

## NOTICE OF PRIVACY PRACTICES

### THIS NOTICE OF PRIVACY PRACTICES (THE “NOTICE”) DESCRIBES:

#### I. HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION; AND THE PLAN'S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires the group health plan components of the Transform Health and Welfare Plan (hereinafter referred to as the “Plan”) maintained by Transform Midco LLC to protect the privacy and security of your health information. For purposes of this Notice, references to “Transformco” shall include, where appropriate, Transform Midco LLC and the participating affiliates in the Plan. This information, known as “protected health information” or “PHI,” includes data that can be used to identify you and that the Plan has created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care. HIPAA requires the Plan to provide you with this Notice about the Plan’s legal duties and privacy practices with respect to your PHI and to notify affected individuals following a breach of unsecured PHI.

The Plan must follow the terms and conditions of this Notice as long as it is in effect. However, the Plan reserves the right to change the terms and conditions of this Notice at any time. Any changes will apply to the PHI that the Plan already has obtained. If the Plan materially changes this Notice, a revised Notice will be sent to you by regular mail or by e-mail, if you have agreed to receive amended versions of this Notice electronically. You can also request a copy of this Notice by writing to the address listed in Section VIII of this Notice at any time and you can view a copy of this Notice, as amended, on the Transformco Web site at [www.88sears.com](http://www.88sears.com). Except when required by law, the Plan will not implement a material change to any term of this Notice prior to the effective date of the new notice, which includes the material change.

This Notice does not apply to the PHI used and maintained by any insured benefit program or option. If you have coverage through an insured benefit program or option, you will receive a separate notice from the insurer.

For purposes of this Notice, capitalized terms shall have the meaning as such terms are defined in HIPAA, the Privacy Rule, the Transaction Rule or the Security Rule, as applicable and as amended by the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”).

#### II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The Plan uses and discloses PHI for many different reasons. The Plan will share PHI with each other as necessary to carry out treatment, payment or health care operations relating to the Plan. With some exceptions, they may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. Described below are the different categories of the Plan’s uses and disclosures, along with some examples of each category.

##### A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

With limited exceptions, the Plan may use or disclose your PHI for treatment, payment, and health care operations without your authorization. Examples of these uses and disclosures include the following:

##### 1. For treatment:

“Treatment” includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with another party. It also includes consultation between health care providers relating to a patient or the referral of a patient for health care from one health care provider to another.

The Plan does not provide treatment. However, from time to time it may need to use or disclose your PHI for treatment purposes. For example, prior to providing a health service to you, your doctor may ask the Plan for information

concerning whether and when the service was previously provided to you. The Plan may use and disclose your PHI for treatment activities of a health care provider.

## **2. For payment:**

The Plan uses and discloses your PHI in order to fulfill its responsibilities for providing coverage and health care benefits under the Plan or to obtain or provide reimbursement for the provision of health care. This includes the following activities:

- Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims.
- Risk adjusting amounts due based on participant health status and demographic characteristics.
- Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing.
- Review of health care services with respect to medical necessity, coverage under the Plan, appropriateness of care, or justification of charges.
- Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services.
- Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.

For example, the Plan will use your PHI in reviewing a claim submitted by you or your doctor to determine payment. It may also disclose your PHI to another carrier to determine which carrier is primary or to otherwise determine cost sharing between the Plan and the other carrier. It may disclose your PHI to a physician for his or her opinion as to whether the requested services are necessary. The Plan may also disclose your PHI to an attorney or collection agency to make a collection effort for amounts that are due to the Plan. The Plan may use and disclose your PHI to other health plans, clearinghouses or health care providers for their payment activities.

## **3. For Health Care Operations:**

The Plan will use and disclose your PHI in performing those day-to-day administrative uses that are necessary for them to act as your health benefits program. The Plan's health care operations include the following activities:

- Conducting quality assessment and improvement activities, as well as population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives and performing related functions that do not include treatment.
- Reviewing the qualifications and performance of health care providers, evaluating health plan performance, training, and performing accreditation, certification, or licensing activities.
- Performing underwriting, premium rating, and other activities relating to the creation, renewal or replacement of health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss and excess of loss insurance).
- Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
- Business planning and development.

- Managing Plan business and performing general administrative activities.

