

Self-Funded Benefit Plan Notice

To comply with the notice requirement specified in Michigan Compiled Laws 550.932, the following Plan-related information is being provided to participants in the Andrews University Employee Benefit Plan (the “Plan”). Currently, the following self-funded benefits are offered under the Plan: dental and vision. For additional Plan information, including the benefit and eligibility provisions that govern the Plan, refer to the Plan Document or Summary Plan Description.

This Plan is not an arrangement whereby each enrollee is covered by insurance. Instead, the Employer funds claims. Insurance may be purchased to protect the Employer against large claims. However, if for some reason the dental and vision expenses that are eligible for payment under the Plan are not paid, the individuals covered by the Plan could ultimately be responsible for those expenses. The Claim Administrator, ASR Health Benefits, processes claims and does not insure that any dental and vision expenses of covered persons will be paid. Complete and proper claims for benefits made by covered persons will be promptly processed but in the event there are delays in processing claims, covered persons shall have no greater rights to interest or other remedies against the Claim Administrator than as otherwise afforded by law.

Notice to Plan Participants – Notice of Privacy Practices Available

The U.S. Department of Health and Human Services has issued regulations as part of the Health Insurance Portability and Accountability Act of 1996. These regulations, known as the Standards for Privacy of Individually Identifiable Health Information, were effective on April 14, 2003 (or April 14, 2004 for small health plans) and control how your medical information may be used and disclosed and how you can access this information. Please be advised that your health benefits plans maintain a current Notice of Privacy Practices to inform you of the policies that they have established to comply with the Standards for Privacy. This Notice describes the responsibilities of the plans and any third party assisting in the administration of claims regarding the use and disclosure of your protected health information, and your rights concerning the same.

This Notice is available to you upon request by contacting your company's Privacy Official or Human Resources Director.

Notice to Plan Participants – HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). In general, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). However, if you or your dependents lose coverage under Medicaid or a state's Children Health Insurance Program (CHIP), or if you or your dependents become eligible for a premium-assistance subsidy under Medicaid or a CHIP, you have 60 days from the loss of coverage or the date of eligibility to request enrollment. In addition, if you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact ASR Health Benefits at (616) 957-1751 or (800) 968-2449.

Notice of Privacy Practices

This notice describes the following:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to exercise your right to get copies of your records at limited cost or, in some cases, free of charge
- How to file a complaint concerning a violation of the privacy or security of your health information or of your rights concerning your information, including your right to inspect or get copies of your records under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

You have the right to a copy of this notice (in paper or electronic form) and to discuss it with the Privacy Officer for Andrews University at (269) 471-3871 or darcy@andrews.edu if you have any questions.

This notice is provided as required by HIPAA, the Health Information Technology for Economic and Clinical Health Act, and applicable federal laws governing the confidentiality of substance use disorder patient records, including 42 Code of Federal Regulations (CFR) Part 2.

Please review this notice carefully, as it describes how one or more of the health plans of Andrews University (collectively the “Plan”) and any third party assisting in the administration of claims may use and disclose your health information, and how you can access this information.

The Plan’s Pledge Regarding Health Information. The Plan is committed to protecting your personal health information. The Plan is required by law to protect medical information about you. This notice applies to medical records and information the Plan maintains concerning the Plan. Your personal doctor or health care provider may have different policies or notices regarding the use and disclosure of your health information created in his or her facility. This notice will describe how the Plan may use and disclose health information (known as “protected health information” under federal law) about you, as well as the Plan’s obligations and your rights regarding this use and disclosure.

More Stringent Law. If a use or disclosure permitted under HIPAA is prohibited or materially limited by other applicable law, including 42 CFR Part 2, the Plan will comply with the more stringent law, as defined in 45 CFR §160.202.

