

First National of Nebraska, Inc. Welfare Benefit Plan
NOTICE OF PRIVACY PRACTICES
Updated February 16, 2026

**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.**

General Information

This Notice of Privacy Practices (“Notice”) describes the privacy practices followed by the First National of Nebraska, Inc. Welfare Benefit Plan (the “Plan,” “us,” or “we”) and the Plan’s legal obligations regarding your protected health information (“PHI”) under the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). For ease of reference, in the remainder of this Notice, the words “you,” “your,” and “yours” refer to any individual with respect to whom the Plan receives, creates, maintains, or transmits PHI, including employees, retirees, and COBRA qualified beneficiaries, if any, and their respective dependents and beneficiaries.

The Plan often needs access to your PHI in order to provide payment for health services and perform plan administrative functions and health care operations. We want to assure Plan participants that we comply with applicable federal privacy laws and respect your right to privacy. The Plan requires all members of its workforce that are provided access to PHI to comply with the Plan’s privacy practices.

Protected Health Information

Your PHI is protected by the HIPAA Privacy Rule. PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), and its regulations (the “Privacy Rule”). PHI means individually identifiable health information (including demographic information) that is created or received by certain health care providers, a health plan, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. For purposes of the Plan and this Notice, PHI includes information related to the medical claims that are submitted to the Plan about you, and information about the payment of those claims. It does not include most of the information that is kept in your personnel file. For example, it does not include the doctor’s notes that you give to your manager at First National of Nebraska, Inc., in order to obtain leave under the Family Medical Leave Act or to obtain a disability accommodation.

The Plan is a “hybrid entity” (as that term is defined by HIPAA and its regulations). The Plan applies the HIPAA privacy and security protections only to each component of the Plan that, if it were a separate employee benefit plan, would be a “covered entity” (as that term is defined by HIPAA and its regulations).

This Notice applies to all PHI the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of your medical information created in the doctor’s office, clinic, or other health care facility. An insurance company that provides dental or vision insurance may also have different policies or notices. A self-insured group health plan that provides your medical coverage may also have different policies or notices.

You may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

There is the potential that information the Plan discloses pursuant to the Privacy Rule may be redisclosed by the person or entity who receives it and may no longer be protected by the Privacy Rule.

Our Rights and Obligations

- We are required by law to maintain the privacy of your PHI.
- We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. It is not feasible in this Notice to describe in detail all of the specific uses and disclosures the Plan may make of PHI, so this Notice describes the categories of uses and disclosures of PHI that the Plan may make and, for many of those categories, provides examples of those uses and disclosures.
- We are required to follow the privacy practices described in this Notice. These privacy practices will remain in effect until we replace or modify them.
- We are required to notify you following a breach of unsecured PHI.
- We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that the change is permitted by law. We reserve the right to have such a change affect all PHI we maintain, including PHI we received or created before the change. When we make a material change in our privacy practices, we will revise this Notice and post it at www.NebraskaBlue.com/FNBO, <https://explore.ameritas.com/fnbo/>, and/or SharePoint (access may be limited to employees) at <https://fnbomaha.sharepoint.com/sites/HR/SitePages/My-Benefits.aspx> by the effective date of the material change and we will provide the revised Notice, or information about the material change and how to obtain the revised Notice, in the next annual mailing to individuals then covered by the Plan. The revised Notice may be provided via email, provided you have agreed to electronic notice and such agreement has not been withdrawn. Enrollment materials may also include the revised Notice. The Plan is distributing this Notice, and will distribute any revisions, only to participating employees, retirees, and COBRA qualified beneficiaries, if any. If you have coverage under the Plan as a dependent of an employee, retiree, or COBRA qualified beneficiary, you can obtain a copy of this Notice by requesting it from the Contact Office.

