PRIVACY NOTICE OF BLUE CROSS AND BLUE SHIELD OF ALABAMA

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 Privacy Notice gives you information required by the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA Privacy Rules) about the duties and privacy practices of BLUE CROSS AND BLUE SHIELD OF ALABAMA to protect the privacy of oral, written, and electronic health information. BLUE CROSS AND BLUE SHIELD OF ALABAMA is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices. Our records show that we provide health, dental and/or long-term care benefits to you under an individual or group policy. We use the terms health and healthcare in this notice to refer to the health, dental and/or long-term care benefits we provide to you.

THE EFFECTIVE DATE OF THIS NOTICE IS February 1, 2026. We are required to follow the terms of this notice until we replace it, and we reserve the right to change the terms of this notice at any time. If we make changes, we will revise it and send a new Privacy Notice to your physical address, your email address if you agree to receive electronic communications, or by prominently posting the revised notice to our website and notifying you in our annual communication. We reserve the right to make the new changes apply to all of your medical information maintained by us before and after the effective date of the new notice.

Purposes for Which We May Use or Disclose Your Medical Information Without Your Consent or Authorization. We may use and disclose your medical information for the following purposes:

Healthcare Providers' Treatment Purposes
For example, we may disclose your medical information to your doctor, at the doctor's request, for your treatment by him or her.

Payment
For example, we may use or disclose your medical information to collect premiums, to pay claims for covered healthcare services or to provide eligibility information to your doctor when you receive treatment. We may also use and disclose your medical information to another covered entity or healthcare provider for the payment activities of the entity that receives your medical information.

Healthcare Operations
For example, we may use or disclose your medical information to conduct quality assessment and improvement activities; for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance; to authorize business associates to perform data aggregation services; to engage in care coordination or case management; and to manage, plan or develop our business. In certain circumstances, we may also disclose your medical information to another covered entity for the limited healthcare operations activities and healthcare fraud and abuse compliance activities of the entity that receives your medical information.

Health Services
We may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may disclose your medical information to our business associates to assist us in these activities.

As Required by Law
For example, we must allow the U.S. Department of Health and Human Services to audit our records. We may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.

To Business Associates
We may disclose your medical information to business associates we hire to assist us. Each of our business associates must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Plan Sponsor
If we provide health benefits to you under a group health insurance policy, we may disclose to the plan sponsor of your group health plan, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. We may also disclose to the plan sponsor the fact that you are enrolled in, or disenrolled from, the group health plan. We may disclose your medical information to the plan sponsor for administrative functions that the plan sponsor provides to the group health plan if the plan sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The plan sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the plan sponsor.

We may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your healthcare or with payment for your healthcare.
- To your personal representatives as designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the healthcare system or government programs.
- For specialized government functions, such as military and veterans activities, or national security and intelligence services.

OVER

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- To public health authorities for public health activities.
- To prevent or report abuse, neglect, or domestic violence, as required or authorized by law.
- To an entity authorized by law or its charter to assist in disaster relief efforts.
- Within a limited data set, if we have a data use agreement with the recipient that meets regulatory requirements.

Potential Impact of State Law

In some situations, the HIPAA Privacy Rules do not preempt (or take precedence over) state privacy laws that give you greater privacy protections. As a result, the privacy laws of a particular state might impose a privacy standard under which we will be required to operate. For example, Alabama law provides additional protections for confidential domestic abuse information in certain circumstances.

Uses and Disclosures with Your Permission

We will not use or disclose your medical information for any other purposes unless you give us your written authorization to do so. For example,in general and subject to specific conditions, we will not use or disclose your psychotherapy notes, will not use or disclose your protected health information for marketing, or fundraising, and will not sell your protected health information, unless you give us a written authorization. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this notice, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information we maintain, except where we have already taken action in reliance on your prior authorization.

Part 2 Program Records

We are not a federally assisted substance use disorder, diagnosis, treatment or referral program covered by 42 CFR Part 2 (Part 2 Program) and we do not create or typically maintain records subject to the Part 2 Program. If we receive any Part 2 Program records with your written consent for claim administration and payment, we will use and disclose them according to HIPAA and your consent. We will not use or disclose your Part 2 Program records in any legal proceedings against you unless authorized by your written consent or a valid court order or other legal requirement after you've been notified and had a chance to respond.

Your Rights

You may make a written request to us to do one or more of the following concerning your medical information that we maintain:

- To place additional restrictions on our use and disclosure of your medical information. We do not have to agree to your request except in case of a disclosure restricted under 45 C.F.R. Section 164.522(a)(1)(vi).
- To communicate with you in confidence about your medical information by a different means or at a different location than we are currently doing. We do not have to agree to your request unless such confidential communications are necessary to avoid endangering you, and your request continues to allow us to collect premiums and pay claims. Your request must specify the alternative means or location. Even though you requested that we communicate with you in confidence, we may give subscribers cost information.
- To see and get copies of your medical information. In limited cases, we do not have to agree to your request.
- To correct your medical information. In some cases, we do not have to agree to your request.
- To receive a list of disclosures of your medical information that we and our business associates made for certain purposes for the last six years (but not for disclosures before April 14, 2003).
- To send you a paper copy of this notice upon request, even if you received this notice by e-mail or on the Internet.

If you want to exercise any of these rights described in this notice, please contact our Privacy Office (below). We will give you the necessary information and forms for you to complete and return to our Privacy Office. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

In addition, we are required by law to maintain the privacy of your verbal, electronic, or written protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Complaints

If you believe we have violated your privacy rights, you have the right to complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us at our Privacy Office (below). We will not retaliate against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at 1-800-292-8868 (TTY users call 711) or write to our Privacy Office:

Blue Cross and Blue Shield of Alabama
Privacy Office
P. O. Box 2643
Birmingham, Alabama 35202-2643

BlueCross BlueShield of Alabama

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