Use and Disclosure of Health Information. The following categories describe different ways that the Plan uses and discloses protected health information. The Plan will explain and present examples for each category but will not list every possible use or disclosure. However, all of the permissible uses and disclosures fall within one of these categories:

- *For Treatment.* The Plan may use or disclose your health information to facilitate treatment or services by providers. For example, the Plan may disclose your health information to providers, including doctors, nurses, or other hospital personnel who are involved in your care.
- *For Payment.* The Plan may use and disclose your health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, or to determine benefit responsibility under the Plan. For example, the Plan may disclose your health history to your health care provider to determine whether a particular treatment is a qualifying health expense or to determine whether the Plan will reimburse the treatment. The Plan may also share your health information with a utilization review or precertification service provider, with another entity to assist with the adjudication or subrogation of health claims, or with another health plan to coordinate benefit payments.
- *For Health Care Operations.* The Plan may use and disclose your health information in order to operate the Plan. For example, the Plan may use health information in connection with the following: (1) quality assessment and improvement; (2) underwriting, premium rating, and Plan coverage; (3) stop-loss (or excess-loss) claim submission; (4) medical review, legal services, audit services, and

fraud and abuse detection programs; (5) business planning and development, such as cost management; and (6) business management and general Plan administration.

- *To Business Associates and Subcontractors.* The Plan may contract with individuals and entities known as business associates to perform various functions or provide certain services. In order to perform these functions or provide these services, business associates may receive, create, maintain, use, or disclose your health information, but only after they sign an agreement with the Plan requiring them to implement appropriate safeguards regarding your health information. For example, the Plan may disclose your health information to a business associate to administer claims or to provide support services, but only after the business associate enters into a Business Associate Agreement with the Plan. Similarly, a business associate may hire a subcontractor to assist in performing functions or providing services in connection with the Plan. If a subcontractor is hired, the business associate may not disclose your health information to the subcontractor until after the subcontractor enters into a Subcontractor Agreement with the business associate.
- *As Required by Law.* The Plan will disclose your health information when required to do so by federal, state, or local law. For example, the Plan may disclose health information when required by a court order in a litigation proceeding, such as a malpractice action.
- *To Avert a Serious Threat to Health or Safety.* The Plan may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. The Plan would disclose this information only to someone able to help prevent the threat. For example, the Plan may disclose your health information in a proceeding regarding the licensure of a physician.
- *To Health Plan Sponsor.* The Plan may disclose health information to another health plan maintained by the Plan sponsor for purposes of facilitating claims payments under that plan. In addition, the Plan may disclose your health information to the Plan sponsor and its personnel for purposes of administering benefits under the Plan or as otherwise permitted by law and the Plan sponsor's HIPAA privacy policies and procedures.

Special Notice Regarding Substance Use Disorder Records. Records relating to substance use disorder treatment that are protected by 42 CFR Part 2 may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you expressly authorize the use or disclosure by written consent, or unless required by a court order that meets the requirements of 42 CFR Part 2.

Special Situations. The Plan may also use and disclose your protected health information in the following special situations:

- *Organ and Tissue Donation.* The Plan 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 Plan may release your health information as required by military command authorities. The Plan may also release health information about foreign military personnel to the appropriate foreign military authority.
- *Workers' Compensation.* The Plan may release health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illnesses.
- *Public Health Risks.* The Plan may disclose health information for public health activities, such as prevention or control of disease, injury, or disability; report of births and deaths; and notification of disease exposure or risk of disease contraction or proliferation.
- *Health Oversight Activities.* The Plan may disclose health information to a health oversight agency for activities authorized by law, e.g., audits, investigations, inspections, and licensure, which are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Law Enforcement.* The Plan may release health information if requested by a law enforcement official in the following circumstances: (1) in response to a court order, subpoena, warrant, or summons; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) to report a crime; and (4) to disclose information about the victim of a crime if (under certain limited circumstances) the Plan is unable to obtain the person's agreement.

- *Coroners and Medical Examiners.* The Plan may release health information to a coroner or medical examiner if necessary (e.g., to identify a deceased person or determine the cause of death).

