

## SAG-AFTRA HEALTH PLAN NOTICE OF PRIVACY PRACTICES

The SAG-AFTRA Health Plan (the “Plan”) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to that information. The Plan understands that your health information is personal and we are committed to protecting it. This Notice of Privacy Practices gives you information on how the Plan protects your health information, when we may use and disclose it, your rights to access and request restrictions to the information, and the Plan’s obligation to notify you if there has been a breach of your health information.

### **Definitions**

- “Health information” generally means information about: (1) your physical or mental health or condition, health care provided to you or the payment of health care provided to you, whether past, present, or future; (2) that is created, received, transmitted or maintained by the Plan; and (3) that identified you or could be used to identify you.
- A “breach” is any access, use or disclosure of your unsecured health information in a manner not permitted by the Privacy Rule that compromises the security or privacy of your health information.

### **Uses and Disclosures**

In many instances, the Plan requires a court order or your written authorization to disclose your health information. However, the Plan is permitted by law to disclose your health information without your authorization or court order, as follows:

- ***Treatment:*** The Plan does not provide medical care or services; rather, it pays for such care and services that are covered under the terms of the Plan. The Plan may share your health information with doctors and other Health Care Providers for treatment purposes or for the provision, coordination or management of your care. For example, if you are in the Hospital due to an accident or illness, the Plan may share your health information with all your Health Care Providers involved in your care and treatment.
- ***Payment:*** The Plan may use or disclose your health information for purposes of processing medical Claims, verifying your eligibility, determining Medical Necessity, utilization review and authorizing services. For example, your health information will be used in making a Claim determination.

In some circumstances, it may be necessary for the Plan to disclose your health information, including your eligibility for health benefits and specific Claim information to other covered entities such as other health plans (in order for the Plan to coordinate benefits between this Plan and another plan under which you may have coverage).

The Plan may also disclose your health information and your Dependents' health information, on Explanation of Benefit (EOB) forms and other payment-related correspondence, such as precertifications which are sent to you.

- ***Health Care Operations:*** The Plan may use or disclose your health information for purposes of case management, underwriting/premium rating, quality improvement and overall Plan operations. For example, the Plan periodically obtains proposals from health care companies in an effort to select appropriate provider networks or insurance arrangements for Plan participants. It may be necessary to provide the companies with certain health information, particularly in regard to catastrophic illnesses. Please be aware that the Plan is prohibited from using or disclosing your genetic health information for underwriting purposes.
- ***Reminders:*** The Plan may use your health information to provide you with reminders. For example, the Plan may use your child's date of birth to remind you that your Dependent, who would otherwise lose coverage under the Plan, may enroll in COBRA.
- ***Business Associates:*** The Plan may disclose your health information to business associates. Business associates are entities retained or contracted by the Plan to administer health and welfare benefits, examples of which include: Anthem Blue Cross, Delta Dental, CVS Caremark, Via Benefits, VSP, to perform certain functions on our behalf or provide services to us that involve the use or disclosure of health information. The Plan has a contract with each business associate, whereby they agree to protect your health information and keep it confidential.
- ***SUD Treatment Information:*** If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order. When disclosed to the Plan for treatment, payment, and health care operations activities, the Plan may further disclose such information in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

- ***Trustees for Purposes of Fulfilling their Fiduciary Duties:*** The Plan may disclose your health information to the Trustees of the Plan who serve on the Benefit Appeals Committee in connection with appeals that you file following a denial of a benefit claim or a partial

payment. Trustees may also receive your health information if necessary for them to fulfill their fiduciary duties with respect to the Plan. Such disclosures will be the minimum necessary to achieve the purpose of the use of disclosure. In accordance with the Plan documents, such Trustees must agree not to use or disclose your health information with respect to any employment-related actions or decision, or with respect to any other benefit plan maintained by the Trustees.

