



IMPORTANT NOTICES

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Required Notices

Important Notice From Comfort Systems USA, Inc About Your Prescription Drug Coverage and Medicare Under the BCBS Gold, Silver, and Bronze Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Comfort Systems USA, Inc and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Comfort Systems USA, Inc has determined that the prescription drug coverage offered by the BCBS Gold, Silver, and Bronze plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Comfort Systems USA, Inc coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Comfort Systems USA, Inc and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Comfort Systems USA, Inc changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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| Date: | January 1, 2026 |
| Name of Entity/Sender: | Comfort Systems USA, Inc |
| Contact—Position/Office: | Human Resources |
| Address: | 675 Bering, Suite 400 Houston, TX 77057 |
| Phone Number: | 866-214-5176 |

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 866-214-5176.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 866-214-5176.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 866-214-5176.

GENERAL COBRA NOTICE

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes.

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

Olga Osborne
Director, Corporate Benefits
9753 Katy Fwy, 7th Fl
Houston, Texas 77024
713-830-9621

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

**COMFORT SYSTEMS USA
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

**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.**

This notice is provided to you on behalf of:

Comfort Systems USA, Inc Welfare Benefit Plan*

* This notice pertains only to healthcare coverage provided under the plan.

For the remainder of this notice, Comfort Systems USA is referred to as Company.

1. Introduction: This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to apprise you of the legal duties and privacy practices of the Company's self-insured group health plans. If you are a participant in any fully insured group health plan of the Company, then the insurance carriers with respect to those plans is required to provide you with a separate privacy notice regarding its practices.

2. General Rule: A group health plan is required by HIPAA to maintain the privacy of protected health information, to provide individuals with notices of the plan's legal duties and privacy practices with respect to protected health information, and to notify affected individuals follow a breach of unsecured protected health information. In general, a group health plan may only disclose protected health information (i) for the purpose of carrying out treatment, payment and health care operations of the plan, (ii) pursuant to your written authorization; or (iii) for any other permitted purpose under the HIPAA regulations.

3. Protected Health Information: The term "protected health information" includes all individually identifiable health information transmitted or maintained by a group health plan, regardless of whether or not that information is maintained in an oral, written or electronic format. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any particular individual.

4. Use and Disclosure for Treatment, Payment and Health Care Operations: A group health plan may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan.

- An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
- Examples of "payment" activities include billing, claims management, and medical necessity reviews.
- Examples of "health care operations" include disease management and case management activities.

The group health plan may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.

5. Disclosure for Underwriting Purposes. A group health plan is generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.

6. Uses and Disclosures Requiring Written Authorization: Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, a group health plan may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, a group health plan may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms are available from the Privacy Official identified in section 23.

7. Special Rule for Mental Health Information: Your written authorization generally will be obtained before a group health plan will use or disclose psychotherapy notes (if any) about you.

8. Uses and Disclosures for which Authorization or Opportunity to Object is not Required: A group health plan may use and disclose your protected health information without your authorization under the following circumstances:

- When required by law;
- When permitted for purposes of public health activities;
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
- When authorized by law to a public health oversight agency for oversight activities;
- When required for judicial or administrative proceedings;
- When required for law enforcement purposes;
- When required to be given to a coroner or medical examiner or funeral director;
- When disclosed to an organ procurement organization;
- When used for research, subject to certain conditions;
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat; and
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

9. Minimum Necessary Standard: When using or disclosing protected health information or when requesting protected health information from another covered entity, a group health plan must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.

10. Disclosures of Summary Health Information: A group health plan may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.

11. Disclosures of Enrollment Information: A group health plan may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.

12. Disclosure to the Department of Health and Human Services: A group health plan may use and disclose your protected health information to the Department of Health and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.

13. Disclosures to Family Members, other Relations and Close Personal Friends: A group health plan may disclose protected health information to your family members, other relatives, close personal friends and anyone else you choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure.

For example, if you are married, the plan will share your protected health information with your spouse if he or she reasonably demonstrates to the plan and its

representatives that he or she is acting on your behalf and with your consent. Your spouse might choose to do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.

14. Appointment of a Personal Representative:

You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). The group health plan retains discretion to deny access to your protected health information to a personal representative.

15. Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information:

You may request the group health plan to restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the group health plan is not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than a group health plan) must agree to the request of an individual to restrict disclosure of protected health information about the individual to the group health plan, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other the health plan on behalf of the individual) has paid the covered entity in full.

