

## RTX CORPORATION GROUP HEALTH PLANS 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.

This HIPAA Notice of Privacy Practices (the "Notice") contains important information about your medical information.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") imposes numerous requirements on employer health plans regarding how certain individually identifiable health information—known as protected health information (or PHI)—may be used and disclosed. This Notice describes how the RTX Employee Health and Welfare Plan, the RTX Puerto Rico Health and Welfare Benefits Plan and the RTX Retiree Health Plan (collectively, the "Plans") may use and disclose your protected health information, and how you can get access to this information.

This Notice will only apply to a Plan to the extent it has medical information related to you. Because the Plans hire third party administrators to run the daily operations of the Plans, most of your PHI is held by the third party administrators and your providers. Generally, a Plan only holds your PHI if you contest a coverage decision and provide PHI to the Plan and/or you provide your consent for the Plan to gather PHI on your behalf for use in review of a coverage decision.

This Notice does not apply to RTX Corporation and its subsidiaries and affiliates (collectively, "RTX") or to information you provide RTX as your employer. For example, information you provide RTX as part of a workers' compensation claim or return-to-work procedures is not covered by this Notice.

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of the responsibilities to help you. We will comply with applicable law, but this Notice does not create rights or obligations beyond those laws. Once your information is disclosed as permitted by the federal HIPAA Privacy Rule, it may be re-disclosed and no longer protected by that rule if the recipient is not subject to HIPAA.

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#### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, within required timeframes- usually within 30 days of your request. We may charge a reasonable, cost-based fee. In some limited circumstances, we may say "no" to your request and you can ask that the denial be reviewed.

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#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Your request should be in writing and include the reasons for the request for amendment. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days, unless we need an extension of time.

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<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li> <li>• We are not generally required to agree to your request, and we may say “no” in many situations, such as if it would affect your care.</li> </ul>
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make), except if required by regulation. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will take reasonable steps to make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us using the following information:           <p style="margin-left: 20px;">Ombudsman Program Office            RTX Corporation            10 Farm Springs, 10FS-2            Farmington, CT 06032-2526            Telephone: (800) 871-9065            E-Mail: <a href="mailto:eco@corphq.rtx.com">eco@corphq.rtx.com</a>            Online Form: <a href="https://ombuds.confidential.rtx.com">https://ombuds.confidential.rtx.com</a></p> </li> <li>• You can file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and in most cases when feasible, we will follow your instructions.

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

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious or unavailable, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We may share certain information after you have died.*

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**Some uses and disclosures require your written authorization, which you may revoke. In these cases we never share your information unless you give us written permission, except as permitted by law or rule:**

- Marketing purposes (except as described below)
- Sale of your information (except as permitted by HIPAA)
- Most sharing of psychotherapy notes (to the extent maintained by us)

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information as explained below. We have provided some examples. Not every permissible use or disclosure is listed in each category. We may also make disclosures of limited health information incidental to these disclosures.

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

- We can use your health information and share it, electronically or otherwise, with professionals who are treating you.
- We may use your information to provide you with additional information about treatment options, alternative settings of care, or other health-related services we provide and coordinate.

**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services. We may share your information electronically.

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<b>Run our organization and engage in other health care operations activities</b>	<ul style="list-style-type: none"> <li>▪ We can use and disclose your information to run our organization and contact you when necessary.</li> <li>▪ <b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long-term care plans.</li> <li>▪ We may disclose to other third parties for their payment, health care operations, and other limited purposes.</li> </ul>	<p><b>Example:</b> We use health information about you to improve quality and manage our business, such as development of artificial intelligence tools to improve operations and efficiency. We may share health information with other entities for their health care operations and other lawful purposes. We may use or disclose your information, but not genetic information, for underwriting.</p>
<b>Pay for your health services</b>	<ul style="list-style-type: none"> <li>▪ We can use and disclose your health information as we pay for your health services, obtain premiums or determine or provide coverage and benefits under the health plan terms</li> </ul>	<p><b>Example:</b> We may share information about you with your dental plan to coordinate payment for your dental work. We may share your information with the policy holder with respect to our responsibility for provision of benefits.</p>
<b>Administer your plan</b>	<ul style="list-style-type: none"> <li>▪ We may disclose your health information to RTX as the plan sponsor for plan administration.</li> </ul>	<p><b>Example:</b> Information may be disclosed to RTX in connection with enrollment or disenrollment of individuals into or out of a Plan, or to show how health plan claims are being paid, or for other plan administrative functions.</p>
<p><b>How else can we use or share your health information?</b> We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>.</p>		
<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>▪ We can share health information about you for certain situations such as:</li> <li>▪ Preventing disease</li> <li>▪ Helping with product recalls</li> <li>▪ Reporting adverse reactions to medications</li> <li>▪ Reporting suspected abuse, neglect, or domestic violence</li> <li>▪ Preventing or reducing a serious threat to anyone's health or safety</li> </ul>	
<b>Do research</b>	<ul style="list-style-type: none"> <li>▪ We can use or share your information for health research as permitted by laws and rules.</li> </ul>	
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>▪ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>	

