

**PETER KIEWIT SONS', INC. NON-UNION CRAFT HEALTH AND WELFARE PLAN
NOTICE OF PRIVACY PRACTICES**

Effective January 1, 2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY PETER KIEWIT SONS', INC. AND ITS AUTHORIZED AGENTS (COLLECTIVELY "KIEWIT") AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

SUMMARY OF OUR PRIVACY PRACTICES

This Notice of Privacy Practices ("Notice") describes the legal obligations of the self-insured benefit programs provided under the Peter Kiewit Sons', Inc. Non-Union Craft Health and Welfare Plan (the "Plan") and your rights regarding medical information held by the Plan under the Health Insurance Portability and Accountability Act of 1996, and its regulations ("HIPAA"). Kiewit does not have access to your medical information, although certain employees of Kiewit may have access to your medical information solely for the purpose of administering the Plan.

We provide the Notice to you to describe how we may use and disclose your protected health information or "PHI" for purposes of payment or health care operations, and for other purposes that are permitted or required by law. This Notice also describes your rights with respect to your protected health information and how you can exercise those rights. Throughout this document, the terms "you" or "your" refer to each individual who is entitled to group health benefits under the Peter Kiewit Sons', Inc. Health and Welfare Plan (the "Plan"). The terms "we," "us," and "our" refer to the Plan and "Kiewit" refers to Peter Kiewit Sons', Inc. This Notice does not apply to disability, death, or accidental death and dismemberment benefits under the Plan.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information," or "PHI." Generally, PHI is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you. The term "medical information" as used in this Notice refers only to such information that is considered to be PHI under HIPAA.

Please review this entire Notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, about complaints regarding our privacy practices or to seek additional information about such practices.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required by HIPAA to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information, and to notify you of a breach of unsecured medical information.

We must follow the privacy practices that are described in this Notice while they are in effect. This notice takes effect January 1, 2024, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our Notice applicable to all medical information we maintain, including medical information we created or received before we made the change. If we make changes to this Notice, we will revise the Notice, post the revised Notice on our website, and send the new notice by mail to you at your last-known address at that time.

HOW WE USE AND DISCLOSE YOUR PHI

HIPAA generally permits the use and disclosure of your health information without your permission for purposes of health care treatment, payment activities, and health care operations. These uses and disclosures are more fully described below. Please note that this Notice does not list every use or disclosure; instead, it gives examples of the most common uses and disclosures.

For Treatment: We may use and disclose your PHI, for the coordination or management of your health care and related services with your health care providers. For example, we may disclose your PHI to your health care provider such as a physician, nurse, or other person treating you, to assist in the provider's development of an appropriate treatment plan for you.

For Payment: We may use and disclose your PHI, to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility, to coordinate benefits, to manage claims, to issue explanations of benefits to the subscriber of the health plan in which you participate, obtain payment under a contract of reinsurance, or to collect premiums, and the like. For example, we may use PHI in the form of your medical history from your provider to determine whether a particular treatment is medically necessary, or to determine whether a treatment is covered. Other examples include disclosure of information to a third party to assist with the subrogation of claims, or to another plan to coordinate benefit payments.

For Health Care Operations: We may use and disclose your PHI, in connection with our health care operations, including quality assessment and improvement activities, customer service, legal and auditing functions, fraud and abuse detection and prevention, compliance programs, business planning and development, and general administrative activities such as business planning, development, and management. For example, we may share your PHI with a private investigator to help detect potential fraud or abuse. To the extent that we use or disclose your PHI for underwriting

purposes, however, we are prohibited from using or disclosing any of your genetic information for such purposes.

To the Plan Sponsor: We may disclose summary health information to the Plan Sponsor, Peter Kiewit Sons', Inc., for purposes related to treatment, payment, and health care operations. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. The Plan Sponsor will not use your PHI for any employment-related decisions.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use and/or disclose your medical information, but only after they agree in writing with us to implement appropriate safeguards regarding your medical information. For example, we may disclose your medical information to a Business Associate to process your claims for benefits or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

To Your Personal Representative: We may disclose your PHI to your personal representative. A person is your personal representative only if he or she has legal authority to act on your behalf in making decisions related to health care. We may require your personal representative to produce evidence of his or her authority to act on your behalf. We may not recognize a person as your personal representative if we have a reasonable belief that treating that person as your personal representative could put you in danger and we decide that it is not in your best interest to treat him or her as such. In addition, in the event of your death, we will treat an executor, administrator, or other person authorized under the law to act on behalf of you or your estate as your personal representative.

To Family, Friends, and Others Involved in Your Care: Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend, or any other person you identify as your personal representative, attorney-in-fact, etc., who is involved in your care or the payment for your care. We will disclose only PHI that directly relates to that person's involvement in your care or payment for care. If you are not present, or in the event of your incapacity or an emergency, we may disclose your PHI based on our professional judgment of whether the disclosure would be in your best interest. Additionally, we may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. We may also use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts. We do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or (2) treating such person as your personal representative could endanger you; and (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Following your death, we may disclose your PHI to family members and others who, prior to your death, were involved in the care or payment for care provided to you, unless doing so would be inconsistent with any prior expressed preference of yours that is known to us.

Health-Related Products and Services: We may use or disclose your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services, that we provide or include in our benefit plan. We may use or disclose your medical information to communicate with you about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefit plans.

