

**SENTARA HEALTH PLANS
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the privacy practices of Sentara Health Plans. For purposes of this Notice, “Sentara Health Plans,” “we,” “us,” and “our” refers to Sentara Health Plans and all licensed insurer subsidiaries of Sentara Health Plans. These entities have been designated as a single affiliated covered entity (“ACE”) for federal privacy purposes. The members of the Sentara Health Plans ACE can share “protected health information” (“PHI”) with each other. We do this for the treatment, payment and health care operations of the Sentara Health Plans ACE and as allowed by the Health Insurance Portability and Accountability Act (“HIPAA”).

Sentara Health Plans’ Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered PHI. Sentara Health Plans is required to extend certain protections to your PHI, and to provide you with this Notice about its privacy practices that explains how, when, and why Sentara Health Plans may use or disclose your PHI. Except in specified circumstances, Sentara Health Plans may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

Sentara Health Plans is required to follow the privacy practices described in this Notice, though it reserves the right to change the practices and the terms of this Notice at any time. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. This Notice, and any material revisions of it, also will be provided to you in writing upon your request (contact Sentara Health Plans’ Privacy Official, described below), and will be posted on any website maintained by Sentara Health Plans that describes Sentara Health Plans’ benefits available to members and their dependents.

You may receive one or more other privacy notices from insurance companies that provide benefits under Sentara Health Plans. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How Sentara Health Plans May Use and Disclose Your Protected Health Information

Sentara Health Plans uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of Sentara Health Plans’ uses and disclosures of your PHI.

How Sentara Health Plans May Use and Disclose Protected Health Information About You Without Your Authorization (Permission)

The following sections describe different ways that Sentara Health Plans may use and disclose your protected health information without your authorization (permission). For each category of uses or disclosures, we will describe them and give some examples. Some medical information, such as certain genetic information, certain drug and alcohol information, HIV information, and mental health information, may be entitled to special restrictions by state and federal laws. Sentara Health Plans abides by all applicable state and federal laws related to the protection of such medical information. Not every

use or disclosure will be listed, but all the ways Sentara Health Plans is permitted to use and disclose protected health information about you will fall within one of the following categories.

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment also can include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, Sentara Health Plans may share information about your prior prescriptions with a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.
- **Payment** includes activities by Sentara Health Plans, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, Sentara Health Plans may use your PHI from a surgery you received at a hospital to make payment to the hospital. Sentara Health Plans also may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by Sentara Health Plans (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, Sentara Health Plans may use information about you to review our services, to evaluate the performance of our staff, and to survey you on your satisfaction with our services. We also may use information about your claims to audit the third parties that approve payment for Sentara Health Plans benefits.

Sentara Health Plans will limit the amount of PHI used, disclosed or requested and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If Sentara Health Plans uses or discloses PHI for underwriting purposes, Sentara Health Plans will not use or disclose PHI that is your genetic information for such purposes.

- **To Sentara Health Plans’ Service Providers:** Sentara Health Plans may disclose PHI to its service providers (“business associates”) who perform claim payment and plan management services. Sentara Health Plans requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
- **Other Covered Entities:** A covered entity is defined as either a health plan, a healthcare clearinghouse, or a healthcare provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA’s Administrative Simplification provisions. Sentara Health Plans may use or disclose your protected health information to assist healthcare providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain healthcare operations.
- **Communications with You:** Sentara Health Plans, or its Business Associates, may contact you via telephone, email, or text message about your coverage, care, or payment related activities. As an example, Sentara Health Plans may contact you to discuss coverage for services requiring a prior authorization. We or our Business Associate may also use your protected health information to communicate with you about health-related benefits or services that may be of interest to you, such as available immunizations.

- **Communications with your Personal Representative.** Sentara Health Plans will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with applicable state law. Before we will disclose PHI to such a person, you must submit a written notice of their designation, with documentation that supports their qualification, such as a power of attorney.

Even if you designate someone as your personal representative, we are not required to honor that request if we have a reasonable belief that: (i) you have been or may be subjected to domestic violence, abuse or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) we determine, in our professional judgment, that it is not in your best interest to treat the person as your personal representative.

