



# Legal Notices

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## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility -**

|                      |   |
|----------------------|---|
| ALABAMA: Medicaid    | Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447   |
| ALASKA: Medicaid     | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS: Medicaid   | Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)  |
| CALIFORNIA: Medicaid | Health Insurance Premium Payment (HIPP) Program Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>  |

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|---|---|
| <p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</p> | <p>Health First Colorado Website:<br/> <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br/> Health First Colorado Member Contact Center:<br/> 1-800-221-3943/State Relay 711<br/> CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br/> CHP+ Customer Service: 1-800-359-1991/State Relay 711<br/> Health Insurance Buy-In Program (HIBI):<br/> <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br/> HIBI Customer Service: 1-855-692-6442</p> |
| <p>FLORIDA: Medicaid</p>  | <p>Website:<br/> <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br/> Phone: 1-877-357-3268</p>   |
| <p>GEORGIA: Medicaid</p>  | <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p>           |
| <p>INDIANA: Medicaid</p>  | <p>Health Insurance Premium Payment Program<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a><br/> Family and Social Services Administration<br/> Phone: 1-800-403-0864<br/> Member Services Phone: 1-800-457-4584</p>   |
| <p>IOWA: Medicaid and CHIP (Hawki)</p>  | <p>Medicaid Website:<br/> <a href="https://www.iowa.gov/health-human-services">Iowa Medicaid   Health &amp; Human Services</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="https://www.iowa.gov/health-human-services">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="https://www.iowa.gov/health-human-services">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/> HIPP Phone: 1-888-346-9562</p>                    |
| <p>KANSAS: Medicaid</p>   | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>  |
| <p>KENTUCKY: Medicaid</p>   | <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>                |
| <p>LOUISIANA: Medicaid</p>  | <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   |

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| MAINE: Medicaid                  | Enrollment Website:<br><a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 |
| MASSACHUSETTS: Medicaid and CHIP | Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>   |
| MINNESOTA: Medicaid              | Website:<br><a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br>Phone: 1-800-657-3672   |
| MISSOURI: Medicaid               | Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005  |
| MONTANA: Medicaid                | Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>   |
| NEBRASKA: Medicaid               | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178  |
| NEVADA: Medicaid                 | Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900  |
| NEW HAMPSHIRE: Medicaid          | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>  |
| NEW JERSEY: Medicaid and CHIP    | Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)   |
| NEW YORK: Medicaid               | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831  |
| NORTH CAROLINA: Medicaid         | Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100  |
| NORTH DAKOTA: Medicaid           | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825  |
| OKLAHOMA: Medicaid and CHIP      | Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  |
| OREGON: Medicaid                 | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075  |
| PENNSYLVANIA: Medicaid and CHIP  | Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437)                        |

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| RHODE ISLAND: Medicaid and CHIP  | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct Rlte Share Line)   |
| SOUTH CAROLINA: Medicaid         | Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  |
| SOUTH DAKOTA: Medicaid           | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |
| TEXAS: Medicaid                  | Website: <a href="#"><b>Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</b></a><br>Phone: 1-800-440-0493   |
| UTAH: Medicaid and CHIP          | Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| VERMONT: Medicaid                | Website: <a href="#"><b>Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</b></a><br>Phone: 1-800-250-8427   |
| VIRGINIA: Medicaid and CHIP      | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924   |
| WASHINGTON: Medicaid             | Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  |
| WEST VIRGINIA: Medicaid and CHIP | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |
| WISCONSIN: Medicaid and CHIP     | Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002  |
| WYOMING: Medicaid                | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269  |

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other

provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebesa.opr@dol.gov](mailto:ebesa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

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## **Important Notice About Your Citi Prescription Drug Coverage and Medicare**

**If you and/or your dependents are enrolled in Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices for your prescription drug coverage. See the following information.**

Citi has determined that prescription drug coverage provided through the medical options offered by Citi is “creditable” under Medicare.

This notice, required by Medicare to be delivered to Medicare-eligible individuals,<sup>1</sup> contains information about your current prescription drug coverage with Citi and prescription drug coverage available to people with Medicare.

