

Washington Farm Bureau Healthcare Trust
PO Box 5433
Spokane, WA 99205



ANNUAL NOTICE TO PLAN PARTICIPANTS

This mandatory notice is sent in compliance with Federal Law. Please keep this notice with your Summary Plan Description booklet. If you have any questions regarding these Federal Requirements, please contact Rehn & Associates at 509-534-0600 or 833-963-0043.

HIPAA PRIVACY NOTICE

The Washington Farm Bureau Health Care Trust (the "Trust") is required by law to maintain the privacy of protected health information ("PHI") and to provide individuals covered under the Trust with notice of its legal duties and privacy practices with respect to PHI in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition, health care services provided to you, or payment for health care services provided to you. This Notice of Privacy Practices ("Notice") is provided for the Trust and applies with respect to each benefit in which you are enrolled. The Notice describes how the Trust and its Administrator may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

The Trust is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we materially change our practices and this Notice, a revised Notice will be distributed or sent to you if you are still participating in the Trust at that time. If you have any questions, please contact the Trust Privacy Official at Rehn and Associates, P.O. Box 5433, Spokane, WA 99205, (509)534-0600, Email: rehn@rehnonline.com. The Trust has hired various insurance companies to provide benefits to you and your dependents. These insurance companies also maintain their own Privacy Practices, which may separately be sent to you. If you would like a copy of the insurance companies' Notices of Privacy Practices, please contact the Trust Privacy Official.

YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to PHI the Trust maintains about you: Receive a copy of the Notice. You have the right to receive a paper copy of this Notice at any time, even if you have previously agreed to receive the Notice electronically, by contacting the Privacy Official. A copy of this Notice is also available on Health Care Plan Website.

Request a restriction on certain uses and disclosures of PHI: You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to the Privacy Official. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want to limits to apply – for example, disclosures to your spouse. We are not required to agree to the requested restrictions.

Inspect and obtain a copy of PHI: You have the right to access and copy PHI about you contained in a designated record set for as long as the Trust maintains the PHI. The designated record set usually will include enrollment, payment, claims and case management record systems maintained by or for the Trust. To inspect or copy PHI about you, you must send a written request to the Privacy Official. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

Request an amendment of PHI: If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the Privacy Official. You must include a reason that supports your request. In certain cases, we may deny your request for an amendment – for example, if the PHI was not created by us or is not part of the information kept by or for the Trust. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

Receive an accounting of disclosures of PHI: You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to family members and other persons involved in your care, and disclosures for other notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the Privacy Official. You may ask for disclosures made up to six years before your request. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations: You have the right to request and to receive (if the request is reasonable) confidential communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communications of PHI about you, you must submit a request in writing to the Privacy Official. Your request must state how or where you would like to be contacted and must include a clear statement that communicating PHI by the usual means or at the usual location would endanger you. We will accommodate reasonable requests to the extent practicable.

EXAMPLES OF HOW WE MAY USE AND DISCLOSE PHI

This Section describes the ways that the Trust may use and disclose your PHI. Generally, the Trust will only use and disclose your PHI as authorized by you or as required or permitted by law. Although not every specific use or disclosure is listed, the reasons for which the Trust is permitted or required by law to use or disclose your PHI generally will fall under one of the categories described below.

HIPAA generally does not take precedence over state or other applicable privacy laws that provide individuals with greater privacy protections. As a result, when a state law requires the Trust to impose stricter standards to protect your PHI, the Trust will follow state law rather than HIPAA. For example, where such laws have been enacted, the Trust will follow more stringent state privacy laws that relate to uses and disclosures of PHI concerning HIV or AIDS, mental health, substance abuse, chemical dependency, genetic testing, or reproductive rights.

For Treatment: The privacy rules allow covered entities to use and disclose PHI for treatment. Treatment means the provision, coordination, or management of health care and related services by one or more health care providers. For example, if you are referred to a specialist for treatment, we could share your PHI with the specialist to whom you have been referred so that he can become familiar with your medical condition.

For Payment: We may use and disclose your PHI for payment purposes and to otherwise fulfill our responsibilities for coverage and providing benefits. For example, we may use information submitted by health care providers to determine whether the Trust covers the services provided and the amount of your copayment (if any). Additionally, we may provide you and the health care provider with an explanation of benefits. The explanation of benefits may include information that identifies you, as well as the health care provider and the cost of the services.

For Health Care Operations: We may use and disclose your PHI for health care operations including, but not limited to, underwriting, premium rating and other activities relating to obtaining or renewing contracts (including stop-loss insurance), disease management, case management, legal services, auditing functions, and general administrative activities. For example, the Trust may use PHI to assist in determining your eligibility for benefits.