For example, the Plan needs to use your PHI along with that of other participants for purposes of establishing budgets. Or, if you have a complaint about a provider or with the Plan, the Plan may, in order to resolve matters, need to review your file, which may contain relevant PHI. The Plan also may need to review your PHI for purposes of conducting programs to curb provider fraud. It may disclose your PHI to other health plans, health care clearinghouses or health care providers covered under HIPAA for their health care operations provided that the other entity has (or had) a relationship with you, the PHI that the Plan discloses pertains to that relationship, and the disclosure is for limited health care operations described in the first two items listed above (quality assurance, reviewing qualifications and performance) or for fraud and abuse detection or compliance.

The Plan will not use or disclose PHI that is genetic information of an individual for underwriting purposes.

#### **B. Other Purposes for Which the Plan is Permitted or Required to Use or Disclose Your Protected Health Information Without Your Written Authorization.**

The Plan may also use and disclose your PHI without authorization for the following reasons:

1. **When a disclosure is required by federal, state or local law.** For example, the Plan makes disclosures when a law requires that they report information to government agencies.
2. **In the course of judicial or administrative proceedings.** For example, the Plan may disclose information pursuant to a court order.
3. **For law enforcement purposes.** For example, the Plan may disclose information in response to a law enforcement official's request for such information to identify or locate a suspect, material witness or missing person.
4. **For public health activities.** For example, the Plan may report information about the safety or effectiveness of an FDA-regulated product or activity or information about various diseases to government officials in charge of collecting that information.
5. **To report incidents of abuse, neglect or domestic violence.** If the Plan's employees suspect abuse, neglect or domestic violence, the Plan may provide information to appropriate authorities.
6. **For health oversight activities.** For example, the Plan will provide information to assist the government when it conducts an investigation of a health care plan or provider.
7. **For research purposes.** In certain circumstances, the Plan may provide PHI in order to conduct medical research.
8. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, the Plan may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
9. **For specific government functions.** The Plan may disclose PHI of military personnel and veterans in certain situations. And they may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
10. **For workers' compensation purposes.** The Plan may provide PHI in order to comply with workers' compensation laws.
11. **Appointment reminders and health-related benefits or services.** The Plan may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits.

- 12. To Vendors.** There are some services provided to the Plan through various vendors. Examples include the third-party administrators that the Plan engages to process payment of your health claims. (Information regarding where to find a complete list of these vendors is set forth in Section VIII of this Notice.) The Plan may disclose your PHI to these vendors so that they can perform the services the Plan has contracted with them to perform. To protect your PHI, however, the Plan requires that the vendors appropriately safeguard your information.
- 13. To Limited Data Set Recipients.** The Plan may make available to another individual or entity your PHI in a "limited data set" for purposes of research, public health and health care operations. A limited data set is PHI that excludes direct identifiers of you or your relatives, employers, or household members. To protect your PHI, the Plan requires that the recipient of the limited data set appropriately safeguard your information.
- 14. Incidental Disclosures.** The Plan may use or disclose your PHI incidentally as part of another use or disclosure that is permitted under law.

### **C. Marketing.**

We will need your written authorization to use and disclose your PHI for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby the Plan discloses your PHI to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does *not* include a description of a health-related product or service (or payment for such product or service) that the Plan provides or includes in its benefits. For example, the Plan may communicate to you (without your authorization) about the Plan's provider network, replacement of, or enhancements to, the health programs, and health-related products or services available only to plan participants that add value to, but are not part of the plan of benefits. Marketing also does *not* include the Plan's communication for your treatment or for case management or care coordination purposes, or to recommend to you alternative treatments, therapies, health care providers, or settings of care.

### **D. Disclosures of your Protected Health Information to Transformco, the Sponsor of Your Plan.**

Transformco may ask the Plan to provide your PHI to it. The Plan will provide the PHI unless it is prohibited by law from doing so. In most cases, the Plan will disclose your PHI to Transformco only to the extent necessary to carry out plan administration functions. The Plan will not disclose your PHI to Transformco for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit program of Transformco.

### **E. Uses and Disclosures for Which You Have the Opportunity to Object.**

The Plan may use or disclose your PHI to: (1) a family member, friend, or other person that you indicate is involved in your care or the payment for your health care; (2) notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care regarding your location, general condition, or death; or (3) a disaster relief organization for purposes listed in (2) above. In all of these cases, the Plan may do so unless you object in whole or in part. If you are not present or in the event of your incapacity or an emergency, the Plan will, in the exercise of their professional judgment, determine if the disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your health care. However, in an emergency, the Plan may use and disclose your PHI without approval for notification purposes to disaster relief organizations.

