

TRUIST FINANCIAL CORPORATION HEALTH CARE PLAN

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. ADDITIONAL INFORMATION ABOUT TRUIST'S HIPAA FRAMEWORK CAN BE FOUND ON POLICY AND PROCEDURE MANAGER (PPM).

Our Privacy Promise

We will keep your medical information private. We will also give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. We will follow the privacy practices that we describe in this notice while it is in effect. This notice takes effect September 1, 2021. It will remain in effect until it is changed or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as the law allows it. We reserve the right to make these changes effective for all medical information that we keep, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to you at the time of the change. You may request a copy of our notice at any time or see a copy on our Web site at <https://benefits.truist.com/notices.html>.

Uses and Disclosures of Medical Information

We may use and disclose medical information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use and disclose your medical information to a physician or other healthcare professional so they can treat you.

Payment: We may use and disclose your medical information for these and other related activities:

- to pay claims from physicians, hospitals and other healthcare professionals for services you received that your health plan covers
- to determine your eligibility for benefits
- to coordinate those benefits
- to determine medical necessity
- to obtain premiums
- to issue explanations of benefits to you

We may disclose your medical information to a healthcare professional or entity also bound by the federal Privacy Rules so they can obtain payment or engage in payment activities.

Healthcare Operations: We may use and disclose your medical information in the normal course of our healthcare operations. This includes:

- determining our risk and premiums for your health plan
- quality assessment and improvement activities
- reviewing the qualifications of healthcare professionals; evaluating practitioner and provider performance; conducting training

programs, accreditation, certification, licensing or credentialing activities

- medical review, legal services and auditing, including fraud and abuse detection and compliance
- business planning and development
- business management and general administrative activities, including management activities relating to privacy, customer service, resolving internal grievances, and creating de-identified information or a limited data set.

We may disclose your medical information to another entity that has a relationship with you and is also bound by the federal Privacy Rules, for their healthcare operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing healthcare fraud and abuse.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time. This will not affect any uses and disclosures that your authorization allowed while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any reason except those described in this notice.

Your Family and Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. We may use or disclose your name, location, and general condition or death to notify, or help notify (including identifying or locating) a person involved in your care.

Before we disclose your medical information to that person, we will give you a chance to object to us doing so. If you are not available, or if you are incapacitated or in an emergency situation, we will disclose your medical information based on our professional judgment of what we think would be in your best interest.

Employer or Organization Sponsoring Your Group Health Plan: We may use your medical information and that of others in your group health plan so we can administer the plan. Please see your group health plan document for a full explanation of the uses and disclosures that the plan sponsor may make of your medical information in providing plan administration.

We may use summary information about those in your group health for two reasons. One is to get premium bids for health insurance coverage. The

second is to decide whether to modify, amend or terminate coverage. The summary information we may use summarizes claims history, claims expenses or types of claims those in your group health plan have filed. The plan sponsor may be able to identify you or others from the summary information.

Underwriting: We may use your medical information for underwriting, premium rating or other activities we do to create, renew or replace a contract of health insurance or health benefits. We will not use or further disclose this medical information for any other purpose, except as required by law and allowed by this notice. Note that the Genetic Information Nondiscrimination Act (GINA) prohibits using medical information that is genetic information for underwriting purpose.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Other Exceptions: We may use or disclose your medical information as authorized by law for the following purposes:

- as required by law
- for public health activities. These include disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury.
- to report adult abuse, neglect or domestic violence
- to health oversight agencies
- in response to court and administrative orders and other lawful processes
- to law enforcement officials in response to subpoenas and other lawful processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and to identify or locate a suspect or other person
- to coroners, medical examiners and funeral directors
- to organ procurement organizations
- to avert a serious threat to health or safety
- in connection with certain research activities
- to the military and to federal officials for lawful intelligence, counterintelligence and national security activities
- to correction institutions regarding inmates
- as authorized by workers' compensation laws.

Health-Related Services. We may use your medical information to contact you about health-related benefits and services or about treatment alternatives. We may disclose your medical

information to a business associate to assist us in these activities.

Marketing. The Plan will obtain your written authorization to use or disclose medical information for marketing purposes where the Plan receives financial remuneration or for the sale of medical information. We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

Psychotherapy Notes. The Plan will obtain your written authorization to use or disclose medical information with respect to psychotherapy notes, except for limited health care operation purposes.

Breach. The Plan is required to notify you if there is a breach of your unsecured protected health information.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with some exceptions. You may request that we provide copies in a format other than photocopies or to request an electronic copy. To get your medical information, you must make a request in writing. You may obtain a form to request access by using the contact information listed at the end of this notice or by emailing benefits@truist.com. If you request copies, we will charge you a reasonable fee for each page and for staff time to copy your medical information. We also will charge for postage if you want us to mail the copies to you. If you request another format, we will charge a cost-based fee for providing your medical information in that format. Contact us using the information listed at the end of this notice for a full explanation of our fees.

Disclosure Accounting: You have the right to request in writing to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain other activities for the six years prior to your request. We will give you the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fees.

Restriction: You have the right to request in writing that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions except in limited circumstances, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement for us. We will not be bound unless our agreement is in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by other means or to other locations. You must make your request in writing. You must state that the information could endanger you if we do not communicate to you in confidence as you request. We must accommodate your request if it is reasonable, if it specifies the other means or location, and if it permits us to continue to collect premiums and pay claims under your health plan.

We will not be bound to your confidential communications request unless our agreement is in writing.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing. It must explain why we should amend the information. We may deny your request if we did not create the information you want amended and the person or entity that did create it is available or we may deny your request for certain other reasons. If we deny your request, we will send you a written explanation. You may respond with a statement of disagreement that we will add to the information you wanted to amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our Web site or by electronic mail (e-mail), you may request this notice in written form. Please contact us using the information listed at the end of this notice to request this notice in written form.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

State Law. Under the HIPAA privacy and security rules, the Plan is required to comply with State laws,

if any, that also are applicable and are not contrary to HIPAA (for example, where state laws may be stricter).

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your privacy rights, you may tell us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. You can contact them directly at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information:

HR HIPAA Privacy Officer

Steve Reeder

Address:

Truist Financial Corporation

214 N Tryon Street, 45th Floor

Charlotte NC 28202