



## **NOTICE REGARDING WELLNESS PROGRAM**

The Healthy Rewards Program through Rally, administered by UnitedHealthcare, is a voluntary wellness program available to all active employees enrolled in one of the CITGO medical plan options. An employee's spouse who is also enrolled in one of the medical plan options may also participate. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment ("Health Survey") that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (such as cancer, diabetes, or heart disease). You also have the option to complete personalized Rally Missions and a Biometric Screening, which will include a blood pressure check, height and weight measurement, and a cholesterol, lipid and glucose profile.

You are not required to complete the Health Survey, Rally Missions, or participate in the Biometric Screening. However, employees and eligible spouses who choose to participate in the wellness program will receive the incentives listed below. Although neither you nor your spouse are required to complete the Health Survey, Rally Missions, or Biometric Screening, only those who do so will receive the applicable incentives.



<b>Earn CITGO Healthy Rewards Program Incentives through Rally</b>			
<b>ACTIVITY to be completed by enrolled Employee OR Spouse by September 30, 2025</b>	<b>SDHP</b>	<b>PPO</b>	<b>EPO</b>
COMPLETE online Rally Healthy Survey between 1/1/2025 AND 9/30/2025	\$50 - Employee \$50 - Spouse	\$25 - Employee \$25 - Spouse	\$25 - Employee \$25 - Spouse
COMPLETE three personalized online Rally Missions between 1/1/2025 AND 9/30/2025	\$50 - Employee \$50 - Spouse	\$25 - Employee \$25 - Spouse	\$25 - Employee \$25 - Spouse
COMPLETE Biometric Screening and submit completed screening form to Rally between 1/1/2025 AND 9/30/2025	\$225 - Employee \$225 - Spouse	\$50 - Employee \$50 - Spouse	\$50 - Employee \$50 - Spouse
COMPLETE a Preventive Annual Exam between 1/1/2025 AND 9/30/2025	\$175 - Employee \$175 - Spouse	\$50 - Employee \$50 - Spouse	\$50 - Employee \$50 - Spouse
<b>TOTAL 2025 Healthy Rewards Incentives Available</b>	<b>\$500 - Employee \$500 - Spouse</b>	<b>\$150 - Employee \$150 - Spouse</b>	<b>\$150 - Employee \$150 - Spouse</b>
Deposited to Employee's Account	HSA	FSA	FSA

If you or your spouse is unable to participate in any of the health-related activities required to earn an incentive, you or your spouse, as applicable, may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the CITGO Benefits Helpline at [benefits@citgo.com](mailto:benefits@citgo.com) or 1-888-443-5707. We will work with you (and, if you wish, with your doctor) to find an accommodation or alternative standard that is right for you in light of your health status.

The information from the Health Survey and the results from the Biometric Screening will be used to provide the participating individual with information to help the individual understand his or her current health and potential risks, and may also be used in the future to offer services through the wellness program. Participants are encouraged to share their results or concerns with their own doctor.



## **Protections from Disclosure of Medical Information**

Health care providers and group health plans are required by law to maintain the privacy and security of personally identifiable health information. Although the wellness program and CITGO may use aggregate information it collects to design a program based on identified health risks in the workplace, UnitedHealthcare (which will receive the health information that you provide) will not disclose any personally identifiable health information either publicly or to CITGO, except as necessary to respond to a request for a reasonable accommodation needed to participate in the wellness program, to administer the wellness program incentive awards, or as expressly permitted by law. Medical information that personally identifies you or your spouse that is provided in connection with the wellness program will not be provided to your supervisors or managers and may not be used to make decisions regarding your employment.

Personal health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. The personally identifiable health information from your Health Survey and Biometric Screening will be shared with members of the UnitedHealthcare workforce, such as their wellness coaches, nurses, and doctors, who are involved in administering the wellness program or the medical plan generally. UnitedHealthcare will only share information with its vendors and subcontractors in accordance with applicable laws, including HIPAA, as necessary to administer the wellness program or medical plan, and anyone who receives information from UnitedHealthcare for purposes of providing these services is required to abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records and no information provided as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information provided in connection with the wellness program, impacted individuals will be notified.

You may not be discriminated against in employment because of the medical information provided as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

**If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the CITGO Benefits Helpline at [benefits@citgo.com](mailto:benefits@citgo.com) or 1-888-443-5707.**