To the Plan Trustees: We may disclose PHI to the Board of Trustees as the Plan sponsor. The Board of Trustees may not use and disclose the PHI other than as permitted or required by law and must comply with the same restrictions and conditions applicable to the Trust. PHI will be disclosed only to personnel who need access to such information to fulfill their administrative duties. PHI received by the Board of Trustees will be used exclusively for purposes of carrying out the administrative functions with respect to the Trust and the Trust's Plan. The Board of Trustees may not use or disclose PHI for employment-related actions without your specific authorization.

To Business Associates: Some services are provided by the Trust through contracts with business associates. Examples include eligibility administration and COBRA administration. When these services are contracted for, we may disclose PHI about you to our business associates so that they can perform the job we have asked them to do and bill the appropriate party for services rendered. To protect PHI about you, we require business associates to appropriately safeguard the PHI.

For Disclosure to You or Your Personal Representative: When you request, the Trust is required to disclose to you or your personal representative your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. Your personal representative is an individual designated by you in writing as your personal representative, attorney-in-fact. The Trust may request proof of this designation prior to the disclosure. Absent special circumstances, the Trust will send all mail from the Trust to the individual's address on file with the Trust Administration Office. You are responsible for ensuring that your address with the Trust Administration Office is current. Although mail is normally addressed to the individual to whom the mail pertains, the Trust cannot guarantee that other individuals with the same address will not intercept the mail. You have the right to request restrictions on where your mail is sent as set forth in the request restrictions section below.

Disclosure Where Required By Law: In addition, the Trust will disclose your health information where applicable law requires. This includes:

1. *In Connection With Judicial and Administrative Proceedings.* The Trust may disclose your health information to a health oversight agency for authorized activities (including audits; civil; administrative or criminal investigations; inspections; licensure or disciplinary action); government

benefit programs for which health information is relevant; or to government agencies authorized by law to receive reports of abuse, neglect or domestic violence as required by law. The Trust, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

2. *When Legally Required and For Law Enforcement Purposes.* The Trust will disclose your protected health information when it is required to do so by any federal, state or local law. Additionally, as permitted or required by state law, the Trust may disclose your health information to a law enforcement official for certain law enforcement purposes, such as identifying a suspect or to provide evidence of criminal conduct.
3. *To Conduct Public Health and Health Oversight Activities.* The Trust may disclose your protected health information to a health oversight agency for authorized activities (including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action), government benefit programs for which health information is relevant, or to government agencies authorized by law to receive reports of abuse, neglect or domestic violence as required by law. The Trust, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.
4. *In the Event of a Serious Threat to Health or Safety.* The Trust may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Trust, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. For example, the Trust may disclose evidence of a threat to harm another person to the appropriate authority.
5. *For Specified Government Functions.* In certain circumstances, federal regulations require the Trust to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.
6. *For Workers' Compensation.* The Trust may release your health information to the extent necessary to comply with laws related to workers' compensation or similar programs.

OTHER USES AND DISCLOSURES OF PHI

The Trust will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

Special rules apply about disclosure of psychotherapy notes. Your written Authorization generally will be required before the Trust will use or disclose psychotherapy notes. Psychotherapy notes are a mental health professional's separately filed notes which document or analyze the contents of a counseling session. The Trust may use and disclose psychotherapy notes when needed to defend against litigation filed by you or as necessary to conduct Treatment, Payment and Health Care Operations.

Additionally, your written authorization will be required for any disclosure of your health information for marketing or any disclosure involving direct or indirect remuneration to the Trust.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about the Trust's privacy practices, you may contact the Privacy Official at (509) 534-0600 or at Rehn and Associates, P.O. Box 5433, Spokane, WA 99205, (509)534-0600, Email: rehn@rehnonline.com. If you believe your privacy rights have been violated,

you can file a complaint with the Privacy Official at the address indicated above or with the Office for Civil Rights of the United States Department of Health and Human Services (HHS). For information on filing complaints with HHS, please consult the HHS website: <http://cms.hhs.gov/hipaa/hipaa2/default.asp>. The Trust Sponsor and the Trust will not take any retaliatory action against you for filing a complaint.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

If you decide to join a Medicare drug plan, your current Health Care Plan coverage will not be affected. You will be eligible to receive your current health and prescription drug benefits even if you choose to enroll in a Medicare prescription drug plan.

Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you do decide to enroll in a Medicare prescription drug plan and drop your Health Care Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact Rehn & Associates for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your Health Plan changes. You also may request a copy.

For More Information about Your Options under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

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

October 1, 2024

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