

# ONEOK Former Employee Benefits Open Enrollment for 2026

## Legal Notices

### ONEOK, Inc. Health Plan for Former Employees

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## ◆ ONEOK, Inc. Group Health Plans 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 THIS NOTICE CAREFULLY.**

### Background

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH") require group health plans to notify plan participants and beneficiaries about their policies and practices to safeguard the privacy and security of their protected health information. This Notice of Privacy Practices ("Notice") is intended to satisfy HIPAA's notice requirement with respect to all protected health information created, received, transmitted or maintained by the group health plans (the "plans") sponsored by ONEOK, Inc. (the "Company"). The plans are required to provide this Notice to you pursuant to HIPAA.

The HIPAA privacy rule protects only certain individually identifiable medical information known as "protected health information" ("PHI"). Generally, PHI includes information provided by you or created, received or maintained by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

This Notice does not apply to information that has been de-identified. De-identified information is health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. It is not individually identifiable health information. Note: Genetic information shall be treated as protected health information pursuant to HIPAA. The plans are not permitted to use or disclose PHI that is genetic information about an individual for underwriting purposes.

### Plan Responsibilities

The plans are required by law to:

- Maintain the privacy of your PHI;
- Provide you with certain rights with respect to your PHI;
- Provide you this Notice of the plans' legal duties and privacy practices with respect to your PHI;
- Follow the terms of this Notice, as amended from time to time; and
- Notify you in the event of a breach of your unsecured PHI.

When using or disclosing PHI or when requesting PHI from another covered entity, the plans will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law;
- Uses or disclosures that are required for compliance with the HIPAA privacy rule; and
- Uses or disclosures made pursuant to an authorization.

### How the Plans May Use and Disclose Health Information about You

Although HIPAA generally requires the plans protect the confidentiality of your PHI, there are certain uses and disclosures by the plans allowed under HIPAA and applicable regulations. Those uses and disclosures are allowed in order to properly operate and administer the plans for your benefit according to their terms. The following categories describe the ways we may use and disclose

your PHI. For each category of uses and disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose will fall within one of the categories.

- For Treatment. The plans may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the plans may advise an emergency room physician about the types of prescription drugs you currently take.
- For Payment. The plans may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid for your benefit according to the plans' terms. For example, the plans may receive and maintain information about surgery you received to enable the plans to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- For Plan Operations. The plans may use and disclose your PHI to enable the plans to operate or operate more efficiently, or to make certain all of the plan participants receive their plan benefits. For example, the plans may use your PHI for case management or to perform population-based studies designed to reduce costs. In addition, the plans may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies and/or for fraud and abuse detection. The plans may also combine information about many plan participants and disclose it to the Company in summary fashion so the Company can decide what coverage the plans should provide. The plans will remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning the identity of any specific participant. The amount of health information used or disclosed will be limited to the minimum necessary for these purposes, as defined under the HIPAA rules. The plans are prohibited from using or disclosing PHI that contains genetic information about an individual for underwriting purposes.
- To the Company. The plans may disclose your PHI to designated Company personnel so they can carry out their plan-related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the ONEOK, Inc. Benefit Plans Administration Committee (the "Plan Administrator"), the Company's Senior Director – Benefits and HR Service Center (the "Privacy Officer"), personnel of the Company's Human Resources Department and personnel in the Company's Legal, Audit, Accounting, Finance and Information Technology Departments who support the Company's Human Resources Department. These individuals will protect the privacy of your health information and ensure it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the plans to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plans sponsored by the Company.
- To a Business Associate. Certain services are provided to the plans by third parties known as business associates. For example, the plans may input information about your treatment into an electronic claims processing system maintained by a plan's business associate so your claim may be paid. In so doing, the plans will disclose your PHI to its business associate so it can perform its claims payment function, but only after the business associate agrees in writing to contract terms that are designed to appropriately safeguard PHI. HIPAA and the plans require all business associates to safeguard your PHI.
- Treatment Alternatives. The plans may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- Plan-Related Benefits and Services. The plans may use and disclose your PHI to tell you about your plan-related benefits or services that may be of interest to you. However, your PHI will not be used or disclosed for marketing, sales or fundraising purposes without your authorization.
- Authorizations and Personal Representatives. The plans may disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide a written authorization and any supporting documents (e.g., power of attorney). A separate authorization is required from you in order to use or disclose psychotherapy notes. To designate an authorized representative, complete and return an authorized representative form, which you may request by contacting HR Solutions 855-663-6547. Uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. If you authorize the plans to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the plans will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the plans will not withdraw or change any uses or disclosures already made by the plans in reliance on your prior authorization. A plan does not have to disclose information to a personal representative if it has a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; (2) treating such person as your personal representative could endanger

you; or (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

- **Spouses and Other Family Members.** With only limited exceptions, the plans will send all mail to the employee. This includes mail relating to a spouse/domestic partner and other dependents who are covered under the plans, and includes mail with information on the use of plan benefits by the spouse/domestic partner and other dependents and information on the denial of any plan benefits to the spouse/domestic partner and other dependents. However, if a person covered under a plan has requested restrictions or confidential communications, and if we have agreed to the request, we will send mail as provided by the request for restrictions or confidential communications.
- **As Required by Law.** The plans will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

