

OPRY ENTERTAINMENT GROUP[®]



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.

Effective Date of this Notice: February 2026

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires health plans to notify plan participants about their policies and practices to protect the confidentiality of participant health information. This document is intended to satisfy the HIPAA notice requirement for all individually identifiable health information created, received, or maintained by the Plan (as defined below) sponsored by RHP Corporate Properties, LLC (the “Company”).

This HIPAA Notice of Privacy Practices for Protected Health Information (“Notice”) describes how protected health information may be used or disclosed by the OEG Employee Health and Welfare Plan* (the “Plan”) to carry out treatment, payment, health care operations and for other purposes that are permitted or required by law. This Notice also sets out the Plan’s legal obligation concerning your protected health information, and describes your rights to access and control your protected health information.

Protected health information (“PHI”) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition in the past, present or future.

The Plan is required by law to protect and maintain the privacy of your PHI as set forth in this Notice and to provide to you and other individuals this Notice of its legal duties and privacy practices regarding PHI. The Plan is required to abide by the terms of the Notice currently in effect. The Plan is also required to notify affected individuals in the event of a breach involving unsecured protected health information.

The Plan reserves the right to change the terms of this Notice at any time. The Plan reserves the right to make the revised or changed Notice effective for PHI that the Plan already has about you, as well as any information the Plan receives in the future. If the Plan makes a material change to the Notice, it will post the revised Notice on the website and will provide a copy to you. A copy of the current Notice is available on the ADP website at <https://workforcenow.adp.com> (Home tab) under **Benefits Information**.

**This Notice of Privacy Practices applies only to the health care components (e.g., the Health Care Flexible Spending Account Program, which includes the Health Care FSA and the Limited Use FSA) of the Plan. Where a coverage is fully insured, the insurance carrier will provide its own HIPAA Notice of Privacy Practices (for example, Vision Service Plan (VSP) provides the notice with respect to the vision coverage it insures).*

HOW THE PLAN USES AND DISCLOSES YOUR PHI

The Plan may use and disclose your PHI as described below. The Plan is required to comply with any state or federal laws that impose stricter standards than the uses and disclosures described in this Notice. Your PHI may be stored and disclosed electronically.

For Purposes of Treatment: The Plan may use or disclose your PHI for treatment purposes. “Treatment” is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers. For example, the Plan may disclose your PHI to a health care provider when needed by the provider to treat you.

To Make or Obtain Payment: The Plan may use or disclose your PHI to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits. Further, the Plan may disclose your PHI when a provider requests information regarding your eligibility for coverage, or the Plan may use your PHI to determine if a treatment that you received was medically necessary.

To Conduct Health Care Operations: The Plan may use or disclose PHI for their own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan's participants. "Health care operations" includes quality assessment and improvement activities, activities designed to improve health or reduce health care costs; case management and care coordination; contacting participants with information about treatment alternatives and other related functions, and business management and general administrative activities of the Plan, including customer service and resolution of internal grievances. For example, the Plan may use PHI to conduct case management, quality improvement and utilization review, or to engage in customer service and grievance resolution activities. *However, the Plan is prohibited from using or disclosing genetic information for underwriting purposes, such as determinations of eligibility or benefits, or for setting premium or contribution rates.*

For Disclosure to the Company: In accordance with HIPAA requirements, the Plan may disclose your PHI to the Company as the plan sponsor of the Plan ("**Plan Sponsor**") for plan administration functions performed by Plan Sponsor on behalf of the Plan. Unless authorized by you in writing, your PHI may not be used by the Company for any employment-related actions or decisions or in connection with any other employee benefit plan sponsored by the Company. In addition, the Plan may provide summary health information to the Plan Sponsor so that it may solicit premium bids from health insurers or modify, amend or terminate the Plan. The Plan also may disclose to the Plan Sponsor information on whether you are participating in the Plan.

Business Associates: The Plan contracts with individuals and entities ("**Business Associates**") to perform various functions on the Plan's behalf or to provide certain types of services. To perform these functions or to provide the services, the Plan's Business Associates will receive, create, maintain, transmit, use, and/or disclose PHI, but only after the Plan requires the Business Associates to agree in writing to contract terms designed to appropriately safeguard the information. The Plan's Business Associates include its third party administrator(s), which administer(s) many of the functions in connection with the operation of the Plan, and other companies which provide services or products which support the operation of the Plan.

When Legally Required: The Plan will use or disclose your PHI when it is required to do so by any federal, state or local law.

For Public Health Activities: The Plan may use and disclose your PHI for public health activities authorized by law, such as communicable disease reporting.

For Health Oversight Activities: The Plan may disclose your PHI to a government health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action, and similar activities.

To Report Abuse, Neglect, or Domestic Violence: As authorized by law, the Plan may disclose your PHI to a government authority if the Plan believes that you have been a victim of abuse, neglect, or domestic violence.

In Connection with Judicial and Administrative Proceedings: The Plan may disclose your PHI in response to a court or administrative order. The Plan also may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if reasonable efforts have been made either to notify you about the request or to obtain an order protecting your PHI. If the Plan receives records from substance use disorder treatment programs subject to federal privacy restrictions, such records or testimony about their content cannot be used or disclosed in civil, criminal, administrative or legislative proceedings against you unless based on your written consent, or the Plan receives a court order entered after notice and an opportunity to be heard is provided to you or the holder of the record, as provided by federal privacy rules found at 42 CFR 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.

