CareScout Insurance Company

NOTICE OF PRIVACY PRACTICES

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Effective Date: February 16, 2026

This Notice of Privacy Practices (the "Notice") describes your rights concerning your Protected Health Information ("PHI"). PHI is information that may identify you and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you. This Notice also describes how we may use and disclose your PHI.

The Health Insurance Portability and Accountability Act ("HIPAA") requires us to:

- Provide you with this notice of our legal duties and privacy practices with respect to PHI.
- Maintain the privacy of your PHI.
- Comply with the terms of our privacy notice that is in effect.

We reserve the right to change this Notice as permitted by law, and such change will apply to all medical information that we maintain, including PHI that was received by us before the effective date of the new notice. If we make a material change to this Notice, we will post a copy of the revised Notice of Privacy Practices on our web site at www.CareScout.com and:

- In our next annual mailing to you, provide information about the material change and how you may obtain the revised Notice of Privacy Practices, or
- Communicate the changes in such other ways that HIPAA then allows.

This Notice applies only to individual or group products that provide, or pay the cost of, medical care including long-term care insurance policies, certain long-term care insurance riders on life insurance policies, and Medicare Supplemental insurance. It does not apply to products (such as a life insurance or disability insurance) that may involve some use or disclosure of health information, but whose primary function is not the reimbursement of the costs of medical care.

Use And Disclosure Of PHI Without Your Written Authorization

Below is a description of ways in which we may use and disclose the PHI we receive about you without your specific permission. Where state or federal law provides additional restrictions on how we can use and disclose certain information, we will follow applicable state or federal laws.

- **Uses and Disclosures for Payment.** We may use or disclose your PHI for payment-related purposes. Payment related disclosures may include disclosures necessary for: making claim decisions, care coordination activities, coordinating benefits with other insurers or payers,

and billing. For example, we may use your PHI to determine if you are eligible for benefits under the terms of a long-term care insurance policy.

- **Uses and Disclosures for Health Care Operations.** We may use or disclose your PHI to support our health insurance operations. These functions include, but are not limited to: quality assessment and improvement, making claim decisions, billing, related health care data processing, licensing, business planning, care coordination activities, and business development. For example, we may use your information to respond to your customer service inquiry or to offer an enhancement to your existing coverage. We also may use and disclose your information for underwriting and premium rating our risk for health coverage (although, outside of long-term care insurance, we are prohibited from using or disclosing any genetic information for these underwriting purposes).

- **Business Associates.** We contract with individuals and entities (known as "business associates") to perform various functions on our behalf or to provide certain types of services. These business associates may include insurance agents, claim payment administrators, information technology service, and others. We may disclose PHI to a business associate if they need the PHI to provide a service to us. We enter into contracts with these business associates concerning the privacy and security of your PHI and these Business Associates are obligated to follow federal rules concerning privacy and security.

- **Plan Sponsor.** If you are insured under a group long-term care insurance policy, we may also disclose your PHI to the sponsor of your benefit plan.

Other Possible Uses and Disclosures of PHI
The following is a description of other possible ways in which we may (and are permitted to) use or disclose your PHI without your authorization. We may disclose your PHI without your authorization:

- To a health oversight agency for activities authorized by law, such as audits; investigations; civil, administrative, or criminal proceedings or actions;
- As federal, state, or local law requires the use or disclosure;
- To a public health authority or cooperating foreign government official for public health activities;
- To a government authority authorized to receive reports of abuse, neglect, or domestic violence;
- In the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal; and in response to a subpoena, a discovery request, or other lawful process, unless otherwise restricted by applicable law, such as 42 CFR Part 2 (see “Substance and Alcohol Use Disorder Records” for additional information);
- To law enforcement officials for law enforcement purposes, unless otherwise restricted by applicable law, such as 42 CFR Part 2 (see “Substance and Alcohol Use Disorder Records” for additional information);
- To a coroner or medical examiner, funeral directors, or for organ or tissue donation purposes;
- As allowable by law, for research purposes;
- If we believe that the disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public;

- For activities deemed necessary by appropriate military command authorities or for national security and intelligence activities;
- If you are an inmate of a correctional institution, to the correctional institution or to a law enforcement official; and
- To comply with workers' compensation laws and other similar programs.

Others Involved in Your Health Care. Unless you object, we may disclose your PHI to a friend or family member that you have identified as being involved in your health care. If you are not present or able to agree to these disclosures of your PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Substance and Alcohol Use Disorder Records. Certain PHI we receive and maintain may also be protected under 42 CFR Part 2. If we receive, maintain, or transmit substance or alcohol use disorder records originating from a Part 2 program, those records are subject to additional federal confidentiality protections.

Required Disclosures of Your PHI

The following is a description of disclosures that we are required by law to make.

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** We may be required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.

- **Disclosures to You.** We are required to disclose to you most of your PHI in a "designated record set" when you request access to this information.

Your Authorization To Use and Disclose PHI

We will not use or disclose your PHI without your written authorization unless the use or disclosure is described in this Notice. For example, most (but not all) uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of PHI, require your authorization. Most disclosures of psychotherapy notes cannot be made without your authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect, or for any other situation where we have already acted in reliance on the authorization.

Redisclosure of PHI by Recipient

Anyone to whom we may disclose your PHI pursuant to the HIPAA Privacy Rule may redisclose your PHI and that information may no longer be protected by the HIPAA Privacy Rule.

Your Rights

The following is a description of your rights with respect to your PHI.

- **Right to Request a Restriction.** You have the right to request a restriction on the PHI we use or disclose about you for payment or health care operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you. You

may request a restriction by writing. In your request tell us: (1) the information whose disclosure you want to limit and (2) how you want to limit our use and/or disclosure of the information.

- **Right to Request Confidential Communications.** If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you can ask that we only contact you at your work address or via your work e-mail.

  You may request an alternative means of communication by writing. In your request tell us: (1) the parts of your PHI that you want us to communicate with you in an alternative manner or at an alternative location and (2) that the disclosure of all or part of the information in a manner inconsistent with your instructions would put you in danger.

- **Right to Inspect and Copy.** You have the right to inspect and obtain a paper or electronic copy of your PHI that is contained in a "designated record set." Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or information we compile in anticipation of a claim or legal proceeding.

  To inspect and obtain a copy your PHI that is contained in a designated record set, you must submit your request in writing to CareScout, Privacy Compliance Office, P.O. Box 40005, Lynchburg, VA 24506: 1-833-799-8030.

  If you would like to specify a particular form or format for the information, we will try to accommodate your request if it can readily be produced in that manner; otherwise, we will provide a paper copy or other form or format that we agree upon. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

  We may deny your request to inspect and obtain a copy of your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial.

- **Right to Amend.** If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. You may request that we amend your information by writing, and should include the reason the amendment is necessary.

- **Right of an Accounting.** You have a right to an accounting of certain disclosures of your PHI that are for reasons other than payment or health care operations. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by submitting your request in writing. 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 for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To fulfill any of the above requests in writing, send the description of your request to: CareScout, Privacy Compliance Office, P.O. Box 40005, Lynchburg, VA 24506: 1-833-799-8030.
- **Right to be Notified Following a Breach of Unsecured PHI.** You have the right to and will receive a notification if we or one of our business associates has a breach of information security involving your unsecured PHI.

- **Filing a Complaint.** You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by writing to: CareScout, Privacy Compliance Office, P.O. Box 40005, Lynchburg, VA 24506: 1-833-799-8030.

  You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.