- ***Personal representatives:*** Unless you object, the Plan will disclose your health information to personal representatives appointed by you, and, in certain cases, a family member, close friend or other person in an emergency situation when you cannot give your authorization. The Plan will disclose only health information that is directly relevant to your health care or payment related to your health care, or as necessary for notification purposes.
- ***Workers' Compensation:*** The Plan may disclose your health information to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries and illnesses.
- ***Legal Proceedings:*** The Plan may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, the Plan may disclose your health information under certain conditions in response to a subpoena, discovery request or other lawful process, in which case, reasonable efforts must be undertaken by the party seeking the health information to notify you and give you an opportunity to object to this disclosure.
- ***Secretary of Health and Human Services:*** The Plan will disclose your health information to the Secretary of Health and Human Services (HHS) or any other officer or employee of HHS to whom authority has been delegated for purposes of determining the Plan's compliance with required privacy practices.
- ***Health Care Oversight:*** The Plan may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- ***Military Activity and National Security:*** When the appropriate conditions apply, the Plan may use or disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by military command authorities, or to a foreign military authority if you are a member of that foreign military service. The Plan may also disclose your health information to authorized federal officials conducting national security and intelligence activities including the protection of the President.
- ***Public Health activities:*** The Plan may disclose your health information to a public health authority in connection with public health activities, including, but not limited to, preventing or controlling disease, injury or disability; reporting disease or injury; reporting vital events such as births or deaths; conducting public health surveillance, public health investigations and public health interventions; at the direction of a public health authority,

to an official of a foreign government agency acting in collaboration with a public health authority; or reporting child abuse or neglect.

- ***Coroners, Funeral Directors and Organ Donation:*** The Plan may disclose your health information to a coroner or medical examiner for identification purposes or other duties authorized by law. The Plan may also disclose your health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. The Plan may disclose such information in reasonable anticipation of death. Your health information may be used and disclosed for cadaveric organ, eye or tissue donation and transplant purposes.
- ***Disaster Relief:*** The Plan may disclose your health information to any authorized public or private entities assisting in disaster relief efforts.
- ***Food and Drug Administration:*** The Plan may disclose your health information to a person or company subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to a FDA-regulated product or activity for which that person has responsibility, or for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.
- ***Abuse or Neglect:*** The Plan may disclose your health information to any public health authority authorized by law to receive reports of child abuse or neglect. In addition, if the Plan reasonably believes that you have been a victim of abuse, neglect or domestic violence the Plan may disclose your health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- ***Inmates:*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your health information to the institution or law enforcement official if the health information is necessary for the institution to provide you with health care or protect the health and safety of you or others, or for the security of the correctional institution.
- ***Criminal Activity:*** Consistent with applicable federal and state laws, the Plan may disclose your health information if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Plan may also disclose your health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- ***As required by law:*** The Plan will disclose your health information as required by law.

The Plan may not use or disclose your health information for any purposes other than the ones outlined above without your written authorization. Types of uses and disclosures which require your written authorization include:

- ***Personal Representatives:*** In situations where you wish to appoint a Personal Representative to act on your behalf or make medical decisions for you in situations where

you are otherwise unable to do so, the Plan will require your written authorization before disclosing your health information to that individual. The Plan will recognize your previous written authorization designating such individual to act on your behalf and receive your health information until you revoke the authorization in writing.

- ***Trustee(s) as Your Representative:*** In some circumstances you may request that a Trustee receive your health information if you request the Trustee to assist you in your filing or perfecting of a claim for benefits under the Plan. In these situations the Plan will first request that you complete a written authorization before disclosing the health information.
- ***Disclosure to Others Involved in Your Care or Payment of Your Care:*** You may designate a manager, agent, accountant, personal assistant or other third party to receive EOBs and other written communications from the Plan with respect to you and your eligible dependents. In such cases the Plan requires that you first file a written authorization with the Plan Office. The Plan will recognize your previous written authorization designating such individuals and will continue to send EOBs and other communications from the Plan to such parties. If you do not want the Plan to continue such communications you must notify the Plan in writing to such effect and give us an alternate address or third party, if any, to whom you would like us to send your information.
- ***Psychotherapy notes:*** The Plan may not use or disclose the contents of psychotherapy notes without your written authorization.
- ***Marketing:*** Marketing means situations where the Plan receives financial compensation from a third party to communicate with you about a product or service and is only allowed if you give your written authorization. Marketing would include instances when an individual or entity tries to sell you something based on your health information. The Plan does not engage in Marketing and will not use your health information for this purpose.
- ***Sale of Health Information:*** The sale of an individual's health information for financial compensation requires that individual's written authorization. The Plan does not sell health information.

In situations where your written authorization is required in order for the Plan to use or disclose your health information, you may revoke that authorization, in writing, at any time, except to the extent that the Plan has already taken action based upon the authorization. Thereafter, the Plan will no longer use or disclose your health information for the reasons covered by your written authorization.

