

NOTICE OF PRIVACY PRACTICES

GROUP HEALTH PLANS SPONSORED BY BAXTER CREDIT UNION

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 describes the legal obligations of the group health plans (collectively, the “Plan”) sponsored by Baxter Credit Union (“BCU” or “Plan Sponsor”) to ensure the privacy of protected health information as required by the Health Insurance Portability and Accountability Act of 1996.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Plan may use or disclose protected health information for certain purposes. Protected health information generally includes all individually identifiable health information transmitted or maintained by the Plan regardless of the form of this information, including oral, written and electronic information.

Protected health information does not include “de-identified” information, which is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. The purposes for which use and disclosure of protected health information can be made are (1) for disclosure to you; (2) for carrying out treatment, payment and health care operations; (3) for disclosure to the Plan Sponsor of the Plan, for the purposes of administering the Plan and for other functions specifically authorized under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information; (4) for particular purposes for which use or disclosure is required or permitted under the Department of Health and Human Service regulations regarding Privacy of Individually Identifiable Health Information without authorization or opportunity to agree or disagree with disclosure; (5) for disclosure to family members, other relatives and close personal friends of information relevant to your care or for their notification, following, if practicable, provision of opportunity for you to agree or disagree with the disclosure; and (6) for other purposes following your execution of written authorization for use and disclosure. These purposes are described more fully below. As also set forth below, with certain specific exceptions, the Plan will only disclose the “minimum necessary” amount of protected health information. You should note that information disclosed may be subject to redisclosure by the recipient and no longer considered Protected Health Information.

It should be specifically noted that protected health information that constitutes individual genetic information may not be disclosed by the Plan for underwriting purposes.

1. Disclosure to You.

The Plan may disclose protected health information to you. Procedures for you to obtain this information are set forth in the section concerning your rights with respect to your protected health information.

2. Use and Disclosure to Carry Out Treatment, Payment or Health Care Operations.

The Plan may use or disclose protected health information for purposes of treatment, payment or health care operations. This can include disclosure to the Plan Sponsor of the Plan, the Employer, as discussed in Section 3, below.

- **Treatment**

The Plan may use or disclose protected health information for the purpose of treatment. “Treatment” is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more providers.

For example, the Plan may disclose to a treating orthodontist the name of a treating dentist so that the orthodontist may ask for dental X-rays from the treating dentist.

- **Payment**

The Plan may use or disclose your protected health information for the purpose of “payment.” “Payment” includes but is not limited to actions regarding coverage determinations and payment, including billing, claims management and determination, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and preauthorization.

For example, the Plan may provide information regarding your coverage or health care treatment to another health plan under which you are covered to coordinate payment of benefits.

- **Health Care Operations**

The Plan may use or disclose protected health information for the purpose of conducting its “health care operations.” “Health care operations” include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.

- Underwriting, premium prating or related functions to create, renew or replace health insurance or health benefits.
- Conducting or arranging for medical reviews, legal services, compliance programs and auditing functions, including fraud and abuse prevention.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.
- Certain marketing activities.

For example, the Plan may use information about claims to audit the accuracy of its claims processing function.

3. Disclosure to the Plan Sponsor for Purposes of Plan Administration and other Authorized Purposes.

The Plan may disclose your protected health information to the Plan Sponsor of the Plan, for the purposes of its administration of the Plan and for other functions specifically authorized under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information. This disclosure may be for purposes of the Plan's treatment, payment and health care operations

a. Disclosure to the Plan Sponsor of "Summary Health Information" for Insurance Procurement and Amendment, Modification or Termination of the Plan. The Plan may disclose to the Plan Sponsor "summary health information" (information which summarizes claims history, claims expenses, or types of claims experienced by individuals for whom the Plan Sponsor provides coverage under the Plan and from which aspects permitting identification, other than a five digit zip code, have been eliminated) in order for the Plan Sponsor to obtain premium bids from health plans for providing health insurance coverage under the Plan or for the Plan Sponsor to modify, amend or terminate the Plan.

