



NFL PLAYER BENEFITS

HRA PLAN

Summary Plan Description



**Gene Upshaw NFL Player
Health Reimbursement
Account Plan**

WWW.NFLPLAYERBENEFITS.COM

Gene Upshaw NFL Player Health Reimbursement Account Plan

August 2022

Dear NFL Player,

This booklet gives you a quick summary of the Gene Upshaw NFL Player Health Reimbursement Account Plan (“HRA Plan” or “Plan”). The HRA Plan helps eligible Participants with out-of-pocket covered Medical Care Expenses after their NFL-paid medical coverage under the NFL Player Insurance Plan ends.

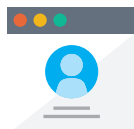
This booklet, written in plain language, summarizes the HRA Plan as of August 2022. It is not a substitute for the official HRA Plan document, which provides all the details, rules and exceptions. In the event of a conflict between this booklet and the official Plan document, the official Plan document will be followed.

Here you’ll learn

- Who participates in the HRA Plan
- How Health Credits are earned
- When eligible, how to access the funds in your Health Account
- Expenses that are (and aren’t) covered by the HRA Plan

Please take the time to read this booklet, share it with your family and keep it in your permanent records. Should you have any questions, call the NFL Player Benefits Office at **800.638.3186**.

Sincerely,
The HRA Board



NFLPLAYERBENEFITS.COM

Confirm your Credited Seasons, check your account balances, and learn how to make the most of the benefits and resources available to you as an NFL Player.

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QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

HRA Plan

What it is

The Gene Upshaw NFL Player Health Reimbursement Account Plan (“HRA Plan”) helps eligible **Players** and their Dependents with covered Medical Care Expenses after their NFL-paid medical coverage under the NFL Player Insurance Plan ends. Your Health Account receives credits based on your **Credited Seasons**. The HRA Plan is funded through Club contributions. You cannot contribute your own money to your Health Account.

Who participates

- **Active Players** who have earned at least three Credited Seasons,
- Players with positive balances in their Health Accounts, and
- In some cases, Spouses and Dependents of Players.

This Summary Plan Description was written for Players who became HRA Plan participants as a result of having at least (a) three Credited Seasons, with one or more of those Credited Seasons in 2006 or later, or (b) eight Credited Seasons, with the last Credited Season in 2004 or 2005.

A Summary Plan Description for other Players who participate in this Plan as a result of the 2020 Collective Bargaining Agreement between the NFL and the NFL Players Association is available upon request from the NFL Player Benefits Office at 800.501.7633, prompt 2.



Player

You are a Player if you are or were employed under a contract by an NFL Club to play football in the League.

Credited Season

Generally, you earn a Credited Season if you are employed as an Active Player (including an injured Player) on the date of three or more regular season or post-season NFL games (except the Pro Bowl). For more information on what else qualifies as a Credited Season, see page 28.

Active Player

Generally, you are an Active Player if you are obligated to perform football playing services under a contract with an NFL Club.

How it works



You become a participant

Your participation depends on the number of your Credited Seasons and when they were earned.



You earn Health Credits

Once you become a participant, you earn Health Credits for each of your Credited Seasons. Your Health Account is the sum of your Health Credits.



You become eligible to use your Health Account

Generally, you may use your Health Account after your NFL-paid medical coverage under the NFL Player Insurance Plan ends.



You use your Health Account for covered Medical Care Expenses

Many medical, dental, and vision expenses can be reimbursed through your Health Account, including certain premiums for medical, dental, and vision insurance, but some expenses are not covered. You can also use your Health Account to pay directly for discounted prescription drugs.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

HOW IT WORKS

Becoming a participant



Becoming a Participant

You automatically become a **Participant** in the HRA Plan if you are a Player and:

- You have at least three Credited Seasons with one or more of those Credited Seasons in 2006 or later, or
- You have at least eight Credited Seasons with your last Credited Season in 2004 or 2005.

If you die with a positive balance in your Health Account, your Spouse and other individuals who were eligible **Dependents** immediately prior to your death will become HRA Plan Participants.

Participation vs. eligibility to use Health Account

Even after you qualify as a **participant** in the HRA Plan, you generally will not be **eligible** to use your Health Account right away.

You can learn more about eligibility to use your Health Account starting on page 9.



Participant

A person who is eligible to receive benefits under the Plan.

Dependent

The HRA Plan uses a special definition for dependent. Generally, to be recognized as a dependent by the HRA Plan, the individual must be a Spouse, as defined in the Plan, or satisfy the definition of "dependent" in IRC Code Section 152. See page 29 for details.



Earning Health Credits

Credit Amounts

Once you become a Participant (see page 6), you earn Health Credits for each of your Credited Seasons as follows:

CREDITED SEASONS	HEALTH CREDITS
2009 and prior years	\$25,000
2010 *	\$0
2011 through 2015	\$25,000
2016 through 2019	\$30,000
2020	\$35,000
2021 *	\$0
2022	\$35,000
2023 and 2024	\$40,000
2025 and 2026	\$45,000
2027 through 2030	\$50,000

Special rules apply to players who receive retroactive Credited Season awards under the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Please refer to the HRA Plan document for more details or call the NFL Player Benefits Office at [800.638.3186](tel:800.638.3186) for more information.

There is a **limit** to the amount of Health Credits you can earn:

- If your last Credited Season is before 2011, the maximum is **\$300,000**.
- If your last Credited Season is between 2011 and 2019, the maximum is **\$350,000**.
- If your last Credited Season is 2020 or later, the maximum is **\$450,000**.

QUESTIONS?

Call the NFL Player Benefits Office [800.638.3186](tel:800.638.3186)

HOW IT WORKS

* 2010 and 2021

Credited Seasons earned for the 2010 and 2021 Seasons will count towards your eligibility to participate in the Plan, but you will not earn a Health Credit for these Seasons.

Your Health Account

Your Health Account is the sum of your Health Credits. Your Health Account is a **nominal account**. You cannot contribute your own money to your Health Account, and you do not earn interest, receive investment gains, or suffer investment losses on amounts in your Health Account. You are not taxed when Health Credits are added to your Health Account.

For example

If you earned Credited Seasons for 2017, 2018, 2019, 2020, and 2021, you would have a total of **\$125,000 Health Credits** (\$30,000 + \$30,000 + \$30,000 + \$35,000 + \$0) in your Health Account



If the Trustees of the NFL Player Insurance Plan find that you defrauded the NFL Player Insurance Plan, your Health Account will be reduced by the amount of the fraud or the remaining credit in your Health Account, whichever is less.

HOW IT WORKS: BECOMING ELIGIBLE

Becoming eligible



When you become eligible

After your NFL-paid medical coverage under the NFL Player Insurance Plan ends, generally five years after your last season as an Active Player in the League, you may use your Health Credits for covered Medical Care Expenses.

When you become eligible to access your Health Credits, you also become eligible for the **Prescription Drug Discount Program**. Learn more starting on page 14.

Timing of expenses

Your Health Account can only be used for covered Medical Care Expenses that are incurred **while you are eligible to access your Health Credits**. A Medical Care Expense is incurred at the time you receive the medical care or service giving rise to the expense, and not when you are billed for, charged, or pay for the medical care or service.

