

Understanding Your Rights: Read All Notices

Retirees and family members eligible for the Company's health benefits programs may have rights under applicable federal or state laws relating to employee benefit plans. A summary of your rights is included below. Full versions of certain notices are included in this document, as indicated below. You can contact the Center for Benefits Management at 1-833-615-1190 to request a paper copy or to ask questions about your rights.

Health Insurance Portability and Accountability Act (HIPAA): includes provisions to protect the privacy of health information for group health plan participants, portability and special enrollment rights.

- **Privacy Rule:** The Health Insurance Portability and Accountability Act (HIPAA) includes provisions to protect the privacy of health information for group health plan participants. These provisions are explained in the Company's HIPAA Privacy Notice. *(included with this document)*

Prescription Drug Creditable Coverage Notice: Each year, American Greetings is required to provide a "Notice of Creditable Coverage" to all Medicare-eligible individuals enrolled in our health plans to explain how the prescription drug coverage provided by their Company plans compares to Medicare's prescription-drug coverage. This notice has information about current prescription drug coverage under the American Greetings retiree medical plans and other prescription drug coverage available for people with Medicare. You are encouraged to read this notice to understand any implications that may apply to you and/or your covered dependents. See pages 7 and 8 for more details. *(included with this document)*

TO: Retiree Participants in the American Greetings Insured Welfare Benefits Plan and the American Greetings Corporation Welfare Benefits Plan (collectively, the "Plan"), sponsored by American Greetings Corporation ("American Greetings").

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 Notice only pertains to those benefits under the Plan which are covered under the Health Insurance Portability and Accountability Act of 1996.)

As we work every day to operate your health plan, protecting the confidentiality of your personal medical information has always been an important priority. The Plan has adopted policies to safeguard the privacy of your medical information and comply with federal law (specifically, the Health Insurance Portability and Accountability Act, known as "HIPAA").

Note: "We" refers to the American Greetings–sponsored group health plans noted above (collectively, the "Plan"). "You" or "yours" refers to the individual participants in the Plan. If you are covered by an insured health option under the Plan, you may have or will also receive a separate notice from your insurer or HMO.

Note: HIPAA only regulates certain covered entities. Medical information disclosed to persons who are not covered entities is no longer subject to the protections detailed in this Notice.

This Notice explains:

- How your personal medical information may be used, and
- What rights you have regarding this information.

How The Plan May Use Your Information

In order to manage your health plan effectively, we are permitted by law to use and disclose your personal medical information (called "Protected Health Information") in certain ways without your authorization:

For Treatment. So that you receive appropriate treatment and care, providers may use your Protected Health Information to coordinate or manage your health care services. The Plan may disclose your Protected Health Information to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

For Payment. To make sure that claims are paid accurately and you receive the correct benefits, we may use and disclose your Protected Health Information to determine plan eligibility and responsibility for coverage and benefits. For example, we may use your information when we confer with other health plans to resolve a coordination of benefits issue. We may also use your Protected Health Information for utilization review activities.

For Health Care Operations. To ensure quality and efficient plan operations, we may use your Protected Health Information in several ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used, for example, to assist in the evaluation of a vendor who supports us. We

also may contact you with appointment reminders or to provide information about treatment alternatives or other health-related benefits and services available under the Plan.

We may also disclose your Protected Health Information to American Greetings (the plan sponsor) in connection with these activities. If you are covered under an insured health plan, the insurer also may disclose Protected Health Information to the plan sponsor in connection with payment, treatment or health care operations.

The Plan is prohibited from using or disclosing genetic information for underwriting purposes, and will not use or disclose any of your Protected Health Information that contains genetic information for underwriting purposes.

Other Permitted Uses and Disclosures

Federal regulations allow us to use and disclose your Protected Health Information, without your authorization, for several additional purposes, in accordance with law:

- ▶ Public health
- ▶ Reporting and notification of abuse, neglect or domestic violence
- ▶ Oversight activities of a health oversight agency
- ▶ Judicial and administrative proceedings
- ▶ Law enforcement
- ▶ Research, as long as certain privacy-related standards are satisfied
- ▶ To a coroner or medical examiner
- ▶ To organ, eye or tissue donation programs
- ▶ To avert a serious threat to health or safety
- ▶ Specialized government functions (e.g., military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)
- ▶ Workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness
- ▶ Other purposes required by law, provided that the use or disclosure is limited to the relevant requirements of such law.

Treatment of Substance Use Disorder Records

In addition to the protections described elsewhere in this Notice, there are additional protections surrounding the Plan's use and disclosure of your medical information relating to substance use disorder ("SUD") treatment and additional restrictions on the other permitted uses and disclosures of that type of medical information.

The Plan may not use or disclose SUD treatment records received from any programs subject to Title 42 of the Code of Federal Regulations, Part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless based on either your written consent or a valid court order, after notice and an opportunity to be heard is provided to you or the holder of the record. Any court order authorizing this use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure prior to the record being used or disclosed. If you have provided a single consent for all future uses and disclosures for treatment, payment, and health care operations, the Plan may use and disclose your records for treatment, payment, and health care operations, as described earlier in this Notice, until you revoke such consent in writing.