**If you or your family members aren’t currently covered by Medicare and won’t become eligible or covered by Medicare in the next 12 months, this notice doesn’t apply to you.**

**Keep this notice.** If you enroll in Medicare prescription drug coverage, you may be asked to present this notice to prove that you had “creditable coverage” and, therefore, are not required to pay a higher premium than the premiums generally charged by the Medicare Part D prescription drug plans.

You may receive this notice at other times in the future (for example, before the next period in which you can enroll in Medicare prescription drug coverage and/or if your Citi prescription drug coverage changes such that the coverage ceases to be “creditable coverage”). You may request another copy of this notice by calling the Citi Benefits Center through ConnectOne as instructed on page 18.

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<sup>1</sup> Citi is required by law to distribute this notice to both current employees and former employees who are enrolled in Citi coverage and who may be Medicare eligible. Generally, you become eligible for Medicare at age 65 or as a result of a disability.

## **Prescription drug coverage and Medicare**

Prescription drug coverage through Medicare prescription drug plans is available to everyone with Medicare. This coverage is offered by private health insurance companies, not directly by the federal government. *All Medicare prescription drug plans provide at least a “standard” level of coverage set by Medicare.* Some plans also might offer more coverage for a higher monthly premium.

### **‘Creditable coverage’**

You have prescription drug coverage through your Citi medical plan. Citi has determined that your Citi prescription drug coverage is “creditable coverage” because, on average for all plan participants, Citi prescription drug coverage is expected to pay at least as much as the standard Medicare prescription drug coverage will pay in 2025. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

### **Understanding the basics**

It is up to you to decide which prescription drug coverage option makes the most financial sense for you and your family, given your personal situation. If you are considering the option of joining a Medicare prescription drug plan available in your area, you need to carefully evaluate what that plan has to offer versus the coverage you have through your Citi medical plan. Before you decide to join a Medicare prescription drug plan, be sure you understand the implications of doing so:

- You have prescription drug coverage under your current Citi medical plan. Your prescription drug coverage under your Citi medical plan is considered primary to Medicare. This means that your Citi plan pays benefits first. Although you can choose to join a Medicare prescription drug plan in addition to your enrollment in a Citi medical plan, you should consider how Citi prescription drug coverage would affect the benefits you receive under the Medicare prescription drug plan.
- If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, Citi prescription drug coverage will continue to pay primary as it had before you enrolled in a Medicare prescription drug plan.
- If you waive or drop your Citi prescription drug coverage and enroll in a Medicare prescription drug plan, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you experience a permissible change in status or have a special enrollment event for the Citi medical plan, assuming you remain eligible. You should compare your current coverage carefully — including which drugs are covered — to the coverage and cost of the plans offering Medicare prescription drug coverage in your area.
- Your existing Citi coverage is, on average, *at least as good* as standard Medicare prescription drug coverage in 2025 (this is your “creditable coverage”). As a result, you can keep your current Citi coverage and *not* pay extra if you decide you want to join a Medicare prescription drug plan. People can enroll in a Medicare prescription drug plan when they first become eligible for Medicare. In addition, people with Medicare have the opportunity to enroll in a Medicare prescription drug plan during an annual enrollment period from October 15 through December 7 for coverage effective the first day of the following year.

- If you drop or lose your coverage with Citi and do not immediately enroll in a Medicare prescription drug plan after your current coverage ends, you may pay more to enroll in a Medicare prescription drug plan later. If you lose your prescription drug coverage under the Citigroup Prescription Drug Program through no fault of your own, you will be eligible for a 60-day Special Enrollment Period (SEP) to enroll in a Medicare prescription drug plan.

In addition, if you lose or decide to terminate your coverage under the Citigroup Prescription Drug Program, you will be eligible to enroll in a Medicare prescription drug plan at that time under the SEP as well. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will increase at least 1% for every month that you did not have that coverage.

For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people who enrolled promptly pay for the same coverage. You must pay this higher premium percentage for as long as you have Medicare coverage. In addition, you may have to wait until the next annual enrollment period to enroll.

### **For more information about Medicare**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. Access the handbook by going to [www.medicare.gov/medicare-and-you](http://www.medicare.gov/medicare-and-you). You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for the telephone number).
- Call **1-800-MEDICARE** or **1 (800) 633-4227**; TDD users, call **1 (877) 486-2048**.

