

**OLD NATIONAL BANCORP EMPLOYEE WELFARE BENEFITS PLAN, OLD
NATIONAL BANCORP TAXSAVER BENEFIT PLAN HEALTH CARE FLEXIBLE
SPENDING ACCOUNT, AND EMPLOYEE ASSISTANCE 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 Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires the Plan to maintain the privacy and security of any individually identifiable health information that the Plan creates or receives and maintains and which qualifies as protected health information under HIPAA (“PHI”). Therefore, the Plan pledges to protect all PHI as required by law.

The terms of this Notice of Privacy Practices (“Notice”) apply to the Plan. The Plan gives you this Notice to tell you (1) how the Plan will use and disclose your PHI and (2) how you can exercise certain individual rights related to your PHI as a participant, covered dependent or qualified beneficiary of the Plan (hereinafter “Participant”). Please note that if any of your PHI qualifies as mental health records, alcohol and drug treatment records, or communicable disease records, we will safeguard these records as "Special PHI" which will be disclosed only pursuant to the prior express written authorization of you, or alternatively, a designated personal representative who has the legal right to act for you (“Legal Representative”), pursuant to a valid court order, or as otherwise required by law. We are required by law to maintain the privacy and security of your PHI and to provide you with this notice of our legal duties and privacy practices.

The Plan is required to abide by the terms of this Notice so long as the Plan remains in effect. The Plan reserves the right to change our privacy practices and the terms of this Notice, as necessary. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised Notice or information about the material change and how to obtain a revised Notice. We will provide you with this information, either by direct mail or electronically, in accordance with applicable law. In all cases, we will post the revised Notice on the Plan website. We reserve the right to make any revised or changed Notice effective for PHI we already maintain and for any PHI that we create or receive in the future.

DEFINITIONS

Plan means the **Old National Bancorp Employee Welfare Benefits Plan, Old National Bancorp Tax Saver Benefit Plan, Health Care Flexible Spending Account, and Employee Assistance Plan** (collectively referred to as the “Plan”) and the Business Associates employed by the Plan or the Plan Sponsor who need access to your PHI to carry out their duties for the Plan.

Plan Sponsor means **Old National Bancorp** and any other employer that maintains the Plan for the benefit of its associates.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways that the Plan may use and disclose your PHI. For each category, we will explain what we mean and, where appropriate, provide examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

For Payment –The Plan may use and disclose your PHI, as necessary, for benefit payment purposes without obtaining a signed authorization form. The persons to whom the Plan may disclose your PHI for payment purposes include your health care providers that are billing for or requesting a prior authorization for their health care services and your treatment, other health plans providing benefits to you, and any designated and pre-authorized family member or legal guardian who is responsible for amounts, such as deductibles and co-insurance, not covered by the Plan. Examples of other payment activities include determinations of your eligibility or coverage under the Plan, annual premium calculations based on health status and demographic characteristics of persons covered under the Plan, billing, claims management, reinsurance claims, review of health care services with respect to medical necessity, utilization review activities, and disclosures to consumer reporting agencies.

Uses and Disclosures for Health Care Operations – The Plan may use and disclose your PHI, as necessary, to operate and manage our business activities related to providing and managing your Plan benefits. Examples of health care operations include underwriting, enrollment, premium rating or other activities relating to the creation, renewal, or replacement of the Plan, and obtaining reinsurance coverage. Other functions considered to be health care operations include business planning and development; conducting or arranging for quality assessment and improvement activities, medical review, and legal services and auditing functions; and performing business management and general administrative duties of the Plan, including the provision of customer services to you and your covered dependents. In certain instances the Plan may use and disclose your PHI to another health plan or health care provider to conduct their own particular health care operation requirements.

Use or Disclosure of Genetic Information Prohibited. The Genetic Information Nondiscrimination Act of 2009 (GINA), and regulations promulgated thereunder, specifically prohibit the use, disclosure or request of PHI that is genetic information for purposes of health care operations related to underwriting, including for purposes of Plan eligibility, determination of benefits, computation of premium or contribution amounts, application of pre-existing condition exclusion, and any other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. Genetic information is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) a manifestation of a disease or disorder in your family members; or (4) any request of or receipt by you or your family members of genetic services, or participation in clinical research which includes genetic services, including genetic tests, genetic counseling, and genetic education. If you are a pregnant woman, or your family member is a pregnant woman, genetic information includes the genetic information of the fetus carried by you or your family member. Genetic information also includes the genetic information of any embryo legally held by you or your family member utilizing an assisted reproductive technology. Genetic information does not include information about your sex or age. This means that your genetic information cannot be used for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting, even if those activities are for purposes of health care operations or being performed pursuant to your written authorization.