For example, you had an eye exam in **August 2021**, and had corrective eye surgery in **September 2021**. You paid for the eye exam and surgery in **October 2021**. If you become eligible to access your Health Account on **September 1, 2021**, you may seek reimbursement from the HRA Plan for your eye surgery only.

When participation ends

You will cease to be a Participant upon the earliest of:

- The date on which your Health Account is \$0,
- Your death, or
- Termination of the HRA Plan.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

HOW IT WORKS

If you die with a positive balance in your Health Account, your Spouse and other individuals who were eligible **Dependents** immediately prior to your death can use your Health Account for covered medical care expenses until the balance is \$0, except that surviving Dependent children may "age out" as described below.

If a positive balance in your Health Account remains after the deaths of your surviving Spouse and all other surviving eligible Dependents, the remaining balance will be forfeited (or taken away).

A person who is convicted, pleads guilty, or pleads no contest in connection with the death of a Participant may not receive benefits from the HRA Plan.

Note that surviving Dependent children participate in the HRA Plan only until December 31 of the year in which they reach age 26. This is sometimes referred to as "aging out." This limitation does not apply to Dependent children who were disabled (according to Internal Revenue Code ("IRC") Section 22(e)(3)) prior to aging out and who remain continuously disabled.

For example, your child's 26th birthday is in May 2021. Your child is an eligible dependent until December 31, 2021.

Managing your Health Account

You can find your balance online at nflplayerbenefits.com or by calling the NFL Player Benefits Office at 800.638.3186.



Keep in mind that your reported Health Account balance may not reflect recent reimbursements or pending reimbursement requests.



Dependent

The HRA Plan uses a special definition for dependent. Generally, to be recognized as a dependent by the HRA Plan, the individual must be a Spouse, as defined in the Plan, or satisfy the definition of "dependent" in IRC Section 152. See page 29 for details.

HOW IT WORKS: USING YOUR HEALTH ACCOUNT



Using your Health Account

How to use your Health Account

When you are eligible to access your Health Account, you can use it to reimburse covered **Medical Care Expenses** up to the value of your Health Account.

These expenses:

- Could be incurred by you, your **Spouse**, or your other eligible Dependents
- Must have been incurred after you became eligible to access your account
- Cannot already be reimbursable or payable through insurance or another benefit plan
- Must be covered according to the rules of the HRA Plan

Requesting reimbursements

File claims with the **Benefits Administrator**, as soon as possible after you, your Spouse, or your other eligible Dependents incur a reimbursable expense. Claims for expenses incurred prior to September 1, 2020 will be denied if your reimbursement request is filed more than 24 months after you received the bill for the expense. Claims for expenses incurred on or after September 1, 2020 will be denied if your reimbursement request is filed more than 12 months after the date the expense was incurred.

For example, if you incurred a medical expense on July 1, 2020 and received a bill on August 1, 2020, you will have until August 1, 2022 to submit a claim for reimbursement for the medical expense. However, if you incur a medical expense on October 1, 2020, you have until October 1, 2021 to submit a claim for reimbursement for the medical expense.



Medical Care Expenses

Generally, medical expenses are covered by the HRA Plan according to the definitions and provisions of IRC Section 213(d). See page 30 for details.

Spouse

Your Spouse is your lawful spouse, as recognized under applicable state law, including a person of the same sex, provided that you and such person were legally married under the laws of any U.S. or foreign jurisdiction.

Benefits Administrator

The Benefits Administrator, currently Cigna, is the entity appointed by the HRA Board to make the initial determination regarding whether an expense incurred by a Participant is a covered Medical Care Expense that will be reimbursed.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

HOW IT WORKS: USING YOUR HEALTH ACCOUNT

You can apply for reimbursements online, by mail or fax. You will need to provide a receipt **and** Explanation of Benefits (if you are covered by insurance) as supporting documentation for each expense.

Submitting fraudulent claims is a crime. Providing false information to the Plan may result in unreimbursed claims, potential tax liability, and referral to the appropriate authorities for possible prosecution.

Online

You can apply for reimbursements online on your HRA myCigna.com site, accessible through nflplayerbenefits.com. You will need to be able to upload digital versions of the supporting documentation for each expense.

Mail/fax

You can apply for reimbursement by mail or fax using the HRA Plan's Reimbursement Request Form. Follow the instructions to complete the form, attach supporting documents and return:

By mail: Cigna, PO Box 182223, Chattanooga, TN, 37422-7223

By fax: 877.823.8953

You can find the Reimbursement Request Form online at nflplayerbenefits.com or by calling the NFL Player Benefits Office at 800.638.3186.

Covered Medical Care Expenses

In general, if an expense qualifies to be used as an itemized medical deduction on your federal tax return, you could use your Health Account to reimburse yourself for it.

You are not allowed to both claim an expense as a federal tax deduction and also be reimbursed for it from your Health Account.

The HRA Plan may be used to reimburse **covered** Medical Care Expenses that are not reimbursed, reimbursable, payable or paid by insurance or another benefit plan. For example, if you visit your primary care physician and you are charged a \$20 copayment, you can submit the Explanation of Benefits to the HRA Plan for reimbursement of the \$20 copayment, but not the portion of the bill that was paid or reimbursed by other insurance.

HOW IT WORKS: USING YOUR HEALTH ACCOUNT

For example, the following expenses would be covered for reimbursement under the HRA Plan:

- **Medical Expenses:**

- » Medical insurance premiums, co-payments, co-insurance, and deductibles paid with after-tax dollars (including premiums you may pay to the NFL Player Insurance Plan for any continuation coverage you may elect under COBRA and premiums for long-term care insurance)
- » Prescription drugs, allergy shots, insulin and syringes
- » Medical exams
- » Chiropractor treatments
- » Psychiatric/psychological services
- » Smoking cessation programs
- » Weight-loss programs for the purpose of disease management
- » Durable medical equipment (e.g., wheelchairs, crutches)

- **Dental Expenses:**

- » Dental insurance premiums, co-payments, co-insurance, and deductibles paid with after-tax dollars
- » Routine exams, x-rays, fillings, and root canals
- » Crowns, bridges, dentures, and orthodontia

- **Vision Expenses:**

- » Vision insurance premiums, co-payments, co-insurance, and deductibles paid with after-tax dollars
- » Eye exams, prescription eyeglasses or prescription sunglasses
- » Contact lenses, cleaning solution and supplies
- » Corrective eye surgery

- **Hearing Expenses:**

- » Hearing exams, hearing aids and batteries

The following expenses would NOT be covered under the HRA Plan:

- Medical, dental, or vision insurance premiums, co-payments, co-insurance, and deductibles paid on a pre-tax basis, such as through an employer

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

HOW IT WORKS: USING YOUR HEALTH ACCOUNT

- Over-the-counter medicine and drugs used for medical care, such as antacid, cold medicine, and pain relievers (even if prescribed by a physician)
- Cosmetic procedures and medications (for example, teeth whitening and chemical peels)
- Marriage or family counseling (unless it is used to treat a medical condition)
- Health club memberships or dues
- Home exercise equipment for general health
- Vitamins and dietary supplements for general health
- Payments for services not yet provided
- Long-term care services that are paid directly (rather than through insurance)
- Payments for COBRA premiums for this HRA Plan
- Expenses that are reimbursed, reimbursable, payable or paid by insurance, any other accident or health plan, or health flexible spending account.

