

# **Erie Indemnity Company**

## **Notice of Privacy Practices for the**

### **Health Protection Plan**

### **Group Dental Assistance Plan**

### **Vision Care Plan**

### **Pre-Tax Payment Plan**

### **Work/Life Resources Program**

**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.**

### **Legal Duties**

The federal Health Insurance Portability and Accountability Act (“HIPAA”) and its accompanying regulations, requires health plans, health care providers, and health care clearinghouses to take a number of steps to protect personally identifiable health information.

The ERIE health plans listed at the top of this Notice (“the Plans”) have adopted privacy policies and practices to protect the security and privacy of your protected health information. “Protected health information,” or “PHI,” is your individually identifiable health information, including

demographic information, collected from you or created or received by or on behalf of a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

The Plans are required to give you this Notice about their privacy practices, their legal duties, and your rights as a Plan Participant concerning your PHI. This Notice describes how the Plans may use, disclose, collect, handle, and protect

Plan Participants’ PHI. The Plans are required to abide by the terms of this Notice. This Notice is updated as of February 16, 2026, and will remain in effect unless and until the Plans replace it.

The Plans are committed to protecting your PHI and will always try to ensure that the use or disclosure of PHI will comply with HIPAA and, where appropriate, be the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request.

The Plans reserve the right to make changes to their privacy practices and to this Notice, and to apply the terms

of the revised Notice to all PHI maintained by the Plans. If the Plans make a material change to this Notice, the Plans will provide a revised Notice.

This Notice summarizes the HIPAA rules, found at 45 *Code of Federal Regulations* Parts 160 and 164. The regulations will supersede any discrepancy between the information in the Notice and the regulations.

Plan Participants may request additional copies of this Notice. For more information about the information contained in this Notice, or to request additional copies of this Notice, please contact the Erie Insurance [Benefits Operations & Planning Section](#) using the contact information listed at the end of this Notice.

## **I. Uses and Disclosures of Protected Health Information for Payment, Treatment, and Health Care Operations**

In order for the Plans to administer their health benefit programs effectively, they will collect, use, and disclose PHI for certain Plan

activities, including payment, treatment, and health care operations. Please note, this Notice does not list every possible use or disclosure of PHI; instead it gives examples of the common uses and disclosures of PHI.

The following is a description of how the Plans may use and/or disclose PHI about you for payment, treatment, and health care operations.

### **Payment**

The Plans may use and disclose PHI about you to determine your eligibility for the Plans' benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under the Plans, or to coordinate your coverage.

#### ***For example:***

The Plans may use and disclose your PHI to pay claims from doctors, hospitals, pharmacies, and others for services delivered to you that are covered by the Plans, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain

premiums, and/or to issue explanations of benefits to the person who subscribes to the Plans in which you participate.

### **Treatment**

The Plans may use and disclose your PHI to facilitate medical treatment or services by providers. The Plans may disclose medical information about you to health care providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

#### ***For example:***

The Plans may disclose to a treating emergency room physician the name of your treating primary care physician so that the emergency room physician may ask your primary care physician for information on your current medications.

### **Health Care Operations**

The Plans may use and disclose your PHI for the Plans' operations, as needed. The Plans may use and disclose your PHI in connection with: conducting quality assessment and

administration improvement; underwriting, premium rating, and other activities relating to coverage; submitting claims for stop loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development, such as cost management; and business management and general administrative activities of the Plans.

*For example:*

The Plans may use your information to review the effectiveness of wellness programs or in negotiating new arrangements with our current or new TPAs. The Plans will not use or disclose your genetic information for underwriting purposes.

**Substance Use Disorder Records**

If you were treated by a health care provider or program that is subject to the federal privacy laws under 42 CFR Part 2 and you give consent for your Part 2 treatment records to be used and disclosed for purposes of treatment, payment, or health care operations, the Plans may rely on such consent for its own future uses

and disclosures of such records for treatment, payment, or health care operations under the Plans.

Substance use disorder treatment records received from a programs subject to 42 CFR Part 2, or testimony relaying the content of such records, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless: (1) you provide written consent; or (2) the Plans receive a court order accompanied by a subpoena or other legal requirement compelling disclosure and you, or the holder of your substance use disorder treatment record, are provided notice and an opportunity to be heard.

