

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 EFFECTIVE DATE OF THIS NOTICE IS FEBRUARY 16, 2026.

Who Will Follow This Notice

This Notice describes the health information practices of Micron Technology, Inc.'s ("**Micron**") Self-Insured Group Health Plan (the "**Plan**"). Micron and the Plan together are referred to as "we." The Self-Insured Group Health Plan includes:

- The Blue Cross High Deductible Health Plan, Blue Cross Idaho PPO Plan and Blue Cross PPO Plan administered by Blue Cross of Idaho;
- The Cigna High Deductible Health Plan, Cigna Idaho PPO Plan and Cigna PPO Plan administered by Cigna Healthcare;
- the Dental Plan and Dental Plus Plan administered by Blue Cross of Idaho;
- the Delta Dental Plan administered by Delta Dental;
- the Health Care Flexible Spending Account Plan and the Limited-Purpose Flexible Spending Account Plan administered by Flores HR; and
- the Vision Plan and Vision Choice Plan administered by VSP.

If you participate in a fully-insured medical and/or dental plan (Cigna International Plan, the Kaiser Permanente HMO or DeltaCare USA (Dental HMO) Plan), or the Micron Employee Assistance Program (EAP), you will receive a separate Notice of Privacy Practices directly from that plan.

Health care providers, including the Micron Family Health Center operated by Crossover Health in Boise, ID will have different notices regarding their use and disclosure of protected health information (PHI). Those notices will be located in the providers' offices.

This Notice describes how the Plan and any third party that assists in the administration

of Plan claims may use and disclose your PHI and any substance use disorder treatment records ("SUD Records"). It also describes your rights to access and control your PHI. "PHI" is information about you, including demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition. SUD Records are any information, recorded or not, maintained by a Part 2 program (an entity providing SUD treatment) that identifies an individual as having or having had a substance use disorder, including diagnoses, prognoses, treatments, or referrals. These records are subject to strict confidentiality under 42 CFR Part 2 ("Part 2") to prevent their use in non-treatment settings like legal or employment matters, and require a patient's written consent for disclosure, with limited exceptions.

If you have any questions about this Notice or the Plan's privacy practices, you may contact the Privacy Officer at:

(208) 368-4748 or (800) 336-8918
 Benefits@micron.com
 Micron Technology, Inc.
 Attn: VP, Human Resources
 8000 S. Federal Way, MS 1-727
 Boise, ID 83716

How We May Use and Disclose Protected Health Information (PHI)

The Plan understands that your PHI, SUD Records, and your health are personal, and the Plan is committed to protecting it. The Plan creates and maintains records of the health care claims reimbursed under the Plan for Plan administration purposes. This Notice applies solely to the medical records and health information that the Plan maintains. This means that these privacy restrictions do not apply to health information Micron or any of its affiliates may have through other sources, such as sick leave records, or drug testing. For questions about what is or what is not covered by these privacy restrictions, contact the Privacy Officer.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our

obligations and your rights regarding the use and disclosure of PHI.

We are required by law to:

- make sure that PHI and SUD Records are kept private;
- provide you with certain rights with respect to your PHI;
- give you this Notice of our legal duties and privacy practices with respect to PHI and SUD Records; and
- follow the terms of the most current Notice.

The Plan may use or disclose your PHI under certain circumstances without your authorization. Probably the most common circumstances in which the Plan will use your PHI are for payment, treatment, and health care operations. These common uses are described below. Except in an emergency or other special situation, you may provide a single consent for all future uses or disclosures of SUD Records to your treating providers, health plans, third-party payers, and people helping to operate the Plan for the purposes of treatment, payment, and/or health care operations pursuant to Part 2 so the Plan may use and disclose SUD Records for the following purposes.

For Payment. We may use and disclose PHI and/or SUD Records to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefits responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your PHI with a utilization review or precertification service provider. Likewise, we may share PHI with another entity to assist with the adjudication or subrogation of claims or to coordinate benefit payments.