Family and Friends Involved in Your Care – If you are available and do not object, the Plan may disclose limited PHI to your family members, close personal friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Plan determines that a limited disclosure is in your best interest, the Plan may share limited PHI with such individuals unless you exercise your right to request a restriction on our disclosures of your PHI (see below), including having correspondence the Plan sends to you mailed to an alternative address. Although you have a right to request reasonable restrictions on these disclosures, the Plan will only be able to grant those restrictions that are reasonable and not too difficult to administer, none of which would apply in the case of an emergency.

Business Associates – The Plan may disclose PHI to a business associate, whether an individual or entity, that performs certain functions or services on behalf of the Plan if the PHI is necessary to perform these functions or services (“Business Associate”). Examples of these Business Associates include the Plan’s third party administrator, reinsurance carrier, agents, attorneys, accountants, banks, and consultants. All Business Associates are required to enter into a Business Associate Agreement with the Plan, and to comply with HIPAA, in protecting the privacy and security of all PHI that is created or received and maintained by the Business Associate on behalf of the Plan. From time to time, a Business Associate may involve a subcontractor in the performance of certain functions or services on behalf of the Plan for which the subcontractor will be required to enter into a Business Associate Agreement and to comply with HIPAA.

Plan Sponsor -- The Plan may disclose a subset of your PHI, called summary health information, to the Plan Sponsor in certain situations. Summary health information summarizes claims history, claims expenses, and types of claims experienced by individuals under the Plan but all information that could effectively identify whose claims history has been summarized has been removed. Summary health information may be given to the Plan Sponsor when requested for the purposes of obtaining premium bids, for providing coverage under the Plan, or for modifying, amending or terminating the Plan. The Plan may also disclose to the Plan Sponsor whether you are enrolled in or have disenrolled from the Plan. However, the Plan may not disclose any PHI that is genetic information for underwriting purposes.

Other Products and Services – The Plan may contact you to provide information about other health-related products and services that may be of interest to you without obtaining your authorization. For example, the Plan may use and disclose your PHI for the purpose of communicating to you about health benefit products or services that could enhance or substitute for existing coverage under the Plan, such as long term health benefits or flexible spending accounts. The Plan may also contact you about health-related products and services, like disease management programs that may add value to you, as a covered person under the Plan. However, the Plan must obtain your authorization before the Plan sends you information regarding non-health related products or services, such as information concerning movie passes, life insurance products, or other discounts or services offered to the general public at large.

Other Uses and Disclosures – Unless otherwise prohibited by law, the Plan may make certain other uses and disclosures of your PHI without your authorization, including the following:

- The Plan may use or disclose your PHI to the extent that the use or disclosure is required by law.
- The Plan may use and disclose your PHI when there are risks to Public Health, including to: (1) report disease, injury or disability; (2) report vital events such as births and deaths; (3) conduct public health activities; (4) collect and track FDA-related events and defects; or (5) notify appropriate persons regarding communicable disease concerns.
- The Plan may disclose your PHI to the proper authorities if the Plan suspects child abuse or neglect; the Plan may also disclose your PHI if the Plan believes you to be a victim of abuse, neglect, or domestic violence. The Plan will only disclose your PHI if specifically required or authorized by law or when the individual agrees to the disclosure.
- The Plan may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits; investigations; inspections; licensure or disciplinary actions; civil administrative, or criminal proceedings; or other activities necessary for appropriate oversight. However, the Plan will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.
- The Plan may disclose your PHI in response to a court order specifically authorizing the disclosure, or in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request), provided written and documented efforts by the requesting party have been made to (1) notify you of the disclosure and the purpose of the litigation, or (2) obtain a qualified protective order prohibiting the use or disclosure of your PHI for any other purpose than the litigation or proceeding for which it was requested.
- The Plan may disclose your PHI to the proper authorities for law enforcement purposes, including the disclosure of certain types of wounds or other physical injuries, the disclosure of certain identifying information requested by police officers for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; the disclosure of your PHI if you are suspected to be a victim of a crime and you are incapacitated; or if you are suspected of committing a crime, but only to the extent required or permitted by law
- The Plan may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties. The Plan may also disclose PHI to a funeral director in order to permit the funeral director to carry out their duties. PHI may also be disclosed for organ, eye or tissue donation purposes.
- The Plan may, consistent with applicable law, use or disclose PHI if the Plan believes, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public, or for certain other specified government functions permitted by law.

- The Plan may use or disclose your PHI if you are a member of the military, as required by armed forces services, and the Plan may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- The Plan may disclose your PHI to state or federal workers' compensation agencies for your workers' compensation benefit determination.
- The Plan may, as required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of the HIPAA Privacy Rules.