### **F. All Other Uses and Disclosures of Your Protected Health Information Require Your Written Authorization.**

Uses and disclosures of your protected health information for purposes other than those referred to above will be made only with your written authorization. If you choose to sign an authorization to disclose your PHI, you can later

revoke that authorization in writing to stop any future uses and disclosures (to the extent that the Plan has not taken any action relying on the authorization). Notwithstanding any provision of this Notice, the Plan will obtain a written authorization for the following:

- Any use or disclosure of psychotherapy notes, except: (1) To carry out the following treatment, payment, or health care operations: Use by the originator of the psychotherapy notes for treatment; Use or disclosure by the Plan for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or Use or disclosure by the Plan to defend itself in a legal action or other proceeding brought by the individual; and (2) A use or disclosure that is: required by the Secretary of the United States Department of Health and Human Services (“HHS”) when the Secretary is investigating or determining the Plan’s compliance with the Privacy Rule; permitted by law; for health oversight with respect to the oversight of the originator of the psychotherapy notes; to a coroner or medical examiner for the purpose of identifying a decedent; or to avert a serious threat to health or safety.
- Any use or disclosure of PHI for marketing, except if the communication is in the form of: a face-to-face communication made by the Plan to an individual, or a promotional gift of nominal value provided by the Plan. If the marketing involves financial remuneration to the Plan from a third party, the authorization must state that such remuneration is involved.
- Any disclosure of PHI which is a sale of PHI. Such authorization must state that the disclosure will result in remuneration to the Plan.

#### **G. Additional State and Federal Law Requirements.**

State laws of general applicability which have criminal penalties, as well as some federal laws, may further limit the Plan’s use and disclosure of your PHI. For example, state law may require that the Plan obtain your written permission to use and disclose your PHI even though written authorization would not otherwise be required under this Notice. The Plan will abide by applicable state and federal law.

#### **H. If Your PHI is Improperly Disclosed.**

Your PHI may or may not be encrypted when it is held by a vendor. If it is not encrypted and is improperly disclosed in a way that poses a significant risk to you, the vendor will notify you promptly upon learning of the problem in full compliance with federal law. This notice from the vendor will explain to you what type of information was involved, what happened to the PHI, what the vendor is doing to fix the problem and mitigate any potential harm, and what steps you can take to protect yourself. You will also receive any notice that may be required under a state law.

#### **I. Protection of Your Electronic Health Information**

With respect to electronic PHI, the Plan Sponsor: (i) has implemented administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that the Plan Sponsor creates, receives, maintains or transmits on behalf of the Plan; (ii) ensures that the adequate separation required by federal law is supported by reasonable and appropriate security measures; (iii) ensures that any agent, including a subcontractor, to whom the Plan Sponsor provides such information agrees to implement reasonable and appropriate safeguards to protect the information; and (iv) reports to the Plan any Security Incident of which the Plan Sponsor becomes aware.

#### **J. Breaches of Unsecured Protected Health Information**

In the event of a breach of your PHI, the Plan Administrator (or its designee) shall comply with the notification duties under federal law.

You will be notified in writing that your PHI has been, or is reasonably believed to have been, accessed, acquired, used, or disclosed as a result of a breach without unreasonable delay and in no case later than 60 calendar days

after discovery of such breach. The notice will include: (i) a brief description of what happened, including the date of the discovery of the breach, if known; (ii) a description of the types of unsecured PHI that were involved with the breach (i.e. full name, social security number, date of birth) (iii) any steps you should take to protect yourself from potential harm resulting from the breach; (iv) a brief description of what the Plan Administrator is doing to investigate the breach, to mitigate harm to you and to protect against any further breaches; and (v) contact procedures for you to ask questions or learn additional information, which shall include a toll-free telephone number, and e-mail address, web-site, or postal address.

If a breach involves more than 500 residents of a State or jurisdiction, the Plan Administrator shall, following the discovery of a breach, notify prominent media outlets serving the State or jurisdiction without unreasonable delay, but in no case later than 60 days after the discovery of a breach. The Plan Administrator shall also notify the Secretary of HHS in accordance with HHS requirements.

Separately, State law may provide greater protections or notification requirements than those described here.

#### **K. Sale of Your Protected Health Information**

Except as permitted under federal law, the Plan shall not directly or indirectly receive remuneration in exchange for PHI.

#### **L. Business Associate Agreements**

If an entity acts as a Business Associate of the Plan, the Plan and such Business Associate shall execute a contract that meets the requirements under federal law for such agreements.

### **III. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights described below with respect to PHI held by the Plan's vendors (information regarding where to find a complete list of these vendors is set forth in Section VIII of this Notice).

