Notice of Privacy Practices

Effective December 29, 2025

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.

22 Health ("We") are required by law to:

- Protect the privacy of your health information.
- Send you a privacy notice and inform you of any changes.
- Explain how we may use information about you.
- Explain when we can give out or "disclose" your information to others.
- Abide by the terms of this notice.

If you have any questions about this notice, please contact Member Services at 1-866-3574082, TTY/TDD 711, Monday through Friday, 8:00 AM to 5:00 PM EST.

Esta información está disponible gratis en otros idiomas. Por favor contacte a nuestro departamento de servicio al cliente al 1-866-357-4082 (TTY: 711) de lunes a viernes desde las 8:00 AM a 5:00 PM EST.

Enfòmasyon sa a disponib nan lòt lang yo. Tanpri kontakte depatman sèvis manm nou an nan 1-866-357-4082 (TTY: 711) Lendi jiska Vandredi de 8:00 AM a 5:00 PM EST.

How we may use and disclose health information

Except for the following purposes, we will use and disclose health information only with your written approval. You may cancel the written approval that you have given us at any time. You will need to write a letter to our Compliance (Privacy) Officer. You may also request a limitation on your health information being used or given out. (See "Right to Request Restrictions")

For Treatment. We may give health information about you to providers of medical treatment or services. We may disclose medical information about you to doctors, nurses, or other health care professionals who are involved in taking care of you. For example,

we may provide information regarding test results to providers of care to assist in your treatment.

For Payment. We may use and disclose health information about you so that the claims for the treatment and services you receive may be paid. The bills may include information that identifies you, as well as your diagnosis, procedures and supplies or equipment used. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill.

For Business Operations. We may disclose your health information to other companies ("business associates") that perform different kinds of activities for 22 Health. When we contract for these services, we may disclose your health information so that they can perform the job we asked them to do.

For Health Care Operations. We may use and disclose information about you to manage your health care coverage. For example, we may review your medical records to make sure that the quality of care you receive meets our standards. We might talk to your doctor to refer to a Disease Management program. We may provide your information to companies who conduct our satisfaction surveys.

For Reminders. We may use and disclose information to send you reminders about your benefits or care. For example: we may call you to remind you of an appointment.

For Treatment Alternatives and Health-Related Benefits and Services. We may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

For Individuals Involved in Your Care or Payment for Your Care. We may release health information about you to a legal guardian, a family member, or a friend if:
The person is involved in your medical care or pays for your medical care; and You have agreed or failed to object when given an opportunity.

Special Situations

As Required by Law. We will disclose health information about you when required to do so by federal, state, or local law.

For Health Oversight Activities. We may disclose health information about you to a health oversight agency for activities authorized by law. They may need your information to conduct audits, investigations, and inspections. These activities are necessary for the

government to monitor the health care system, government programs, and compliance with civil rights laws.

For Public Health. We may disclose health information about you for public health activities. For example, we may report to public health agencies to prevent or control disease outbreaks.

For Reporting Victims of Abuse, Neglect or Domestic Violence. We may release health information about you to government authorities if we believe that a person is a victim of abuse or neglect.

For Workers' Compensation. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

For Research Purposes. We may disclose health information about you for research studies if the studies meet privacy law requirements.

For Health and Safety. We may disclose health information about you to public health agencies or law enforcement authorities to prevent a serious threat to health or safety.

For Lawsuits and Disputes. We may disclose health information about you in response to a subpoena, discovery request, or other lawful order from a court.

For Law Enforcement. We may disclose health information about you to police to help find a suspect or a witness to a missing person.

For Specialized Government Functions. We may release health information about you to authorize federal officials for special functions, such as natural security activities.

For Organ Procurement. We may disclose health information about you to entities that handle procurement, banking, or transplantation of organs, eyes, or tissue to facilitate donation and transplantation.

For Coroner, Medical Examiner, or Funeral Director. We may disclose information to a coroner or medical examiner to determine the cause of death as authorized by law. We may also disclose information to funeral directors to carry out their duties.

Your Rights

You have the following rights regarding the health information we maintain about you:

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our Compliance (Privacy) Officer. The letter 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 the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communication, you must make your request in writing to our Compliance (Privacy) Officer. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. You may also receive a summary of this health information. You must submit your request in writing to our Compliance (Privacy) Officer. We may charge a reasonable fee for any hard or electronic copies of your health information. We may deny your request to inspect and copy information in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by 22 Health will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to a Paper Copy of This Notice. You have the right to a paper 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. To obtain a paper copy of this notice, call our Member Services Department at 1-866-357-4082, TTY/TDD 711 Monday to Friday from 8:00 AM to 5:00 PM EST. You may also obtain a copy of this notice on our website at: www.22HealthPlan.com.

Right to Amend. If you feel that the member/claims information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment,

your request must be made in writing and include the reason that supports your request. The request needs to be submitted to our Privacy Officer. We may deny your request if we did not create the information, do not maintain the information, or the information is incorrect or incomplete. If we deny your request, we will give you a written explanation of the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of health information about you that can be requested by submitting your request in writing to our Compliance (Privacy) Officer. Your request must state a time period that 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 list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge a reasonable fee for additional lists. We will notify you of the cost involved at the time of request. You may choose to withdraw or modify your request before any costs are incurred.

Choices About How We Use and Disclose Your Information

Where possible, we may offer you choices on how you can opt out of, or limit, our disclosure of your health and other personal information. Providing information to 22 Health, including information for the purpose of seeking coverage or enrollment in a 22 Health plan, is voluntary. Certain information may be required for us to accurately and timely process a request related to enrollment or to access particular services. Individuals seeking to enroll directly with 22 Health on our website who choose not to provide requested information may alternatively go to www.healthcare.gov/ to learn more about the enrollment process, explore plan options, and enroll in a 22 Health plan.

Changes to this Notice

We reserve the right to change its information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all health information we keep. If we make any material changes, a new notice will be sent to you by US mail. We will post a copy of the current notice at our website, www.22healthplan.com. The notice will contain the effective date at the top of the first page.

Complaints

You may file a complaint with 22 Health, Florida Department of Financial Services, Office of Civil Rights within the U.S. Department of Health and Human Services, or Federal Trade Commission. We will not penalize you for filing a complaint, and your care will not change in any way.

You can file a complaint with 22 Health by writing to:

22 Health
1643 Harrison Parkway, Suite H-200
Sunrise, Florida 33323
Attention: Compliance (Privacy) Officer

Or call: 1-866-357-4082, TTY/TDD 711
Monday to Friday from 8:00 AM to 5:00 PM EST

To file a complaint with the Florida Department of Financial Services, visit:

https://myfloridacfo.com/fraudfreeflorida

To file a complaint with the Office of Civil Rights within the U.S. Department of Health and Human Services, visit:

www.hhs.gov/civil-rights/filing-a-complaint/index.html

To file a complaint with the Federal Trade Commission, visit:

https://reportfraud.ftc.gov/

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written approval. If you provide us with approval to use or disclose health information about you, you may cancel the written approval at any time. If you cancel your approval, thereafter we will no longer use or disclose health information about you for the reasons covered by your written approval. You understand that we are unable to take back any disclosures we have already made with your approval, and that we are required to retain our records of the care that we provided to you.

To Contact 22 Health and/or our Compliance Officer

Write to: 22 Health
Compliance (Privacy) Officer
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Sunrise, Florida 33323

Or call: 1-866-357-4082, TTY/TDD 711
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