If you have any questions about covered Medical Care Expenses, call 800.501.7633 (prompt 1).

What to do in case of denial

If your initial claim for reimbursement is denied in whole or in part for any reason, you have a right to appeal. The procedures for HRA Plan appeals can be found under “Benefit claim and review procedures” on page 20.

Taxes

Reimbursements from your Health Account are generally not taxable income when paid to you. If you have questions about your taxes, consult your tax accountant or financial advisor.

The Prescription Drug Discount Program

The Prescription Drug Discount Program provides immediate discounts for prescription drugs at any participating retail pharmacy in the United States. The discounted prescription is paid for directly from your Health Account as long as it has sufficient Health Credits to cover the cost.

How it works:

- **Get your Discount Drug Card:** You, your Spouse, and your other eligible Dependents will receive Discount Drug Cards automatically when you become eligible to access your Health Account. If you do not receive your Discount Drug Card, or if you need to update your Dependents, contact Alight Solutions at 800.635.4625 (800.NFL.GOAL).

HOW IT WORKS: USING YOUR HEALTH ACCOUNT

- **Use a participating pharmacy for your prescription:** The card is accepted at thousands of pharmacies nationwide. Ask your preferred pharmacy if it participates. You can also find participating pharmacies by calling 800.622.5579 or on the HRA myCigna.com site (accessible through nflplayerbenefits.com). You cannot use your card at non-participating pharmacies.
- **Present the card at time of purchase:** Present the card at time of purchase and the charge for the prescription drug, reduced by the discount, will be deducted automatically from your Health Account. An automatic deduction may occur even if you do not provide your card to the pharmacy. To avoid this automatic deduction, log into your myCigna.com account (accessible through nflplayerbenefits.com) and switch the “Healthy Awards HRA” setting from “ON to “OFF” (illustration below). If you make this change, you can still obtain the discount by presenting the card to the pharmacy, but you must file a claim as described on page 11 to obtain reimbursement.



Limitations

You cannot use the Discount Drug Card for over-the-counter or nonprescription medication.

The Discount Drug Card may not be used in conjunction with any other plan or program, including Medicare, which provides similar benefits. You must elect at the time of purchase whether to use the Discount Drug Card or the other plan or program.

You must be eligible to use your Health Account, and the balance in your Health Account must be more than the charge for the prescription.

You cannot receive a discount without the Discount Drug Card or after the time of purchase.

Spouses and other Dependents who are no longer eligible for the Prescription Drug Discount Program may be eligible to continue their coverage through COBRA. Please refer to Group Health Plan Continuation Coverage on page 23 for further COBRA information.

QUESTIONS?

Call the NFL Player Benefits Office [800.638.3186](tel:800.638.3186)

Forms & Resources

IF YOU WANT TO	USE THIS DOCUMENT	AVAILABLE FROM
Apply for reimbursement	Reimbursement Request Form	nflplayerbenefits.com or the NFL Player Benefits Office
Confirm enrollment information about Spouse or other eligible Dependents	Enrollment Confirmation Form	nflplayerbenefits.com or the NFL Player Benefits Office
Add or remove a Spouse or other eligible Dependent	Dependent Add/Remove Form	nflplayerbenefits.com or the NFL Player Benefits Office
Receive your reimbursements through direct deposit	Direct Deposit Form	nflplayerbenefits.com or the NFL Player Benefits Office
Learn about how your information is protected	Notice of Privacy Practices	nflplayerbenefits.com or the NFL Player Benefits Office
Learn about the Plan's financial status	Summary Annual Report	nflplayerbenefits.com or the NFL Player Benefits Office
Know how your taxes will be affected	–	Speak directly with your tax accountant or financial advisor

Other Information

Administration and Type of Plan

The HRA Plan is a multiemployer welfare benefit plan that provides medical expense reimbursement. The HRA Plan is administered by the HRA Board, which is a joint Board of Trustees. The HRA Board has six voting members, three of whom are selected by the National Football League Players Association (NFLPA) and three of whom are selected by the NFL Management Council (NFLMC). The Commissioner of the NFL is a nonvoting member and the chairman.

The following individuals are currently on the HRA Board:

Chairman

Roger Goodell

Management Members

Katie Blackburn

John Spanos

Steve Underwood

Player Members

Jeff Van Note

Robert Smith

Sam McCullum

The HRA Board has absolute discretion and authority to interpret the HRA Plan, review

claims for benefits, and decide how the HRA Plan applies in different situations. Any matter on which the HRA Board is deadlocked may be referred to an arbitrator. You can address correspondence to individual HRA Board members, c/o the HRA Plan, at the address listed below. The day-to-day administration of the HRA Plan, on behalf of the HRA Board, occurs at the address of the Plan Administrator below:

Plan Administrator and Trustee

HRA Board

Gene Upshaw NFL Player Health
Reimbursement Account Plan
200 Saint Paul St., Ste. 2420
Baltimore, MD 21202

Agent for Service of Legal Process

The agent for service of legal process is the HRA Board, the joint Board of Trustees for the HRA Plan. Service of legal process also may be made on each individual member of the HRA Board.

Custodian Bank

The assets of the HRA Plan are held in an account by:

Mellon Bank, NA

500 Grant Street, Room 151-1315
Pittsburgh, PA 15258

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

OTHER INFORMATION

Union

National Football League Players Association (NFLPA)
1133 20th St NW
Washington, DC 20036

Representative of the Employers

NFL Management Council (NFLMC)
345 Park Ave
New York, NY 10154

Employer Identification Number (EIN) Assigned to the HRA Board

#11-3805568

Plan Number

501

Plan Year

Records for the HRA Plan are maintained on a Plan Year basis that begins on April 1 and ends on the following March 31. A Plan Year is identified by the calendar year in which it begins.

Plan Amendment or Termination

The HRA Plan is maintained under the Collective Bargaining Agreement between the NFLPA and the NFLMC. While there is a Collective Bargaining Agreement in effect, the NFLPA and the NFLMC, when acting jointly, may amend or terminate the HRA Plan. If there is no Collective Bargaining Agreement in effect, the HRA Board may amend the HRA Plan at any time, and may terminate the HRA Plan if no Collective Bargaining Agreement is in effect for more than one year. No assets of the Gene Upshaw NFL

Player Health Reimbursement Account Plan Trust may be used for any purpose other than to pay benefits or to pay the costs of administering the HRA Plan.

HRA Plan Assets

The HRA Plan's assets are held in trust with the HRA Board serving as the Trustee. Contributions are made to the trust by the NFL Clubs pursuant to actuarial assumptions and methods described in the Collective Bargaining Agreement and the HRA Plan. The Trust is intended to constitute a voluntary employees' beneficiary association, or "VEBA," within the meaning of IRC Section 501(c)(9). Assets will be used to pay benefits to Participants or to pay the costs of administering the HRA Plan.