b. Disclosure to the Plan Sponsor of Enrollment Related Information. In addition, the Plan may disclose to the Plan Sponsor protected health information concerning whether you participate in the Plan or have enrolled or disenrolled from a health insurance issuer or HMO, in the event the Plan were to ever have such options.

c. Disclosure to Plan Sponsor with Authorization. The Plan may disclose protected health information to the Plan Sponsor pursuant to an "authorization" discussed in Section 6 below.

d. Disclosure to Plan Sponsor for Purposes of Plan Administration. The Plan may disclose protected health information to the Plan Sponsor in order for the Plan Sponsor to carry out its responsibilities to administer the Plan.

For example, the Plan may disclose to the Plan Sponsor information relevant to the Plan Sponsor responsibilities to resolve an appeal regarding denial of a claim you might have for

payment of benefits regarding your hospitalization for a particular type of medical services, such as surgery for obesity, which is excluded from the Plan.

In order to disclose protected health information to the Plan Sponsor for this purpose and for any other purpose other than those set forth in Sub-Sections (a) through (c) above, the Plan Sponsor must certify to the Plan that the plan documents have been amended to restrict uses and disclosures of such information by the Plan Sponsor to those permitted by the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information.

4. Use and Disclosure Required or Permitted under HHS Regulations Without Your Authorization or Opportunity to Disagree With Use or Disclosure.

Under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information the Plan is required or permitted to use or disclose protected health information for certain purposes without either your authorization or opportunity to disagree with the use or disclosure.

a. Use or Disclosure Required by Law. The Plan may use or disclose protected health information when it is required to do so by federal, state or local law.

b. Use or Disclosure for Public Health Activities. The Plan may use or disclose protected health information when permitted under the applicable regulations for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. Protected health information may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law. In addition, proof of immunization may be disclosed to a school concerning a student or prospective student where state or other law requires proof of immunization prior to admission and the student (if an adult or emancipated minor) or the parents of the student (if an unemancipated minor) consent to the disclosure.

c. Use or Disclosure Regarding Victims of Abuse, Neglect or Domestic Violence. The Plan may use or disclose protected health information when authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's private health information.

d. Use or Disclosure for Public Health Oversight Activities. The Plan may disclose protected health information to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in connection with audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Plan,

however, may not disclose your protected health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits. The Plan may also disclose treatment records from a federally-assisted substance use disorder program (“SUD Part 2 records”) to a public health oversight agency if the information has been de-identified.

e. Use or Disclosure Related to Judicial and Administrative Proceedings. As permitted or required under state or federal law, the Plan may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Plan makes reasonable efforts to either notify you about the request, to obtain an order protecting your protected health information or otherwise complies with the applicable terms of the HHS Regulations.

However, the Plan will not disclose personally-identifiable SUD Part 2 records in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or the Plan receives a court order issued after the court provided notice and an opportunity to be heard to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested records will be used or disclosed. The written consent described in this paragraph may not be combined with a consent to use or disclose a record for any other purpose.

f. Use or Disclosure for Law Enforcement Purposes. The Plan may use or disclose protected health information for law enforcement purposes which are specifically set forth in the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information, subject to the limitations on SUD Part 2 information set forth above. These situations include but are not limited to cases in which the Plan has a suspicion that your death may have resulted from criminal conduct or the provision of certain limited information for purposes of identifying or locating a suspect, fugitive, material witness or missing person.

g. Use or Disclosure Concerning Persons who have Died. The Plan may use or disclose protected health information when required to be given to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, to carry out duties with respect to a dead person or, if necessary, in reasonable anticipation of the person’s death.

h. Use or Disclosure for Cadaveric Organ, Eye or Tissue Donation Purposes. The Plan may use or disclose protected health information in communications with organ procurement organizations or other agencies engaged in the procurement, banking or transplantation of cadaveric organs, eyes or issue for the purpose of facilitating donation and transplantation.