How We May Use and Disclose Your PHI

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Payment. We may use and disclose your PHI for all activities that are included within the definition of “payment” set out in the Privacy Rule, such as to determine eligibility for the Plan’s benefits, seek reimbursement from a third party, to facilitate or make payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We may use and disclose your PHI in order to perform all activities that are included within the definition of “health care operations” set out in the Privacy Rule. For example, we may use and disclose your PHI for purposes of: (i) conducting quality assessment and improvement activities, (ii) underwriting, (iii) premium rating and other activities relating to the Plan’s coverage, (iv) submitting claims for stop-loss (or excess loss) coverage, (v) conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; (vi) business planning and development such as cost management and business management; and (vii) the Plan’s general administrative activities. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs. The definition of “health care operation” includes many more items, so please refer to the Privacy Rule for a complete list.

We are prohibited from using or disclosing PHI that is genetic information for our underwriting purposes.

Treatment. We do not provide treatment. Although HIPAA allows use and disclosure of your PHI for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. However, we may disclose your PHI to health care providers who require it in connection with your treatment. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions. Your physician or health care providers are required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

Uses & Disclosures to Other Entities

To Business Associates. We may enter into contracts with entities known as “business associates” that provide services to or perform functions on behalf of the Plan. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule, and only after agreeing in writing to appropriately safeguard your PHI. We may disclose your PHI to Business Associates once they have agreed in writing to safeguard the PHI. For example, we may disclose your PHI to a Business Associate to administer claims. Business Associates are also required by law to protect PHI.

Other Covered Entities. We may disclose your PHI to a HIPAA-covered health care provider, health plan, or health care clearinghouse, in connection with their treatment, payment, or health care operations.

Limited Data Sets. A limited data set is PHI that excludes certain identifying information. The Plan may use or disclose a limited data set in accordance with the Privacy Rule’s requirements.

Uses and Disclosures for Which Your Permission May Be Sought

For purposes of this subsection only, the following conditions apply: If you are present and able to give your verbal permission, we will use or disclose your PHI with your permission. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, we will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest.

To Others Involved in Your Care. We may use or disclose your PHI to a family member, other relative, your close personal friend, or other individual whom you have identified as being involved in your health care or payment related to your health care. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual’s involvement in your health care.

For Limited Notification Purposes. We may use or disclose your PHI to help notify a family member, other relative, personal representative, or other individual who is responsible for your health care, of your location, general condition, or death.

To Assist in Disaster Relief. We may use or disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

Other Permitted Uses and Disclosures

To the Secretary. We may disclose your PHI to the Secretary of the Department of Health and Human Services, when required to do so, to enable the Secretary to investigate or determine our compliance with HIPAA and the Privacy Rule.

As Required by Law. We may use or disclose your PHI when required to do so by federal, state, or local law.

For Public Health Activities. We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI to a public health entity that is authorized by law to collect information for the purpose of preventing or controlling diseases, reporting diseases, illnesses, births, or deaths.

Disclosures About Abuse, Neglect, and Domestic Violence. We may disclose your PHI, consistent with applicable federal and state laws, if we believe that you have been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to the governmental entity or agency authorized to receive such information.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. The relevant agencies include governmental units that oversee or monitor the health care system, government benefit and regulatory programs, and compliance with civil rights laws. The relevant activities include, for example, audits, investigations, inspections, and licensure.

Legal Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding. For example, we may disclose your PHI in response to a court order, subpoena, discovery request, or other lawful process.

Law Enforcement. Under limited circumstances (such as required reporting laws or in response to a grand jury subpoena), we may disclose your PHI to law enforcement officials.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

Organ and Tissue Donation. If you are an organ donor, we may use or disclose your PHI to organizations that handle organ procurement or organ, eye or tissue procurement, banking, or transplantation, as necessary to facilitate organ, eye, or tissue donation and transplantation.

Research. We may use or disclose your PHI to researchers when an institutional review board or a privacy board has (a) reviewed the research proposal and established protocols to ensure the privacy of the information; and (b) approved the research.

