PRIVACY PRACTICES NOTICE

Cato Networks

PRIVACY PRACTICES NOTICE

(Version 02/16/2026)

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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

Summary of Our Privacy Practices

As a participant in the health plans as set forth below we are required to provide you with this Notice of Privacy Practices ("Notice") and to explain your rights and our legal duties concerning your protected health information ("PHI") under the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act (collectively, "HIPAA").

The privacy of your PHI is important to us. We are committed, and are required by law, to:

- protect the privacy of your PHI;
- provide each individual with a copy of this Notice, which describes the FSA plan's legal duties and privacy practices with respect to the PHI of individuals who participate in the FSA plan;
- notify you in the event of a breach of unsecured PHI; and
- Follow the terms of the Notice that is currently in effect.

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

Contact Information

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this Notice, please contact our Contact Office.

Contact Office:	Human Resources
Telephone:	(215) 530-2192
Email:	jasmine.zhang@catonetworks.com
Address:	3031 Tisch Way, San Jose, CA 95128

Health Plans Covered by this Notice

This Notice applies to the privacy practices of the health plans listed below (the "Plan"). They may share with each other your PHI, and the PHI of others they service, for the health care operations of their joint activities.

Healthcare Flexible Spending Accounts

Our Legal Duty

As a participant in the Plan, we are required by applicable federal and state law to maintain the privacy of your PHI. We are also required to give you this Notice of Privacy Practices, which describes our legal duties, and your rights concerning your PHI.

PHI generally constitutes health information that is created or received by the FSA plan and relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present or future payment for health care provided to a participant. PHI either identifies the participant directly or is the type of information that can be used to identify the participant (such as an email address, a mailing address, or a telephone number).

We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect February 16, 2026, 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 PHI we maintain, including PHI we created or received before we made the change.

Uses and Disclosures of Your PHI

The following categories describe the different ways the Plan is permitted to use and disclose your PHI:

Treatment: The Plan may disclose your PHI without your permission, to a physician or other health care provider to treat you.

Payment: The Plan may use and disclose your PHI, without your permission, so claims for health care treatment, services, and supplies you receive, or in anticipation of your receipt of such health care treatment, services, and supplies, from a health care provider may be paid according to the Plan's terms.

Health Care Operations: We may use and disclose your PHI about you to enable it to operate or to operate more efficiently or make certain all of the Plan's participants receive their health benefits without your permission. We do not use genetic information to decide whether the Plan will provide you with coverage or the price of such coverage.

We may disclose your PHI to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the PHI is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your PHI for any purpose other than those described in this Notice.

If we receive substance use disorder treatment records created by a federally assisted program or health care provider under 42 CFR Part 2, we may only use or disclose such records in accordance with the written consent you provided to the program or provider. If such records were disclosed to us with your written consent for treatment, payment, and health care operations, we may further disclose the records for these purposes without obtaining an additional written consent.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your PHI to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the PHI that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing PHI related to your care or

payment is in your best interest under the circumstances.

Your PHI remains protected by us for at least 50 years after you die. After you die, we may disclose to a family member, or other person involved in your health care prior to your death, the PHI that is relevant to that person's involvement, unless doing so is inconsistent with your preference and you have told us so.

Your Employer: We may disclose to your employer whether you are enrolled or disenrolled in a health plan that your employer sponsors.

We may disclose summary health information to your employer to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan (this is sometimes called "underwriting"). Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify PHI contained in the summary health information as yours. We are expressly prohibited from using or disclosing any health information containing your genetic information for underwriting purposes.

Health-Related Products and Services: We may use your PHI 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 benefits plan. We may use your PHI 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 benefits plans.

Public Health and Benefit Activities: We may use and disclose your PHI, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research under certain circumstances;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to authorized federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by and to the extent necessary to comply with state worker’s compensation laws.

Prohibited Uses and Disclosures: If we receive substance use disorder records created by a federally assisted program or health care provider under 42 CFR Part 2, we may not use or disclose such records, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings against you unless based on your specific written consent or a court order. We may only use or disclose records based on a court order after:

1. a notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 CFR part 2; and

2. the court order is accompanied by a subpoena or other similar legal requirement compelling the disclosure.

Your Rights

Access: You have the right to examine and to receive a copy of your PHI, with limited exceptions. You should submit your request in writing to our Contact Office.

Your PHI may be maintained electronically. If so, you can request an electronic copy of your PHI. If you do, we will provide you with your PHI in the electronic form and format you requested,

if it is readily producible in such form and format. If not, we will produce it in a readable electronic form and format as we mutually agree upon.

You may request that we transmit your PHI directly to another person you designate. If so, we will provide the copy to the designated person. Your request must be in writing, signed by you and must clearly identify the designated person and where we should send the copy of your PHI.

Disclosure Accounting: You have the right to a list of instances from the prior six years in which we disclose your PHI for purposes other than disclosures you authorized, or disclosures made for treatment, payment, health care operations, and for certain other activities.

You should submit your request to the contact at the beginning of this Notice. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before the plan's effective date (if the plan was created less than six years ago).

Amendment. You have the right to request that we amend your PHI if you believe the PHI the Plan has about you is inaccurate or incomplete. You should submit your request in writing to the contact at the beginning of this Notice with a reason that supports your request.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your PHI and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your PHI for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request, except for certain required restrictions, described below. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the beginning of this Notice. We will agree to (and not terminate) a restriction request if:

1. the disclosure is to a health plan for purposes of carrying out payment or health care operations and is not otherwise required by law; and

2. the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

Confidential Communication: You have the right to request that we communicate with you about your PHI by means or to locations that you specify. You should make your request in writing. We will consider all reasonable requests and we must say “yes” if you tell us you would be in danger if we do not. You should submit your request in writing to the contact at the beginning of this Notice.

Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Power of Attorney: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

Breach Notification: You have the right to receive notice of a breach of your unsecured PHI. Notification may be delayed or not provided if so required by a law enforcement official. You may request that notice be provided by electronic mail. If you are deceased and there is a breach of your PHI, the notice will be provided to your next of kin or personal representatives if the plan knows the identity and address of such individual(s).

Electronic Notice: If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. Please contact our Contact Office to obtain this Notice in written form.

Complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, about amending your PHI, about restricting our use or disclosure of your PHI, or about how we communicate with you about your PHI (including a breach notice communication), you may complain to our Contact Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.