Sentara Health Plans also may use or disclose your PHI without your written authorization for the following activities:

As Required or Permitted by Law	Sentara Health Plans may disclose your PHI when required to do so by federal and/or state law. This includes sharing information with the Department of Health and Human Services if it want to see that we are complying with federal privacy law.
Workers' Compensation	Sentara Health Plans may disclosure your PHI to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
To Avert a Serious Threat to Health or Safety	Sentara Health Plans may disclose your PHI with the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat). This includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that Sentara Health Plans reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public Health Activities	Sentara Health Plans may disclose your PHI as authorized by law to persons who may be at risk of contracting or spreading a disease or condition; to public health authorities to prevent or control disease or report child abuse or neglect; or to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Sentara Health Plans may disclose your PHI to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or Sentara Health Plans believes that disclosure is necessary to prevent serious harm to you or potential victims. You will be notified of Sentara Health Plans' disclosure if informing you won't put you at further risk

Judicial and administrative proceedings	Sentara Health Plans may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Sentara Health Plans may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information
Law enforcement purposes	Sentara Health Plans may disclose your PHI to law enforcement officials as required by law or legal process, or to identify a suspect, fugitive, witness, or missing person. It also may disclose your PHI if you are a crime victim and if you agree or if disclosure is necessary for immediate law enforcement activity. Sentara Health Plans may disclose your PHI to report a death that may have resulted from criminal conduct; and to provide evidence of criminal conduct on Sentara Health Plans' premises
Decedents	Sentara Health Plans may disclose your PHI to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Sentara Health Plans may disclose your PHI to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Subject to approval by an institutional or private privacy review board and to certain assurances and representations by researchers, Sentara Health Plans may disclose your PHI to researchers engaged in a research project
Health oversight activities	Sentara Health Plans may disclose your PHI to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Sentara Health Plans may disclose your PHI of individuals who are Armed Forces personnel or foreign military personnel to others under appropriate military command; to authorized federal officials for national security or intelligence activities; and to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Sentara Health Plans may disclose your PHI to the Department of Health and Human Services to investigate or determine Sentara Health Plans' compliance with HIPAA

SUD Treatment Information. If Sentara Health Plans receives or maintains any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for treatment, payment or health care operations purposes, Sentara Health Plans will use and disclose your Part 2 Program record for treatment, payment, and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provided to us or another third party, we will use and disclose your Part 2 Program record only as expressly

permitted by you in your consent as provided to us. In no event will Sentara Health Plans use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your written consent or a court order accompanied by a subpoena or other legal requirement compelling disclosure after you received notice and an opportunity to respond.

How Sentara Health Plans May Use and Disclose Protected Health Information About You Upon Your Written Authorization (Permission)

- **Marketing:** Sentara Health Plans must obtain your written permission to use or disclose your protected health information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (for example, a coffee mug), or communication about our own services or products (for example, Sentara Health Plans may send you a postcard announcing new benefits offered under Sentara Health Plans).
- **Sale of Protected Health Information:** Sentara Health Plans must obtain your written permission to disclose your protected health information in exchange for remuneration (payment).
- **Other Uses and Disclosures of Your Protected Health Information:** Other uses and disclosures of your protected health information not covered by the categories included in this Notice or applicable laws, rules, or regulations will be made only with your written permission. If you provide us with such written permission, you may revoke it at any time. We cannot take back any uses or disclosures that we have already made in reliance on your written permission.

How Sentara Health Plans may Use and Disclose Protected Health Information About You if it Provides you an Opportunity to Object

Sentara Health Plans may share with your family, close personal friend, or other person identified by you, PHI directly relevant to such person's involvement with your healthcare, or payment for your health care. We may also share PHI with these people to notify them about your location, general condition, or death. However, Sentara Health Plans may disclose your PHI only if it informs you about the disclosure in advance and you agree or do not object, or it is reasonable to infer that you do not object. If you are incapacitated or there is an emergency situation and you cannot be given your opportunity to object, Sentara Health Plans may disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Your Rights Regarding Protected Health Information About You

You have the following rights regarding your protected health information:

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of the protected health information that is used by us to make decisions about your benefits. The exceptions to this are any psychotherapy notes, information collected for certain legal proceedings, and any protected health information restricted by law.

