



Your privacy is paramount — HIPAA privacy notice

We believe your personal information under our health plans should be kept between you, your health care providers and the plan administrators.

Your health benefit information is also protected by HIPAA (the Health Insurance Portability and Accountability Act of 1996), which provides strict privacy guidelines from the federal government. Enclosed is a legal notice that outlines these HIPAA requirements. No action is required on your part.

We're happy to answer any questions you may have about the HIPAA privacy notice. If you'd like to speak with a benefits representative, please contact the Global HR Service Center at **800.556.6044**, 8 a.m. to 8 p.m. Eastern, Monday through Friday, except certain holidays. When calling the Global HR Service Center, have your phone PIN ready. If you haven't established a phone PIN or need to reset your phone PIN, log on to [My Benefits Resources](https://mybenefitsresources.bankofamerica.com) (mybenefitsresources.bankofamerica.com) > **My Profile** > **Log On Information** > **Service Center PIN** and select the **Change** button. If you need to reset your **My Benefits Resources** password, ensure you know the last four digits of your Bank of America Person Number.

Important note: Receipt of this document does not entitle you to benefits. To be entitled to a benefit from the health and insurance plans, you must meet the eligibility requirements for each individual benefit.

Notice of Privacy Practices

Overview

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.**

Your information Your rights. Our responsibilities.

This is the HIPAA Notice of Privacy Practices for participants in the Bank of America Group Benefits Program (“Plan” or “We”). This Notice describes how we protect health information that we have about you (“Protected Health Information” or “PHI”) and how we may use and disclose this information. PHI is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care. This Notice also describes your rights with respect to the PHI and how you can exercise those rights.

We are required to provide this Notice to you by the federal laws known as the Health Insurance Portability and Accountability Act (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”). We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards. If you have any questions about this Notice or about the Plan’s privacy practices, please reach out to the Contact Person listed at the end of this Notice.

We are required by law to do all of the following:

- Maintain the privacy and security of your PHI
- Provide you with certain rights with respect to your PHI
- Provide you notice promptly if a breach occurs that may have compromised the privacy or security of your information
- Provide you this Notice of the Plan’s legal duties and privacy practices with respect to your PHI
- Follow the terms of this Notice

We reserve our rights to change the terms and policies described in this Notice at any time. We also reserve the right to make the revised or changed terms and policies effective for any PHI that we already have about you, as well as any PHI we may receive in the future. If we do make material changes to the terms and policies in this Notice, we will send you, by mail (to your last known address on file), an updated version of this Notice, which will include the date that the new terms and policies are effective.

Your rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our uses and disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of 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, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared information

- 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.
- 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). 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.

Get a copy of this privacy notice

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.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 6.
- You can file a complaint with 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 **877.696.6775** or visiting hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

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 we will follow your instructions.

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 payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, 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.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our uses and disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

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

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: We contract with carriers to provide our health plans, and the carriers provide certain statistics to explain the premiums we charge.

How else can we use or share your health information?

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. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

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.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have 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 in this notice 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.

For more information see: 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.

Contact information

If you would like to submit a rights request, have any questions or would like further information about the policies described in this Notice, send your request in writing to:

Bank of America Global HR Service Center
Attn: HIPAA Privacy Officer
Department 01487
P.O. Box 64083
The Woodlands, TX 77387-4083

About this Notice

This Notice of Privacy Practices is effective Sept. 1, 2026.

We reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI we maintain. We will provide you with a copy of the new notice (or notice of the revisions) whenever we make a material change to the privacy practices described in this Notice.