### **Your Rights Regarding Your Health Information**

***Right to Inspect and Copy:*** You have the right to review and copy health information that the Plan has about you in a designated record set for as long as the Plan maintains the information. You have the right to request a copy of your health information in electronic form, including in an unencrypted or unsecured form if you so desire. You have the right to request that a copy of your health information be provided to a third party. You must send a written request to the Plan's Privacy Officer using the Plan's access request form. You may obtain a copy of the Plan's

access form by contacting the Plan's Privacy Officer using the telephone number, email address or mailing address listed on the following page. The Plan may charge you a fee to provide you with copies of your health information. If the Plan will charge you a fee, it will notify you before it makes the copies. The Plan is allowed to charge only a reasonable, cost-based fee for the labor and supplies associated with making the copy, whether on paper or in electronic form. In certain cases, the Plan may deny the request.

***Right to Receive Confidential Communications:*** The Plan normally provides health information to participants via U.S. mail. You may request that the Plan communicate your health information to you in a different way. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request.

***Right to Request Consideration of Restrictions:*** You may request additional restrictions on how your health information is used and disclosed. You may also request that any part of your health information not be disclosed to family members, friends or others who may be involved in your care or for notification purposes as described in this Notice. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request.

***Right to Amend:*** If you believe the health information the Plan maintains about you is incorrect, you have the right to request an amendment to it. Your request must be made in writing to the Plan's Privacy Officer and explain the reasons for your request. In certain cases, the Plan may deny your request. If the Plan denies your request for amendment, you have the right to file a statement of disagreement with the decision.

***Right to Receive an Accounting of Disclosures:*** You have the right to request a listing of the disclosures the Plan has made of your health information without your authorization for purposes other than treatment, payment of Claims and health care operations (subject to exceptions, restrictions, and limitations noted in the Privacy Rule). Your request must be made in writing to the Plan's Privacy Officer and must specify the period for which you are requesting the disclosures (which cannot be for a period longer than six years prior to the date of your request). In certain cases, the Plan may charge a fee for this request. The Plan will notify you of the cost in advance, and you may choose to withdraw or modify your request at that time.

***Right to Notification in the Event of Breach:*** A breach occurs where there is an impermissible use or disclosure that compromises the security or privacy of your health information such that the use or disclosure poses a significant risk of financial, reputational or other harm to you. The Plan takes extensive measures to ensure the security of your health information; but in the event that a breach occurs or the Plan learns of breach by a Business Associate, the Plan will promptly notify you of such breach.

***Right to Obtain a Paper Copy of the Plan's Privacy Notice:*** If you received this Notice electronically (via email or the Internet), you have the right to request a paper copy at any time.

### **Genetic Information**

Genetic information is information about an individual's genetic tests, the genetic tests of family members of the individual, the manifestation of a disease or disorder in family members of the

individual, or any request for, or receipt of, genetic services by the individual, or a family member of the individual. The term genetic information also includes, with respect to a pregnant woman (or a family member of a pregnant woman), genetic information about the fetus and with respect to the individual using assisted reproductive technology, genetic information about the embryo.

Federal law prohibits the Plan and health insurance issuers from discriminating based on genetic information. To the extent that the Plan uses your health information for underwriting purposes, federal law also prohibits the Plan from disclosing any of your genetic information. The Plan will not use or disclose any of your genetic information for this purpose.

### **Complaints**

If you believe your privacy rights have been violated, you have the right to file a formal complaint with the Plan's Privacy Officer and/or with the Secretary of the U.S. Department of Health and Human Services. You cannot be retaliated against for filing a complaint.

### **Effective Date**

The effective date of this Notice is **February 16, 2026**. The Plan is required by law to abide by the terms of this Notice until replaced. The Plan reserves the right to make changes to this Notice and to make the new provisions effective for all health information the Plan maintains. If revised, the new Notice will be made available to all Participants eligible for or covered by the Plan at that time.

### **Contact**

To request additional copies of this Privacy Notice, obtain further information regarding our privacy practices and your rights, or to file a complaint, please contact the Plan's Privacy Officer. This Notice is also posted on our website: **[www.sagafttraplans.org/health](http://www.sagafttraplans.org/health)**.

Name: Privacy Officer  
SAG-AFTRA Health Plan  
Address: Mailing Address:  
P.O. Box 7830  
Burbank, CA 91510-7830

Street Address:  
3601 West Olive Avenue  
Burbank, CA 91505

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