Overpayments or Errors

The HRA Board has the right to recover any overpayments through reduction or offset of future benefit payments or other method chosen by the HRA Board.

Fraud is a Crime

Providing false information to the Plan may result in unreimbursed claims, potential tax liability, and referral to the appropriate authorities for possible prosecution.

Assignment of Benefits

In general, you cannot transfer, assign or pledge your benefits under the HRA Plan except pursuant to a Qualified Medical Child Support Order ("QMCSO"). You may contact the NFL Player Benefits Office for a copy of the QMCSO procedures.

OTHER INFORMATION

Change of Address

Be sure to keep the NFL Player Benefits Office informed of your current address. You can update your address on nflplayerbenefits.com.

How to Apply for Benefits

You can submit reimbursement requests online. Access the HRA myCigna.com site through nflplayerbenefits.com.

You can also call or write the NFL Player Benefits Office to request a reimbursement form:

HRA Plan

200 St Paul St, Suite 2420
Baltimore, MD 21202
800.638.3186

Receipt of Documents

All correspondence, including forms, elections, and other documents that must be submitted or filed with the HRA Plan, are deemed received only if and when actually received by the HRA Plan, and not when mailed or otherwise sent.

Designating a Representative

For all types of claims and administrative review of claim denials, you can designate a representative to act on your behalf by submitting a written authorization to the NFL Player Benefits Office. You may not designate a representative who is a convicted felon. If you designate a representative to act on your behalf, unless you limit the scope of the representation in writing (or the representation is otherwise

terminated), decisions and other notices regarding your claim and/or administrative review of a claim denial will be sent to your representative, and your representative will be allowed to review and obtain copies of your HRA Plan records and other relevant information.

Missing Payees

If a benefit is payable to a Participant who cannot be found by the NFL Player Benefits Office, the entire benefit of, and amount payable to, that Participant will be forfeited at the end of that Plan Year. If the Participant subsequently provides accurate contact information to the NFL Player Benefits Office, the amount forfeited will be reinstated, and all amounts then due will be paid to such Participant.

Incapacity

If you are incapacitated so as to be unable to manage your financial affairs, the HRA Board may, in its sole discretion, direct that your benefits be paid to your legal representative, relative or other individual for your benefit or otherwise direct that benefit payments be made on your behalf. In addition, the HRA Board may, in its sole discretion, establish a trust to hold your benefits on your behalf and appoint a trustee for that trust. The HRA Plan will pay reasonable expenses of the trust and its trustee. A determination of incapacity and an establishment of a trust by any of the **NFL Player Plans** will extend to this HRA Plan. More information regarding such trusts is available



NFL Player Plans

For purposes of this HRA Plan, NFL Player Plans includes the following: Bert Bell/Pete Rozelle NFL Player Retirement Plan (Pension Plan), NFL Player Disability & Survivor Benefit Plan (Disability Plan), NFL Player Second Career Savings Plan (401(k) Savings Plan), NFL Player Capital Accumulation Plan, NFL Player Annuity Program, NFL Player Tax-Qualified Annuity Plan, and 88 Plan.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

OTHER INFORMATION

from the NFL Player Benefits Office. Any payment of a benefit in accordance with this paragraph will be a complete discharge of any liability by the HRA Plan to make such payment.

Failure to Exhaust Administrative Remedies

If your claim for an eligibility determination or for benefits is denied in whole or in part (including deemed denials) and you fail to request, in a timely manner, review by the HRA Board of the denial under the HRA Plan's review procedures described below, you will have failed to exhaust your administrative remedies. If you fail to exhaust your administrative remedies and later file a legal action in court on your denied benefit claim, the court may dismiss your claim.

Benefit Claim and Review Procedures

This section describes the HRA Plan's procedures for (1) initial claims for reimbursement and (2) administrative review (also called administrative appeals) of denials, or partial denials, of claims for reimbursement.

If you are a Participant, you or your personal representative must file an application for reimbursement in accordance with the reasonable claims filing procedures established by the HRA Board and take such actions as the **Benefits Administrator** or the HRA Board may require.

You or your personal representative must file claims for reimbursement within the

timeframes outlined below in order to receive reimbursement under the Plan:

- For claims incurred prior to September 1, 2020, 24 months from the date on which you receive the bill for a covered Medical Care Expense.
- For claims incurred on or after September 1, 2020, 12 months after the date you incur the expense. The Benefits Administrator or the HRA Board will notify you when additional information is required. The time periods described below for decisions of the Benefits Administrator and the HRA Board may be extended with your consent.

In making initial reimbursement determinations, the Benefits Administrator has absolute discretion and authority to interpret the HRA Plan and to make factual determinations. The Benefits Administrator ordinarily will reach a decision on a claim for reimbursement within 30 days after it is received, although in some cases the decision may be delayed for one additional 15-day extension period. You will be notified in writing if the decision time is extended beyond the initial 30-day period or beyond the 15-day extension period for matters beyond the control of the HRA Plan. If the extension is necessary because the Benefits Administrator needs additional information from you to decide your claim, you will be given at least 45 days to provide the specified information, and any time periods during which the Benefits Administrator is waiting for you to provide



Benefits Administrator

The Benefits Administrator, currently Cigna, is the entity appointed by the HRA Board to make the initial determination regarding whether an expense incurred by a Participant is a covered Medical Care Expense that will be reimbursed.

OTHER INFORMATION

the additional information do not count for purposes of computing the 15-day extension period.

If your claim for reimbursement is denied, in whole or in part, you will receive a written notice of decision, which will set forth:

- (1) the specific reason(s) for the denial,
- (2) the specific HRA Plan provisions on which the denial is based,
- (3) a description of additional information necessary to perfect your claim and an explanation of why such additional information is necessary,
- (4) an explanation of the HRA Plan's appeal procedures for seeking review of denied or partially denied claims, including your right to bring a civil action under ERISA if your claim is denied on review under the HRA Plan's appeal procedures,
- (5) any internal HRA Plan rule, guideline, protocol, or other similar criterion relied upon in making the determination (or state that such information is available free of charge upon request), and
- (6) if the denial was based on a scientific or clinical exclusion or limit, an explanation of the scientific or clinical judgment for the determination, applying the terms of the HRA Plan to your circumstances (or state that such explanation is available free of charge upon request).

If the Benefits Administrator fails to notify you of its decision regarding your claim within the time periods described above, you can elect to treat that failure to respond as a deemed denial of

your initial claim, which you may appeal to the HRA Board.

If you receive a notice of decision that is adverse to you in whole or in part on your claim for reimbursement that you want reviewed under the HRA Plan's appeal procedures, you must request administrative review (also called administrative appeal) in writing to the HRA Board at the NFL Player Benefits Office within 180 days of receiving the notice of decision on your claim. You can also request administrative review of a deemed denial of your claim.