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<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>▪ We can share health information about you with organ procurement organizations.</li> <li>▪ We can share health information with a coroner, medical examiner, or funeral director when an individual dies. We may share your information after your death if permitted by applicable regulations.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<p>If permitted by law, we can use or share health information about you:</p> <ul style="list-style-type: none"> <li>▪ For workers' compensation claims</li> <li>▪ For law enforcement purposes or with a law enforcement official</li> <li>▪ With health oversight agencies for activities authorized by law</li> <li>▪ For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to and participate in lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>▪ We may use and disclose your health information in response to a court or administrative order, a subpoena, when a protective order is in place, or when the use or disclosure otherwise complies with law such as in a lawsuit brought for payment purposes.</li> </ul>
<b>Business associates</b>	<ul style="list-style-type: none"> <li>▪ We may share your information with third parties, called "business associates," that may need the information to perform certain services on our behalf. Our business associates may create, receive, maintain, disclose, or transmit your information on our behalf in order for the business associate to provide services to us, or for the business associate's proper management and administration or to fulfill its legal responsibilities. Business associates must protect any health information they receive from, or create and maintain on behalf of, a Plan. In addition, business associates may re-disclose your health information for their own proper management and administration and to fulfill their legal responsibilities, and to subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information, the Plan will have a written contract with its business associate that contains terms designed to protect the privacy of your information.</li> </ul>
<b>De-identified information/Limited Data Sets</b>	<ul style="list-style-type: none"> <li>▪ We may use or disclose your health information to create de-identified information or limited data sets, and may use and disclose de-identified information for any purpose permitted by law.</li> </ul>
<b>Inmates</b>	<ul style="list-style-type: none"> <li>▪ If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official as permitted by applicable laws and rules.</li> </ul>
<b>Marketing and Education</b>	<ul style="list-style-type: none"> <li>▪ We may use and disclose your protected health information to communicate face-to-face with you to encourage you to purchase or use a product or service, or to provide a promotional gift of nominal value to you. We may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you.</li> </ul>

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**Substance use disorder program records are subject to additional rules.** Sometimes we may have records related to substance use disorders created by programs that are subject to additional privacy laws and are marked as receiving special protection (called “SUD Records”). We can only use and share your SUD Records as allowed by federal privacy rules. For example, you may have signed a consent for all future uses and disclosures for treatment, payment, and health care operations.

We will not use or share your SUD Records in any legal proceedings against you unless you give written consent or a court order is issued after you or we (as holders of the SUD Records) have been notified and given a chance to respond, as required by law. We will only share SUD Records if a court order is accompanied by a subpoena or other legal requirement.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- When it comes to privacy and security, sometimes things go wrong. We or our business associate will let you know promptly if a breach occurs that compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will comply with state law if it is not preempted by HIPAA or other federal law.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of This Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and on our web site. If the changes are material, we will send you a copy of the new version or provide you with information about the changes and an explanation of how to obtain a new version in our next annual mailing.

The effective date of this version of the Notice is February 15, 2026.

The Privacy Official for the Plans is the Associate General Counsel, Employee Benefits of RTX. The Privacy Official can be contacted at 1-833-882-0003 and HIPAA.Privacy@rtx.com.

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