For the Public Interest: We may disclose your PHI, to the extent the disclosure is:

- Required by law;
- Pursuant to a state or other law that requires a school to have proof of immunization prior to admitting a student;
- Pursuant to a judicial or administrative order;
- Pursuant to a subpoena, discovery request, or other lawful process, provided we obtain satisfactory assurances that reasonable efforts have been made to either notify you of the request or to obtain a protective order;
- To a public health authority, for the purpose of controlling disease, reporting vital statistics, the conduct of public health investigations, or reporting child abuse or neglect;
- To a governmental authority, for the purpose of reporting suspected abuse, neglect or domestic violence;
- To a health oversight agency, for purposes of oversight activities authorized by law, including audits, investigations, inspections, licensure and disciplinary actions;
- To law enforcement officials for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or if you are suspected to be a victim of a crime;
- To a coroner or medical examiner, for purposes of identification or to determine cause of death;
- To funeral directors, as necessary to carry out their duties with respect to a decedent;
- To organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation or transplantation;
- To prevent serious threats to health or safety;
- To military command authorities to assure the proper execution of a military mission;

- To authorized federal officials for national security and intelligence activities;
- For protective services for the President and others;
- To correctional institutions and law enforcement officials if you are an inmate or in custody, for purposes of the health and safety of you and others; and
- To comply with laws relating to workers' compensation or other similar programs.

For Required Uses and Disclosures: Under the law, we must disclose your PHI to you when you request it as part of your right to inspect and copy or your right to receive a list of disclosures. We also must disclose your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

For Fundraising Purposes: We may use or disclose to a business associate or to an institutionally related foundation certain PHI for the purpose of fundraising without your authorization if certain conditions are met. Specifically, with each fundraising communication made to you, we must provide you with a clear and conspicuous opportunity to opt out of receiving any further fundraising communications.

With Your Authorization: We may not use or disclose your PHI other than as described in this Notice unless we have your written authorization. For example, we may not use or disclose your PHI when it relates to psychotherapy notes or for marketing purposes without your written authorization. We also must obtain your written authorization before making any disclosure of PHI that constitutes a sale of PHI. You may revoke an authorization at any time in writing, except to the extent that we have taken action in reliance on the authorization.

In Accordance With Applicable State Law: State law may prohibit or materially limit our uses and disclosures of your PHI. We will restrict our uses and disclosures in accordance with any more stringent provisions of state law that relate to privacy of your PHI, except to the extent that such state laws are preempted by applicable federal law.

YOUR INDIVIDUAL RIGHTS

You have certain rights with respect to the PHI that we maintain about you. These are:

Right to request restrictions: You have the right to request that we not use or disclose any part of your PHI. You also have the right to request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. We are not required to agree to a restriction that you request. If we do agree to the requested restriction, we will not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment to you. You must send a request in writing to us, and tell us what PHI you want restricted and to whom the restriction applies.

Right to receive confidential communications: You have the right to request that we communicate with you regarding your PHI by alternative means or at alternative locations. You

also have the right to request and receive information in an electronic format if it is maintained as an “electronic health record” (“EHR”). We will generally accommodate reasonable requests if you tell us that the disclosure of all or part of that information could put you in danger. You must send a request in writing to us, and tell us what alternative method of contact or address you want us to use.

Right to inspect and copy: You have the right to inspect and obtain either a paper or electronic copy of PHI about you that is contained in a designated record set with limited exceptions. A “designated record set” includes the enrollment, medical, and payment records and any other records that we use for making decisions about you. We may charge a reasonable fee for copying and postage. This right does not apply to psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. If we deny your request, you may have a right to have this decision reviewed by an independent health care professional chosen by us. You must send a request in writing to us, and tell us what PHI you are requesting and in what format you would like to receive it. In most cases, we will provide the requested information within 30 days. An additional 30-day extension may be necessary if the information is maintained offsite or where other constraints prevent us from providing the requested information within 30 days. In all situations in which we are unable to provide the requested information within 30 days, we will notify you in writing of the reasons for the delay and the date by which we expect to fulfill your request.

Right to amend: You have the right to request an amendment of your PHI in a designated record set if you believe it is incomplete or incorrect. We may deny your request if we determine that the PHI or record that is the subject of the request was not created by us, would not be available for inspection, or is accurate and complete. In most cases, we will act upon your request within 60 days. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You must send a request in writing to us, and tell us the reason for your request.

Right to receive a list of disclosures: You have the right to request a list of disclosures of your PHI that we have made. This right does not apply to disclosures we have made for purposes related to treatment, payment or health care operations, disclosures we have made to you, to family members or friends involved in your care, or to a personal representative, or any disclosures you have specifically authorized. This right is limited to disclosures that occur after April 14, 2004, and for a specified period of time up to six years. You also have the right to request a list of disclosures of your PHI (even if they are for purposes related to treatment, payment or health care operations) if the PHI was maintained as part of your EHR. This right is limited to disclosures in the previous three years. In most cases, we will act upon your request within 60 days. If you make more than one request in a 12-month period, we may charge you a reasonable fee for responding to the additional requests. You must send a request in writing to us, and tell us the time period and format in which you want the list.

Right to be Notified of a Breach: You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured medical information.

Right to obtain a Paper Copy of this Notice: If you receive this Notice electronically (e.g., by

email), you are entitled to receive an additional paper copy of this Notice upon request. Please contact the Privacy Officer to obtain a paper copy.

COMPLAINTS

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your medical information, about amending your medical information, restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information,, you may file a written complaint with the Privacy Officer, Director of Benefits, at the address below.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We support your right to the privacy of your medical information. We will not retaliate against you for filing a complaint with us or with the Office for Civil Rights.

CONTACT

For more information about our privacy practices, to discuss questions or concerns, to seek review of a decision made pursuant to our privacy practices, or to get additional copies of this Notice, please contact the Privacy Officer at Director of Benefits, Peter Kiewit Sons', Inc., 1550 Mike Fahey St, Omaha, NE 68102, (855) 329-7907, benefits@kiewit.com.