injectable prescriptions, or penalty may apply.
	Tier 2 - Preferred Brand Drugs and Some Generic Drugs	$35 retail copay/prescription $70 mail order copay/prescription	N/A	
	Tier 3 - Non-Preferred Brand Drugs, Some Generic Drugs	$75 retail copay/prescription $150 mail order copay/prescription	N/A	
	Tier 4 - Specialty drugs	$75 retail copay/prescription $150 mail order copay/prescription	N/A	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance after deductible	50% coinsurance after deductible	Preauthorization is required.
	Physician/surgeon fees	0% coinsurance after deductible	50% coinsurance after deductible	
If you need immediate medical attention	Emergency room care	$100 copay	$100 copay	Emergency room copay waived if admitted. Pre-certification required for air/water ambulance. Non-emergency use of ambulance is not covered.
	Emergency medical transportation	0% coinsurance	0% coinsurance	
	Urgent care	$50 copay	50% coinsurance after deductible	

* For more information about limitations and exceptions, see the plan or policy document at my.homesteadplans.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	$200 copay	50% coinsurance after deductible	Preauthorization is required.
	Physician/surgeon fees	0% coinsurance	50% coinsurance after deductible	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$50 copay	50% coinsurance after deductible	Preauthorization required for inpatient services.
	Inpatient services	$200 copay	50% coinsurance after deductible	
If you are pregnant	Office visits	0% coinsurance	50% coinsurance after deductible	Cost sharing does not apply to certain preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	$10 copay	50% coinsurance after deductible	
	Childbirth/delivery facility services	$200 copay	50% coinsurance after deductible	
If you need help recovering or have other special health needs	Home health care	$50 copay	50% coinsurance after deductible	Maximum 60 visits/plan year.
	Rehabilitation services	$20 copay	50% coinsurance after deductible	Maximum 60 visits/plan year. Includes physical therapy, speech therapy, and occupational therapy.
	Habilitation services	$20 copay	50% coinsurance after deductible	
	Skilled nursing care	$200 copay	50% coinsurance after deductible	Maximum 120 In-Network/Out-of-Network Inpatient days
	Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible	Excludes vehicle modifications, home modifications, exercise, and bathroom equipment.
	Hospice services	$200 copay -Inpatient 0% coinsurance after deductible - Outpatient	50% coinsurance after deductible	Preauthorization is required.
If your child needs dental or eye care	Children's eye exam	0% coinsurance	0% coinsurance	Coverage limited to one exam per 24 months.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Dental Care
- Routine Foot Care
- Long Term Care
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (if prescribed for rehabilitation purposes)
- Bariatric Surgery
- Chiropractic Care
- Hearing Aids
- Weight Loss Programs

Your Rights to Continue Coverage: If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 855-458-8551. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x 612565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: INDECS, Appeals Department at 888-446-3327 or the Department of Labor Employee Benefits Security Administration at 1-866-444-EBSA or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 855-458-8551.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$1,000
Specialist copayment	$50
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$420
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Peg would pay is	**$420***

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$1,000
Specialist copayment	$50
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,000
Copayments	$260
Coinsurance	$100
What isn't covered	
Limits or exclusions	$100
The total Joe would pay is	**$1,460***

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$1,000
Specialist copayment	$50
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,000
Copayments	$340
Coinsurance	$50
What isn't covered	
Limits or exclusions	$80
The total Mia would pay is	**$1,470***

*The **plan** would be responsible for the other costs of these EXAMPLE covered services.

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SMART HEALTH PLANS

Notice of Privacy Practices of Homestead Strategic Holdings Inc.

Please review this Notice carefully as it describes:

- How health information about you may be used and disclosed.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have the right to receive a copy of this Notice (in paper or electronic form) **and to discuss it, if you have any questions, with:**

Compliance Officer
Homestead Smart Health Plans
201-460-3200
compliance@homesteadplans.com

Intent of Notice

This Notice describes the privacy practices of Homestead Strategic Holdings Inc. It applies to the health services you receive at Homestead Strategic Holdings Inc. Homestead Strategic Holdings Inc. will be referred to herein as “we” or “us.” We will share your health information among ourselves to carry out treatment, payment, and healthcare operations.

Our Privacy Obligations

We are required by law to maintain the privacy of your health information and to provide you with our Notice of Privacy Practices (‘Notice’) of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We may update our privacy practices and the terms of our Notice from time to time. If we make changes, we will provide you with a revised Notice and post it in our office. The new Notice will apply to all health information we maintain, including information created or received before the date of the revision.