To inspect and/or receive a copy of your protected health information, Sentara Health Plans requires that you submit your request in writing to Sentara Health Plans' Members Services. If you are unsure where to submit your request, please contact Sentara Health Plans' Privacy Officer (contact information below). If you request a copy of your protected health information, we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. Your request will be fulfilled in a timely manner not to exceed 30 days.

Under certain circumstances, we may deny your request to inspect or copy your protected health information, such as if we believe it may endanger you or someone else. If you are denied access to your protected health information, you may request that another licensed health care professional review the denial. We will comply with the outcome of the review.

Right to Request Confidential Communications: You have the right to request that we use a certain method to communicate with you about Sentara Health Plans matters or that we send Sentara Health Plans information to you at a certain location if the communication could endanger you. For example, you may ask that we send your information by a specific means, such as by U.S. mail only, or to a specified address. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted, including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have. We require that you submit your request in writing to Sentara Health Plans' Members Services. If you are unsure where to submit your request, please contact Sentara Health Plans' Privacy Officer (contact information below).

Right to Request an Amendment: If you feel that the protected health information Sentara Health Plans has about you is incorrect or incomplete, you may ask us to amend the protected health information. To request an amendment, we require that you submit your request in writing and that you provide the reason for the request. You should direct your request to Sentara Health Plans' Members Services. If you are unsure where to submit your request, please contact Sentara Health Plans' Privacy Officer (contact information below). If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), but we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to an Accounting of Disclosures: You have a right to make a written request to receive a list of the disclosures we have made of your protected health information in the six years prior to your request. The accounting of disclosures you receive will not include disclosures made for treatment, payment, or healthcare operations activities of Sentara Health Plans. Additionally, it will not include disclosures made to you. To request an accounting of disclosures, we require that you submit your request in writing to Sentara Health Plans' Privacy Officer (contact information below). You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. You must indicate whether you wish to receive the list of disclosures electronically or on paper.

The first accounting of disclosures you receive in a 12-month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.

Right to Request Restrictions: You have the right to request a restriction, or limitation, on the protected health information we use or disclose about you for payment, or health care operations. We are not required to agree to your request. If we agree to your request, we will comply with your request unless the protected health information is needed to provide you with emergency treatment, or we are required by law to not disclose it.

To request a restriction, you must make your request in writing to Sentara Health Plans' Privacy Officer (contact information provided below) and tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply (for example, disclosures to your spouse). We are allowed to end the restriction by providing you notice. If we end the

restriction, it will only affect the protected health information that was created or received after we notify you.

Right to a Paper Copy of This Notice: You have the right to have a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. Copies of this Notice are available by contacting Sentara Health Plans' Privacy Officer (contact information below). This notice is posted on our website and can be downloaded at: www.sentarahealthplans.com

Right to Receive Notification of a Breach: You have the right to receive written notification of any breach of your unsecured protected health information.

Changes to This Notice: We reserve the right to change this Notice from time to time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any protected health information we receive about you in the future. We will post a copy of the current notice on Sentara Health Plans' website at www.sentarahealthplans.com and provide the revised notice, or information about the material change and how to obtain the revised notice in our next annual mailing to members then covered by Sentara Health Plans. Please review the Notice from time to time to ensure you are familiar with our HIPAA privacy practices.

Questions, Requests, or Complaints: If you have questions or believe that your privacy rights have been violated, you may file a complaint with Sentara Health Plans or with the Secretary of the Department of Health and Human Services. To file a complaint with Sentara Health Plans, contact Sentara Health Plans' Privacy Officer. ***You will not be penalized or retaliated against for filing a complaint.***

Sentara Health Plans
Attn: Privacy Officer
P.O. Box 66189
Virginia Beach, VA 23466
757-552-7485

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

This Notice is effective 04/20/2026 and replaces all earlier versions.