HEALTH CARE SERVICE CORPORATION

POLICY

| DEPARTMENT: Ethics and Compliance | | | |
|---|--|--|--|
| POLICY NUMBER: 5.09 | POLICY TITLE: Cooperating with the | | |
| | Government | | |
| EXECUTIVE OWNER: EVP, Chief Administrative | BUSINESS OWNER: Exec Dir Corp Compliance | | |
| Officer & Chief Ethics, Compliance and Privacy | | | |
| Officer | | | |
| ORIGINAL EFFECTIVE DATE (IF KNOWN): | COMMITTEE APPROVAL DATE: | | |
| | 05/02/2024 | | |

I. SCOPE

This policy applies to all employees and contingent workers as defined in the HR Workforce Classifications Policy ("Workers") of Health Care Service Corporation, a Mutual Legal Reserve Company, as well as its majority-owned (greater than 50%) subsidiaries (collectively "HCSC").

II. PURPOSE

The purpose of this policy is to articulate HCSC's commitment to fully cooperating with all applicable laws and guidelines, including Centers for Medicare and Medicaid Services (CMS) guidelines when responding to inquiries, audit requests, reviews or investigations (collectively "requests for information") by the government or regulatory agency or any designee of the government or regulatory agency.

III. POLICY

HCSC is committed to cooperating with the government, regulatory agencies and their designees, and shall do the following related to requests for information, including but not limited to:

• Workers who routinely interface with government, regulatory agencies and their designees, shall follow job specific training related to responding to requests for information.

• Workers who do not routinely interface with government, regulatory agencies and their designees shall forward any verbal or written requests for information, other than routine inquiries typically received in the normal course of business, to the Legal Division;

Treat any such requests for information from the government as one of your highest priorities; and work with the Legal, Audit and/or Compliance Departments or management as appropriate;
Respond to requests for information within the requested timeframe, and ensure that the information provided is truthful and accurate;

• Never impede, obstruct, improperly influence the conclusions of, or affect the integrity or availability of any government review or investigation;

Always show respect;

• If the government or regulatory agency has a vendor working on their behalf, deal with that vendor as if it were the agency itself;

• If the Legal Division is engaged on the matter, do not produce any information without their approval;

Never lie or make false or misleading statements, whether oral or written to any government official or agency or anyone acting on their behalf, such as a lawyer, vendor or investigator.
Never attempt to persuade or assist a Company employee or any other person, to provide

false or misleading information to a government official or agency;

• Never destroy or alter any Company document or record when anticipating or following a government or court request for the document or record; and

• Honor all holds that are placed on our normal document destruction procedures when a government audit or investigation is imminent or pending. Maintain this hold until instructed in writing by the Legal Division that it can be released.

| Control Document or Control Description | Control Owner |
|--|--------------------------|
| As part of orientation, and on an annual basis thereafter, all | Ethics and Compliance |
| Workers are required to complete computer-based training | |
| on the Compliance Program. This training is assigned by | |
| the Ethics and Compliance Department. | |
| All Workers are required to sign the Commitment to Ethics | Ethics and Compliance |
| Certification at the time of New Hire Ethics and Compliance | |
| training and annually thereafter. Required certifications are | |
| signed electronically. The signed Certification is maintained | |
| in HCSC's Learning Management System. | |
| All HCSC Workers are required to complete training on the | Legal |
| RIM Policy, Procedures, and Retention Schedule at least | |
| every other year. The RIM training is updated with new | |
| content by the RIM department. | |
| Job specific training may be delivered via an assigned web- | Blue University |
| based course that is administered by Blue University. | |
| Business area Management is responsible for instructing | Business Area Management |
| staff on how to appropriately respond to inquiries and | |
| request for information from the government, as well as | |
| monitoring their employees' progress toward completing | |
| the RIM training. | |

IV. CONTROLS/MONITORING

V. RELATED DOCUMENTS

- 1. Compliance Program Charter
- 2. <u>Compliance Program</u>
- 3. Code of Ethics and Conduct
- 4. <u>3.02 External Regulatory Examinations</u>

VI. IMPACTED BUSINESS AREAS

1. Legal

Proprietary & Confidential – For Internal Use Only

Ethics and Compliance - Corporate Policy 5.09 - Cooperating with the Government

2. Government Programs Compliance

VII. POLICY REVIEWERS

| Person Responsible for Review, and Committee Reviewing as FYI | Title | Date of Review |
|--|---|----------------|
| Carrie O'Gara | Exec Dir Corp Compliance | 3/10/24 |
| David Culberg | Managing Counsel, Legal | 4/16/24 |
| Kim Green | Vice President Government Programs Compliance | 3/11/24 |

VIII. POLICY REVISION HISTORY

| Description of Changes | Revision Date |
|----------------------------------|---------------|
| Annual review with minor updates | 5/2/24 |

IX. POLICY APPROVALS

| Company, Division, Department, and/or Committee | By: Name | Title | Approval date |
|---|---------------|--|---------------|
| CASSIP | Jill Wolowitz | EVP, Chief Administrative Officer & Chief Ethics, Compliance and Privacy Officer | 4/24/24 |
| EPP Committee | | | 5/2/24 |