NOTICE REGARDING WELLNESS PROGRAM

The ACSHIC HealthyU Wellness Deductible Incentive Program ("Wellness Program") is a voluntary Wellness Program that is available to all employees of ACSHIC Participating School Entities, and their spouses, who receive health care benefits through the ASCHIC Plan. The program is administered according to federal rules under the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act. The purpose of the Wellness Program is to improve employee health or prevent disease. If you choose to participate in the Wellness Program you will be asked to complete a health risk assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also have to complete a preventive health exam. You are not required to complete the health risk assessment or receive a preventive exam or other medical examinations as a condition of coverage under the ACSHIC Plan

Employees of Participating School Entities and their covered spouses who choose to participate in the Wellness Program and who complete the required steps during the July 1, 2026 to June 30, 2027 Plan Year will receive a deductible reduction in the following July 1, 2027 to June 30, 2028 Plan Year. You are not required to complete the health risk assessment or get a preventive exam, but only Participating School Entity employees and their spouses who do so will receive a deductible credit.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the ACSHIC Plan's medical benefit administrator, Highmark, Inc., at 844-946-6238.

The information from your health risk assessment may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Wellness Program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Wellness Program and the Allegheny County Schools Health Insurance Consortium may use aggregate information it collects to design a program based on identified health risks, the Wellnesss Program will never disclose any of your personal information except as expressly permitted by law.

The only individual(s) who will receive your personally identifiable health information is (are) Highmark representatives in order to provide you with services under the Wellness Program. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Wellness Program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Wellness Program or receiving an incentive. Anyone who receives your

information for purposes of providing you services as part of the Wellness Program will abide by the same confidentiality requirements.

In addition, none of the medical information obtained through the Wellness Program will be included in your personnel records. The information will be maintained by Highmark, stored electronically and will be encrypted. No information you provide as part of the Wellness Program will be used in making any employment decision. Your employer will have no access to any medical information obtained through the Wellness Program. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Wellness Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Highmark, Inc., at 844-946-6238.