i. Use or Disclosure for Research Purposes. The Plan may use or disclose protected health information for research purposes, to the extent permitted under the Department of Health

and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information.

j. Use or Disclosure to Avert a Serious Threat to Health or Safety. The Plan, consistent with applicable law and ethical standards of conduct and within the limits permitted under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information use or disclose your protected health information if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of the public.

k. Use or Disclosure for Specialized Government Functions. The Plan may, to the extent permitted under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information, use or disclose your protected health information to facilitate specialized governmental functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

l. Use or Disclosure for Workers' Compensation. The Plan may disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, which provide benefits for work related injuries or illness without regard to fault.

m. Use or Disclosure Concerning Decedents. The Plan may disclose your protected health information to a family member or other person involved in your health care prior to your death if this information is relevant to that person's involvement in your health care or payment for your health care prior to your death unless providing this information is inconsistent with previous expressions you had made to the Plan. In addition, information ceases to be protected health information if fifty years have passed following your death.

5. Use and Disclosure Requiring, if Practicable, Opportunity for You to Agree or Disagree.

The Plan may also use or disclose protected health information for the purposes listed in Sub-Sections (a) and (b), if the conditions in Sub-Section (c) are followed:

a. Disclosure to a Family Member, Relative, Friend or Other Identified Person Involved in Your Health Care or Information Relevant to their Involvement in Your Health Care or Payment for Care. The Plan may disclose to your family member, other relative, your close personal friend or any other person you identify, protected health information relevant to that person's involvement with your health care or with payment related to your health care. Disclosure will be limited to the information which is directly relevant to that person's involvement with your health care.

b. Disclosure to a Family Member, Your Personal Representative or Other Person Responsible for Your Care of Your Location, General Condition or Death. The Plan may

disclose to a family member, your personal representative or other person responsible for your care, information concerning your location, general condition or death.

c. Conditions on Disclosures set forth in Sub-Section (a) and (b).

If you are present or otherwise available prior to a disclosure being made under either Sub-Section (a) or (b) and you have the capacity to make health care decisions, the Plan will not make the disclosure unless (1) your agreement to the disclosure is obtained, (2) you are given an opportunity to object to the disclosure and do not, or (3) the Plan reasonably infers from the circumstances, based on professional judgment, that you do not object to the disclosure.

If you are not present or otherwise available prior to a disclosure being made under either Sub-Section (a) or (b) or if you cannot be given an opportunity to agree or disagree with disclosure due to your incapacity or because of emergency, the Plan may, in the exercise of professional judgment, determine whether disclosure is in your best interests and, if so, disclose only the protected health information that is directly relevant to the particular person's involvement with your health care.

6. Use and Disclosure Requiring Your Authorization.

Except as stated in Sections 1 through 5, above, the Plan will not disclose protected health information other than with your written authorization. You may revoke your authorization in writing at any time subject to applicable law.

Your authorization, which may be revoked in writing at any time subject to applicable law, is specifically required for the following uses and disclosures of protected health information:

- Most uses and disclosures of psychotherapy or substance use disorder counseling notes, written authorization for which use or disclosure of substance use disorder counseling notes cannot and will not be combined with any other written consent for any other purpose;
- Disclosures of SUD Part 2 treatment records absent a court order and accompanying subpoena (as described above) in a civil, criminal, administrative, or legislative proceeding against you (written authorization in this case may not be combined with consent for any other purpose);
- Uses and disclosures of protected health information for marketing purposes;
- Uses and disclosures that constitute a sale of protected health information;
- As set forth above, any use or disclosure that is not described in this Notice of Privacy Practices.

In the event you authorize disclosure of protected health information, that protected health information is maintained in electronic form, your authorization requests that the information be disclosed in electronic form, and the information is readily producible in electronic form, the information will be disclosed in electronic form.