During the administrative review process, upon request and free of charge, you can have reasonable access to (and copies of) all documents, records, and other information relevant to your claim for reimbursement, and you also can submit documents, other information in support of your request for review and comments in writing to the HRA Board. In making its decision on review, the HRA Board will take into account all available information, regardless of whether it was available or presented to the Benefits Administrator, and will afford no deference to the determination made by the Benefits Administrator.

If a claim involves a medical judgment question, the health care professional who is consulted on review will not be an individual who was consulted during the initial determination of his subordinate, if applicable. Upon request, the HRA Board will identify the medical experts whose advice was obtained on behalf of the HRA Plan in connection with the denial, without regard to whether the advice was relied upon in making the benefit decision.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

OTHER INFORMATION

The HRA Board ordinarily will make a decision on your request for review at its next meeting, or at its second meeting following receipt of your request for review if your request is received less than 30 days before the next meeting. However, if special circumstances exist, such as the need to obtain further clarifying information, the review may be delayed but will be made by no later than the third HRA Board meeting following receipt of your request for review. If such an extension of time is required, the HRA Board will notify you in writing of the extension, describing the special circumstances and the date as of which the benefit determination will be made, prior to the commencement of the extension. The HRA Board will notify you in writing of its decision on review. If the decision on review is adverse to you in whole or in part, the written notice will include:

- (1) the specific reason(s) for the decision,
- (2) references to the provisions of the HRA Plan on which the adverse decision was based,
- (3) a statement of your right, upon request and free of charge, to have access to, and copies of all documents, records, and other information relevant to your claim,
- (4) a statement of your right to bring a civil action under ERISA following an adverse decision on review,
- (5) any internal rule, guidelines, or protocol relied on in making the decision (or state that such information will be provided free of charge upon request), and
- (6) if the decision was based on a scientific or clinical exclusion or limit, an explanation of the

scientific or clinical judgment for the decision, applying the terms of the HRA Plan to your circumstances (or state that such explanation is available free of charge upon request).

Limitation on Actions

You may not commence a legal action in a court on a benefit claim denial or partial denial more than 42 months from the date of the final decision on your claim.

If you do file a legal action after this limitation period has expired, the court may dismiss your claim.

Required Legal Notices

The following notices are required by law to be included in this Summary Plan Description.

Mothers and Newborn Benefits

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

OTHER INFORMATION

Women’s Health and Cancer Rights Act of 1998 Notice

Under the Women’s Health and Cancer Rights Act of 1998, group health plans covering a mastectomy must also provide coverage for breast reconstruction performed in connection with the mastectomy. Coverage must be provided for: reconstruction of the breast; surgery and reconstruction of the breast for symmetrical appearance; and prostheses and physical complications in all stages of mastectomy.

Group Health Plan Continuation Coverage

The IRS currently takes the position that the continuation provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), apply to the HRA Plan, but that position could change. So long as COBRA applies, your Spouse and your eligible enrolled children (“COBRA Beneficiaries”) may be able to continue HRA Plan coverage if your COBRA Beneficiaries’ coverage under the HRA Plan ends. This coverage is called “COBRA coverage.” An event that makes your COBRA Beneficiaries eligible for COBRA coverage is called a “qualifying event.” A COBRA Beneficiary must have had HRA Plan coverage on the day prior to the qualifying event date to be eligible for COBRA coverage and can only continue the same HRA Plan options the COBRA Beneficiary had on the day prior to the qualifying event date. A COBRA Beneficiary does not have to show that he or she is insurable to elect COBRA. If a COBRA Beneficiary has other insurance coverage, including Medicare, prior to electing COBRA, he or she remains eligible to enroll in COBRA.

COBRA Qualifying Events

A COBRA Beneficiary is eligible for COBRA if coverage ends because:

- You and your Spouse divorce or legally separate, or your marriage is annulled or
- Your dependent children no longer meet eligibility requirements.

If your COBRA Beneficiary has a qualifying event of divorce, legal separation, annulment, or Dependent ineligibility, you or your COBRA Beneficiary(s) must contact the NFL Player Benefits Office within 60 calendar days of the event and state that you are calling to request COBRA continuation coverage due to a qualifying event.

You must provide the following information:

- Your name
- Name of the COBRA Beneficiary (e.g., your Spouse or your dependent child)
- Address of the COBRA Beneficiary
- Qualifying event
- Date of qualifying event

FEDERAL LAW PLACES RESPONSIBILITY UPON YOU OR YOUR COBRA BENEFICIARY TO NOTIFY THE NFL PLAYER BENEFITS OFFICE WITHIN 60 CALENDAR DAYS OF A DIVORCE, LEGAL SEPARATION, ANNULMENT, OR DEPENDENT INELIGIBILITY. IF YOU OR YOUR COBRA BENEFICIARY DO NOT NOTIFY THE NFL PLAYER BENEFITS OFFICE, YOUR COBRA BENEFICIARY WILL NOT BE ELIGIBLE FOR COBRA COVERAGE. IF TIMELY NOTICE IS NOT PROVIDED, COBRA CONTINUATION RIGHTS WILL EXPIRE.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

OTHER INFORMATION

COBRA is provided subject to your eligibility for coverage under the law and the HRA Plan. The HRA Board reserves the right to terminate continuation coverage retroactively if your COBRA Beneficiary is later determined to be ineligible.

Once notice is received from your COBRA Beneficiary(s), the HRA Plan will send a letter to your COBRA Beneficiary(s) within 14 calendar days to either his/her address (if known) or your last known address. This letter will offer your COBRA Beneficiary(s) the opportunity to elect HRA Plan coverage. You or your COBRA Beneficiary(s) must notify the NFL Player Benefits Office within 60 calendar days from the date on the letter if your COBRA Beneficiary(s) want to continue coverage under COBRA. Your COBRA Beneficiary(s) can contact the NFL Player Benefits Office at the address provided below.

Failure to elect COBRA continuation coverage during the 60-day period will waive any right to elect COBRA coverage. Note: You may be asked to provide documentation of the qualifying event to receive COBRA coverage. Notify the NFL Player Benefits Office of any change of address if you elect COBRA coverage.

Your COBRA Beneficiary(s) each have separate election rights. COBRA coverage is available for your Spouse and your eligible children who are enrolled in the Plan who lost coverage because of the qualifying event. A parent may elect COBRA coverage on behalf of a dependent child. A child born to or placed for adoption with you while you are on COBRA also has COBRA rights. If your COBRA Beneficiary(s) do not want to continue coverage, no further action is required.

Paying for COBRA Coverage

Your COBRA Beneficiary(s) will be responsible for a premium plus 2% of the premium for an administrative charge for COBRA coverage. The letter sent to your COBRA Beneficiary(s) following notice of a qualifying event will include the actual cost for COBRA coverage.

- **Initial COBRA Premium:** Your COBRA Beneficiary(s) have 45 days from the date of their COBRA election to pay premiums for:
 - » Coverage provided between the date of the qualifying event and the end of the month in which the election is made; and
 - » Any premiums that become due during the 45-day period.
- **Continuing Premiums:** Monthly premiums will be due on the first day of each month following the initial premium due date. Your COBRA Beneficiaries will be allowed a 30-day grace period. If the 30th day falls on a weekend or holiday, your COBRA Beneficiaries will have until the next business day to have his/her payment postmarked.