In Special Situations...

We may disclose your Protected Health Information to a family member, relative, close personal friend, or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care.

We also may use your Protected Health Information to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

Uses and Disclosures for Which an Authorization Is Required

Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information for marketing purposes, and disclosures that constitute a sale of Protected Health Information. We will make any other uses and disclosures not described in this Notice only after you authorize them in writing. You may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

Your Rights Regarding Protected Health Information

You have the right to:

- ▶ Inspect and copy your Protected Health Information
- ▶ Amend or correct inaccurate information
- ▶ Receive a paper copy of this Notice, even if you agreed to receive it electronically
- ▶ Receive an accounting of certain disclosures of your information made by us
 - ▶ However, you are not entitled to an accounting of several types of disclosures including, but not limited to:
 - Disclosures made for payment, treatment or health care operations
 - Disclosures you authorized in writing
 - Disclosures made before April 14, 2003.

Right to Request Restrictions

You may ask us to restrict how we use and disclose your Protected Health Information as we carry out payment, treatment, or health care operations. You may also ask us to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. However, we are not required to agree to these requests.

Notwithstanding our right to otherwise not agree to your request to restrict disclosures of your Protected Health Information, we will comply with the requested restriction if:

- ▶ Except as otherwise required by law, the disclosure is to a health plan for the purposes of carrying out payment or health care operations (and not for the purposes of carrying out treatment), and
- ▶ The Protected Health Information pertains solely to a health care item or service for which you, or someone on your behalf, have paid for in full.

Right to Request Confidential Communications

You may request to receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have information sent by mail or to an address other than your home.

For more information about exercising these rights, contact the office on the following page.

Personal Representatives

You may exercise your rights through a personal representative who will be required by the Plan to produce evidence of his or her authority to act on your behalf. Proof of authority may be made, for example, by a notarized power of attorney or a court order of appointment of the individual as your legal guardian or conservator. Subject to the requirements of applicable law, the Plan reserves the right to deny access to your personal representative.

Complaints

If you believe that your privacy rights have been violated, or that the privacy or security of your unsecured Protected Health Information has been compromised, you may file a written complaint without fear of reprisal. Direct your complaint to American Greetings (see below) or to the appropriate regional office of the Office of Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

About This Notice

We are required by law to maintain the privacy of your Protected Health Information, to provide you with a copy of this Notice regarding our legal duties and privacy practices with respect to Protected Health Information, and to notify you following a breach of your unsecured Protected Health Information. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we change this Notice, you will receive a copy of the new Notice from the Plan. A copy of the current Notice will be maintained by American Greetings' Shared Services Department at all times.

Contacting Us

You may exercise the rights described in this Notice by contacting the American Greetings office identified below, which will provide you with additional information. The contact is:

American Greetings Corporation
One American Road
Cleveland, OH 44145
hipaa.privacyofficer@amgreetings.com

Effective date of notice: February 1, 2026

Important Notice from American Greetings About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with American Greetings 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. American Greetings has determined that the prescription drug coverage offered by the American Greetings Corporation Retiree Welfare Benefits Plan are, 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 American Greetings coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current American Greetings Corporation coverage, be aware that you and your dependents may not be able to get this coverage back until the earlier of the next open enrollment period or when you experience a qualifying change in status.

Note that your current coverage pays for other health expenses in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the American Greetings Corporation Retiree Welfare Benefits Plan.

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 American Greetings 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 entity listed below 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 American Greetings 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 Creditable Coverage 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).

Date: 9/1/2025

Name of Entity/Sender: American Greetings

Address: One American Boulevard, Cleveland, OH 44145

Phone Number: 800-321-3040



Affordable Care Act Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Under Section 1557 of the Affordable Care Act (ACA), covered entities are required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services.

Discrimination is Against the Law

American Greetings Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. American Greetings Corporation does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

American Greetings Corporation:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Michelle Flanik, VP Human Resources (see contact information below).

If you believe that American Greetings Corporation has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Michelle Flanik, VP Human Resources, One American Boulevard, Cleveland, OH 44145, 216.252.7300, [Fax 216-252-6741], [Email, Michelle.Flanik@amgreetings.com]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Michelle Flanik, VP Human Resources is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Proficiency of Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-216-252-7300 ext. 2256.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-216-252-7300 ext. 2256.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-216-252-7300 ext. 2256.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-216-252-7300 ext. 2256.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-216-252-7300 ext. 2256.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-216-252-3700 ext. 2256.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-216-252-7300 ext. 2256.

توجیه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

7300-252-216-1. تماس بگیرد ext. 2256

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-216-252-7300 ext. 2256.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-216-252-7300 ext. 2256.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-216-252-3700 ext. 2256.

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

216-252-7300 ext. 2256

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-216-252-7300 ext. 2256.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-216-252-7300 ext. 2256.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-216-252-7300 ext. 2256.