If there is a breach of your unsecured health information, we are required to notify you promptly. This means if your health information is accessed, used, or disclosed in a way that is not permitted by HIPAA, and poses a risk to your privacy, we will inform you about what happened and what steps you can take to protect yourself.

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Care.
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We take our legal responsibilities seriously and are dedicated to ensuring your health information is handled with the utmost care and respect. If you have any questions or concerns about your privacy rights, please feel free to contact us. We are here to help.

Federal and State Law Notice

Federal and state laws require we protect your health information and federal law requires us to describe to you how we handle this information. When federal and state laws differ, and the state law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

Federal law (42 U.S.C. 290dd-2) does not override all state laws in the same area. If a use or disclosure is permitted by 42 CFR Part 2 but conflicts with state law, we will adhere to the more restrictive law. However, no state law can permit or require a use or disclosure that is prohibited by the 42 CFR Part 2 regulation.

How We May Use or Disclose Your Health Information

In order to provide TPA services for your health Plan, **Homestead** will need private information about you, and we obtain that information from many different sources – particularly your Plan Sponsor, other insurers, HMOs or third-party administrators (TPAs), and health care providers. We may use and disclose PHI about you in various ways in providing TPA services for your Plan, including:

Health Care Operations: We may use and disclose PHI during the course of running our TPA business – that is, during operations such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operations requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, billing, and customer service.

Payment: To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums or Plan payments; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we 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, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the Plan Member or other covered dependent(s). In addition, claims information contained about Plan Members and their covered dependents is available on our secure **Homestead** web portal and through our customer service line.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who may provide you their services. For example, doctors may request medical information from us to supplement their own records. We also may use PHI in providing pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

Disclosures to Other Covered Entities: We may disclose PHI to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose PHI to other health plans offered by your Plan Sponsor or employer if they have arranged for us to do so to have certain expenses reimbursed.

Health and Wellness Information: We may use or disclose PHI in order to provide you with information regarding treatment alternatives, treatment reminders, or other health-related benefits and services.

Plan Administration: We may disclose your PHI to your employer, or the Plan Sponsor of your benefit program.

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Research; Death, Organ Donation: We may disclose your PHI to researchers, provided that certain measures (like de-identification) are taken to protect your privacy. We may disclose PHI, in certain instances, to coroners, medical examiners and in connection with organ donation.

Business Associates: We may disclose your PHI to third parties who provide services to **Homestead**, your employer or Plan Sponsor and others who assure us they will protect the information through a written Business Associate Agreement.

Public Health and Safety; Health Oversight: We may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would be to someone able to help prevent the threat. Examples of this include: preventing disease; helping with product recalls; reporting adverse reactions to medication; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

Legal Process; Law Enforcement; Specialized Government Activities: We may disclose your PHI to federal, state and local law enforcement officials for such purpose as responding to a warrant or subpoena; in the course of legal proceedings; discovery request, or other lawful process.

Workers Compensation: We may disclose your PHI when authorized by workers' compensation laws. Family and Friends: We may disclose PHI about you to a relative, a friend, the subscriber of your health benefits or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we 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 calling the **Homestead** toll-free number on your ID card. If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the **Homestead** toll-free number on your ID card – or have your provider contact us.

Personal Representatives: Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an un-emancipated minor are personal representatives.

Comply with the law: We may use or disclose your PHI when we are required to do so by law. For example, we may disclose your health information to the representatives of the Office for Civil Rights of the U.S. Department of Health and Human Services so that they may ensure that we are appropriately protecting the privacy of your health information.

Disclosures We May Make Unless You Object

We may disclose your health information in the following situations unless you tell us not to:

Family Members, Friends, and Others Involved in Your Care. We may disclose your health information to designated family members, friends, and others who are involved in your care or in the payment for your care to facilitate that person's involvement in caring for you or paying for your care. If you are present and able to make decisions, we will give you the opportunity to object to these disclosures. If you are not present or are unable to make decisions, we may share your information if we determine it is in your best interest.

Disaster Relief Efforts. We may disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts to coordinate your care or notify your family about your location, condition, or death.

Appointments and Services. We may use and disclose your information to remind you of upcoming appointments. We may also inform you about treatment options, alternatives, or other health-related benefits and services that may be of interest of you.