Claims incurred during the 30-day grace period will not be paid until premiums through the date of service have been received. If these premiums are not paid, your COBRA Beneficiary(s) will be responsible for claims incurred. COBRA coverage ends on the last day for which full COBRA premiums are paid on time. If COBRA coverage ends due to non-payment of premiums, it will not start again.

How Long COBRA Coverage Lasts

The duration of COBRA coverage depends on the reason for the COBRA coverage. In the

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case of losses of coverage due to a divorce or legal separation or a child ceasing to qualify as a Dependent under the terms of the HRA Plan (including due to “aging out” after attaining age 26), coverage may be continued for up to a total of 36 months.

When COBRA Coverage Ends

Usually, COBRA coverage ends after the 36-month COBRA coverage period. COBRA coverage may be terminated before the end of this period if:

- The HRA Board no longer maintains the HRA Plan;
- The COBRA premium payment is not made by the due date or during the applicable grace period;
- After the date of the COBRA Beneficiary(s) election to continue coverage, he or she becomes covered under another group health plan; or
- A COBRA Beneficiary or other family member submits a fraudulent claim or fraudulent information.

For more information, you may contact the NFL Player Benefits Office at:

Gene Upshaw NFL Player Health Reimbursement Account Plan

200 Saint Paul St., Ste. 2420
Baltimore, MD 21202
800.638.3186

Your ERISA Rights

You are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

ERISA provides that all HRA Plan Participants are entitled to:

Receive Information about Your HRA Plan Benefits

- Examine without charge at the NFL Player Benefits Office all official HRA Plan Documents (including the amendments thereto), the 2006 CBA, 2011 CBA, or 2020 CBA (and any extensions thereto), a copy of the latest annual report (Form 5500 Series) filed by the HRA Board with the U.S. Department of Labor (and available at the Public Disclosure Room of the Employee Benefits Security Administration), and a copy of the updated Summary Plan Description. You can get copies of these HRA Plan documents if you ask in writing. The NFL Player Benefits Office may charge you a reasonable fee for copies of these documents, except for the Summary Plan Description.
- Receive a summary of the HRA Plan’s annual financial report. The HRA Board is required by law to give you a copy of this Summary Annual Report every Plan Year.
- Obtain by written request a statement telling you when you have a right to receive benefits, and the total amount of your Health Account under the Plan. The HRA Board must provide this statement free of charge, but only once per year.
- Obtain by written request to the NFL Player Benefits Office a complete list of employers and employee organizations sponsoring the HRA Plan. The list also is available for examination at the NFL Player Benefits Office. In addition, you may obtain by written request to the NFL Player Benefits Office information

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Call the NFL Player Benefits Office **800.638.3186**

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as to whether a particular employer or employee organization is an HRA Plan sponsor and, if so, the sponsor's address.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the HRA Plan. The HRA Board members and certain others with responsibility for managing or operating the HRA Plan, called "fiduciaries" of the HRA Plan, have a duty to do their jobs prudently and in your interest and in the interest of all the other HRA Plan Participants. No one – neither your employer, your union, nor any other person – may terminate your employment or in any way discriminate against you to prevent you from obtaining an HRA Plan benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied in whole or in part, you have the right to receive a written explanation of the reason for the denial. You have the right to have the HRA Board review and reconsider your claim. And, under ERISA, there are steps you can take to exercise these rights.

For instance, if you ask for copies of the above materials from the NFL Player Benefits Office and do not receive them within 30 days, you can file suit in a federal court. In such a case, the court may require the HRA Board to provide the material. In addition, the court may impose a fine of up to \$110 a day on the HRA Board, payable to you, unless you did not get the materials because of some reason beyond the control of the HRA Board.

If you have a claim for benefits that is denied or ignored in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the HRA Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file a suit in federal court. If the HRA Plan fiduciaries misuse the HRA Plan's money, or you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor. You may file suit in a federal court. The court will decide who should pay court costs and legal fees. If the court decides in your favor, it may order the person you have sued to pay these court costs and legal fees. If you lose, the court may order you to pay these court costs and legal fees if, for example, it finds that your claim is frivolous.

Continue Group Health Coverage

Your Spouse and enrolled children can continue health care coverage if there is a loss of coverage under the Plan as a result of a qualifying event. Your Spouse and enrolled children will have to pay to continue coverage. You should review this SPD for more information about your Spouse or enrolled children's COBRA rights.

Assistance with Your Questions

If you have any questions about the HRA Plan, you should contact the HRA Board by writing or calling the NFL Player Benefits Office. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the HRA Board, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the

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Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. You also can obtain certain publications about your rights and responsibilities by calling the publications hotline of the Employee Benefits Security Administration.

No PBGC Insurance

Benefits under the HRA Plan are not insured by the Pension Benefit Guaranty Corporation ("PBGC"). PBGC insurance protection is not available to welfare benefit plans such as this HRA Plan.

Disclaimer

This summary is intended to describe in general terms the essential features of your HRA Plan. Every effort has been made to make sure that the information contained in this summary is correct; however, in the case of any discrepancy, the provisions of the actual HRA Plan and Trust will govern. Your rights to benefits can be determined only by official action of the HRA Board.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

Glossary

Active Player

Generally, you are an Active Player if you are obligated to perform football playing services under a contract with an NFL Club.

Benefits Administrator

The Benefits Administrator, currently Cigna, is the entity appointed by the HRA Board to make the initial determination regarding whether an expense incurred by a Participant is a covered Medical Care Expense eligible for reimbursement under the Plan.

Credited Season

Credited Seasons are determined under the Bert Bell/Pete Rozelle NFL Player Retirement Plan (Pension Plan), and such determinations are binding on this HRA Plan.

Generally, a Credited Season is an NFL season in which you are employed as an Active Player (including an injured Player who otherwise satisfies the definition of Active Player) on the date of three or more Games, not including Game dates when you were on the Future List.

As a Player, you also earn a Credited Season in a Plan Year in which any of the following occurs:

- After April 1, 1970, you incur an injury in the course and scope of your employment by a Club, and pursuant to an injury grievance settlement or an injury settlement waiver for that injury, you are paid by a Club the equivalent of your salary for three or more Games (or for a number of Games that, when added to your otherwise credited Games for that Plan Year, totals three or more).
- After reporting to at least one official pre-season training camp or official practice session during a Plan Year, you
 - a. die during that same Plan Year, or
 - b. incur a disability during that same Plan Year that subsequently qualifies you for line-of-duty disability benefits under the Pension Plan or the Disability Plan, or
 - c. incur a disability during that same Plan Year that subsequently qualifies you for Active Football total and permanent disability benefits or Active Nonfootball total and permanent disability benefits under the Pension Plan or the Disability Plan.

- If, while under contract as an Active Player with a Club, you are absent from employment in the NFL due to service in the Armed Forces of the United States, and you return as an Active Player. Your return to the NFL must occur after you are eligible for discharge from military service within 90 days (or any longer period prescribed by law) or the opening of your Club's official pre-season training camp, whichever is later.
- You served in the Armed Forces of the United States during a Plan Year in the table below (generally relating to World War II, the Korean War, and the Vietnam conflict) and, in the year before you entered the Armed Forces, you either played NFL football or signed a contract or similar document with the intent of playing NFL football, and you were alive on the dates in the table below. Under this special rule, you can only earn the number of Credited Seasons you would need to become vested under the Pension Plan.