### **Do you qualify for "extra help" from Medicare based on your income and resources?**

You can obtain Medicare's income level and asset guidelines by calling **1-800-MEDICARE** or **1 (800) 633-4227**. If you qualify for assistance, visit the Social Security website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call **1 (800) 772-1213** to request an application for extra help.

### **For more information about this notice**

Call the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**. From the ConnectOne "benefits" menu, choose the "health and insurance benefits" option to speak to a Citi Benefits Center representative. You can speak with a representative from 9 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays.

**From outside the United States & Puerto Rico:** Call the Human Resources Shared Services (HRSS) North America Service Center at **1 (469) 220-9600**. Press 1 when prompted. From the ConnectOne "benefits" menu, choose the "health and insurance benefits" option to speak to a Citi Benefits Center representative.

**TDD users:** Call the Telecommunications Relay Service at **1 (866) 280-2050**. Then call ConnectOne at **1 (800) 881-3938** as instructed above.

**Note:** You will receive this notice each year, before the next period in which you can join a Medicare prescription drug plan, and if the coverage through Citi changes. You may also request a copy through the Citi Benefits Center. To call the Citi Benefits Center, see the instructions immediately above.



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## Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to cover reconstructive surgery and prostheses following mastectomies. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast, to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

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## Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours, as applicable. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours following a vaginal delivery or 96 hours following a cesarean section.

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## Your HIPAA Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law enacted to provide improved portability and continuity of health insurance coverage for dependents.

### **Your special enrollment rights**

If you decline to enroll in Citi medical coverage for yourself and/or your eligible dependents, including your legal spouse, because you and/or your family members have other health coverage, you may in the future be able to enroll yourself or your dependents in certain Citi

coverage without waiting for next open enrollment period, provided that you request enrollment within 31 days after the date your coverage ends because you or a family member loses eligibility under another plan or because COBRA coverage has ended.

In addition, if you have a new dependent as a result of a marriage or the birth, adoption, or placement for adoption of a child, you may also be able to enroll yourself and your eligible dependents, provided that you call the Citi Benefits Center within 31 days after the marriage, birth, or adoption. See contact information on page 18.

Citi will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state’s premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Citi Medical plan. Note that this 60-day extension doesn’t apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

If you miss the 31-day deadline, you must wait until the next annual enrollment period — or until you have another qualified status change or special enrollment right — to enroll.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

For more information on eligibility or enrollment in a plan, call the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**.

*To meet plan requirements, Citi reserves the right at any time to request written documentation of any dependent’s eligibility for plan benefits and/or the effective date of the qualified change in status.*

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## **Notice of HIPAA Privacy Practices**

This Notice of HIPAA Privacy Practices describes how the Citigroup Health Benefit Plan, Citigroup Dental Benefit Plan and Citigroup Be Well Program (collectively referred to in this section as an “Organized Health Care Arrangement” or “Component Plans” and each individually referred to in this section as a “Component Plan”) may use and disclose your protected health information.

This notice also sets out Component Plans’ legal obligations concerning your protected health information and describes your rights to access and control your protected health information. All Component Plans have agreed to abide by the terms of this notice. This notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164, as amended by Title XIII, Subtitle D, of the American Recovery and Reinvestment Act of 2009 (ARRA; P.L. 111-5) and regulations promulgated thereunder. Terms that are not defined in this notice have the same meaning as they have in the HIPAA Privacy Rule, as amended by ARRA and its related regulations.

### **For answers to your questions and for additional information**

If you have any questions or want additional information about this notice, call the Citi Benefits Center through ConnectOne as instructed on page 18. To exercise any of the rights described in this notice, contact the third-party administrator for the relevant Component Plan as instructed on page 18.

### **Component Plans’ responsibilities**

Each Component Plan is required by law to maintain the privacy of your protected health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It’s important to note that these rules apply to the Component Plans, not Citi as an employer — that’s the way the HIPAA rules work. Different policies may apply to other Citi programs or to data unrelated to the Component Plans. The HIPAA Privacy Rule defines “protected health information” to include any individually identifiable health information (1) that is created or received by a health care provider, health plan, employer, or health care clearinghouse; (2) that relates to the past, present, or future physical or mental health or condition of such individual, the provision of health care to such individual, or payment for such provision of health care; and (3) that is in the possession or control of an entity covered by the HIPAA Privacy Rule (called “covered entities”), including a group health plan. Component Plans are required to limit the use, disclosure, or request for protected health information to the extent practicable to either limited data sets or, if needed, the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

Component Plans are obligated to provide to you a copy of this notice setting forth their legal duties and privacy practices regarding your protected health information. Component Plans must abide by the terms of this notice. The Component Plans agree not to use or disclose your health information other than as permitted or required by the Component Plan documents and by law. Employees, such as benefits, payroll, and/or finance staff are the only employees who will have access to your health information for plan administration functions.