Serious Threat to Health or Safety. We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of others. Any such disclosure will be made to someone who would be able to help prevent the threat. In certain circumstances, we may use or disclose your PHI when necessary for law enforcement authorities to identify or apprehend an individual.

Specialized Government Functions. We may use or disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, to assure the proper execution of the military mission if certain requirements are met, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional institution, then under certain circumstances we may disclose your PHI to the correctional institution.

Workers' Compensation. We may disclose your PHI to the extent necessary to comply with laws concerning workers' compensation or to comply with similar programs that are established by law and provide benefits for work-related injuries or illness.

Reminders. We may use or disclose your PHI by sending you a reminder for important services, such as annual checkups.

Additional Services. We may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you, provided the Plan does not receive financial remuneration for making such communications.

Fundraising. We may use or disclose your PHI to contact you for fundraising purposes. However, you have the right to opt-out of receiving such fundraising communications. If you opt-out, we will not contact you for fundraising purposes.

Disclosure to Plan Sponsor. We may disclose your PHI to designated personnel at First National of Nebraska, Inc., so that they may carry out their Plan-related administrative functions. These individuals will protect the privacy of your PHI and will ensure that it is only used as described in this Notice and as permitted by law. Your PHI will not be used by First National of Nebraska, Inc., for any employment-related actions or decisions or in connection with any other benefit plan offered by First National of Nebraska, Inc.

Uses and Disclosures with an Authorization

Before we can use or disclose your PHI for a reason that is not listed in this subsection, we are required to obtain your written authorization. In addition, we are required to obtain your authorization under the following circumstances:

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes will require your authorization.

Marketing. Uses and disclosures of PHI that result in the Plan receiving financial payment from a third party whose product or services are being marketed will require your authorization.

Sale of PHI. Disclosures that constitute a sale of PHI will require your authorization. If you choose to sign an authorization to use or disclose information, you may revoke that authorization at any time, except to the extent that the Plan has taken action in reliance on it. Your revocation request must be made in writing. You can obtain an authorization form by contacting us (listed at the end of this Notice).

Your Rights Regarding Your PHI

Some of your PHI is maintained by our business associates, particularly the ones who handle claims administration. In order to help you exercise the rights discussed below, we may ask you to contact our business associates directly.

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the PHI we maintain about you (e.g., PHI that may be used to make decisions about your benefits). If you request copies of your PHI, we may charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or copy your PHI must be submitted in writing to the Contact Office listed below. In some circumstances, we may deny your request to inspect and copy your PHI. If we deny you access to your PHI, you may request that the denial be reviewed. The Privacy Rule contains a few exceptions to this right. You do not have the right to inspect or copy, among other things, psychotherapy notes or materials that are compiled in anticipation of litigation or similar proceedings. To the extent your

PHI is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Request an Amendment. If you believe that PHI within records we have about you is incorrect, incomplete, or if important information is missing, you have the right to request that we amend the PHI. You have the right to request an amendment for as long as the PHI is kept by or for the Plan. Your request to amend your PHI must be submitted in writing and must include a reason or explanation that supports your request. Request forms are available from and must be submitted to the Contact Office listed below.

If we approve your request, we will include the amendment in any future disclosures of the relevant PHI. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: is not part of the PHI kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. All denials will be made in writing.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your PHI. Certain disclosures are exempt from the accounting requirement, such as disclosures that were made for purposes of treatment, payment or health care operations; to you; or pursuant to your authorization.

If the PHI was disclosed through an “electronic health record,” the accounting may include disclosures up to three years before the date of your request.

If the PHI was not disclosed through an “electronic health record,” the accounting may include disclosures up to six years before the date of your request. In this case, the accounting is not required to include all disclosures. For example, the accounting will not include any disclosures made for treatment, payment, or health care operations. The accounting also will not include any disclosures we made before April 14, 2004.