Rights Regarding Health Information. You have the following rights regarding your protected health information that the Plan maintains:

- *Right to Access.* You may request access to health information containing your enrollment, payment, and other records used to make decisions about your Plan benefits, including the right to inspect the information and the right to a copy of the information. You may request that the information be sent to a third party. You must submit a request for access in writing to the Privacy Officer. The Plan may charge a fee for the costs of copying, mailing, or other supplies associated with your request. The Plan may deny your request in certain very limited circumstances, and you may request that such denial be reviewed. If the Plan maintains your health information electronically in a designated record set, the Plan will provide you with access to the information in the electronic form and format you request if readily producible or, if not, in a readable electronic form and format as agreed to by the Plan and you.
- *Right to Amend.* If you feel that the Plan's records of your health information are incorrect or incomplete, you may request an amendment to the information for as long as the information is kept by or for the Plan. You must submit a request for amendment in writing to the Privacy Officer. Your written request must include a supporting reason; otherwise the Plan may deny your request for an amendment. In addition, the Plan may deny your request to amend information that is not part of the health information kept by or for the Plan, was not created by the Plan (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.
- *Right to an Accounting of Disclosures.* You may request an accounting of your health information disclosures except disclosures for treatment, payment, health care operations; disclosures to you about your own health information; disclosures pursuant to an individual authorization; or other disclosures as set forth in the Plan sponsor's HIPAA privacy policies and procedures. You must submit a request for accounting in writing to the Privacy Officer. Your request must state a time period for the accounting not longer than six years and indicate your preferred form (e.g., paper or electronic). The Plan will provide for free the first accounting you request within a 12-month period, but the Plan may charge you for the costs of providing additional lists (the Plan will notify you prior to provision and you may cancel your request). Effective at the time prescribed by federal regulations, you may also request an accounting of uses and disclosures of your health information maintained as an electronic health record if the Plan maintains such records.
- *Right to Request Restrictions.* You may request a restriction or limitation on your health information that the Plan uses or discloses for treatment, payment, or health care operations or that the Plan discloses to someone involved in your care or the payment for your care (e.g., a family member or friend). For example, you could ask that the Plan not use or disclose information about a surgery you had. You must submit a request for restriction in writing to the Privacy Officer. Your request must describe what information you want to limit; whether you want to limit the Plan's use, disclosure, or both; and to whom you want the limits to apply (e.g., your spouse). The Plan is not required to agree to your request.
- *Right to Request Confidential Communications.* You may request that the Plan communicate with you about health matters in a certain way or at a certain location (e.g., only by mail or at work), and the Plan will accommodate all reasonable requests. You must submit a request for confidential communications in writing to the Privacy Officer. Your written request must specify how or where you wish to be contacted. You do not need to state the reason for your request.
- *Right to a Paper Copy of this Notice.* If you received this notice electronically, you may receive a paper copy at any time by contacting the Privacy Officer.

Genetic Information. If the Plan uses or discloses protected health information for Plan underwriting purposes, the Plan will not (except in the case of any long-term care benefits) use or disclose health information that is your genetic information for such purposes.

Breach Notification Requirements. In the event unsecured protected health information about you is "breached," the Plan will notify you of the situation unless the Plan determines the probability is low that

the health information has been compromised. The Plan will also inform HHS of the breach and take any other steps required by law.

Changes to this Notice. The Plan reserves the right to revise or change this notice, which may be effective for your protected health information the Plan already possesses as well as any information the Plan receives in the future. The Plan will notify you if this notice changes.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Plan by contacting the Privacy Officer in writing. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Other Uses of Health Information. The Plan will use and disclose protected health information not covered by this notice or applicable laws only with your written permission. If you permit the Plan to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose your health information for the reasons covered by your written authorization. However, the Plan is unable to retract any disclosures it has already made with your permission.

Effective Date. This notice is effective February 16, 2026.

Privacy Policy for Self-Funded and Shared-Funded Group Plans

This policy explains how ASR Health Benefits collects nonpublic personal information, the type of information that we may collect, and what information we may disclose to other companies not affiliated with ASR Health Benefits.

Acquisition of Personal Information

We collect nonpublic personal information about the individual participants of group plans, which the employers/plan sponsors and health care providers afford us.

Categories of Information We Disclose

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. For example, we only disclose nonpublic personal information when it is related to a request or transaction from the employer/plan sponsor, where authorized by the participant, or where required by law.

Parties to Whom We Disclose Information

We only permit disclosure of nonpublic personal information to our employees who are working on clients' accounts and to unrelated third parties who need to know that information in order to assist us in providing services to clients.

