

LOCAL 888 HEALTH FUND

MAX BRUNY
CHAIRMAN OF THE BOARD

ROSALBA PÉREZ
FUND DIRECTOR

February 16, 2026

VERY IMPORTANT NOTICE TO THE PARTICIPANTS OF LOCAL 888 HEALTH FUND.

Dear Participant,

This is to let you know that the Board of Trustees of the Local 888 Health Fund (“Fund”) has updated the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) Notice of Privacy Practices. Please review this document and keep it with the Summary Plan Description (“SPD”) previously provided to you. If you have any questions regarding these changes to the SPD, please contact the Fund Office at (914) 668-8881.

1. **On page 108 of the Standard, Basic, High and St. Dominic’s Plan SPD, the Notice of Privacy Practices is deleted and replaced with the following:**

NOTICE OF PRIVACY PRACTICES

Effective Date of Notice: February 16, 2026

This Notice Describes How Medical Information About You May be Used and Disclosed and How You Can Get Access To This Information. Please Review it Carefully.

Our Pledge Regarding Your Health Information

The privacy and protection of your (and your family’s) health information is as important to the Local 888 Health Fund (the “Fund”) as it is to you. We have always been, and continue to be, committed to keeping your health information private and using it only for payment of health claims, administering the Fund’s Plan of Benefits, or, in some cases, to assist your healthcare provider in your treatment. Under limits required by the Health Insurance Portability and Accountability Act (HIPAA), the Fund has developed written policies regarding the use and disclosure of your health information. These policies apply to all health information maintained by the Fund’s group health plans.

Contents of the Notice

This Notice describes the privacy practices that the Fund, and third parties assisting the Fund, must follow in administering its plans, and contains the following information:

- The Fund’s requirements under HIPAA;
- Situations when the Fund must get your written authorization to use or disclose your health information;
- Situations when the Fund can use or disclose your health information without your written authorization;
- Your rights regarding your health information;
- When the Fund can make changes to this Notice, and how you can get a copy of the revised Notice; and
- Who you can contact to ask questions about this Notice or make a complaint, if you think the Fund isn’t following the rules described in this Notice.

Your personal doctor or healthcare provider may have different policies or notices regarding the use and disclosure of your health information.

The Fund's Requirements under HIPAA

Federal law requires the Fund to:

- Protect your health information; and
- Give you this Notice of our legal duties and privacy practices with respect to your health information; and
- Follow the terms of this Notice, unless modified; and
- Make sure that health information that identifies you is kept private, to the extent required by law;

Depending on what state you live in, state law may impose more stringent limitations on the Fund’s use and disclosure of health information. Where state laws govern, the Fund will comply with the applicable state law.

When the Fund Must Get Your Written Authorization to Use or Disclose Health Information

The Fund uses and discloses health information mainly to pay your healthcare claims and to administer its health plans, and sometimes, to assist your health care providers with your treatment. However, sometimes the Fund must get your written authorization before using or disclosing your health information. Some of these situations are listed below.

Disclosure of Health Information for Marketing Purposes

The Fund cannot use or disclose your health information to market, or for someone outside the Fund to

market, health services or products to you, without your written authorization. If you don't provide written authorization to be contacted regarding these health services or products, the Fund, or someone outside the Fund, cannot market these products and services to you.

Use or Disclosure of Psychotherapy Notes

It is not the Fund's practice to access any psychotherapy notes kept by behavioral health providers. However, in the event the Fund needs access to these notes, they cannot be used or disclosed without your written authorization. If you elect not to provide written authorization, the notes will not be used or disclosed.

Disclosure of Health Information for Subrogation Purposes

As you may know, when you or a family member has an illness or injury for which someone else may be financially responsible, you may be required to complete subrogation forms. These forms indicate whether you plan to take legal action against this other party for payment of healthcare claims related to the illness or injury. If you plan to take this action, it is likely that the Fund will be required to disclose some of your health information to someone outside of the Fund, including attorneys and other health insurance companies. The Fund wants to make sure it has your permission to disclose your health information in these cases. Therefore, before it will release or disclose any information for subrogation purposes, the Fund must get written authorization from you to disclose your health information.

Disclosure to a Union or Employer Representative Acting on Your Behalf

Sometimes you may wish to ask for help from your employer or your union representative in getting your healthcare claims processed, or with questions regarding your eligibility or other types of health plan matters. To make sure we have your permission to disclose your health information to your employer or union representative for these purposes, the Fund will require you to complete a written or verbal authorization for the disclosure. If the Fund does not have your written or verbal authorization, we will not disclose your information in these situations.

Revoking Your Authorization

If you provide the Fund with an authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Fund will no longer use or disclose health information about you for the reasons covered by your written authorization. However, the Fund cannot withdraw any disclosures that it previously made with your authorization. The Fund will keep a copy of your authorization, and any revocation, for at least six years.

If you have questions about Authorization, contact the Fund's Privacy Officer.

