

T-Mobile USA, Inc. Employee Health Plan

HIPAA NOTICE OF PRIVACY PRACTICES (AS OF JANUARY 2026)

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information, including Personal Health Information (PHI), about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Personal Health Information includes

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we disclose
- Get a list of those to whom we've disclosed your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and disclose information to:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and disclose your medical information to:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with laws
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and how you can exercise these rights. Our contact information is at the end of this notice.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- Sometimes, we may say “no” to your request. When that is the case, we’ll tell you why in writing within 60 days of making that determination.

Request confidential communications

- You may ask us to use a particular method of communication to contact (for example, mobile or office phone or to send mail to a different address).
- We will consider all requests and must say “yes” if your request is reasonable, and you tell us you would be in danger if we do not send confidential communications to the requested address.

Ask us to limit what we use or disclose

- You may ask us not to use or disclose certain health information for treatment, payment, or our operations.
- We are not required to honor to your request, and we may not fulfill certain requests for various reasons, including for example, if doing so would negatively affect your care.

Get a list of those to whom we’ve disclosed information

- You may ask for a list (accounting) of the times we’ve disclosed your health information for six years prior to the date you ask, who we disclosed it to, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- If you ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically, we will send you a copy.

Choose someone to act for you

- 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 medical information.
- We will make sure that person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you may make a complaint using the contact information in the Additional Information section at the end of this notice.
- 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your choices about what we disclose. If you have a clear preference for how we disclose your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Disclose information to your family, close friends, or others involved in payment for your care
- Disclose information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may disclose your information if we believe it is in your best interest. We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never disclose your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or disclose your health information?

We typically use or disclose your health information in the following ways:

- **Help manage the health care treatment you receive**

We may use your health information and disclose it to professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.

- **Run our organization**

- We may use and disclose your information to run our organization and contact you when necessary.
- We do not use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

- **Pay for your health services**

We may use and disclose your health information as we pay for your health services.

Example: We disclose information about you to your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with an insurer or third-party administrator to provide a health plan, and the insurer or third-party administrator provides your company with certain statistics to explain the premiums charged.

How else may we use or disclose your health information?

We are allowed or may be required to disclose your information for other purposes—usually to contribute to the public good, such as public health and research. We must meet many conditions in the law before we can disclose your medical information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Help with public health and safety issues

We may disclose health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We may use or disclose your information for health research.

Comply with the law

We will disclose your medical information if state or federal laws require us to do so, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We may disclose your health information with organ procurement organizations.
- We may disclose your health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We may use or disclose health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies (such as medical or nursing boards, or a state health department) for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We may disclose health information about you in response to a court order, administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must provide you with notice of our legal duties and privacy practices as described in this notice and give you a copy of it.
- We will not use or disclose your information other than as described here unless you permit such use and disclosure in writing.
- If you give us permission and change your mind, let us know in writing, and we will update your preferences.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

Changes to the Terms of this Notice

We may change the terms of this notice, and the changes will apply to all medical information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Additional Information

Substance Use Disorder (SUD) Records

We generally do not receive or maintain substance use disorder (SUD) treatment records. If we receive them outside the normal course of business, we will protect, and only disclose them, as required or permitted by HIPAA. Some of our health plan business associates may receive SUD treatment records. Those partners will handle SUD records in compliance with HIPAA.

Effective Date of this notice: January 1, 2026.

If a state law relating to the privacy of personal health information provides you with greater privacy protections for, or more rights regarding your medical information than the HIPAA Privacy Rule does, the provisions of that state law will apply.

You may use the following contact information for any questions, complaints, or to exercise your rights described in this notice:

Title:	HIPAA Privacy Officer
Address:	12920 SE 38th Street Bellevue, WA 98006
Telephone Number:	866-578-6423
Email:	privacy@t-mobile.com

This notice describes the privacy practices of the group health plan components of the T-Mobile USA, Inc. Employee Benefit Plan (the "Plan"). References to "we" in this notice apply to the health care components of the Plan. The designated health care components of the Plan that are covered by this notice of privacy practices are:

- Medical and prescription benefits, including the HRA
- Dental benefits
- Vision benefits
- Health Care Expense Account benefits
- Employee assistance program benefits

Components of the Plan that are not health care components and therefore not covered by the HIPAA Privacy Rule include, but are not limited to:

- Long-term disability benefits
- Short-term disability benefits
- Accidental death and dismemberment benefits
- Group term life benefits
- Voluntary and dependent term life benefits
- Dependent Care Expense Account benefits

The Plan has appointed a Privacy Officer, who is responsible for making sure the health care components of the Plan treat your information properly. The Privacy Officer may delegate some of their responsibilities to one or more other persons who are identified at the end of this notice. References in this notice to the Privacy Officer also include designees, and communications should be addressed to the appropriate individual(s) identified at the end of this notice.

Title:	HIPAA Privacy Officer
Address:	12920 SE 38th Street Bellevue, WA 98006
Phone:	866-578-6423
Email:	privacy@t-mobile.com

If you need to contact us for any of the following reasons, use the contact information listed above:

- To request restrictions on use or disclosure of your PHI.
- To request confidential communications of your PHI.
- To access your PHI for inspection and copying.
- To request amendment of your PHI.
- To receive an accounting of disclosures.
- To receive a paper copy of this notice.
- For complaints regarding this notice or our privacy practices.
- For questions about this notice or our privacy practices.

Contact Information For:	
UnitedHealthcare (UHC)	1-877-259-1527
Premera Blue Cross (Premera)	1-866-358-2300
Surest	(866) 683-6440
CVS Rx (UHC, Premera Surest)	1-844-757-0417
Livongo	1-800-945-4355
Your Spending Account FSA Program	1-855-TMO-BENS (1-855-866-2367)
Delta Dental of Washington	1-800-238-3107
VSP	1-800-877-7195