For Law Enforcement Purposes: As authorized by law, the Plan may disclose your PHI to a law enforcement official for certain law enforcement purposes.

To Coroners, Medical Examiners, and Funeral Directors: The Plan may disclose your PHI to coroners, medical examiners, and funeral directors, as authorized by law, prior to and in reasonable anticipation of death.

For Organ, Eye, or Tissue Donation: The Plan may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes: The Plan may use or disclose your PHI for research if certain requirements are met, such as approval by an institutional review board.

In the Event of a Serious Threat to Health or Safety: The Plan may disclose your PHI if the Plan, in good faith, believes that such 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 another person.

For Specified Government Functions: In certain circumstances, the Plan may use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

For Workers' Compensation: The Plan may release your PHI to the extent necessary to comply with laws related to workers' compensation or similar programs.

Communication with Family/Disaster Notification: Unless you object, the Plan may disclose to your family members or others involved in your care or payment for your care, information relevant to their involvement in your care or payment for your care, or information necessary to inform them of your location and condition. The Plan also may release information to disaster relief agencies so they may assist in notifying those involved in your care of your location and general condition.

AUTHORIZATION TO USE OR DISCLOSE PHI

Other than as stated above, the Plan will not use or disclose your PHI, other than with your written authorization. Subject to compliance with limited exceptions, the Plan will not use or disclose psychotherapy notes (when such notes are maintained by the Plan), use or disclose your PHI for marketing purposes, or sell your PHI unless you have signed an authorization.

If you (or your representative) provide a written authorization to the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time to stop future uses or disclosures. However, the revocation will not be effective for information that the Plan already has used or disclosed, relying on the authorization, before you notified the Plan of your decision to revoke the authorization.

IMPORTANT INFORMATION ABOUT YOUR GENETIC INFORMATION

The Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Plan requests that you not provide any genetic information when responding to a request for medical information.

"Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

YOUR RIGHTS WITH RESPECT TO YOUR PHI

You have the following rights regarding your PHI that the Plan maintains. *You can exercise any of these rights by sending your written request to the contact designated under "Contact Person" below.*

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your PHI. However, the Plan is not required to agree to your request, except for requests to restrict disclosures to the Plan when you or someone on your behalf has paid in full out-of-pocket for your care and when the disclosures are not required by law. If the Plan agrees to a restriction, the Plan will comply with your request unless the information is needed to provide you emergency treatment.

Right to Receive Confidential Communications: You have the right to request that the Plan communicate with you through alternative means or locations. The Plan will not request that you provide reasons for your request and will accommodate your reasonable requests. The Plan may require you to provide information on how payment will be handled and an address or other method to reach you. Requests must be made in writing.

Right to Inspect and Copy Your PHI: You have the right to inspect and copy your PHI that is used to make decisions about your Plan benefits, by making a request in writing. If you request a copy of your health information, the Plan may charge a reasonable fee for its labor and supply costs for creating the copy and postage, if applicable. If your information is stored electronically and you request an electronic copy, the Plan will provide it to you in a readable electronic form and format.

Right to Amend Your PHI: If you believe that your PHI records are inaccurate or incomplete, you may request that the Plan amend the records. A request for an amendment of records must be made in writing and must include a reason to support your request. The Plan may deny the request if it does not include a reason to support the amendment and for other certain reasons, including that the records are accurate and complete.

Right to an Accounting of Disclosures of PHI: You have the right to request a list of disclosures of your PHI made by the Plan for certain reasons. The list will not include disclosures we are not required to record, such as disclosures made pursuant to your authorization. The Plan will provide the first accounting you request during any 12-month period without charge. Additional accounting requests made during the same 12-month period may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable. Requests must be made in writing.

Right to a Paper Copy of this Notice: You have a right to request and receive a paper copy of this Notice at any time, even if you have already received this Notice or previously agreed to receive the Notice electronically. A copy of the current Notice is available on the ADP website at <https://workforcenow.adp.com> (Home tab) under **Benefits Information**.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Plan. You may also file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, generally within 180 days of the date the violation occurred.

Any complaints to the Plan must be made in writing to the contact designated under “**Contact Person**” below. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Plan has designated the Executive Vice President, General Counsel & Corporate Secretary of Ryman Hospitality Properties, Inc. as its Privacy Officer and contact person for all issues regarding privacy of the Plan and exercising your privacy rights. You may contact the Privacy Officer, in writing, at:

Ryman Hospitality Properties, Inc.
Attention: HIPAA Privacy Officer
One Gaylord Drive
Nashville, TN 37214

If you have any questions regarding this notice or any privacy-related practices please contact the Privacy Officer at the address above, by e-mail at HIPAA@RymanHP.com, or by phone at (615) 316-6000.

ADDITIONAL INFORMATION

This Notice does not create any right to employment for any individual, nor does it change the Company’s rights to discipline or discharge any of its employees in accordance with its applicable policies and procedures or to amend or terminate the Plan at any time.

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