Situations When Health Information May Be Used or Disclosed Without Your Written Authorization

The following categories describe different ways that the Fund may use and disclose health information *without* your written authorization. In some cases, as noted below, the Fund will try to get your verbal approval before using or disclosing the health information. For each category of use or disclosure, the Notice will explain what is meant, and give some examples. Not every use or disclosure in a category will be listed, but all of the ways the Fund is permitted to use and disclose health information will fall within one of the categories listed below.

However, regardless of whether health information is used, disclosed, or requested, the Fund will only use, disclose, or request the minimum amount of health information as may be necessary.

For Treatment The Fund may use or disclose health information about you to facilitate, coordinate, or help manage medical treatment or services furnished to you by health care providers. For example, in the case of chronic or lengthy sickness, or injury requiring complicated or lengthy treatment, the Fund might require medical case management to help you obtain the maximum plan benefit available in a cost efficient manner. If case management is required, the Fund may use or disclose health information to health care providers to coordinate or help manage treatment. If your plan requires precertification for hospitalization or certain procedures or diagnostic services, the Fund may use or disclose health information to health care providers to assist in determining an appropriate course of treatment.

For Payment The Fund may use and disclose health information about you to determine eligibility for benefits; to facilitate payment for the treatment and services you receive from health care providers; to determine the amount of Fund benefits for the health care services received; or to coordinate benefit coverage between the Fund and other group health coverage you or your covered dependents might have. For example, the Fund may discuss your specific medical history with a health care provider to determine a particular treatment's medical necessity, or to determine the amount of benefit the Fund will provide. The Fund may also share health information with a third party administrator or a utilization review service, to determine benefits payable.

For Healthcare Operations The Fund may use and disclose health information about you for other Fund operations. These uses and disclosures are necessary to operate the Fund. For example, the Fund may use health information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Fund coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development, such as cost management; and business management, and general Fund administrative activities. Notwithstanding the foregoing, consistent with law, the Fund cannot disclose or use genetic information for any underwriting, premium rating, or enrollment purposes, or to provide incentives under wellness programs.

Disclosure to Plan Sponsor The Fund may disclose health information to the Board of Trustees of the Fund, or its designee, for purposes of performing administrative functions relating to the Fund's health benefits, including, but not limited to, the review and determination of appeals. However, no health information may be used to take any action against you in regard to your employment.

To a Family Member, Personal Representative, or Close Personal Friend The Fund may notify a family member, a personal representative, or another person responsible for your care, of your location (*e.g.*, what hospital you are in); general condition (*e.g.*, critical condition; stable; etc.); or death. To the extent permitted by law, the Fund may disclose your health information to a family member, a close personal friend, or any other person that you may identify, if the health information is directly relevant to such person's involvement with your healthcare, or the payment related to such care. Whenever possible, the Fund will attempt to obtain your approval before making such a disclosure. If, however, your approval cannot be obtained because of an emergency circumstance, or your incapacity, the Fund may disclose such health information as it reasonably believes is in your best interests, and relevant to that person's involvement in your care.

As Required by Law The Fund may disclose health information about you when required to do so by federal, state, or local law. For example, the Fund may be obligated to disclose health information by a court order in a litigation proceeding, or to a government agency pursuant to subpoena. Records received from a substance use disorder treatment program, or testimony relaying the content of such records, may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless based on either your written consent, or a valid court order or subpoena, provided you receive notice of and an opportunity to contest such disclosure.

To Avert a Serious Threat to Health or Safety The Fund may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be made to someone able to prevent the threat. For example,

the Fund may disclose medical information about you if you are experiencing a medical emergency, and a healthcare provider needs your health information to render treatment.

Organ and Tissue Donation If you are an organ donor, the Fund may release health information to organizations that handle organ procurement, or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans If you are a member of the armed forces, the Fund may release health information about you, as required by military command authorities. The Fund may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation The Fund may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Activities The Fund may disclose health information about you to authorized public health authorities for public health activities, as may be required by law. These disclosures may include reports made to:

- Prevent or control disease, injury, or disability;
- Report births and death;
- Report child abuse or neglect;
- Notify the appropriate government authority if the Fund believes that you have been the victim of abuse, neglect, or domestic violence.

The Fund will only make such a disclosure if you agree, or when the Fund is required or authorized by law.

Disaster Relief Efforts The Fund may disclose health information to a public or private entity authorized by law or by charter to assist in disaster relief efforts

Health Oversight Activities The Fund may disclose health information about you to a health oversight agency for specific activities authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure. These activities are conducted by the government to monitor the health care system, and to ensure compliance with civil rights laws.

Law Suits and Disputes The Fund may disclose health information that may be required by a court or administrative order. The Fund may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, but only if the person demanding the information has made efforts to tell you about the request, or to obtain an order protecting the requested information. Records received from a substance use disorder treatment program, or testimony relaying the content of such records, may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless based on either your written consent, or a valid court order or subpoena, provided you receive notice of and an opportunity to contest such disclosure.