FOR PLAN YEARS:	YOU WERE ALIVE ON:
April 1, 1941 through March 31, 1947	June 6, 1994
April 1, 1950 through March 31, 1955	May 1, 1996
April 1, 1960 through March 31, 1976	January 13, 2000

- You were on the practice squad for at least eight Games in a single Plan Year, you are otherwise vested, and you otherwise earned a Credited Season for the 2001 Season or later. You can earn only one Credited Season under this special rule during your career.

For the 2020 and 2021 Seasons only, there were additional ways to earn a Credited Season under the Pension Plan due to the COVID-19 pandemic, which are explained in the Pension Plan SPD.

See the Pension Plan document for special rules. If you have any questions about your Credited Seasons, contact the NFL Player Benefits Office at 800.638.3186.

Dependent

Dependent means a Spouse or other qualifying relative, or a qualifying child, as defined in Internal Revenue Code ("IRC") Section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B). Notwithstanding the foregoing: (a) a child (as defined in IRC Section 152(f)(1)) will remain a qualifying child until the end of the taxable year in which the child attains age 26; (b) a child who is disabled (within the meaning of IRC Section 22(e)(3)) will remain a qualifying child regardless of age; and (c) the Plan may provide benefits in accordance with the applicable requirements of any qualified medical child support order. To the extent permitted by the IRC, a Player's Dependents immediately prior to his death will continue to be regarded as his Dependents after his death; except that a child who is not disabled (within the meaning of IRC Section 22(e)(3)) shall cease to be regarded as a "Dependent" on January 1 of the year in which the child reaches age 27.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

GLOSSARY

Employer

A member club of the NFL.

Game

Any regular or post-season NFL game, not including the Pro Bowl.

Health Account

Health Accounts are nominal accounts established for Participants under this HRA Plan.

Health Credits

Health Credits are credits earned by eligible Players for each of their Credited Seasons.

Medical Care Expenses

Medical Care Expenses are expenses incurred by a Player or his Dependents for medical care as defined in IRC Section 213(d), including direct medical expenses, medical insurance premiums, medical insurance copays and deductibles to the extent provided in Section 213(d). To the extent permitted by IRS Notice 2002-45, as determined by the HRA Board, Medical Care Expenses include expenses for qualified long-term care services as defined in IRC Section 7702(c).

NFL Player Plans

For purposes of this HRA Plan, NFL Player Plans includes the following: Bert Bell/Pete Rozelle NFL Player Retirement Plan (Pension Plan), NFL Player Disability & Survivor Benefit Plan (Disability Plan), NFL Player Second Career Savings Plan (401(k) Savings Plan), NFL Player Capital Accumulation Plan, NFL Player Annuity Program, NFL Player Tax-Qualified Annuity Plan, and 88 Plan.

Participant

A Participant is a Player who has a positive balance in his Health Account or a Dependent who became a Participant due to the death of a Player with a positive balance in his Health Account.

Plan Year

April 1 to the following March 31.

Player

You are a Player if you are or were employed under a contract by an NFL Club to play football in the NFL.

Spouse

Your Spouse is your lawful spouse, as recognized under applicable state law, including a person of the same sex, provided that the Player and such person were legally married under the laws of any U.S. or foreign jurisdiction.

Appendix A: 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 Gene Upshaw NFL Player Health Reimbursement Account Plan ("HRA Plan") may use or disclose your health information for the purposes of routine treatment, payment, or health care operations related to the HRA Plan. The HRA Plan may use or disclose your health information in order to pay your claims for benefits. The HRA Plan may use your information to make eligibility determinations and for billing and claims management purposes, including auditing, fraud, and abuse detection. In addition, the HRA Plan may disclose your health information to the HRA Board or the HRA Plan's business associates so they can perform administrative functions on behalf of the HRA Plan.

The HRA Plan may use or disclose your health information where required or permitted by law. Federal law, under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), generally permits health plans to use or release health information that includes, but is not limited to, disclosures for the following purposes:

- where required by law;
- where restricted health information is needed to provide emergency treatment;
- where the individual is available and capable of objecting to a notification or disclosure to those involved in the individual's care, and does not object, or if the plan can reasonably infer that the individual does not object;
- where the individual is not available or capable of objecting to a notification or disclosure to those involved in the individual's care, the plan may exercise its professional judgment to determine whether the disclosure is in the individual's best interest, and, if so, disclose only the health information directly relevant to the person's involvement or requested notification;
- for public health activities;
- to report child or domestic abuse;
- for governmental oversight activities;

QUESTIONS?

Call the NFL Player Benefits Office [800.638.3186](tel:800.638.3186)

APPENDIX A – HIPAA NOTICE OF PRIVACY PRACTICES

- for certain government-approved research activities;
- for certain government functions, such as related to military service or national security;
- to the Secretary of the U.S. Department of Health and Human Services when requested;
- pursuant to judicial or administrative proceedings;
- for certain law enforcement purposes;
- for a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- for organ, eye, or tissue donation purposes;
- to comply with requests from family members and others who were involved in the care or payment for care of a decedent prior to his death, where the health information is relevant to the person's involvement, unless doing so is inconsistent with any prior expressed preference of the decedent known to the plan;
- for notice of a person's location, general condition, or death in accordance with certain requirements of HIPAA;
- to comply with requests for health information pertaining to individuals who have been deceased for over 50 years;
- to avert a serious threat to an individual's or the public's health or safety;
- to comply with Workers' Compensation laws; and
- for issues involving the sale, transfer, merger, or consolidation of the plan.

For any other uses and disclosures of your health information, the HRA Plan will obtain your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization. You may revoke such an authorization at any time, provided that the revocation is in writing and the HRA Plan has not yet taken action in reliance on your authorization.

Stricter State Privacy Laws - Under the HIPAA privacy and security rules, the HRA Plan is required to comply with State laws, if any, that also are applicable and are not contrary to HIPAA (for example, where state laws may be stricter). You have several rights with respect to your health information, which are described below.

- You have the right to request restrictions on how your information may be used or disclosed. The HRA Plan is not required to agree to your requested restrictions; however, you have the right to restrict disclosures to the HRA Plan of health information if such disclosure pertains to a health care item or service that you (or your representative) have paid out of pocket in full. The health care provider and HRA Plan are required to abide by this restriction.
- You have the right to designate another person or entity to receive your health information.