Verification Requirements -- Before the Plan discloses your PHI to anyone requesting it, the Plan is required to verify the identity of the requester and the requester's authority to access your PHI. The Plan may rely on reasonable evidence of authority such as a badge, official credentials, written statements on appropriate government letterhead, written or oral statements of legal authority, warrants, subpoenas, or court orders.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION

Your Authorization – Except as outlined above or otherwise permitted by law, the Plan will not use or disclose your PHI unless you have signed a form authorizing the Plan to use or disclose specific PHI for an explicit purpose to a specific person or group of persons. You have the right to revoke that authorization in writing except to the extent that the Plan has taken action in reliance upon the authorization. The Plan will not use or disclose your PHI in any of the following situations without your written authorization:

1. Uses and disclosures of psychotherapy notes except to carry out your payment or health care operations, to the extent permitted or required by law.
2. Uses and disclosures of PHI to conduct certain marketing activities that may encourage you to use or purchase a particular product or services for which HIPAA requires your prior express written authorization.
3. Disclosures of PHI that constitutes a sale of your PHI under HIPAA.
4. Uses and disclosures of certain PHI for fundraising purposes that are not otherwise permitted by HIPAA.
5. Other uses and disclosure not described in this Notice.

RIGHTS THAT YOU HAVE

To request to inspect, copy, amend, or get an accounting of PHI pertaining to your PHI in the Plan, you may contact the Privacy Officer at:

**Old National Bancorp
One Main Street
Evansville, Indiana 47708**

Right to Inspect and Copy Your PHI – You have the right to request a copy of and/or inspect your PHI that the Plan maintains, unless the PHI was compiled in reasonable anticipation of litigation or contains psychotherapy notes. A copy may be made available to you either in paper or electronic format if the Plan uses an electronic health format. In certain limited circumstances, the Plan may deny your request to copy and/or inspect your PHI. In most of those limited circumstances, a licensed health care provider must determine that the release of the PHI to you or a person authorized by you, as your “personal representative,” may cause you or someone else identified in the PHI harm. If your request is denied, you may have the right to have the denial reviewed by a designated licensed health care professional that did not participate in the original decision. Requests for access to your PHI must be in writing and signed by you or your personal representative. You may ask for a *Participant PHI Inspection Form* from the Plan through the Privacy Office at the address below. If you request that the Plan copy or mail your PHI to you, the Plan may charge you a fee for the cost of labor for copying your PHI, supplies for creating the copy, and the postage for mailing your PHI to you. If you ask the Plan to prepare a summary of the PHI, and the Plan agrees to provide that explanation, the Plan may also charge you for the cost associated with the preparation of the summary.

Right to Request Amendments to Your PHI – You have the right to request that PHI the Plan maintains about you be amended or corrected. The Plan is not obligated to make requested amendments to PHI that is not created by the Plan, not maintained by the Plan, not available for inspection, or that is accurate and complete. The Plan will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, must state the reasons for the amendment request, and must be sent to the Privacy Office at the address below. If the Plan denies your amendment request, the Plan will provide you with its basis for the denial, advise you of your right to prepare a statement of disagreement which it will place with your PHI, and describe how you may file a complaint with the Plan or the Secretary of the US Department of Health and Human Services. The Plan may limit the length of your statement of disagreement and submit its own rebuttal to accompany your statement of disagreement. If the Plan accepts your amendment request, it must make a reasonable effort to provide the amendment to persons you identify as needing the amendment or persons it believes would rely on your unamended PHI to your detriment.

Right to Request an Accounting for Disclosures of Your PHI – You have the right to request an accounting of disclosures of your PHI that the Plan makes. Your request for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2004. Not all disclosures of your PHI must be included in the accounting of the disclosures. Examples of disclosures that are not subject to an accounting include those made to carry out the Plan's payment or health care operations, or those made with your authorization. To be considered, your accounting requests must be in writing and signed by you or your personal representative, and sent to the Privacy Office at the address below. The first accounting in any 12-month period is free; however, the Plan may charge you a fee for each subsequent accounting you request within the same 12-month period.

Right to Place Restrictions on the Use and Disclosure of Your PHI – You have the right to request restrictions on certain of the Plan's uses and disclosures of your PHI for payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. Your request must describe in detail the restriction you are requesting. The Plan is not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. Although the Plan is not required to agree to a restriction; the Plan must agree to a restriction if: you request a restriction on disclosure of your PHI; the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service for which you, or a person on your behalf has paid in full. The Plan retains the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by the Plan, it will notify you of the termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting the Plan through the Privacy Office at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. The Plan is required to accommodate reasonable requests if you inform the Plan that disclosure of all or part of your information could place you in danger. The Plan may grant other requests for confidential communications in its sole discretion. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Privacy Office at the address below.

Right to Receive Notice of a Breach – You have the right to receive written notice in the event the Plan learns of any unauthorized acquisition, use or disclosure of your PHI that was not otherwise properly secured as required by HIPAA. The Plan will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting the Privacy Office at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with the Plan through the Privacy Office in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint. Please note, the Plan will not take any action, or otherwise retaliate,

against you in any way as a result of your communications with the Privacy Office or to the U.S. Department of Health and Human Services.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Office by writing to:

**Privacy Office
Old National Bancorp
One Main Street
Evansville, Indiana 47708**

This Notice is effective **October 1, 2023**.

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