

Bank of America Health Plans' Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Use and disclosure of protected health information

As a participant in a Bank of America group health plan, you are entitled to have the privacy of your individual health information protected by the plan. In addition, federal law requires that this notice be given to you regarding policies and procedures of the plan concerning your protected health information. Federal law also requires that the plan comply with the terms of this notice. This notice is effective as of April 14, 2003, and has been amended effective March 26, 2013.

Your protected health information generally includes all individually identifiable health information that the plan has about you that relates to your past, present or future physical or mental health or condition, health care services provided to you or payment for health care services provided to you. The plan protects the privacy of your protected health information in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable privacy laws. HIPAA generally does not take precedence over state or other applicable privacy laws that provide individuals with greater privacy protections. As a result, when a state law requires the plan to impose stricter standards to protect your protected health information, the plan will follow state law rather than HIPAA. For example, where such laws have been enacted, the plan will follow more stringent state privacy laws that relate to uses and disclosures of protected health information regarding mental health, substance abuse, chemical dependency, HIV or AIDS, genetic testing or reproductive rights.

The plan is permitted to make certain types of uses and disclosures of your protected health information, without your authorization, for treatment, payment and health care operations purposes.

For treatment purposes, such use and disclosure may take place in providing, coordinating or managing health care and its related services by one or more of your providers, such as when your primary care physician consults with a specialist regarding your condition.

For payment purposes, such use and disclosure may take place to determine responsibility for coverage and benefits, such as when health plans confer to resolve a coordination-of-benefits issue. The plan also may use your protected health information for other payment-related purposes, such as to assist in making plan eligibility and coverage determinations or for utilization review activities.

For health care operations purposes, such use and disclosure may take place in a number of ways involving plan administration, including for quality assessment and improvement, vendor review and underwriting activities. Your information could be used, for example, to assist in the evaluation of one or more vendors who support the plan, or you may be provided with reminders or information about treatment alternatives or other health-related benefits and services available under the plan. However, your health plan is prohibited from using or disclosing genetic information for underwriting purposes.

Your protected health information may also be disclosed to Bank of America employees who are involved in plan administration in connection with these activities. If you are covered under an insured

health plan, the insurer also may disclose your protected health information to Bank of America in connection with payment, treatment or health care operations.

In addition, the plan may use or disclose your protected health information without your authorization under conditions specified in federal regulations, including:

- As required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law

- For public health activities (e.g., to a public health authority to prevent or control disease, injury or disability or to report births or deaths)

- Disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence

- To a health oversight agency for oversight activities authorized by law

- In connection with judicial and administrative proceedings (e.g., if you are involved in a lawsuit or dispute, the plan may disclose your protected health information in response to a court or administrative order)

- To a law enforcement official for law enforcement purposes (e.g., to help the law enforcement official identify or locate certain individuals)

- To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law

- To funeral directors, consistent with applicable law and as necessary for them to carry out their duties

- To cadaveric organ, eye or tissue donation programs

- For research purposes, as long as certain privacy-related standards are satisfied

- To avert a serious threat to health or safety of a person or the public

☒ For specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)

☒ To the U.S. Department of Health and Human Services when it is investigating or determining the plan's compliance with HIPAA

☒ For Workers' Compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault

The plan may disclose to one of your family members, to a relative, to a close personal friend or to any other person identified by you, protected health information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, the plan may use or disclose the protected health information to notify a member of your family, your personal representative, another person responsible for your care or certain disaster relief agencies of your location, general condition or death. If you are incapacitated, there is an emergency or you otherwise do not have the opportunity to agree to or object to this use or disclosure, the plan will do what, in its judgment, is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care.

Other uses and disclosures that are not permitted under the federal regulations will be made only with your written authorization, and you may revoke your authorization in writing at any time. Specifically, your authorization is required for uses and disclosures of your protected health information for marketing purposes; uses that constitute the sale of protected health information; and uses and disclosures of psychotherapy notes. You may ask 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. You also have the right to restrict disclosures of protected health information to the plan if you have paid for services out of pocket in full. You may exercise these rights by contacting the Global HR Service Center, and you will be provided with additional information.

You have the right to request the following with respect to your protected health information: (a) inspection and copying; (b) amendment or correction; (c) an accounting of certain non-routine disclosures of this information by the plan (you are not entitled to an accounting of disclosures made for payment, treatment or health care operations, or disclosures made pursuant to your written authorization); (d) a paper copy of this notice even if you agreed to receive the notice electronically; and a right to receive an electronic copy of your personal health record. You may exercise these rights

by contacting the Global HR Service Center at **1.800.556.6044** for enrollment information and to request another copy of this notice. Contact the appropriate health plan directly to exercise your rights related to health care claims information.

You have the right to request in writing that you receive your protected health information by alternative means or at an alternative location if you reasonably believe that disclosure could pose a danger to you. You may exercise this right by contacting the Global HR Service Center.

Bank of America reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information maintained by the plan. If this notice is materially changed, you will receive a new notice if you are still participating in the plan at that time.

If you believe that your privacy rights have been violated, you may complain to the plan in writing at the location described below under "Additional information" or to the appropriate regional office of civil rights, based on the region in which the alleged violation took place. See

<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html> for the address of the appropriate regional office. You may also call **1.800.368.1019** if you need help with filing a complaint.

You will not be retaliated against for filing a complaint.

Additional information

For further information, contact the Global HR Service Center.

Bank of America Global HR Service Center

PO Box 563910

Charlotte, NC 28256

NOTICE REGARDING THE BANK OF AMERICA WELLNESS PROGRAM

The Bank of America Wellness Program is a voluntary wellness program available to all employees enrolled in an eligible Bank of America medical plan and covered spouses, partners or other adult dependents. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you and your covered spouse/partner choose to participate in the wellness program you will be asked to complete voluntary wellness activities – a health questionnaire and a biometric screening. This questionnaire, often referred to as a health risk assessment or "HRA", asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). The biometric screening includes a non-fasting blood test for total cholesterol. You and your spouse/partner are not required to complete the wellness activities. However, employees and covered spouses/partners who choose to complete the wellness activities will each receive a \$500 credit, for a total of \$1,000, toward your annual medical plan premium. Although you are not required to complete the wellness activities – the health questionnaire and biometric screening - only employees and covered spouses/partners who do so will maintain the \$500 credit toward annual medical plan premiums.

Additional incentives and/or surcharges may be included for employees and/or covered spouse/partners who do or do not participate in certain health-related activities or achieve certain health outcomes such as quitting tobacco use. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Global HR Service Center at 800.556.6044.

The information from your health questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching and condition management. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Bank of America may use aggregate information collected to design programs based on identified health risks in the workplace, the wellness program administrators will never disclose any of your personal information either publicly or back to Bank of America, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information

for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health coaches or nurses who work for your insurance carrier or other third parties who have developed specific programs for Bank of America employees in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Global HR Service Center at 800.556.6044.