School Immunization Requests. We may share your health information for purposes of school immunization requests if the school is required by law to have documentation of such immunization(s) for enrollment.

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Uses and Disclosures That Require Authorization

We will obtain your written authorization before using or disclosing your health information for purposes not covered by this Notice or the laws that apply to us.

Special Protections for Reproductive Health Information

Reproductive Health Information. We are committed to protecting the privacy of your reproductive health information. This information includes details related to pregnancy, contraception, pregnancy termination, fertility treatments, and other related services. In line with federal and applicable state laws, we will not use or disclose your reproductive health information for certain purposes without your explicit written permission.

- We will not use or disclose your reproductive health information for any criminal, civil, or administrative investigation or proceedings. For example, if you seek reproductive health services that are legal in your state, we will not disclose your information to law enforcement or other authorities for the purpose of investigating or prosecuting you or your healthcare provider.
- We will not use or disclose your reproductive health information to impose liability on individuals seeking reproductive health care. For instance, if you travel out of state to obtain reproductive health services, we will not share your information with authorities in your home state who may seek to impose legal consequences on you or those who assisted you.

Attestation Requirement for Certain Uses and Disclosures. In some situations, we may be asked to share your health information with others, such as law enforcement, courts, or government agencies. Before we do, the person or group requesting your information must provide a statement, called an attestation, that certain conditions have been met. This ensures that your information is not used in ways that are against the law. Here is when we need an attestation:

- Law Enforcement Requests: If law enforcement asks for your reproductive health information for an investigation, we will only share it if they confirm that the information will not be used to investigate or prosecute you or your healthcare provider for legal reproductive health care.
- Court Orders or Subpoenas: If a court or lawyer requests your information for a legal case, we will require them to confirm that the information will be used properly and in accordance with the law.
- Government Investigations or Audits: If a government agency needs your information for auditing or investigating our healthcare practices, we will ask for an attestation to ensure the information is used only for that purpose.
- Coroners and Medical Examiners: If a coroner or medical examiner requests reproductive health information, we need them to provide a statement confirming that the information is needed for their official duties, such as investigating the cause of death or performing autopsies.

Your Rights Regarding Your Health Information

The following is a summary of your rights with respect to your PHI. You may ask us, in writing to:

Right to Request Confidential Communications: You have the right to request that your health information is received by an alternative means of communication, or at alternative locations. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber. We will accommodate reasonable requests.

Right to Receive an Accounting of Disclosures: You have the right to request that we provide a list of disclosures we have made about you. Your request must be in writing. If your request such an accounting, we may charge a reasonable fee.

Right to Receive a Privacy Breach Notice: You have the right to receive written notification if we discover a breach of your unsecured PHI.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

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Complaints

If you believe your privacy rights have been violated, you can file a complaint, in writing, to the contact person below. You may also file a complaint, in writing, with the Secretary of the Department of Health and Human Services (HHS) at the below address. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.,
Washington, D.C. 20201
Toll-Free Call Center: **1-877-696-6775**

Or go online to:
https://www.hhs.gov/ocr/privacy/hipaa/complaints/

Homestead's Legal Obligations

The federal privacy regulations require your Plan Sponsor to keep personal information about you private and secure, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect. As a TPA providing services to your Plan Sponsor, this notice is an extension of the Plan Sponsor's obligation. The Plan may use information differently than as described in this notice and may have its own Privacy Practices.

Other Uses of Medical Information

Except as set forth above, we will not use or disclose information about you that is private but not considered to be PHI without first obtaining your written permission. If you give us written permission to use or disclose PHI of other private information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain in connection with claims paid on your behalf.

We must follow the privacy practices described in this Notice while it is in effect. This notice will remain in effect until we change it and replaces any other information you have previously received from us with respect to the privacy of your protected health information. We will publish the updated Notice on our website/web portal.

Contact

If you have questions, need further assistance regarding, or want to make a request related to this Notice, please contact our Compliance Officer for more information:

Phone:	201-460-3200
Address:	50 South 16th Street, Suite 3400, Philadelphia, PA 19102
E-mail:	compliance@homesteadplans.com

Effective Date

This Notice is effective as of **5/1/2025**.

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Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending Physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same Deductibles and Coinsurance applicable to other medical and surgical benefits provided under this Plan. If you would like more information on WHCRA benefits, call your Plan Administrator at the member phone number on your medical benefits card.

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