### **Uses and disclosures of protected health information**

The following describes when any Component Plan is permitted or required to use or disclose your protected health information. This list is mandated by the HIPAA Privacy Rule.

**Payment and health care operations.** Each Component Plan has the right to use and disclose your protected health information for all activities included within the definitions of “payment” and “health care operations” as defined in the HIPAA Privacy Rule, as amended by ARRA.

**Payment.** Component Plans will use or disclose your protected health information to fulfill their responsibilities for coverage and provide benefits as established under their governing documents. For example, Component Plans may disclose your protected health information when a provider requests information about your eligibility for benefits under a Component Plan, or it may use your information to determine if a treatment that you received was medically necessary.

**Health care operations.** Component Plans will use or disclose your protected health information to fulfill Component Plans’ business functions. These functions include but are not limited to quality assessment and improvement, provider performance reviews, licensing, business planning and business development. For example, a Component Plan may use or disclose your protected health information (1) to provide information to you about a disease management program; (2) to respond to a customer service inquiry from you; (3) in connection with fraud and abuse detection and compliance programs; or (4) to survey you concerning how effectively such a Component Plan is providing services, among other issues.

**Business associates.** Each Component Plan may enter into contracts with service providers — called business associates — to perform various functions on its behalf. For example, Component Plans may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after such a Component Plan and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

**Organized health care arrangement.** Component Plans may share your protected health information with each other to carry out payment and health care activities.

**Other covered entities.** Component Plans may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities or to assist other covered entities in connection with certain health care operations. For example, Component Plans may disclose your protected health information to a health care provider when needed by the provider to render treatment to you. Component Plans may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities or accreditation, certification, licensing, or credentialing.

Component Plans may also disclose or share your protected health information with other health care programs or insurance carriers (including, for example, Medicare or a private insurance carrier) to coordinate benefits if you or your family members have other health insurance or coverage.

**Required by law.** Component Plans may use or disclose your protected health information to the extent required by federal, state, or local law.

**Public health activities.** Each Component Plan may use or disclose your protected health information for public health activities permitted or required by law. For example, each

Component Plan may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. Component Plans may also disclose protected health information, if directed by a public health authority, to a foreign government agency collaborating with the public health authority.

**Health oversight activities.** Component Plans may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and government agencies that ensure compliance with civil rights laws.

**Lawsuits and other legal proceedings.** Component Plans may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized in the court order). If certain conditions are met, Component Plans may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process.

**Abuse, neglect or domestic violence.** Component Plans may disclose your protected health information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if a Component Plan believes you have been a victim of abuse, neglect, or domestic violence, it may disclose your protected health information to a government entity authorized to receive such information, including social services or protective services agencies authorized by law to receive reports (you'll be notified of the Plan's disclosure if informing you won't put you at further risk).

**Law enforcement.** Under certain conditions, Component Plans may also disclose your protected health information to law enforcement officials for law enforcement purposes. These law enforcement purposes include, for example, (1) responses to a court order or similar process; (2) those as necessary to locate or identify a suspect, fugitive, material witness, or missing person; or (3) those as relating to the victim of a crime.

**Coroners, medical examiners and funeral directors.** Component Plans may disclose protected health information to a coroner or medical examiner, when necessary, to identify a deceased person or determine a cause of death. Component Plans may also disclose protected health information to funeral directors, as necessary, to enable them to carry out their duties.

**Organ and tissue donation.** Component Plans may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation after death.

**Research.** Component Plans may disclose your protected health information to researchers when (1) their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information; or (2) the research involves a limited data set that includes no unique identifiers, such as name, address, Social Security number, etc.

