PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL AND FINANCIAL INFORMATION IS VERY IMPORTANT TO US.

At Premera Blue Cross Blue Shield of Alaska, we are committed to maintaining the confidentiality of your medical and financial information, which we refer to as your "personal information," regardless of format: oral, written, or electronic. This Notice of Privacy Practices informs you about how we may collect, use and disclose your personal information and your rights regarding that information.

The effective date of this Notice is January 18, 2026. It will remain in effect until we replace it. This Notice pertains to you and your covered dependents. Please share it with your covered dependents.

OUR RESPONSIBILITIES TO PROTECT YOUR PERSONAL INFORMATION

Under both the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Gramm-Leach-Bliley Act, Premera Blue Cross Blue Shield of Alaska must take measures to protect the privacy of your personal information. In addition, other state and federal privacy laws may provide additional privacy protection. Examples of your personal information include your name, Social Security number, address, telephone number, account number, employment, medical history, health records, claims information, etc.

We protect your personal information in a variety of ways. For example, we authorize access to your personal information by our employees and business associates only to the extent necessary to conduct our business of serving you, such as paying your claims. We take steps to secure our buildings and electronic systems from unauthorized access. We train our employees on our written confidentiality policy and procedures and employees are subject to discipline if they violate them. Our privacy policy and practices apply equally to personal information about current and former members; we will protect the privacy of your information even if you no longer maintain coverage through us.

We are required by law to:

- protect the privacy of your personal information;
- provide this Notice explaining our duties and privacy practices regarding your personal information;
- notify you following a breach of your unsecured personal information; and
- abide by the terms of this Notice.

We are prohibited by law to use or disclose information about a Member's treatment for substance use disorders (or provide testimony based on such information) for any civil, criminal, administrative, or legislative proceedings against the Member. Any such disclosure is permitted only with the member's consent or a special type of court order, for which the Member must have notice and an opportunity to object, as well as a subpoena, court order, or similar legal mandate.

We provide notice that there is a potential for information disclosed pursuant to 45 CFR Parts 160 and 164, the HIPAA Privacy Rule, to be subject to redisclosure by the recipient and no longer protected by the HIPAA Privacy Rule.

HOW WE MAY COLLECT YOUR PERSONAL INFORMATION

We collect most of your personal information directly from you. By submitting an application for coverage with us or being our member, we may also obtain your personal information from third parties without your specific authorization. These third parties may include producers, employers, health care providers, other health plans or insurers, and state and federal agencies.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL INFORMATION

We may use or disclose your personal information without your specific authorization for the purposes described below. We are prohibited by federal law from using or disclosing certain information about a member's substance use disorders for any purpose, unless the Member consents to the uses and disclosures. In most cases, the Member will give consent through the treating provider. For other purposes, we will request your specific authorization in writing, which you may grant or reject. If granted, you can revoke the authorization at any time by letting us know in writing.

Treatment: Though we do not provide treatment, we may disclose personal information about you that your physician or other health care provider requests to help them with your medical treatment or services. For example, we may disclose what prescriptions you have filled to help your physician or other health care provider to prescribe the appropriate medication.

Payment: We may use and disclose personal information so that we can process your medical claims. For example, we may need to disclose personal information to administer your health benefits, to coordinate benefits with other health plans, to determine coverage and to obtain premiums. However, state and federal laws prohibit us from disclosing certain types of sensitive personal information, including psychotherapy notes, about you without your specific authorization.

Health Care Operations: We may use and disclose personal information for health plan operations. For example, we may disclose personal information to conduct quality assessment and improvement activities, to engage in care or case management. However, federal law prohibits us from using or disclosing genetic information for underwriting purposes. State laws may prohibit us from disclosing certain types of sensitive personal information about you to other members of your family without your specific authorization. For example, our care coordination nurse may not be permitted to disclose case management information about an inpatient mental health admission without a specific authorization.

Business Associates: We may disclose your personal information to our Business Associates. These are entities or individuals that are not employed by us that perform health care operations or payment activities on our behalf which require that the Business Associate create, receive, maintain, or transmit your personal information. We must have contracts with our business associates that require them to maintain the confidentiality of your personal information. For example, we may contract with a pharmacy benefit manager to administer prescription drug benefits.