APPENDIX A – HIPAA NOTICE OF PRIVACY PRACTICES

- You have the right to receive health plan information confidentially by alternative means or at an alternative location, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.
- You have the right to inspect and copy your health information that is maintained by the HRA Plan in a designated record set. The HRA Plan may charge a reasonable, cost-based fee for such copies.
- You have the right to request an amendment to your health information that the HRA Plan maintains in a designated record set. The HRA Plan may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than the HRA Plan.
- You have the right to request an accounting of disclosures the HRA Plan has made of your health information for the six years prior to your request, except for disclosures made to you; that you have authorized; or disclosures for routine treatment, payment, or health care operations of the HRA Plan.
- You have the right to request a paper copy of this notice, even if you have agreed to receive this notice electronically.
- You have the right to request an electronic copy of your health information, or may direct that the copy be transmitted directly to the person you designate. This copy will be in the format that you request, if readily producible, if not, it will be in a format mutually agreed upon by you and the HRA Plan.

To exercise any of the above rights, please contact the NFL Player Benefits Office at 800.638.3186 and notify the staff of your requests.

The HRA Plan is prohibited from using your protected health information that is genetic information for underwriting purposes (e.g., for enrollment purposes).

The HRA Plan is required by law to maintain the privacy of your protected health information, to provide you with a notice of its legal duties and privacy practices with respect to your protected health information, and to notify affected individuals following a breach of unsecured protected health information. The HRA Plan is required to abide by the terms of this notice. The HRA Plan reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. If there is a material change to any provisions of this notice, the HRA Plan will distribute a revised privacy notice.

If you have questions or would like more information about the HRA Plan's privacy policies, you may contact the NFL Player Benefits Office at 800.638.3186. You may also contact the NFL Player Benefits Office to request the most recent version of the HRA Plan's Notice of Privacy Practices.

If you believe your privacy rights have been violated, you may file a complaint with the HRA Plan or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the HRA Plan, call the NFL Player Benefits Office at 800.638.3186 for further instructions. You cannot be retaliated against for filing such a complaint.

Effective Date of Notice: April 30, 2019

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**

Appendix B: The HRA Plan and Health Care Reform

Is the HRA Plan Subject to the Health Care Reform Laws?

No. The HRA Plan is deemed a "retiree-only plan," and therefore is not subject to certain health care reform requirements of the Patient Protection and Affordable Care Act.

Am I Eligible for Health Coverage Under the Health Care Reform Laws?

You may have other health coverage options available to you through the Health Insurance Marketplace. Visit www.healthcare.gov for further information.

If you are eligible to receive disbursements under the HRA Plan, current Internal Revenue Service guidance precludes you from receiving a premium tax credit to purchase health insurance coverage on the Health Insurance Marketplace.

What About Medicare and Medicaid?

The Medicare and Medicaid rules are complex. The HRA Plan is not in a position to provide advice about the possible interaction between the HRA Plan and Medicare or Medicaid.

Medicare Part D

Medicare's prescription drug coverage is known as Medicare Part D. Medicare Part D prescription drug benefits became available to Medicare beneficiaries on January 1, 2006. Enrollment is voluntary.

However, if you are eligible for Medicare and choose not to join a Medicare Part D plan during your initial enrollment period, you may be subject to a penalty if you later decide to enroll.

There is an exception to this penalty. There will be no penalty for delayed enrollment if you did not enroll because you had some type of "creditable coverage." Creditable coverage is coverage provided by a private insurer that is considered to be at least "as good as" the Medicare Part D standard benefit. However, the HRA Plan has determined that the prescription drug coverage offered by the Plan is NOT creditable coverage. This means that coverage under the HRA Plan does not entitle you to delay enrollment in Medicare Part D; you WILL have to pay a penalty if you do not enroll in a Medicare Part D plan on time and do not have other creditable coverage.

APPENDIX B – THE HRA PLAN AND HEALTHCARE REFORM

You can keep your current coverage under the HRA Plan even if you are covered under a Medicare Part D plan. Most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only rely on the HRA Plan for your drug costs. You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

For more information about Medicare prescription drug coverage call **1.800.MEDICARE (1.800.633.4227)**.

QUESTIONS?

Call the NFL Player Benefits Office **800.638.3186**



ONLINE SECURITY TIPS

You can reduce the risk of fraud and loss to your retirement account by following these basic rules:

• REGISTER, SET UP AND ROUTINELY MONITOR YOUR ONLINE ACCOUNT

- Maintaining online access to your retirement account allows you to protect and manage your investment.
- Regularly checking your retirement account reduces the risk of fraudulent account access.
- Failing to register for an online account may enable cybercriminals to assume your online identity.

• USE STRONG AND UNIQUE PASSWORDS

- Don't use dictionary words.
- Use letters (both upper and lower case), numbers, and special characters.
- Don't use letters and numbers in sequence (no "abc", "567", etc.).
- Use 14 or more characters.
- Don't write passwords down.
- Consider using a secure password manager to help create and track passwords.
- Change passwords every 120 days, or if there's a security breach.
- Don't share, reuse, or repeat passwords.

• USE MULTI-FACTOR AUTHENTICATION

- Multi-Factor Authentication (also called two-factor authentication) requires a second credential to verify your identity (for example, entering a code sent in real-time by text message or email).

• KEEP PERSONAL CONTACT INFORMATION CURRENT

- Update your contact information when it changes, so you can be reached if there's a problem.
- Select multiple communication options.

• CLOSE OR DELETE UNUSED ACCOUNTS

- The smaller your on-line presence, the more secure your information. Close unused accounts to minimize your vulnerability.
- Sign up for account activity notifications.

• BE WARY OF FREE WI-FI

- Free Wi-Fi networks, such as the public Wi-Fi available at airports, hotels, or coffee shops pose security risks that may give criminals access to your personal information.
- A better option is to use your cellphone or home network.

• BEWARE OF PHISHING ATTACKS

- Phishing attacks aim to trick you into sharing your passwords, account numbers, and sensitive information, and gain access to your accounts. A phishing message may look like it comes from a trusted organization, to lure you to click on a dangerous link or pass along confidential information.

- Common warning signs of phishing attacks include:
 - » A text message or email that you didn't expect or that comes from a person or service you don't know or use.
 - » Spelling errors or poor grammar.
 - » Mismatched links (a seemingly legitimate link sends you to an unexpected address). Often, but not always, you can spot this by hovering your mouse over the link without clicking on it, so that your browser displays the actual destination.
 - » Shortened or odd links or addresses.
 - » An email request for your account number or personal information (legitimate providers should never send you emails or texts asking for your password, account number, personal information, or answers to security questions).
 - » Offers or messages that seem too good to be true, express great urgency, or are aggressive and scary.
 - » Strange or mismatched sender addresses.
 - » Anything else that makes you feel uneasy.

• **USE ANTIVIRUS SOFTWARE AND KEEP APPS AND SOFTWARE CURRENT**

- Make sure that you have trustworthy antivirus software installed and updated to protect your computers and mobile devices from viruses and malware. Keep all your software up to date with the latest patches and upgrades. Many vendors offer automatic updates.

• **KNOW HOW TO REPORT IDENTITY THEFT AND CYBERSECURITY INCIDENTS**

- The FBI and the Department of Homeland Security have set up valuable sites for reporting cybersecurity incidents:
 - » <https://www.fbi.gov/file-repository/cyber-incident-reporting-united-message-final.pdf/view>
 - » <https://www.cisa.gov/reporting-cyber-incidents>





NFL PLAYER BENEFITS

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