

BASS PRO SHOPS

HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

1. **Background.** This is your Health Information Privacy Notice from the Bass Pro Shops Health Plan (the “Health Plan”). **Please read it carefully.** You have received this Notice because of your rights under the Health Insurance Portability and Accountability Act (“HIPAA”) and/or your participation in the Health Plan. The Health Plan and Bass Pro Shops strongly believe in protecting the confidentiality and security of information received about you during the course of administering the Health Plan.

This Notice describes how the Health Plan protects the Personal Health Information (under HIPAA, this is referred to as “Protected Health Information” or “PHI”) we have obtained about you relating to your health coverages, and how the Health Plan may use and disclose this information. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This Notice also describes your rights with respect to your PHI and how you can exercise those rights.

The Health Plan is required to provide this Notice to you under HIPAA. Please see the Privacy Notices contained in Workday under Pay & Benefits in the Suggested Links section. You may submit questions to the Health Plans there or you may write directly to, HIPAA Privacy Officer, Bass Pro Shops, 2500 East Kearney Street, Springfield, MO 65898.

This Privacy Notice is effective as of September 23, 2017. Updated February 16, 2026

2. **Health Plans Subject to HIPAA.** This notice refers to the Health Plan and the benefits paid under the Health Plan, but it does not refer to any fully insured plans or voluntary benefits paid for by the employee. The various Health Plans maintained by Bass Pro Shops which are referred to individually and collectively in this Notice include:
 - a. Bass Pro Shops Group Medical Plan
 - b. Bass Pro Shops Group Pharmacy Benefit Plan
 - c. Bass Pro Shops Group Dental Plan
 - d. Bass Pro Shops Group Vision Plan
 - e. Bass Pro Shops Healthcare Flexible Spending Account
 - f. Bass Pro Shops Wellness Program
 - g. Bass Pro Shops Employee Assistance Program
 - h. Bass Pro Shops Family Health Center & Pharmacy

3. **Legal Requirements.** The Health Plan is required by law to:
- a. Maintain the privacy of your PHI;
 - b. Provide you this Notice of the Health Plan's legal duties and privacy practices with respect to your PHI; and
 - c. Follow the terms of this Notice. The Health Plan reserves the right to change the terms of this notice and to make the new notice provisions applicable to all PHI the Plan maintains.

The Health Plan **protects** your PHI from inappropriate use or disclosure. The Health Plan, the employees of Bass Pro Shops responsible for the administration of the Health Plan, and all companies that help maintain and administer the Health Plan, are required to comply with the Health Plan's requirements that protect the confidentiality of PHI. All authorized entities and individuals may only look at your PHI when there is an appropriate reason to do so, such as to administer healthcare services under the Health Plan.

The Health Plan will not disclose your PHI to any company for their use in marketing their products to you. However, as described below, the Health Plan may use and disclose PHI about you for business purposes relating to your health coverage.

4. **Use and Disclosure of PHI.** The main reason for which the Health Plan may **use** and may **disclose** your PHI is to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you. The following describes these and other uses and disclosures, together with some examples.
- a. **For Payment.** The Health Plan may use and disclose PHI to pay for benefits under your health coverages. For example, the Health Plan may review PHI contained on claims to reimburse providers for health services rendered to you and your family. The Health Plan may also disclose PHI to insurance carriers and third party administrators to coordinate benefits with respect to a particular claim. Additionally, the Health Plan may disclose PHI to another health plan or an administrator of an employee welfare benefit plan for various payment related functions, such as eligibility determination, audit and review or to assist you with your inquiries for coverage or disputes.
 - b. **For Health Care Operations.** The Health Plan may also use and disclose PHI for insurance operations or to administer self-insured programs. These purposes include evaluating a request for health insurance requested by you. The Health Plan may also disclose PHI to Business Associates, if they need to receive PHI to provide a service and have agreed to abide by specific HIPAA rules relating to the protection of PHI. Examples of Business Associates are billing companies, data processing companies, or companies that provide general administrative services. PHI may be disclosed to reinsurers for underwriting, audit or claim review reasons. PHI may also be disclosed as part of a potential **merger or acquisition** in order to make an informed business decision regarding any such prospective transaction. However, PHI that is genetic

information (including family medical histories) may not be used or disclosed for underwriting purposes (except with regard to long term care insurance).

- c. **For Treatment.** The Health Plans may use and disclose PHI for purposes of your treatment. Treatment means the coordination or management of health care and related services by one or more health care providers, including, for example:
- i. The coordination or management of health care by a health care provider with a third party;
 - ii. Consultation between health care providers relating to a patient; or
 - iii. The referral of a patient from one health care provider to another.