Health Plan Sponsor: The health plan sponsor is usually your employer or trust. We may disclose personal information about you to the plan sponsor through which you receive health benefits to permit the plan sponsor to perform plan administration functions. For example, we typically disclose enrollment and eligibility information.

Appointment/Service Reminders: We may use your personal information to contact you to remind you to obtain preventive health services or to inform you of treatment alternatives and/or health-related products or services that may be of interest to you and are provided by us, included in your plan of benefits or otherwise valuable products or services that are only available to current members.

Individuals Involved in Your Care or Payment for Your Care: We may disclose personal information about you to a family member or other individuals who are directly involved in your care or payment for your care, even after your death.

As Required by Law: We may use or disclose your personal information when required by federal, state or local law. For example, we may disclose personal information to a health oversight agency, to include the Secretary of the Department of Health and Human Services or a state insurance department, for activities such as audits, investigations, or related to licensure. If you receive public benefits through a government program, we may disclose personal information about you to the state or federal agency administering that program or another government program, including workers' compensation programs.

Public Health and Safety: We may disclose personal information about you to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

Research: We may disclose your personal information as part of a limited data set for purposes of research, public health or health care operations. We also may disclose personal information to researchers when their research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the confidentiality of your personal information.

Legal Proceedings: We may disclose your personal information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your personal information to law enforcement officials if we receive a court order, warrant, grand jury subpoena or an inquiry for purposes of identifying or locating a suspect, fugitive, material witness or missing person. If you are an inmate, we may disclose your personal information to correctional institutions as allowed by law.

Military and National Security: Under certain circumstances, we may disclose to military authorities the personal information of armed forces personnel. We may also disclose to authorized federal officials personal information required for lawful intelligence, counterintelligence and other national security activities.

Sales and Marketing: We will not sell your personal information or use or disclose it for marketing purposes without first obtaining your written authorization to do so.

YOUR RIGHTS REGARDING PERSONAL INFORMATION

You have the following rights regarding personal information that we maintain about you.

Inspection: You have the right to request inspection and to receive a copy of a record of your personal information. If we maintain the record electronically, you have the right to request the copy be in the electronic format of your choice. If we cannot readily provide your record in that format, we will provide your record in an electronic format that you and we have agreed to.

Amendment: If you feel the personal information that we maintain about you is incorrect or incomplete, you have the right to request amendment to your personal information.

Restriction Request: You have a right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment and health care operations activities or disclosures to individuals involved in your care.

Confidential Communications: If you believe that disclosure of all or part of your personal information may endanger you, you have the right to request that we communicate with you about health matters at an alternative location. For example, you may ask that we only contact you at your work address.

Accounting of Disclosures: You have the right to an accounting of disclosures we have made for purposes other than for treatment, payment, health care operations, or that you specifically authorized. Your request may be for disclosures made up to 6 years before the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of copying, mailing, and supplies associated with your request.

All of these requests must be made in writing. Please contact us at the phone number below [or visit our web site at www.premera.com] for the applicable request form. Except for accounting of disclosures, we will evaluate each request and communicate to you in writing whether or not we can honor the request. There are instances when we cannot honor your request. For example, we will not amend personal information that was not created by us unless the person or entity that created the information is no longer available to make the amendment. We may also charge a reasonable fee for the costs of copying, mailing and supplies associated with your inspection and amendment requests.

CHANGES TO THIS NOTICE

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about you that we maintain. If we make any changes to our privacy practices, we will provide you with a copy of the revised Notice. We will also post the revised Notice on our web site. If you need a copy of this Notice or want more information about our privacy practices, contact us as described below.

ELECTRONIC NOTICE

If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to receive this Notice in paper form. To obtain a paper copy of this Notice, contact us as described below.

REPORTING A PROBLEM

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.

CONTACT INFORMATION

You may exercise any of your rights described in this Notice, or ask questions about these rights, by contacting us at:

Contact office for all other coverage: Premera Blue Cross Blue Shield of Alaska,
PO Box 91102
Seattle, WA 98111-9202
Telephone:800-508-4722 (TTY: 711)

Notice of availability and nondiscrimination **800-508-4722 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Vala‘au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa‘aopo‘opo talafeagai ma auaunaga.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d’assistance linguistique et des aides et services auxiliaires appropriés.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera 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: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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