16. Individual Right to Request Alternative Communications:

The group health plan will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or at alternative locations for reasons other than your

endangerment unless special circumstances warrant an exception.

17. Individual Right to Inspect and Copy Protected Health Information:

You have a right to inspect and obtain a copy of your protected health information contained in a "designated record set," for as long as the group health plan maintains the protected health information. A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health plan to make decisions about individuals.

The requested information will be provided within 30 days. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline, provided that you are given a written statement of the reasons for the delay and the date by which the group health plan will complete its action on the request. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.

18. Individual Right to Amend Protected Health Information:

You have the right to request the group health plan to amend your protected health information for as long as the protected health information is maintained in the designated record set. The group health plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If the request is denied in whole or part, the group health plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.

19. Right to Receive an Accounting of Protected Health Information Disclosures:

You have the right to request an accounting of all disclosures of your protected health information by the group health plan during the six years prior to the date of your request. However, such accounting need not include disclosures made: (1) to carry out treatment, payment

or health care operations; (2) to individuals about their own protected health information; (3) prior to the compliance date; or (4) pursuant to an individual's authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the group health plan may charge a reasonable fee for each subsequent accounting.

20. The Right to Receive a Paper Copy of This Notice Upon Request: If you are receiving this Notice in an electronic format, then you have the right

to receive a written copy of this Notice free of charge by contacting the Privacy Official (see section 23).

21. Changes in the Privacy Practice. Each group health plan reserves the right to change its privacy practices from time to time by action of the Privacy Official. You will be provided with an advance notice of any material change in the plan's privacy practices.

22. Your Right to File a Complaint with the Group Health Plan or the Department of Health and Human Services: If you believe that your privacy rights have been violated, you may complain to the group health plan in care of the HIPAA Privacy Official (see section 23). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The group health plan will not retaliate against you for filing a complaint.

23. Person to Contact at the Group Health Plan for More Information: If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Olga Osborne
Director, Corporate Benefits
713-830-9621

Effective Date

The effective date of this notice is: January 1, 2026.

Notice Regarding Wellness Program

Comfort Systems USA Wellness and Tobacco Programs is a voluntary wellness program available to all medical enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant 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. You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the \$50 per pay period by earning program credit by completing a biometric screening. Individuals who choose to avoid the \$100 per pay period tobacco surcharge may complete Tobacco Activities. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations, only participants who do so may qualify for the \$50 per pay period.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 888-270-9025 (ComPsych) or 888-708-8807 (eHealth Screenings).

The information from your blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Comfort Systems USA, Inc may use aggregate information it collects to design a program based on identified health risks in the workplace, ComPsych and eHealth Screenings will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your 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. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, ComPsych, eHealth Screenings.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide 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 you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide 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 888-270-9025 (ComPsych) or 888-708-8807 (eHealth Screenings).

| | |
|--------------------------|---|
| Employer Name: | Comfort Systems USA, Inc. |
| Employer State of Situs: | Texas |
| Name of Issuer: | Blue Cross Blue Shield |
| Plan Marketing Name: | Comfort Systems USA Health & Welfare Plan |
| Plan Year: | 2026 |

