

## HIPAA NOTICE OF PRIVACY PRACTICES

*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. THE EFFECTIVE DATE OF THIS NOTICE IS NOVEMBER 1, 2023.*

### Who Will Follow This Notice

This Notice describes the health information practices of Micron Technology, Inc.'s ("**Micron**") Self-Insured Group Health Plan (the "**Plan**"). Micron and the Plan together are referred to as "we." The Self-Insured Group Health Plan includes:

- The Value High Deductible Medical Plan, Consumer Directed High Deductible Medical Plan, Value PPO Medical Plan, Idaho PPO Medical Plan, PPO Medical Plan, and SelectUS Medical Plan (through December 31, 2023 only) administered by Blue Cross of Idaho;
- the Dental Plan and Dental Plus Plan administered by Blue Cross of Idaho;
- the Delta Dental Plan administered by Delta Dental;
- the Health Care Flexible Spending Account Plan and the Limited-Purpose Flexible Spending Account Plan administered by Flores & Associates; and
- the Vision Plan and Vision Choice Plan administered by VSP.

If you participate in a fully-insured medical plan (Cigna International Plan, the Kaiser Permanente HMO or Willamette Dental Blue Plan), or the Micron Employee Assistance Program (EAP), you will receive a separate Notice of Privacy Practices directly from that plan.

Health care providers, including the Micron Family Health Center operated by Crossover Health in Boise, ID will have different notices regarding their use and disclosure of protected health information (PHI). Those notices will be located in the providers' offices.

## How We May Use and Disclose Protected Health Information (PHI)

This Notice will tell you about the ways in which we may use and disclose PHI maintained by the Plan. It also describes our obligations and your rights regarding the use and disclosure of PHI.

We are required by law to:

- make sure that PHI is kept private;
- provide you with certain rights with respect to your PHI;
- give you this Notice of our legal duties and privacy practices with respect to PHI; and
- follow the terms of the most current Notice.

The following categories describe different ways that we may use and disclose PHI.

**For Payment.** We may use and disclose PHI to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefits responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share PHI with another entity to assist with the adjudication or subrogation of claims or to coordinate benefit payments.

**For Health Care Operations.** We may use and disclose PHI for other Plan operations. For example, we may use PHI in connection with conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing healthcare costs, case management and care coordination, setting premiums, conducting or arranging for medical review, legal services, audit services, fraud and abuse detection programs, business planning and development such as cost management, and business management and general Plan administrative activities.

**Disclosure to Health Plan Sponsor and Business Associates.** PHI may be disclosed to Micron or to third party business associates for purposes of administering the Plan. In addition, a business associate may use PHI for the proper management and administration of the business associate, to carry out the business associate's legal responsibilities and to aggregate data received from the Plan and other covered entities to permit data analyses that relate to the health care operations of the Plan and other covered entities.

**Disclosure to Other Health Plans.** We may disclose PHI to another health plan, health care clearinghouse or a health care provider to facilitate their payment activities. In addition, all of the health plans sponsored by Micron are part of an organized health care arrangement and we may disclose PHI to another health plan that is part of this arrangement for any health care operations of the arrangement.

**Genetic Information.** The plan is prohibited from using or disclosing genetic information for underwriting or employment purposes.

## Special Situations

**As Required by Law.** We will disclose PHI when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**To Contact You About Treatment Alternatives or other Health-Related Benefits.** We may use PHI to contact you or give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may disclose PHI to our business associates to assist in these activities.

**The Secretary of the U.S. Department of Health and Human Services.** The plan is required to disclose PHI to the Secretary or any other authorized representative of the U.S. Department of Health and Human Services if the Secretary or authorized

representative is investigating or determining compliance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

**Personal Representatives.** We will take direction from individuals authorized by you, or an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (such as power of attorney).

**Spouses, Domestic Partners, and Other Family Members.** Using its best judgment, the Plan may disclose PHI to a family member, other relative, close friend, or other personal representative. Such a use will be based on how involved the person is in your care, or payment that relates to that care. The Plan may release claims payment information to spouses, domestic partners, and parents or guardians of minors.

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse, domestic partner, and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse, domestic partner, and other family members and information on the denial of any Plan benefits to the employee's spouse, domestic partner, or other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Workers' Compensation.** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose PHI for public health activities.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an

order protecting the information requested.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and,
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Research Purposes.** We may disclose PHI to researchers when the individual identifiers have been removed, or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

**Military.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Organ and Tissue Donation.** If you are an organ donor, we may release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about a patient to funeral directors, as necessary to carry out their duties.