For Treatment. The Plan may use or disclose your PHI and/or SUD Records to facilitate medical treatment or services by providers. The Plan may disclose your PHI and/or SUD Records to providers, including doctors, nurses, technicians or other hospital personnel who are involved in taking care of

you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

For Health Care Operations. We may use and disclose PHI and/or SUD Records for other Plan operations. For example, we may use medical information in connection with conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing healthcare costs, case management and care coordination, setting premiums, conducting or arranging for medical review, legal services, audit services, fraud and abuse detection programs, business planning and development such as cost management, and business management and general Plan administrative activities.

Disclosure to Micron and Business Associates. PHI and/or SUD Records may be disclosed to Micron or to third party business associates for purposes of administering the Plan. In addition, a business associate may use PHI and/or SUD Records for the proper management and administration of the business associate, to carry out the business associate's legal responsibilities and to aggregate data received from the Plan and other covered entities to permit data analyses that relate to the health care operations of the Plan and other covered entities.

Disclosure to Other Covered Entities. We may disclose PHI and/or SUD Records to another health plan, health care clearinghouse or a health care provider to facilitate their payment activities. In addition, all of the health plans sponsored by Micron are part of an organized health care arrangement and we may disclose PHI to another health plan that is part of this arrangement for any health care operations of the arrangement.

Genetic Information. The plan is prohibited from using or disclosing genetic information for underwriting or employment purposes.

Special Situations

Public Benefit. The Plan may use or disclose your PHI and/or SUD Records for the following purposes deemed to be in the public interest or benefit:

- To report child abuse, neglect, or domestic violence;
- To health oversight agencies;
- To coroners, medical examiners, and funeral directors;
- To report reactions to medications or problems with products or to notify people of recalls of products they may be using;
- To organ procurement organizations;
- to avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officers for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates or to a law-enforcement official when you are in custody; and
- as required by federal, state, or local law.

Personal Representatives. We will take direction from individuals authorized by you, or an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (such as power of attorney).

Workers' Compensation. We may release PHI and/or SUD Records for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Activities. The Plan may use or disclose your PHI and/or SUD Records for public health activities under certain circumstances, including reporting births or deaths; to prevent or control disease, injury, or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify individuals who may have been exposed to a disease or may be at risk for contracting a disease or

condition; or to report PHI and/or SUD Records to Micron as required by laws addressing work-related illnesses and injuries or workplace medical surveillance.

Legal Proceedings and Law Enforcement. PHI and/or SUD Records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent, a subpoena, a warrant, a summons or a court order. Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you and/or the Plan as the holder of the record required by Part 2 and 42 U.S.C. 290dd-2, which are federal rules that, among other things, protect the privacy of SUD Records. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the SUD Record is used or disclosed.

Authorizations. In addition to the above situations, the Plan may use your PHI and/or SUD Records or disclose it to anyone for any purpose, provided that you give your written authorization. If you give the Plan an authorization, you may revoke it in writing at any time. Unless you give the Plan a written authorization, the Plan cannot use or disclose your PHI and/or SUD Records for any reason except those described in this Notice. Understand that the Plan is unable to take back any disclosures the Plan makes with your permission.

Marketing. The Plan must obtain your authorization for any use or disclosure of your PHI and/or SUD Records for marketing, unless the communication is in the form of a face-to-face communication made by the Plan to you, or a promotional gift of nominal value provided by the Plan. If the marketing involves any financial payment to the Plan from a third party, the authorization must state that such payment is involved.

Sale of Your PHI. The Plan must obtain your authorization for any disclosure of your PHI and/or SUD Records which is a sale of that information. Such authorization must state that the disclosure will result in payment to the Plan.

Highly Confidential Information. Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI and/or SUD Records that are: (a) maintained in psychotherapy notes or SUD counseling notes; (b) documentation related to mental health or developmental disabilities services; (c) drug and alcohol abuse, prevention, treatment and referral information; and, (d) information related to HIV status, testing and treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases. Generally, the Plan must obtain your authorization to release this type of information. However, there are limited circumstances under the law when this type of information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

Disclosures to You. Upon your request, the Plan is required to disclose to you any portion of your PHI and/or SUD Records that contains billing records, medical records, or any other record regarding your health care benefits, excluding psychotherapy notes or SUD counseling notes.