**To prevent a serious threat to health or safety.** Consistent with applicable laws, Component Plans may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Component Plans may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military.** Under certain conditions, Component Plans may disclose your protected health information if you are or were Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of a foreign military service, Component Plans may disclose, in certain circumstances, your information to the foreign military authority.

**National security and protective services.** Component Plans may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities and for the protection of the President, other authorized persons, or heads of state.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Component Plans may disclose your protected health information to the correctional institution or to a law enforcement official for (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

**HHS investigations.** Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Component Plan's compliance with the HIPAA privacy rule.

**Workers' Compensation.** Component Plans may disclose your protected health information to comply with Workers' Compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Disclosures to the plan sponsor.** Component Plans (or their respective health insurance issuers or HMOs) may disclose your protected health information to Citi and its employees and representatives in the capacity of the sponsor of the Component Plans.

**Others involved in your health care.** Component Plans may disclose your protected health information to a friend or family member involved in your health care, unless you object or request a restriction (in accordance with the process described under "Right to request a restriction" on page 15). Component Plans may also disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are not present or able to agree to these disclosures of your protected health information, then, using professional judgment, Component Plans may determine whether the disclosure is in your best interest.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** Each Component Plan is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining a Component Plan's compliance with the HIPAA Privacy Rule.

**Disclosures to you.** Each Component Plan is required to disclose to you or to your personal representative most of your protected health information when you request access to this information. Component Plans will disclose your protected health information to an individual who has been designated by you as your personal representative and who is qualified for such designation in accordance with relevant law.

Prior to such a disclosure, however, each Component Plan must be given written documentation that supports and establishes the basis for the personal representation. A Component Plan may elect not to treat the person as your personal representative if it has a reasonable belief that you have been or may be subjected to domestic violence, abuse, or neglect by such person; if treating such person as your personal representative could endanger you; or if such Component Plan determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

### **Other uses and disclosures of your protected health information**

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization as provided to each Component Plan. If you provide such authorization to a Component Plan, you may revoke the authorization in writing, and such revocation will be effective for future uses and disclosures of protected health information upon receipt. However, the revocation will not be effective for information that such Component Plan has used or disclosed in reliance on the authorization.

### **Contacting you**

Each Component Plan (or its health insurance issuers, HMOs, or third-party administrators) may contact you about treatment alternatives or other health benefits or services that might be of interest to you, as permitted as part of health care operations, as defined in the HIPAA Privacy Rule.

As required by law, in the event of an unauthorized disclosure, use, or access of your unsecured protected health information, you will receive written notification.

### **Your rights**

The following is a description of your rights regarding your protected health information. If you wish to exercise any of these rights, you must contact the third-party administrator of the Component Plan that you wish to have comply with your request, using the contact information on page 18.

**Right to request a restriction.** You have the right to request a restriction on the protected health information that a Component Plan uses or discloses about you for payment or health care operations. You also have a right to request a limit on disclosures of your protected health information to family members or friends involved in your care or the payment for your care. You may request such a restriction using the contact information on page 18.

A Component Plan is not required to agree to any restriction that you request. If a Component Plan agrees to the restriction, it can stop complying with the restriction upon providing notice to you. Your request must include the protected health information you wish to limit; whether you want to limit such Component Plan's use, disclosure, or both; and (if applicable) to whom you want the limitations to apply (for example, disclosures to your spouse).

A health care provider must comply with your request that protected health information regarding a specific health care item or service not be disclosed to the Component Plans for purposes of payment and health care operations if you have paid for the item or service in full out of pocket.

**Right to request confidential communications.** If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that a Component Plan

communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request confidential communications using the contact information on page 18.

Your request must specify the alternative means or location for communicating with you. It also must state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. A Component Plan will accommodate a request for confidential communications that is reasonable and states that the disclosure of all or part of your protected health information could endanger you.

**Right to request access.** You have the right to inspect and copy protected health information that may be used to make decisions about your benefits. You must submit your request in writing. If you request copies, the relevant Component Plan may charge you for photocopying your protected health information and, if you request that copies be mailed to you, for postage. The third-party administrators of the Component Plans have indicated that they do not currently intend to charge for this service, although they reserve the right to do so.