Confidentiality and Security of Nonpublic Personal Information

We restrict access to nonpublic personal information to those individuals who need to know that information in order to provide services or products for the policy. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to secure nonpublic personal information.

Appendix A: U.S. Department of Labor Distribution Guidelines for Plan Materials

The U.S. Department of Labor (DOL) requires that plan materials be distributed within a specific timeframe, and it has established different rules for printed and electronic distribution. Below is a brief summary of the DOL guidelines for distribution of plan materials. These rules apply to the distribution of the Plan Document / Summary Plan Description, any Summary of Material Modification documents that amend that item, the Summary of Benefits and Coverage (SBC) documents, and the various notices included in this Compliance Document. Distribution of plan materials in multiple formats is also acceptable; for example, employees with work-related computer access may receive an electronic copy and employees without work-related computer access may receive a printed copy. It is your organization's responsibility to ensure compliance with these requirements.

PRINTED DISTRIBUTION

Printed copies of plan materials may be distributed through multiple methods, but every effort to ensure the receipt of the item(s) must be taken. ASR recommends mailing items first class via U.S. Postal Service (USPS). If the employee covers any dependents, the envelope must be addressed to *[Employee Name] and Family* so that it is evident that the contents are not intended only for the employee. It is important to be certain that the materials are sent to the employee's current address, and a separate copy of such materials be sent to any enrolled dependent who resides at a different address. For your organization's protection, a record should be maintained that can serve as evidence that the materials were supplied appropriately, including the address(es) to which it was sent, how the envelope was addressed, and the date it was mailed. ASR recommends the use of "[Certificate of Mailing](#)"-level handling for this purpose. Certificate of Mailing (not to be confused with Certified Mail) captures the data above and is relatively inexpensive.

Alternatively, your organization may use hand delivery for employees who do not cover any dependents. As above, it is important to maintain records that can serve as evidence that plan materials were supplied appropriately. If hand delivery is used, ASR recommends obtaining the employee's signature to acknowledge receipt.

ELECTRONIC DISTRIBUTION

Employees with Work-Related Computer Access

Employees with work-related computer access can be provided a copy of plan materials electronically via e-mail if the following requirements are met:

1. The e-mail system lets the sender know if the message is undeliverable.
2. The system protects an individual's account and benefit confidentiality (i.e., the individual needs a password to log on to his/her workstation).
3. The sender includes a statement in the e-mail explaining the document's significance.
4. The sender provides, upon request, a paper copy free of charge.

Plan materials may also be made available through a Website instead of via e-mail. Below are the requirements for posting plan materials online.

1. Appropriate and necessary means are used in order to ensure materials posted on the company's Website results in actual receipt (see below for further details).
2. Plan materials are prepared and furnished in accordance with all applicable requirements (e.g., timing and format requirements).
3. Written or electronic notice is provided to employees directing them to the Website at the time the plan materials are posted. This notice must also describe the significance of the materials and communicate the recipient's right to receive a paper copy of the item upon request.
4. A paper copy of the plan materials is provided upon request without charge.

In order to ensure that your organization has taken appropriate and necessary measures to make ensure the posting of plan materials results in actual receipt, ASR recommends that the following steps be taken:

1. Add a prominent link from the Website's homepage to the separate section that contains the electronic plan materials.
2. Provide directions on the Website for how to replace a lost or forgotten password to the extent one is needed.
3. Maintain plan materials on the Website for a reasonable period of time following notice to employees of their availability, but no less than one year from the date they were first posted on the Website.

If plan materials are distributed via e-mail, we suggest the following measures to comply with HIPAA Privacy guidelines: (1) conceal the recipient e-mail addresses using the blind-courtesy-copy (Bcc) function; (2) e-mail the materials to all employees, even if they do not participate in the plan; or (3) e-mail the materials to each participant individually. Since these e-mails identify employees as enrolled in a health plan, they should be encrypted if sent outside your organization.