#### **A. The Right to Choose How PHI is Sent to You.**

You have the right to ask each vendor to send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate means (for example, e-mail instead of regular mail). The vendors are required to accommodate reasonable requests if you inform such vendor that to provide the information otherwise would put you in danger.

#### **B. The Right to Get This Notice by Paper Copy.**

If we send you this Notice via e-mail, you have the right to request a paper copy.

#### **C. The Right to Amend Your PHI.**

If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request the vendor in possession of the information to correct the existing information or to add the missing information. You must provide the request and your reason for the request in writing to the vendor that you believe has the incorrect information (hereinafter referred to as the "Request For Amendment"). The vendor may have prepared forms to assist you in this process. The vendor will respond within 60 days of receiving your request. If your request is denied, the written denial you receive will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your written request and the denial be attached to all future disclosures of that PHI.

If a vendor approves your Request For Amendment, the vendor must report the amendment of PHI to other vendors of the Plan that the vendor's agents reasonably believe possess the unamended PHI and to persons or entities that you identify in your Request For Amendment. (In your Request For Amendment, you may provide a list

of individuals or entities that you believe possess the unamended PHI and either the vendor or the Plan will use its best efforts to contact such individuals and entities regarding the amendment.)

#### **D. The Right to Request Limits on Uses and Disclosures of Your PHI.**

You have the right to ask a vendor to restrict the use and disclosure of your PHI for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask a vendor to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask a vendor to restrict use and disclosure of PHI to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the vendor must be in writing.

Except as provided in the next paragraph, a vendor is not required to agree to a requested restriction. If a vendor does agree, a restriction may later be terminated by your written request, by agreement between you and the vendor (including an oral agreement), or unilaterally by the vendor for PHI created or received after you're notified that the vendor has removed the restrictions. The vendor may also disclose PHI about you if you need emergency treatment, even if the vendor has agreed to a restriction.

A vendor will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the Plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

#### **E. The Right to Access Your PHI.**

In most cases, you have the right to view or obtain copies of your PHI on file with each vendor, but you must make the request in writing to each vendor. If the vendor that you contact does not have your PHI but is aware of a vendor that does, it will redirect you to the appropriate vendor or to the Plan. A vendor will respond to you within 30 days after receiving your written request. In certain situations, a vendor may deny your request. If so, the vendor will notify you, in writing, of the reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, the vendor may charge a fee. Instead of providing the PHI you requested, the vendor may provide you with a summary explanation of the PHI as long as you agree to the summary and to the costs associated with the summary in advance.

#### **F. The Right to an Accounting of Disclosures of Your PHI.**

You have the right to get a list of instances in which each vendor has disclosed your PHI (hereinafter sometimes referred to as an "accounting"). The list will not include uses or disclosures: (i) made to you, (ii) made for treatment, payment, or health care operations, (iii) made pursuant to an authorization, (iv) which are incidental, or (v) for which you have the right to object (and you did not object). The list also will not include uses and disclosures: (a) made for national security purposes, (b) made to corrections or law enforcement personnel, (c) made as part of a limited data set, or (d) which were made before April 14, 2003. Each vendor will respond within 60 days of receiving your request. The list provided will include disclosures made in the last six years, unless you request a shorter time frame. The list will also include the date of the disclosure, to whom PHI was disclosed (including contact information, if available), a brief description of the information disclosed, and the purpose for the disclosure. A vendor may impose fees for such service.

When exercising your right to receive access to your PHI, to request an accounting of the use and disclosure of your PHI, or to limit the uses and disclosures of your PHI, you must separately contact each vendor of the Plan that may have the relevant PHI and request the appropriate action. If you are unsure as to which vendors to contact or to whom to make a request, you may write to the Transformco HIPAA Privacy Official at the address listed in Section VIII of this Notice. Any such access, accounting, or limitations on your PHI will only be effective as to those vendors that you contact. If, for example, you wish to limit the use or disclosure of your PHI, you may wish to separately request such a limitation from each vendor that may possess such information. A vendor will assist you in exercising your rights according to its policies and procedures and the policies and procedures of the Plan that govern the

responsibilities of a vendor. For this purpose Transformco is treated as a vendor to the extent that it uses or discloses PHI for Plan administration.