7. Use and Disclosure of the “Minimum Necessary” Amount of Protected Health Information.

When using or disclosing protected health information or when requesting protected health information from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the “minimum necessary” standard will not apply in the following situations:

- Disclosure to or requests by a health care provider for treatment;
- Uses or disclosures made to you;
- Uses or disclosures made pursuant to your written authorization, except for authorizations requested by a covered entity, as described in the Regulations;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosure that are required by law; and
- Uses or disclosures that are required for the Plan’s compliance with legal regulations.

YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION

You have the following rights regarding protected health information that the Plan maintains:

1. Right to Request Restrictions on Use and Disclosure of Protected Health Information.

You may request the Plan to restrict uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact the individual identified below under “Contact Person.”

2. Right to Receive Confidential Communications.

You have the right to request that the Plan communicate with you in a certain way if you feel the disclosure of your protected health information could endanger you. For example, you may ask that the Plan only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the individual identified below under “Contact Person.”. The Plan will attempt to honor your reasonable requests for confidential communications.

3. Right to Inspect and Copy Your Protected Health Information.

You have the right to inspect and copy your protected health information, which is contained in a designated record set maintained by the Plan with the exception of psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding or as otherwise precluded under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information. If the involved information is maintained in electronic form, you request that it be provided you in electronic form, and the information is readily producible in electronic form, the information will be provided you in electronic form. A request to inspect and copy your protected health information must be made in writing to the individual identified below under “Contact Person.”

4. Right to Amend Protected Health Information.

If you wish to amend a record maintained by the Plan, you may request that the Plan amend the record. The request may be made as long as the information is maintained by the Plan in a designated record set. A request for an amendment of a record must be made in writing to the individual identified below under “Contact Person.” The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if the health information record was not created by the Plan, if the protected health information you are requesting to amend is not part of the Plan’s designated record set, if the protected health information you wish to amend falls within an exception to the protected health information you are permitted to inspect and copy under applicable law, or if the Plan determines the records containing your protected health information are accurate and complete.

5. Right to an Accounting of Disclosures of Protected Health Information.

You have the right to request a list of disclosures of your protected health information made by the Plan except for disclosures made (a) for purposes of treatment, payment and health care operations, (b) for other purposes exempt from accounting of disclosures under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information, or (c) to a family member, relative, personal representative, friend or other designated representative for involvement in your health care, payment for your health care or notification. The request must be made in writing to the individual identified below under “Contact Person.” The request should specify the time period for which you are requesting the information but may not request information for a date earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. The Plan will provide the first accounting you request during any twelve (12) month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable.

6. Right to Be Provided Notice of Breach of Unsecured Protected Health Information.

In accordance with procedures under governing law, you have a right to and will receive notification of any breaches concerning your unsecured protected health information.

7. Right to a Paper Copy of this Notice.

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the individual identified below under “Contact Person.”

DUTIES OF THE PLAN

The Plan is required by law to maintain the privacy of your protected health information as set forth in this Notice and to provide you this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. If the Plan changes its policies and procedures, it will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You can obtain a copy of the current Notice on <https://us.bcubenefits.com/> or by making a written request to the Privacy Officer for the Plans at the address listed above.

This Notice does not create any right to employment for any individual, nor does it change BCU’s right to discipline or discharge any of its employees in accordance with its applicable policies.

This Notice explains your privacy rights as a current or former participant in the Plan. The Plans are bound by the terms of this Notice as they relate to the privacy of your PHI. However, this Notice does not change any other rights or obligations you may have under the Plan. You should refer to the various Plan documents for additional information regarding your Plan benefits.

YOUR RIGHT TO COMPLAIN

You have the right to express complaints to the Plan and to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. 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 1-877-696-6775.

Any complaints to the Plan should be made in writing to the individual identified below under “Contact Person.” The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Plan has designated the following as its contact person for all issues regarding your privacy rights, including complaints and questions regarding this Notice:

BCU
ATTN: Privacy Officer for BCU Health Plans
340 N Milwaukee Ave
Vernon Hills, IL 60061
BCU Ethics and Compliance Hotline: 1-844-857-5483

EFFECTIVE DATE

The Notice, as revised, is effective February 16, 2026.