**Other Privacy Laws.**

Under the HIPAA privacy and security rules, the Plans may be required to comply with other more stringent state or federal privacy laws that require greater limits on disclosure of your PHI, such as 42 CFR Part 2 related to substance use disorder treatment records.

**II. Other Possible Uses and Disclosures of Protected**

**Health Information**

In addition to uses and disclosures for payment, treatment, and health care operations, the Plans may, without your authorization, use and/or disclose your PHI for the following purposes, where permitted by HIPAA:

**A. To Plan Sponsors**

The Plans, which are separate legal entities, may disclose your PHI to Erie Indemnity Company, the Plan Sponsor of each of the Plans, to permit the Plan Sponsor to perform plan administration functions. For example, the Plan Sponsor may contact the Plans' TPAs regarding a Plan Participant's question, concern, or issue regarding a claim, benefits, service, coverage, etc. The Plans may also disclose summary health information (this type of information is defined in the HIPAA Privacy Rule) about Plan Participants to the Plan Sponsor to assist it in auditing benefits, computing amounts due to TPAs under Administrative Service Agreements, or to provide information necessary to decide whether to modify, amend, or terminate

Plan benefits.

## **B. Required by Law**

The Plans may use or disclose your PHI to the extent that federal or state law requires the use or disclosure. For example, the Plans must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether the Plans are in compliance with federal privacy laws.

## **C. Public Health Activities**

The Plans may use or disclose your PHI for public health activities that are permitted or required by law. For example, the Plans may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

## **D. Health Oversight Activities**

The Plans may disclose your PHI to a health oversight agency for activities authorized by law, such as: 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: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

## **E. Abuse or Neglect**

The Plans may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

## **F. Legal Proceedings**

The Plans may disclose your PHI: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once the Plans have met all administrative requirements of the HIPAA Privacy Rule. For example, the Plans may disclose your PHI in response to a subpoena for such information.

## **G. Law Enforcement**

Under certain conditions, the Plans also may disclose your PHI to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; or (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.

## **H. Coroners, Medical Examiners, Funeral Directors, and Organ Donation**

The Plans may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. The Plans also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, the Plans may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

## **I. Research**

The Plans may disclose your PHI to

researchers when an institutional review board or privacy board has:

- (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and
- (2) approved the research.

### **J. To Prevent a Serious Threat to Health or Safety**

Consistent with applicable federal and state laws, the Plans may disclose your PHI if they believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

### **K. Military Activity and National Security, Protective Services**

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

### **L. Inmates**

If you are an inmate of a correctional institution, the Plans may disclose your PHI 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.

### **M. Workers' Compensation**

The Plans may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

### **N. Others Involved in Your Health Care**

Unless you object, the Plans may disclose your PHI to a friend or family member that you have identified as being involved in your health care or payment for your care. We also may disclose your information to notify a

family member of other individual involved in your care of your location, general condition, or death, or to an entity authorized by law or its charter to assist 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 PHI, then the Plans may, using their professional judgment, determine whether the disclosure is in your best interest.

### **O. Health-Related Activities**

The Plans may use your PHI to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. They may disclose your PHI to a business associate to assist the Plans with these activities.

## **III. Required Disclosures of Your Protected Health Information**

The following is a description of disclosures that the Plans are required by law to make:

## **A. Disclosures to the Secretary of the U.S. Department of Health and Human Services**

The Plans are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plans' compliance with the HIPAA Privacy Rule.

## **B. Disclosures to You**

The Plans are required to disclose to you most of your PHI that is in a "designated record set" when you request access to this information. Generally, a "designated record set" includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan, as well as other records that are used to make decisions about your health care benefits. The Plans also are required to provide, upon your request, an accounting of any disclosures of your PHI that are for reasons other than treatment, payment and health care operations.

## **IV. Other Uses and**

## **Disclosures of Your Protected Health Information**

The Plans will disclose your PHI to an individual whom you have designated as your personal representative, or who is treated as your personal representative under applicable state law. You should provide the Plans with a written notice of anyone you have designated as your personal representative, together with any supporting documents such as a power of attorney.

Other uses and disclosures of your PHI that are not described above, including uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI, will be made only with your written authorization.

If you provide the Plans with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that the Plans already have used or disclosed,

relying on the authorization.

## **V. Your Individual Rights**

The following is a description of your rights with respect to your PHI:

### **A. Right to Access**

You have the right inspect and copy your PHI in a designated record set (see the definition of "designated record set" under Disclosures to You). However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that the Plans provide copies in a format other than photocopies, including an electronic copy. The Plans will use the format you request unless they cannot practicably do so. You must make a request in writing to obtain access to your PHI.