#### **IV. ADDITIONAL PROTECTIONS**

Substance Use Disorder Treatment Records: There are limitations on how we can use or disclose records of your identity, diagnosis, prognosis, or treatment maintained in connection with a program related to a substance use disorder that was conducted, regulated or assisted by a federally assisted program ("SUD records"). SUD records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

#### **V. IF YOU HAVE COMPLAINTS**

If you think that the Plan or one of its vendors may have violated your privacy rights, you may file a written complaint by sending it to the address listed in Section VIII of this Notice. You also may send a written complaint to the Secretary of HHS. The Plan will take no retaliatory action against you if you file a complaint about their privacy practices.

#### **VI. VENDORS**

To accommodate the administrative needs of their vendors, the Plan has agreed to adopt, when available, the policies and procedures of each of their vendors with respect to PHI used or disclosed by that vendor in connection with the services it renders to the Plan. If a vendor does not adopt appropriate policies and procedures regarding your rights with respect to your PHI, the Plan will adopt appropriate policies and procedures for use by that vendor.

#### **VII. CONTACTING PLAN VENDORS**

Accompanying this Notice is a list of the Plan's vendors. Updates to this list (if any) may be found at the Transformco Web site at [www.88sears.com](http://www.88sears.com). If, upon contacting the vendors at the locations listed, you are unable to exercise your privacy rights as set forth in Section III of this Notice, you may write to the Transformco HIPAA Privacy Official at the address listed in Section VIII of this Notice.

#### **VIII. WHO TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this Notice or any complaints about the Plan's privacy practices, or would like to know how to file a complaint with the Secretary of HHS, please write to the Transformco HIPAA Privacy Official at the following address:

Transform Midco LLC  
HIPAA Privacy Official  
5407 Trillium Boulevard,,  
Suite B120  
Benefits Department  
Hoffman Estates, IL 60192  
Phone: **248-463-7900**

**Transformco Health and Welfare Plan Vendor Contact Information**

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Transformco Health and Welfare Plan Vendor Contact Information		May have PHI that participants have the Right to:		
Transformco Group Health Plan(s)	Vendor Contact Information	Access	Amend	Account For
Medical Program	<p>Businessolver 1025 Ashworth Road Suite 101 West Des Moines, IA 50265</p> <p>Phone: <b>1-888-887-3277</b> (follow path to health and group benefits) Option 1 7:00 a.m. - 7:00 p.m. CST, Monday-Friday</p> <p>BCBSIL Basic (HDHP), Enhanced (PPO), High Performance Network (HPN) Options: Blue Cross Blue Shield of Illinois BCBSIL P.O. Box 805107 Chicago, IL 60680-4112 <b>1-855-547-1393</b> <a href="http://www.bcbsil.com/transform">www.bcbsil.com/transform</a></p> <p>Prescription Drug Coverage under BCBSIL Options: Express Scripts Attn: Commercial Claims P.O. Box 14711 Lexington, KY 40512-4711 Fax: 608-741-5475 1-855-621-9208</p>	✓	✓	✓
Health Care Flexible Spending Accounts	<p>Businessolver 1025 Ashworth Road Suite 101 West Des Moines, IA 50265</p> <p>Fax: 1-847-554-5134 Phone: <b>1-888-887-3277</b> (follow path to health and group benefits) Option 1 7:00 a.m. - 7:00 p.m. CST, Monday-Friday</p> <p>My Choice Accounts MSC 345475, PO Box 105168 Atlanta, GA 30348-5168 Email: <a href="mailto:claims@mychoiceaccounts.com">claims@mychoiceaccounts.com</a> Fax: 855-883-8542 Phone: 1-888-887-3277 Option 1</p>	✓	✓	✓

Employee Assistance Program	Aetna Resources for Living 4300 Centreway Place Arlington, TX 76018 <b>1-800-424-4732</b>	✓	✓	✓
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<b>Other Support Vendors to Transformco Group Health Plan</b>		<b>May have PHI that participants have the Right to:</b>		
Vendor Contact Information	Description of Services	Access	Amend	Account For
Businessolver 1025 Ashworth Road Suite 101 West Des Moines, IA 50265  Fax: 1-847-554-5134 Phone: <b>1-888-887-3277</b> (follow path to health and group benefits) Option 1 7:00 a.m. - 7:00 p.m. CST, Monday-Friday	Performs services such as annual enrollment processing, initial eligibility claims administration and COBRA administration.	✓	✓	✓
Transform Midco LLC (acting through its employees as HIPAA Privacy Official and Plan Administrator) 5407 Trillium Boulevard Suite B120 Hoffman Estates, IL 60192 Phone: <b>248-463-7900</b>	Oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to Transformco health plans policies and procedures covering the privacy of, and access to, protected health information.			✓

Effective Date: February 2026