Please note that the DOL has specifically advised that setting up a stand-alone kiosk or computer station for employees to review the document is unacceptable. The DOL has also advised that distributing materials using a flash drive or compact disk (CD) is unacceptable as well because it is not reasonable to assume that individuals will be able to access and read the CD or flash drive merely because they are formatted in a commonly accessible fashion. If your organization wishes to distribute plan materials using a flash drive or CD, ASR recommends that your organization obtain affirmative consent from the individual before distributing plan materials in such a fashion in accordance with the requirements outlined below for electronic distribution to an employee without work-related computer access.

The federal government has developed optional, alternative distribution instructions that apply only to the SBC document when it is given to individuals eligible for, but not enrolled for, plan coverage. If your organization would like to consider performing a separate electronic distribution of the SBC document to such individuals, please visit <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-8> and review Q10 for more details.

Electronic Distribution for Employees without Work-Related Computer Access

Your organization may provide plan materials electronically to employees who do not have work-related computer access; however, further notices and consents for electronic delivery to those individual are required. In addition to the provisions listed in the section above, the following requirements apply:

1. Affirmative consent for electronic distribution must be obtained from the individual. Before consent can be obtained, a pre-consent statement must be furnished that explains the following:
 - A. The types of documents that will be provided electronically
 - B. The individual's right to withdraw consent at any time without charge
 - C. The procedures for withdrawing consent and updating information (e.g., updating the address for receiving electronic disclosure)
 - D. The right to request a paper version and its cost (if any)
 - E. The hardware and software requirements needed to access the electronic document

The regulations permit the pre-consent statement to be provided electronically if the employer has a current and reliable e-mail address for the recipient.

2. If the hardware or software requirements change, a revised statement must be provided and a renewed consent from each individual must be obtained.
3. If the documents are to be provided via the Internet, the affirmative consent must be given in a manner that reasonably demonstrates the individual's ability to access the information in electronic form, and the individual must have provided an address for the receipt of electronically distributed documents.
4. The employer must keep track of individual electronic delivery addresses, individual consents, and the actual receipt of e-mailed documents by recipients.

It may be necessary to provide a hard copy of plan materials to such individuals in order to ensure compliance if, for example, the recipient neglects to return the signed consent form or does not provide a current e-mail address. Please refer to the "Printed Distribution" section above for the applicable guidelines.

Appendix B: Additional Notice Information

Self-Funded Benefit Plan Notice

Michigan Compiled Laws 550.932 (Michigan's Third Party Administrator Act) requires that a written notice with specific information be distributed to all new enrollees in the self-funded group benefit plan at the time of enrollment (but no later than 60 days after becoming covered), and to all plan participants at least once every five years. ASR recommends that this notice be attached to a comprehensive and current benefit description of the self-funded plan, such as an ASR-prepared benefit summary handout or, if available, a Summary of Benefits and Coverage (SBC). To facilitate our clients' compliance efforts, the required notice content is included in all Summary Plan Descriptions (SPD) drafted by ASR. A separate distribution of this notice will only be required if the ASR-drafted SPD is not used or if the SPD is not distributed at the time of enrollment or every five years.

Availability of the Notice of Privacy Practices

A copy of a model notice, which must be distributed at least once every three years to all plan participants. The name of the Privacy Officer or Human Resources Director may be inserted where appropriate. This notice may be given at any time during the year.

Notice of HIPAA Special Enrollment Rights

A copy of the model notice, which must be distributed any time an employee is initially offered the opportunity to enroll in the health plan. While there is no annual redistribution requirement associated with this notice, ASR recommends providing it to all enrollees upon an individual's initial enrollment in the plan and during the annual open enrollment period. To facilitate our clients' compliance efforts, the required notice content is automatically included on the ASR-provided enrollment form. A separate distribution of this notice will only be required if the ASR-provided enrollment form is not used.

Notice of Privacy Practices

A copy of a model notice, which must be distributed to any plan participants upon request and to new hires. ASR has inserted the e-mail address of your Privacy Officer into the first page of the Notice of Privacy Practices. This notice describes how the plan may use and disclose an individual's protected health information, explains an individual's rights with respect to the information and how the individual may exercise these rights, explains the plan's legal duties with respect to the individual's protected health information, and provides information for an individual who can be contacted for additional information about the plan's privacy policies.