### **Special Use and Disclosure Situations**

The plans may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the plans may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process that requires such use or disclosure.
- **Law Enforcement.** The plans may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The plans may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and/or other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the plans may release health information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The plans may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The plans may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The plans may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the plans may use and disclose your PHI for medical research purposes if (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.
- **National Security, Intelligence Activities, and Protective Services.** The plans may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the plans may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, the plans may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Coroners, Medical Examiners, and Funeral Directors.** The plans may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The plans may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

The plans will require the use or disclosure of your PHI under the following circumstance:

- **Government Audits.** The plans are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining compliance with the HIPAA privacy rule.

- Disclosures to you. When you request, the plans are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan is also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI is not disclosed pursuant to your individual authorization.

**Your Rights Regarding Your Own PHI** - Your rights regarding the PHI the plans maintain about you are as follows:

- Right to Inspect and Copy. You have the right to inspect and copy your own PHI. This includes information about plan eligibility, claim and appeal records, and billing records. To inspect and copy your PHI maintained by the plans, submit your request in writing to the Privacy Officer. The plans may charge a fee for the cost of copying and/or mailing your PHI that you request. In limited circumstances, the plans may deny your request to inspect and copy your PHI. If you are denied access to health information, you may request a review of the denial by submitting a written request to the Privacy Officer.
- Right to Amend. If you feel that PHI is incorrect or incomplete, you may ask the plans to amend it. You have the right to request an amendment for as long as the information is kept by or for the plans. To request an amendment, send a detailed request, in writing, to the Privacy Officer. You must provide the reason(s) to support your request. A plan may deny your request if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask the plan to amend health information that either: (1) is accurate and complete; (2) was not created by the plan, unless the person or entity that created the information is no longer available to make the amendment; (3) is not part of the health information kept by or for the plan; or (4) is not information that you would be permitted to inspect and copy.
- Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of disclosures of your PHI the plans have made to others, except the accounting will not include (1) those necessary to carry out health care treatment, payment, operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request an accounting of disclosures that have occurred since the effective date of this Notice, submit your request, in writing, to the Privacy Officer. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested and which may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. 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 that time before any costs are incurred.
- Right to Request Restrictions. You have the right to request a restriction on the health information the plans use or disclose about you or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the plans disclose about you 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 the plans not use or disclose information about a surgery. To request restrictions, make your request in writing to the Privacy Officer. You must advise the Privacy Officer: (1) what health information you want to restrict or limit; (2) whether you want to restrict or limit the plans' use, disclosure, or both; and (3) to whom you want the restriction(s) and limit(s) to apply. *Note: A plan may refuse to agree to a requested restriction on uses and disclosures necessary to properly administer the plan. The plan will advise you if it does not agree to follow a restriction you request, or if it terminates a restriction it has previously agreed to follow.*
- Right to Request Confidential Communications. You have the right to request the plans communicate with you about health matters in a certain way or at a certain location. For example, you can ask the plans send you explanation of benefits (EOB) forms about your benefit claims to a specified address. To request confidential communications, make your request, in writing, to the Privacy Officer. The plans will take action needed to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to a Paper Copy of This Notice. You have the right to request a paper copy of this Notice at any time by contacting the person(s) or office identified under Contact Information section of this Notice. If you receive this Notice on the plans' website or by electronic mail, you are also entitled to a paper copy of this Notice upon request.
- Right to Be Notified of a Breach. You have the right to be notified in the event the plans or a Business Associate discover a breach of your unsecured PHI.

**Changes To This Notice**

The plans reserve the right to change this Notice at any time and to make the revised or changed Notice effective for health information the plans already have about you, as well as any information the plans receive in the future. The new notice will be provided to you electronically or by mail. The plans will maintain a copy of the current version of this Notice at all times. You have the right to a paper copy of this notice at any time; simply contact HR Solutions at 855-663-6547.

**Complaints**

If you believe your HIPAA privacy rights described in this Notice have been violated, you may file a written complaint with the Privacy Officer at the address listed below. Alternatively, you may make a complaint to the Office of Civil Rights of the U.S. Department of Health and Human Services, generally within 180 days of when the act or omission complained of occurred. You will not be penalized or retaliated against for filing a complaint.

**Contact Information**

If you have any questions or want further information about this Notice, please contact:

ONEOK, Inc.  
Attn: Senior Director – Benefits and HR Service Center  
P.O. Box 871  
Tulsa, OK 74102  
855-ONEOKHR (855-663-6547)

This notice is effective October 15, 2025.