However, PHI that is genetic information (including family medical histories) may not be used or disclosed for underwriting purposes (except with regard to long term care insurance).

- d. **Where Required by Law or for Public Health Activities.** The Health Plan may disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities. The Health Plan may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- e. **To Avert a Serious Threat to Health or Safety.** The Health Plan may disclose PHI to avert a serious threat to someone's health or safety. The Health Plan may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- f. **For Health-Related Benefits or Services.** The Health Plan may use PHI to provide you with information about benefits available to you under your current coverages or policies and, in limited situations, about health-related products or services that may be of interest to you, including treatment alternatives, subject to limits imposed by law. The Health Plan may use or disclose PHI to send you reminders about your benefits or case, such as appointment or refill reminders.
- g. **For Law Enforcement or Specific Government Functions.** The Health Plan may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. The Health Plan may disclose PHI about you to federal officials for intelligence, counterintelligence, and other military and national security activities authorized by law.
- i. **When Requested as Part of a Regulatory or Legal Proceeding.** If you or your estate is involved in a lawsuit or a dispute, the Health Plan may disclose PHI about you in response to a court or administrative order. The Health Plan may also disclose PHI

about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. The Health Plans may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

The Plan is not a federally assisted substance use disorder diagnosis, treatment or referral program that is covered by 42 CFR Part 2 (a “Part 2 Program”) and does not create and does not typically maintain any records that are subject to 42 CFR Part 2. If the Plan does receive any Part 2 Program records pursuant to your written consent for claim administration and payment, the records will only be used and disclosed in accordance with HIPAA. In no event will the Plan disclose your Part 2 Program records, or testimony relaying the contents of such records, in any civil, criminal, administrative, or legislative proceedings against you, unless you provide written consent, or pursuant to a court order after you or the holder of the records have been provided notice and an opportunity to be heard

- i. **For Plan Sponsors.** The Health Plans may share PHI with your Employer, the Plan Sponsor, for plan administration, subject to the Sponsor’s agreement to special restrictions on its use and disclosures of the information.
- j. **To Persons Involved With Your Care.** The Health Plans may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, the Health Plans will use its best judgment to decide if the disclosure is in your best interests.
- k. **For Workers’ Compensation.** The Health Plan may disclose your health information as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- l. **For Reporting Victims of Abuse, Neglect or Domestic Violence.** The Health Plan may disclose your health information to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- m. **For Research Purposes.** The Health Plans may disclose your health information for research purposes, such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- n. **For Organ Procurement Purposes.** The Health Plans may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- o. **To Correctional Institutions or Law Enforcement Officials.** The Health Plans may disclose your health information if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (i) for the

institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

- p. **For Data Breach Notification Purposes.** The Health Plans may use your contact information to provide notices of unauthorized acquisition, access, or disclosure of your health information.
 - q. **Fundraising.** The Health Plans may use only your demographic information and dates you received health care services for fundraising, and the Health Plans will always provide you with the ability to opt-out of future fundraising communications.
5. **Authorization Required.** Uses and disclosures of PHI not covered by this Notice and permitted by the laws that apply to the Health Plans will be made only with your **written authorization** or that of your legal representative. There are also a few specific situations, which will rarely, if ever surface with respect to the Health Plans, but where authorization is required for the use or disclosure PHI, including:
- a. Most uses and disclosures of psychotherapy notes;
 - b. Uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;
 - c. Disclosures that constitute a sale of PHI; and
 - d. Any other uses or disclosures not described in this Notice.

If the Health Plans are authorized to use or disclose PHI about you, you or your legally authorized representative may **revoke** that authorization **in writing**, at any time, except to the extent that the Health Plans have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining any coverages. You should understand that the Health Plans will not be able to take back any disclosures the Health Plans have already made with authorization.

The Health Plans are prohibited from using or disclosing your genetic information for underwriting purposes.

6. **Your Rights Regarding Protected Health Information the Health Plan Maintains About You.** The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please write to the individual(s) at the locations listed in this document for an explanation of your rights.
- a. **Right to Inspect and Copy your PHI.** Please note that most of the PHI you may need from time to time will be resident with your doctor, a hospital that treated you, or some other provider. In those cases, you will get that PHI from those sources. Occasionally, you will need to get PHI from the Health Plan. In those cases, you have the rights to obtain information outlined in this Section 6.

In most cases, you have the right to inspect and obtain a copy of the PHI that the Health Plan maintains about you. To inspect a copy of your PHI, you must submit your request

in writing to HR Benefits, HIPAA Privacy Officer, Bass Pro Shops, 2500 East Kearney Street, Springfield, Missouri 65898. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes PHI collected by the Health Plan in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances, the Health Plan may deny your request to inspect and obtain a copy of your PHI. If the Health Plan does, you may request that the denial be reviewed. The review will be conducted by an individual chosen by the Health Plan who was not involved in the original decision to deny your request. The Health Plan will comply with the outcome of that review.