Law Enforcement The Fund may release health information if required or asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the

person's agreement;

- About a death the Fund believes may be the result of criminal conduct;
- About criminal conduct at a Fund office or Fund facility.

Records received from a substance use disorder treatment program, or testimony relaying the content of such records, may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless based on either your written consent, or a valid court order or subpoena, provided you receive notice of and an opportunity to contest such disclosure.

Coroners, Medical Examiners, and Funeral Directors The Fund may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, or determine the cause of death. The Fund may also release health information to funeral directors, as may be necessary to carry out their duties.

National Security and Intelligence Activities The Fund may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Fund may release health information about you to the correctional institution or the law enforcement official. This disclosure would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research The Fund may disclose health information about you for limited research purposes, but only if an appropriate Privacy Board permits such disclosure without an Authorization.

Your Rights Regarding Medical Information About You

You have the following rights regarding your health information:

1. **Right to Inspect and Copy** You have the right to inspect and copy certain healthcare information that the Fund maintains. To inspect and copy your health information, you must submit your request, in writing, to the Fund's Privacy Officer. For health records that the Fund keeps in electronic form, you may request to receive the records in an electronic format. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. Records provided in electronic format may also be subject to a small charge.
2. **Right to Amend** If you feel that health information the Fund has about you is incorrect or incomplete, you may ask the Fund to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the Fund.

To request an amendment, your request must be made in writing, and submitted to the Fund's Privacy Officer. In addition, you must provide a reason to support the request. The Fund may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by, or for, the Fund.
- Was not created by the Fund, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

3. **Right to an Accounting or Disclosure** You have the right to request an "accounting of disclosures" of your health information by the Fund.

To request an accounting of disclosures, you must submit your request in writing to the Fund's Privacy Officer. Your request must state a time period for the accounting, which may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, paper or electronic). In response to your request for an accounting of disclosures, the Fund may provide you with a list of business associates who make such disclosures on behalf of the Fund, along with contact information so that you may request the accounting directly from each business associate. The first accounting you request within a 12-month period will be free. For additional accountings, the Fund may charge you for the cost of providing the information. The Fund will notify you of the cost involved, and you may withdraw or modify your request before any costs are incurred.

4. **Right to Request Restrictions** You have the right to request a restriction or limitation on the health information that the Fund uses or discloses about you. For example, you could ask that the Fund not use or disclose information about a surgery you had, or that the Fund not discuss health information with a certain doctor, or your spouse.

The Fund will review and consider your request for restrictions to determine if it can be reasonably done. However, except in the case of disclosures for payment purposes where you have paid the health care provider in full, out of pocket, the Fund is not required to agree to your request for a restriction.

To request a restriction, you must make your request, in writing, to the Fund's Privacy Officer. In your request, you must tell the Fund what information you want to restrict; whether you want to restrict the Fund's use, disclosure, or both; and to whom you want the restriction to apply (for example, disclosures to your doctor, spouse).

5. **Right to Request Confidential Communications** You have the right to request that the Fund communicate with you about health matters in only a certain format, or at a certain location. For example, you can ask that the Fund only contact you at work, or by mailing communications to an alternate address. To request confidential communications, you must submit your request, in writing, to the Fund's Privacy Officer. The Fund will attempt to accommodate all reasonable requests, but your request must specify how or where you wish to be contacted.

6. **Right to a Paper Copy of This Notice** You have the right to a paper copy of this Notice. You may ask the Fund to give you 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. To obtain a paper copy of this Notice, contact the Fund's Privacy Officer.

7. **Right to Receive Notice of a Breach of Your Protected Health Information** We are required to notify you if your protected health information has been breached. You will be notified by first class mail within 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information. The notice will provide you with the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what steps are being taken to investigate the breach, mitigate losses, and to protect against further breaches. Please note that not every unauthorized disclosure of health information is a breach that requires notification; you may not be notified if the health information that was disclosed was adequately secured – for example, computer data that is encrypted and inaccessible without a password.

Changes to This Notice

The Fund reserves the right to change this Notice at any time, and to make the revised Notice effective for health information the Fund already has about you, as well as any information that the Fund receives in the future. The Fund will provide you with a new Notice if the Fund makes any material revisions.

Questions

If you have any questions about this Notice, or the Fund's Privacy Policy, you may contact the Fund's Privacy Officer, Rosalba Pérez, by telephone, at (914) 668-8881.

Complaints

If you believe that the Fund has violated your privacy rights concerning health information, you may file a complaint with the Fund, or with the Secretary of the Department of Health and Human Services. To file a complaint with the Fund, contact the Fund's Privacy Officer, Rosalba Pérez at 475 Market Street, Suite 307 Elmwood Park, NJ 07407. All complaints must be submitted in writing, and within 180 days of the alleged violations.

Effective Date

This Notice was first effective on April 14, 2003 and was revised, effective September 23, 2013, to reflect the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. This revised Notice is effective as of February 16, 2026. This Notice will remain in effect unless and until the Fund publishes a revised Notice.