To inspect and/or copy your PHI, you may obtain a form to request access by contacting the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice. You may also request access by sending the Plans a letter

to the address at the end of this Notice. The first request within a 12-month period will be free. If you request access to your designated record set more than once in a 12-month period, the Plans may charge you a reasonable, cost-based fee for responding to these additional requests. If you request an alternative format, the Plans will charge a cost-based fee for providing your PHI in that format. If you prefer, the Plans will prepare a summary or an explanation of your PHI for a fee. Contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice for a full explanation of the Plans' fee structures.

The Plans may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by the Plan(s) will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under

certain conditions, a denial will not be reviewable. If this event occurs, you will be informed that the decision is not reviewable. If the Plans do not maintain the health information, but know where it is maintained, you will be informed of where to direct your request.

## **B. Right to an Accounting**

You have a right to an accounting of certain disclosures of your PHI that the Plans have made in the last six years, other than disclosures made to you, disclosures you have authorized, or disclosures for treatment, payment, or health care operations. You may receive an accounting of disclosures if the disclosure is required by law, made in connection with public health activities, or in situations similar to those listed in Section II above. You should know that most disclosures of PHI by the Plans will be for purposes of payment or health care operations.

An accounting will include the date(s) of the disclosure, to whom the disclosure was made, a brief description of the information disclosed, and the purpose for the

disclosure.

You may request an accounting by contacting the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice. Your request may be for disclosures made up to six years before the date of your request. 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. If you request this list more than once in a 12-month period, the Plans may charge you a reasonable, cost-based fee for responding to these additional requests. Contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice for a full explanation of the Plans' fee structure.

## **C. Right to Request a Restriction**

You have the right to request a restriction on the PHI the Plans may use or disclose about you for treatment, payment or health care operations. The Plans are generally

not required to agree to any restrictions, except in limited circumstances. If the Plans do agree to a requested restriction, they will abide by their agreement unless the information is needed to provide emergency treatment to you. Any agreement the Plans may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on their behalf. The Plans will not be bound unless this agreement is in writing.

You may request a restriction by contacting the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice. In your request indicate: (1) the information whose disclosure you want to limit; and (2) how you want to limit the Plans' use and/or disclosure of the information.

### **D. Right to Request Confidential Communications**

If you believe that a disclosure of all or part of your PHI may endanger you, you have the right to request that the Plans communicate with you

in confidence about your PHI by alternative means or to an alternative location. For example, you may ask that the Plans contact you only at your work address or via your work e-mail.

You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. Please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice to request confidential communications.

### **E. Right to Request Amendment**

If you believe that your PHI is incorrect or incomplete, you have the right to request an amendment to your PHI. Your request must be in writing, and it must explain why the information should be amended.

The Plans may deny your request if they did not create the information you want amended or if they believe

your information is accurate and complete.. If the Plans deny your request, they will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If the Plans accept your request to amend the information, they will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information. Please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice to request an amendment.

### **F. Right to a Paper Copy of this Notice**

If you receive this Notice by electronic mail (e-mail), you are entitled to receive this Notice in a written, paper copy even if you previously agreed to receive this notice electronically.

Please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice to obtain this Notice in written form.

## VI. Breach Notification

The Plans are required to notify you if there is a reportable breach of your unsecured PHI (as defined under HIPAA ).

## VII. Questions and Complaints

If you want more information about the Plans' privacy policies or practices or have questions or concerns, please contact the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice.

If you are concerned that the Plans may have violated your privacy rights, or you disagree with a decision the Plans made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have the Plans communicate with you in confidence by alternative means or at an alternative location, you may complain to the [Benefits Operations & Planning Section](#) using the information listed at the end of this Notice.

You also may submit a written

complaint to the U.S. Department of Health and Human Services. You will be provided with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

You will not be retaliated against in any way if you choose to file a complaint with the Plans or with the U.S. Department of Health and Human Services.

## VIII. Contact Information

Erie Insurance Group Benefits Department  Attn: Benefits Operations & Planning Section  Telephone: 1.814.870.3747, option 1 Fax: 1.814.461.2893  Address: c/o Erie Indemnity Company, 100 Erie Insurance Place, Erie PA 16530
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