You may request an electronic copy of your protected health information if it is maintained in an electronic health record. In addition, you may request a copy of all electronic protected health information maintained in a designated record set in the electronic form and format (e.g., web portal, email, or on portable electronic media, etc.) in which you and the Component Plan can reach an agreement that such information will be provided. You may also request that such electronic protected health information be sent to another entity or person. A charge that is assessed, if any, must be reasonable and based on the Component Plan's cost.

**Note:** Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information subject to any law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some but not all circumstances, you may have a right to have this decision reviewed.

**Right to request an amendment.** You have the right to request an amendment of your protected health information held by a Component Plan if you believe that information is incorrect or incomplete. If you request an amendment of your protected health information, your request must be submitted in writing, using the contact information on page 18, and must set forth a reason or reasons to support the proposed amendment. In certain cases, a Component Plan may deny your request for an amendment.

For example, a Component Plan may deny your request if the information you want to amend is accurate and complete or was not created by such Component Plan. If a Component Plan denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information, and all future disclosures of the disputed information by such Component Plan will include your statement.

**Right to request an accounting.** You have the right to request an accounting of certain disclosures Component Plans have made of your protected health information. You may request an accounting using the contact information on page 18.



You can request an accounting of disclosures made up to six years prior to the date of your request. Component Plans are not required to account for disclosures made prior to April 14, 2003.

You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a "limited data set" (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Component Plan must be in writing. Within 60 days of the request, the Component Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Component Plan expects to address your request.

You are entitled to one accounting, free of charge, from each Component Plan during a 12-month period. There may be a charge to cover a Component Plan's costs for any additional requests within that 12-month period. Component Plans will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

**Right to a paper copy of this notice.** You have the right to receive a paper copy of this notice, even if you have agreed to accept this notice electronically. To obtain such a copy, call the Citi Benefits Center through ConnectOne as instructed on page 18.

Notwithstanding the permitted disclosures noted above, all participants' PHI is deemed confidential and shall be protected to the fullest extent possible under applicable law. Such disclosure, beyond permitted payment and health care operations, shall not be authorized unless the specific request strictly complies with HIPAA requirements (i.e., court order, subpoena, etc.) with respect to the requested information, and is subject to review by the plan administrator.

### **Complaints**

If you believe a Component Plan has violated your privacy rights or is not fulfilling its obligation under the breach notice rules, you may complain to such Component Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with such

Component Plan using the contact information below. Component Plans will not penalize you for filing a complaint.

**Changes to this notice**

Component Plans reserve the right to change the provisions of this notice and to make the new provisions effective for all protected health information that they maintain. If a Component Plan makes a material change to this notice, it will provide a revised notice to you at the address that it has on record for the participant enrolled with such Component Plan (or, if you agreed to receive revised notices electronically, at the email address you provided to such Component Plan).

**Effective date**

This Notice of HIPAA Privacy Practices became effective April 14, 2003, and was last reviewed, but not revised on August 20, 2024

**Contact information**

For more information about any of the rights in this notice, or to file a complaint, contact:

Citi Privacy Officer  
 c/o Global Benefits Department  
 388 Greenwich Street  
 15th Floor  
 New York, NY 10013

To exercise any of the rights described in this notice, contact the third-party administrators for the Component Plans as follows:

| <b>If you are enrolled in any of these plans:</b>   | <b>Call:</b>   |
|---|--|
| <ul style="list-style-type: none"> <li>• Citigroup Health Benefit Plan</li> <li>• Citigroup Dental Benefit Plan</li> <li>• Citigroup Be Well Program</li> </ul> | <p>The Citi Benefits Center through ConnectOne at <b>1 (800) 881-3938</b>. From the ConnectOne “benefits” menu, choose the “health and insurance benefits” option to speak to a Citi Benefits Center representative. You can speak with a representative from 9 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays.</p> <p><b>From outside the United States and Puerto Rico:</b> Call the Human Resources Shared Services (HRSS) North America Service Center at <b>1 (469) 220-9600</b>. Press 1 when prompted. From the ConnectOne “benefits” menu, choose the “health and insurance benefits” option to speak to a Citi Benefits Center representative.</p> <p><b>TDD users:</b> Call the Telecommunications Relay Service at <b>1 (866) 280-2050</b>. Then call ConnectOne as instructed above.</p> |

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