- b. **Right to Amend Your Protected Health Information.** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask the Health Plan to amend your PHI while it is kept by or for the Health Plan. You must provide your request and your reason for the request in writing, and submit it to the HIPAA Privacy Officer at the above address. The Health Plan may deny your request if it is not in writing or does not include a reason that supports the request. In addition, the Health Plan may deny your request if you ask the Health Plan to amend PHI that:
- i. Is accurate and complete;
 - ii. Was not created by the Health Plan, unless the person or entity that created the PHI is no longer available to make the amendment;
 - iii. Is not part of the PHI kept by or for the Health Plan; or
 - iv. Is not part of the PHI which you would be permitted to inspect and copy.
- c. **Right to a List of Disclosures.** You have the right to request a list of the disclosures the Health Plan has made of PHI that the Health Plan has about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request **in writing** to HIPAA Privacy Officer at the address shown above. All requests will be forwarded to the applicable third party administrator or insurance company, as applicable. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than **6** years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a **12**-month period will be free. The Health Plan may charge you for responding to any additional requests. The Health Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- d. **Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI the Health Plan uses or discloses about you for treatment, payment or health care operations, or that the Health Plan discloses to someone who may be involved in your care or payment for your care, like a family member or friend. While the Health Plan will consider your request, the Health Plan is not required to agree to it except to the extent that you request a restriction on a use or disclosure for payment or health care

operations with respect to an item or service that you have paid for entirely out-of-pocket, if applicable to the Health Plan. If the Health Plan does agree to a restriction or limitation, the Health Plan will comply with your request. To request a restriction, you must make your request in writing to HIPAA Privacy Officer at the above address. All requests will be forwarded to the applicable third party administrator or insurance company, as applicable. In your request, you must tell the Health Plan (i) what information you want to limit; (ii) whether you want to limit the Health Plan's use, disclosure or both; and (iii) to whom you want the limits to apply (for example, disclosures to your spouse or parent). The Health Plan will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer the Health Plan.

Normally your PHI, once disclosed by the Health Plan as provided in this Notice, is not subject to redisclosure. For instance, where disclosure is made to a business associate to administer the Plan, it continues to be subject to appropriate safeguards. In some unusual circumstances, however, it may be subject to redisclosure and no longer protected as provided in this Notice.

- e. **Right to Receive Confidential Communications.** You have the right to receive communications about your PHI from the Health Plan in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that the Health Plans only contact you at work or by mail. To request confidential communications, you must make your request **in writing** to HR Benefits, HIPAA Privacy Officer, Bass Pro Shops, 2500 East Kearney Street, Springfield, Missouri 65898. All requests will be forwarded to the applicable third party administrator or insurance company, as applicable. Please specify how or where you wish to be contacted. The Health Plans will accommodate all reasonable requests.
- f. **Right to File A Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Health Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Health Plan, please contact the Health Plan HIPAA Privacy Office or the Human Resources Department at the above address. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as how to file a complaint, please contact the Health Plan at (417) 873-4357 Option 2, or at hrbenefits@basspro.com.
- g. **Right to Notice of a Breach.** HIPAA requires that Notice be provided to you in situations where HIPAA regards your information to be unsecured and the privacy of that your information to be breached. You will be notified in the event of a breach that is determined to pose more than a low risk to the privacy of your PHI.

7. **Additional Information**

- a. **Changes to This Notice.** The Health Plan reserves the right to change the terms of this Notice at any time. The Health Plan reserves the right to make the revised or changed notice effective for PHI the Health Plan already has about you as well as any PHI the Health Plan receives in the future. The effective date of this Notice and any revised or

changed Notice, may be found on the first page and the last page, on the bottom right hand corner of this Notice. If this Notice is materially changed, a revised version of this Notice will be posted on the Health Plan's website no later than the effective date of the change, and the Plan will provide the revised Notice in the next annual mailing to participants.

- b. **Further Information.** You may have additional rights under other applicable laws. For additional information regarding the Health Plan, HIPAA Medical Information Privacy Policy or our general privacy policies, please contact us at (417) 873-4357 Option 2, or at hrbenefits@basspro.com, or write to us at Bass Pro Shops Health Plans, 2500 East Kearney Street, Springfield, Missouri 65898.
- c. **Other Notices.** You may receive separate Notices of Privacy Policies from the insurance companies or others who provide the Health Plans addressed in this Notice. To the extent such Notices differ from this Notice, the provisions of such other Notices may be controlling.

Effective Date: September 23, 2017
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