Your request for an accounting must be submitted in writing to the Contact Office listed below. Your request must include the time frame that you would like us to cover (this may be no more than six years before the date of the request). Request forms are available from and must be submitted to the Contact Office. We may charge you for the costs of providing the accounting. We 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. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we restrict the PHI about you that we use or disclose for treatment, payment, or health care operations. You also have the right to request that we restrict the PHI about you that we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are generally not required to agree to your request. However, we must agree to your request to restrict disclosure of PHI to a health plan if 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 other person on your behalf) has paid in full.

Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for

example, disclosure to your spouse. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request.

Your request must be in writing. In your request, you must tell us how or where you wish to be contacted. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We will make reasonable efforts to accommodate your request.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our business associates) discover a breach of your unsecured PHI. Notice of any such breach will be made in accordance with HIPAA.

Right to Receive a Paper Copy of This Notice. You have a right to obtain a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may also obtain a paper copy of this Notice from the Contact Office listed at the end of this Notice.

More Stringent laws

Some state or other federal laws may require special privacy protections that further restrict the use and disclosure of certain sensitive health information. Where states or other federal laws offer you greater privacy protections, the Plan will follow the more stringent requirements, if and to the extent applicable to the Plan. If a use or disclosure of PHI for purposes of treatment, payment, or health care operations is prohibited or materially limited by other applicable law (such as 42 C.F.R. part 2), the Plan will follow that more stringent law if it is not preempted or superseded by federal law. Similarly, if a use or disclosure of PHI is for a purpose the Plan is permitted or required to make under the Privacy Rule without your authorization, and such use or disclosure is prohibited or materially limited by other applicable law (such as 42 C.F.R. part 2), the Plan will follow that more stringent law if it is not preempted or superseded by federal law.

For example, more stringent federal laws include statutes and regulations that govern the confidentiality of certain substance or alcohol use or treatment. HIPAA identifies when a state law is more stringent. For example, some states may have laws that relate to uses and disclosures of health information concerning AIDS or HIV, alcohol and substance use, biometric information, child or adult abuse or neglect, domestic violence (intimate partner violence), mental (behavioral) health, developmental disabilities, genetic testing/information, reproductive rights, abortion, minors' rights, sexually transmitted infection information, or chemical dependency.

Additional Privacy Information for Substance Use Disorder (“SUD”) Treatment

The Plan may receive and maintain SUD patient records protected under 42 C.F.R. part 2 for payment, treatment, and health care operations from a “Part 2 Program” (generally, a federally assisted program that provides substance use disorder diagnosis, treatment, or referral for treatment). The Plan may use and disclose those records for payment, treatment, and health care operations, as described in this Notice, to the extent permitted by HIPAA and other applicable law (such as 42 C.F.R. part 2). The Plan may also use and disclose SUD patient records that constitute PHI for other purposes for which the Plan is permitted or required by the HIPAA Privacy Rule to use or disclose PHI without your written authorization, as described in this Notice, to the extent permitted by HIPAA and other applicable law (such as 42 C.F.R. part 2).

The Plan is not a SUD treatment program. A Part 2 Program should provide you a notice of how it protects the confidentiality of your SUD patient records.

If the Plan receives your SUD treatment records from programs subject to 42 C.F.R. part 2, or testimony relating the content of such records, the Plan will not use or disclose those records or testimony in civil, criminal, administrative, or legislative proceedings against you unless you consent in writing, or a court orders the use or disclosure after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

The Plan does not intend to use or disclose any records subject to 42 C.F.R. part 2 that it creates or receives for fundraising purposes. If it does, you must first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You can complaint if you feel we have violated your rights by sending a written complaint to the Contact Office listed at the end of this Notice. We will not retaliate against you for filing a complaint, and you will not be retaliated against or penalized in any other way for filing a complaint.

Contact Office

The Plan has designated the individual listed below as its contact person for all issues regarding the Plan's privacy practices and your privacy rights. All HIPAA-related documentation and forms may be obtained from the Contact Office.

*HR Solution One
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