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

| Item | EHB Benefit | EHB Category | Benchmark Page # Reference | Employer Plan Covered Benefit? |
|------|--|---------------------|----------------------------|--------------------------------|
| 1 | Accidental Injury -- Dental | Ambulatory | Pgs. 10 & 17 | Yes |
| 2 | Allergy Injections and Testing | Ambulatory | Pg. 11 | Yes |
| 3 | Bone anchored hearing aids | Ambulatory | Pgs. 17 & 35 | Yes |
| 4 | Durable Medical Equipment | Ambulatory | Pg. 13 | Yes |
| 5 | Hospice | Ambulatory | Pg. 28 | Yes |
| 6 | Infertility (Fertility) Treatment | Ambulatory | Pgs. 23 - 24 | Yes |
| 7 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Ambulatory | Pg. 21 | Yes |
| 8 | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory | Pgs. 15 - 16 | Yes |
| 9 | Private-Duty Nursing | Ambulatory | Pgs. 17 & 34 | No |
| 10 | Prosthetics/Orthotics | Ambulatory | Pg. 13 | Yes |
| 11 | Sterilization (vasectomy men) | Ambulatory | Pg. 10 | Yes |
| 12 | Temporomandibular Joint Disorder (TMJ) | Ambulatory | Pgs. 13 & 24 | Yes |
| 13 | Emergency Room Services (Includes MH/SUD Emergency) | Emergency services | Pg. 7 | Yes |
| 14 | Emergency Transportation/ Ambulance | Emergency services | Pgs. 4 & 17 | Yes |
| 15 | Bariatric Surgery (Obesity) | Hospitalization | Pg. 21 | Yes |
| 16 | Breast Reconstruction After Mastectomy | Hospitalization | Pgs. 24 - 25 | Yes |
| 17 | Reconstructive Surgery | Hospitalization | Pgs. 25 - 26, & 35 | Yes |
| 18 | Inpatient Hospital Services (e.g., Hospital Stay) | Hospitalization | Pg. 15 | Yes |
| 19 | Skilled Nursing Facility | Hospitalization | Pg. 21 | Yes |
| 20 | Transplants - Human Organ Transplants (Including transportation & lodging) | Hospitalization | Pgs. 18 & 31 | Yes |
| 21 | Diagnostic Services | Laboratory services | Pgs. 6 & 12 | Yes |
| 22 | Intranasal opioid reversal agent associated with opioid prescriptions | MH/SUD | Pg. 32 | No |
| 23 | Mental (Behavioral) Health Treatment (Including Inpatient Treatment) | MH/SUD | Pgs. 8 - 9, 21 | Yes |
| 24 | Opioid Medically Assisted Treatment (MAT) | MH/SUD | Pg. 21 | No |
| 25 | Substance Use Disorders (Including Inpatient Treatment) | MH/SUD | Pgs. 9 & 21 | Yes |
| 26 | Tele-Psychiatry | MH/SUD | Pg. 11 | Yes |
| 27 | Topical Anti-Inflammatory acute and chronic pain medication | MH/SUD | Pg. 32 | No |

| | | | | |
|----|---|--|---------------------------------------|-----|
| 28 | Pediatric Dental Care | Pediatric Oral and Vision Care | See AllKids Pediatric Dental Document | Yes |
| 29 | Pediatric Vision Coverage | Pediatric Oral and Vision Care | Pgs. 26 - 27 | Yes |
| 30 | Maternity Service | Pregnancy, Maternity, and Newborn Care | Pgs. 8 & 22 | Yes |
| 31 | Outpatient Prescription Drugs | Prescription drugs | Pgs. 29 - 34 | No |
| 32 | Colorectal Cancer Examination and Screening | Preventive and Wellness Services | Pgs. 12 & 16 | Yes |
| 33 | Contraceptive/Birth Control Services | Preventive and Wellness Services | Pgs. 13 & 16 | Yes |
| 34 | Diabetes Self-Management Training and Education | Preventive and Wellness Services | Pgs. 11 & 35 | Yes |
| 35 | Diabetic Supplies for Treatment of Diabetes | Preventive and Wellness Services | Pgs. 31 - 32 | Yes |
| 36 | Mammography - Screening | Preventive and Wellness Services | Pgs. 12, 15, & 24 | Yes |
| 37 | Osteoporosis - Bone Mass Measurement | Preventive and Wellness Services | Pgs. 12 & 16 | Yes |
| 38 | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services | Pg. 16 | Yes |
| 39 | Preventive Care Services | Preventive and Wellness Services | Pg. 18 | Yes |
| 40 | Sterilization (women) | Preventive and Wellness Services | Pgs. 10 & 19 | Yes |
| 41 | Chiropractic & Osteopathic Manipulation | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13 | Yes |
| 42 | Habilitative and Rehabilitative Services | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35 | Yes |

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>
PHONE 1-855-692-5447

ALASKA – Medicaid

WEBSITE The AK Health Insurance Premium Payment Program
<http://myakhipp.com/>
PHONE 1-866-251-4861
EMAIL CustomerService@MyAKHIPP.com
MEDICAID ELIGIBILITY <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

WEBSITE <http://myarhipp.com/>
PHONE 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

WEBSITE Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
PHONE 916-445-8322 / (fax) 916-440-5676
EMAIL hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
PHONE Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+ WEBSITE <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711
WEBSITE Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
PHONE HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
PHONE 1-877-357-3268

GEORGIA – Medicaid

GA HIPP WEBSITE <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
PHONE 678-564-1162, Press 1
GA CHIPRA WEBSITE <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
PHONE 678-564-1162, Press 2

INDIANA – Medicaid

WEBSITE Health Insurance Premium Payment Program
Family and Social Services Administration
<http://www.in.gov/fssa/dfr/>
PHONE 1-800-403-0864 or 1-800-457-4584 (Member Services Phone)
WEBSITE All other Medicaid
<https://www.in.gov/medicaid/>

IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
MEDIACID PHONE 1-800-338-8366
HAWKI WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
HAWKI PHONE 1-800-257-8563
HIPP WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP PHONE 1-888-346-9562

KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>
PHONE 1-800-792-4884
HIPP PHONE 1-800-967-4660

KENTUCKY – Medicaid

WEBSITE Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
PHONE 1-855-459-6328
EMAIL KIHIPP.PROGRAM@ky.gov
KCHIP WEBSITE <https://kynect.ky.gov>
KCHIP PHONE 1-877-524-4718
MEDICAID WEBSITE <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

WEBSITE www.medicaid.la.gov or www.ldh.la.gov/lahipp
PHONE 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

ENROLLMENT WEBSITE https://www.mymaineconnection.gov/benefits/s/?language=en_US
PHONE 1-800-442-6003 TTY: Maine relay 711
WEBSITE Private Health Insurance Premium
<https://www.maine.gov/dhhs/ofi/applications-forms>
PHONE 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/masshealth/pa>
PHONE 1-800-862-4840 TTY: 711
EMAIL masspremassistance@accenture.com

MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/health-care-coverage/>
PHONE 1-800-657-3672

MISSOURI – Medicaid

WEBSITE <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
PHONE 573-751-2005

MONTANA – Medicaid

WEBSITE <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
PHONE 1-800-694-3084
EMAIL HHSHIPProgram@mt.gov

NEBRASKA – Medicaid

WEBSITE <http://www.ACCESSNebraska.ne.gov>
1-855-632-7633
PHONE Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

WEBSITE <http://dhcfp.nv.gov>
PHONE 1-800-992-0900

NEW HAMPSHIRE – Medicaid

WEBSITE <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
PHONE 603-271-5218
TOLL FREE FOR HIP PROGRAM 1-800-852-3345, ext 15218
EMAIL DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

MEDICAID WEBSITE <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
MEDIACAI D PHONE 1-800-356-1561
CHIP WEBSITE <http://www.njfamilycare.org/index.html>
CHIP PHONE 1-800-701-0710 TTY: 711
609-631-2392 (Premium Assistance Phone)

NEW YORK – Medicaid

WEBSITE https://www.health.ny.gov/health_care/medicaid/
PHONE 1-800-541-2831

NORTH CAROLINA – Medicaid

WEBSITE <https://medicaid.ncdhhs.gov/>
PHONE 919-855-4100

NORTH DAKOTA – Medicaid

WEBSITE <https://www.hhs.nd.gov/healthcare>
PHONE 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

WEBSITE <http://www.insureoklahoma.org>
PHONE 1-888-365-3742

OREGON – Medicaid and CHIP

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>
PHONE 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

WEBSITE <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
PHONE 1-800-692-7462
CHIP WEBSITE <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP PHONE 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

WEBSITE <http://www.eohhs.ri.gov/>
PHONE 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)

SOUTH CAROLINA – Medicaid

WEBSITE <https://www.scdhhs.gov>
PHONE 1-888-549-0820

SOUTH DAKOTA - Medicaid

WEBSITE <http://dss.sd.gov>
PHONE 1-888-828-0059

TEXAS – Medicaid

WEBSITE <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
PHONE 1-800-440-0493

UTAH – Medicaid and CHIP

WEBSITE <https://medicaid.utah.gov/upp/>
<https://medicaid.utah.gov/expansion/> (Adult Expansion)
<https://medicaid.utah.gov/buyout-program/> (Utah Medicaid Buyout Program)
<https://chip.utah.gov/> (CHIP)
EMAIL Utah's Premium Partnership for Health Insurance (UPP)
upp@utah.gov
PHONE 1-888-222-2542

VERMONT– Medicaid

WEBSITE <https://dvha.vermont.gov/members/medicaid/hipp-program>
PHONE 1-800-250-8427

VIRGINIA – Medicaid and CHIP

WEBSITE <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
MEDIACAI D AND CHIP PHONE 1-800-432-5924

WASHINGTON – Medicaid

WEBSITE <https://www.hca.wa.gov/>
PHONE 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

WEBSITE <http://dhr.wv.gov/bms>
<http://mywvhipp.com>
MEDIACAI D PHONE 304-558-1700
CHIP TOLL-FREE 1-855-MyVWHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

WEBSITE <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
PHONE 1-800-362-3002

WYOMING – Medicaid

WEBSITE <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
PHONE 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits
Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

**U.S. Department of Health
and Human Services**
Centers for Medicare
& Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4,
Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.