

NOTICE REGARDING HEALTHCHECK

The HealthCheck is a voluntary wellness program available to all employees and covered family members (subject to certain age limits). The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee 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.

If you choose to participate in the HealthCheck, you will be asked to complete a voluntary health risk assessment, or "HRA," that asks a series of questions about your health-related activities and behaviors (e.g., whether you smoke or use smokeless tobacco) and whether you have or had certain medical conditions (e.g., high cholesterol, high blood pressure, or diabetes). You will also be asked to complete a biometric screening, which will include a blood test that primarily focuses on the risk factors for cardiovascular issues. You are not required to complete the HealthCheck or to participate in the blood test or other medical examinations.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

Health care providers and group health plans are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Alliance Coal may use aggregate information they collect to design a program based on identified health risks in the workplace, Raymond D. Wells, PSC (which performs the HealthCheck); Trajectory HealthCare, LLC (which provides certain data analysis services); and the Alliance Coal Health Care Program will not disclose any of your personal information either publicly or to the employer, except as necessary to administer the Alliance Coal Health Care Program or 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 will not 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. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally

identifiable health information from your HRA and biometric screening will be received by employees of Raymond D. Wells, PSC, to provide you with services under the wellness program; by employees of Trajectory HealthCare, LLC, to provide data analysis; and by certain employees of Alliance Coal who work with the Alliance Coal Health Care Program, to administer the Alliance Coal Health Care Program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and encrypted if stored electronically. 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 as soon as possible.

You will not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor will you be subjected to retaliation if you choose not to participate.

By completing the HealthCheck form, you are providing your authorization to the collection of this information and you are confirming that you have received this notice regarding the type of health information that will be obtained, the purposes for which it is used, and the restrictions on disclosure of this information.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Member Services at (855) 979-5192.