**Inmates.** If you are an inmate of a correctional institution or are in the custody

of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Authorizations.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## Your Rights Regarding PHI

You have the following rights regarding your PHI:

**Right to Inspect and Copy.** You have the right to inspect and copy PHI in a "designated record set" that may be used to make decisions about your Plan benefits. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you will be notified in writing and in some cases you may request that the denial be reviewed.

**Right to Amend.** If you feel that PHI 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 by or for the Plan.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed

information will include your statement.

### **Right to an Accounting of Disclosures.**

You have the right to request an "accounting of disclosures" for disclosures of PHI made by the Plan other than disclosures made:

- for treatment, payment, or health care operations;
- to you about your own PHI;
- incident to an otherwise permitted use or disclosure;
- pursuant to an authorization;
- for purposes of creation of a facility directory or to persons involved in the patient's care or other notification purposes;
- for specific national security or intelligence purposes;
- to correctional institutions or law enforcement when the disclosure was permitted without authorization;
- as part of a limited data set; and
- before April 14, 2003.

Your request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In some cases, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

### **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 if the current method of delivery is one that could endanger you. For

example, you can ask that we only contact you at work or by mail. If you make a request for confidential communications, you are required to clearly state how the current method of delivery could endanger you. We will accommodate reasonable requests that meet the above criteria. Your request must specify how or where you wish to be contacted.

**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 PHI.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask that we provide you a copy of this Notice at any time.

## **Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we have at the time of the change, as well as any PHI we receive in the future. We will post a copy of the current Notice on PeopleNow/. The Notice will contain the effective date of the Notice on the first page.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. All complaints should be submitted in writing. To file a complaint with the Plan, e-mail [benefits@micron.com](mailto:benefits@micron.com) or send the complaint to the address listed for Micron's Self-Insured Group Health Plan.

You will not be retaliated against for filing a complaint.

## **Contact Information**

### **Micron's Self-Insured Group Health Plan.**

- Value High Deductible Medical Plan, Consumer Directed High Deductible Medical Plan, Value PPO Medical Plan, Idaho PPO Medical Plan, PPO Medical Plan, and SelectUS Medical Plan (through December 31, 2023 only) administered by Blue Cross of Idaho
- Dental Plan and Dental Plus Plan administered by Blue Cross of Idaho

- Delta Dental Plan administered by Delta Dental
- Health Care Flexible Spending Account Plan and Limited-Purpose Flexible Spending Account Plan administered by Flores & Associates
- Vision Plan and Vision Choice Plan administered by VSP
- Prescription Plan drug coverage under the Self-Insured Group Health Plan administered by Blue Cross of Idaho Rx.

(208) 368-4748 or (800) 336-8918  
Benefits@micron.com  
Micron Technology, Inc.  
8000 S. Federal Way, MS 1-727  
Boise, ID 83716

**Fully-Insured Medical Plans.**

These plans are not subject to the terms of this Notice. If you are a participant in one of these plans, you should receive an applicable Notice of Privacy Practices directly from that plan.

Cigna International I Plan  
(800) 243-1348

Kaiser Permanente HMO  
(800) 464-4000

**The Micron Employee Assistance Program.**

This plan is not subject to the terms of this Notice. If you are a participant in this plan, you should receive an applicable Notice of Privacy Practices directly from that plan.

ComPsych GuidanceResources  
(844) 470-5745

**The Micron Family Health Center Operated by Crossover Health.** Crossover Health is not subject to the terms of this Notice. If you visit the Micron Family Health Center in Boise, you may obtain an applicable Notice of Privacy Practices directly from Crossover Health.

(208) 368-5656  
Micron Family Health Center  
C/O Micron Technology, Inc.  
8000 S. Federal Way, MS 1-706  
Boise, ID 83716

**November 1, 2023 – December 31, 2023 Crossover Health Nearsite Clinic.**

Crossover Health is not subject to the terms of this Notice. If you visit the Crossover Health Nearsite Clinic in San Jose, California, you may obtain an applicable Notice of Privacy Practices directly from Crossover Health.

(408) 495-5850  
Crossover Health Nearsite Clinic  
C/O Micron Technology, Inc.  
145 Nicholson Lane  
San Jose, CA 95134-1359

Crossover Health Nearsite Clinic will no longer be available effective January 1, 2024.