Government Audits. The Plan may be required to disclose your PHI and/or SUD Records to the Secretary of the U.S. Department of Health and Human Services for the purpose of verifying compliance with HIPAA and other federal laws.

Your Rights Regarding PHI

You have the following rights regarding your PHI:

Right to Inspect and Copy. You have the right to inspect and copy PHI and/or SUD Records in a "designated record set" that may be used to make decisions about your Plan benefits. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you will be notified in writing and in some cases you may request that the denial be reviewed.

Right to Amend. If you feel that PHI and/or SUD Records the Plan has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" for disclosures of PHI and/or SUD Records made by the Plan other than disclosures made:

- for treatment, payment, or health care operations;
- to you about your own PHI;
- incident to an otherwise permitted use or disclosure;
- pursuant to an authorization;
- for purposes of creation of a facility directory or to persons involved in the patient's care or other notification purposes;
- for specific national security or intelligence purposes;
- to correctional institutions or law enforcement when the disclosure was permitted without authorization;
- as part of a limited data set; and
- before April 14, 2003.

Your request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In some cases, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location if the current method of delivery is one that could endanger you. For example, you can ask that we only contact you at work or by mail. If you make a request for confidential communications, you are required to clearly state how the current method of delivery could endanger you. We will accommodate reasonable requests that meet the above criteria. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI and/or SUD Records.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask that we provide you a copy of this Notice at any time.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we have at the time of the change, as well as any PHI we receive in the future. We will post a copy of the current Notice on PeopleNow/. The Notice will contain the effective date of the Notice on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. All complaints should be submitted in writing. To file a complaint with the Plan, email benefits@micron.com or send the complaint to the address listed for Micron’s Self-Insured Group Health Plan.

You will not be retaliated against for filing a complaint.

Contact Information

Micron's Self-Insured Group Health Plan.

- Blue Cross High Deductible Health Plan, Blue Cross PPO Plan and Blue Cross Idaho PPO Plan, administered by Blue Cross of Idaho
- The Cigna High Deductible Health Plan, Cigna Idaho PPO Plan and Cigna PPO Plan administered by Cigna Healthcare
- Dental Plan and Dental Plus Plan administered by Blue Cross of Idaho
- Delta Dental Plan administered by Delta Dental
- Health Care Flexible Spending Account Plan and Limited-Purpose Flexible Spending Account Plan administered by Flores HR
- Vision Plan and Vision Choice Plan administered by VSP
- Prescription Plan drug coverage under the Self-Insured Group Health Plan administered by Blue Cross of Idaho Rx.

(208) 368-4748 or (800) 336-8918
 Benefits@micron.com
 Micron Technology, Inc.
 8000 S. Federal Way, MS 1-727
 Boise, ID 83716

Fully-Insured Medical Plans.

These plans are not subject to the terms of this Notice. If you are a participant in one of these plans, you should receive an applicable Notice of Privacy Practices directly from that plan.

Cigna International Plan
 (800) 243-1348

Kaiser Permanente HMO
 (800) 464-4000

DeltaCare USA (Dental HMO) Plan
 (800) 422-4234

The Micron Employee Assistance Program.

This plan is not subject to the terms of this Notice. If you are a participant in this plan, you should receive an applicable Notice of Privacy Practices directly from that plan.

Journey
 (646) 504-9226

***The Micron Family Health Center
Operated by Crossover Health.*** Crossover Health is not subject to the terms of this Notice. If you visit the Micron Family Health Center in Boise, you may obtain an applicable Notice of Privacy Practices directly from Crossover Health.

(208) 368-5656
Micron Family Health Center
C/O Micron Technology, Inc.
8000 S. Federal Way, MS 1-706
Boise, ID 83716