

HIPAA Notice of Privacy Practices for Protected Health Information

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

A federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by employer health plans. Marsh & McLennan Companies, Inc. (the Company) is providing this notice to comply with this law.

This information, known as Protected Health Information (PHI), includes almost all individually identifiable health information held by a plan – whether received in writing, in an electronic medium, or as an oral communication – and which relates to your past, present, or future health treatment or payment for health care services and which could be used to identify you.

This notice describes the privacy practices of the Plans listed in Attachment A. If you participate in any of the Plans listed on Attachment B, you will be sent a separate notice directly from the Plan's Insurer. For additional information regarding the privacy practices of the Plans listed in Attachment A or B, in most instances, you should contact the Privacy Officer/Coordinator of that Plan's Claims Administrator directly or visit its website, where applicable, for its privacy notice. The Company's role with respect to any Plan is generally limited to determining and transmitting eligibility information to the Plan.

The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan or HMO option, you will receive a notice directly from the Insurer or HMO. It is important to note that these rules apply to the Plan, not the Company as an employer – that is the way the HIPAA rules work. Different policies may apply to other Company programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- 1) **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- 2) **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include

determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.

- 3) **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors, engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with the Company

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to the Company for plan administration purposes. The Company may need your health information to administer benefits under the Plan. The Company agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Staff of the Global Benefits, Payroll, Finance and Human Resources Application Engineering departments are the only Company employees who will have access to your health information for plan administration functions.

Here is how additional information may be shared between the Plan and The Company, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to the Company if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to the Company information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that the Company cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by the Company from other sources – for example under the Family and Medical Leave Act (FMLA), Americans with Disabilities Act (ADA), Short-Term Disability (STD) or Long-Term Disability (LTD), or workers’ compensation programs – is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to

a public or private entity authorized to assist in disaster relief efforts). You will generally be given the chance to agree or object to these disclosures (although exceptions may be made – for example, if you are not present or if you are incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws.
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you will be notified of the Plan's disclosure if informing you will not put you at further risk).
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises.
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death.
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project.

Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws.
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA Privacy Rule.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information maintained by the Plan. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you are notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service

not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information to be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

If the Plan does not maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information

compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services (HHS). You will not be retaliated against for filing a complaint. To file a complaint, generally you will write to the Privacy Officer/Coordinator for the Plan's Claims Administrator (refer to Attachment A or B). Since the Company's privacy policy generally precludes the Company from receiving or maintaining any PHI, the circumstances under which you might contact the Company regarding PHI are limited. Appropriate inquiries (for example, concerning eligibility determinations) may be sent in writing to Marsh & McLennan Companies, Inc., 1166 Avenue of the Americas, New York, NY 10036, Attention: Privacy Officer – Global Benefits Department.

Complaints to the HHS must name the entity that is the subject of the complaint and describe the acts or omissions believed to violate your privacy rights. The complaint must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown.

Complaints to the HHS should be addressed to the HHS's Office for Civil Rights (OCR) regional office that is responsible for matters relating to the HIPAA privacy rules arising in the State or jurisdiction where the covered entity is located. You can find information on the OCR regional offices in your local phonebook or on the OCR's website at www.hhs.gov/ocr/hipaa. You may also file your complaints by e-mail sent to OCRComplaints@hhs.gov. You may, but are not required to, use the OCR's Health Information Privacy Complaint Form. To obtain a copy of this form, or for more information about the HIPAA privacy rules or how to file a complaint, you may contact any OCR regional office or go to www.hhs.gov/ocr/hipaa.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Jonathan DiMarco, Director Global Benefits Compliance at +1 201 284 4117.

Attachment A

Aetna	Aetna P.O. Box 981106 El Paso, TX 79998 1106 Phone: +1 866 210 7858 Web site: www.aetna.com Group #: 868802
Anthem BlueCross BlueShield	Anthem BlueCross BlueShield P.O. Box 105187 Atlanta, GA 30348-5187 Phone: +1 855 570 1150 Web site: www.anthem.com Group #: 270146
Surest	Surest P.O. Box 211758 Eagan, MN 55121 Phone: +1 866 683 6440 Website: Benefits.Surest.com Group #: 78800361
CVS Caremark	CVS Caremark One CVS Drive Woonsocket, RI 02895 Phone: +1 844 449 0362 Website: www.caremark.com Group #: 21CW
Dental Plan	Metropolitan Life Insurance Company (MetLife) One Madison Avenue New York, NY 10010 Phone: +1 800 942 0854 Website: www.metlife.com/mybenefits (enter "Marsh McLennan" in the account sign in box to enter your company name) Standard Group #: 0313066 Premier Group#: 0313065
Vision Care Plan	VSP 3333 Quality Drive Rancho Cordova, CA 95670 Phone: +1 800 877 7195 Email: www.vsp.com Group #: 40153086
Health Care Flexible Savings Account (FSA)	Spending Account Service Center P.O. Box 350 Conshohocken, PA 19428
Limited Purpose Health Care Flexible Savings Account	Phone: +1 866 324 4087 Fax: +1 888 788 1928 Website: https://trion.lh1ondemand.com
Health Savings Account (HSA)	Group #: 36-2668272

Teladoc Medical Experts Program	Teladoc Medical Experts 1250 Hancock Street Quincy, MA 02169 Phone: +1 800 835 2362 Website: www.teladoc.com/MedicalExperts
Employee Assistance Program (EAP)	Cigna Behavioral Health 3636 Nobel Drive, Suite 150 San Diego, CA 92122 Phone: +1 800 382 3432
Health Advocate Program	Health Advocate 3043 Walton Road, Suite 150 Plymouth Meeting, PA 19426 Phone: +1 866 799 2488 Website: www.healthadvocate.com/members
Trion COBRA Administrator	My Benefits Service Center Trion Group, Inc. P.O. Box 2672 Omaha, NE 68108-2672 Phone: +1 866 324 4087 Website: www.cobra-link.com
Trion Retiree Medical Billing Administrator	My Benefits Service Center Trion Group, Inc. Phone: +1 866 324 4087

Attachment B

Kaiser Foundation Health Plan	Southern CA Kaiser Foundation Health Plan, Inc. P.O. Box 7004 Downey, CA 90242-0361 Phone: +1 800 464 4000 Group #: 232189
	Northern CA Kaiser Foundation Health Plan, Inc. P.O. Box 12923 Oakland, CA 94612 Phone: +1 800 464 4000 Group #: 604494
	CO Kaiser Foundation Health Plan of Colorado P.O. Box 373150 Denver, CO 80237-9998 Phone: +1 800 632 9700 Group #: 35660
	GA Kaiser Permanente P.O. Box 370010

Denver, CO 80237-9998
Phone: +1 888 865 5813
Group #: 10165

Oregon and Southwest Washington
Kaiser Foundation Health Plan of the Northwest
P.O. Box 370050
Denver, CO 80237-9998
Phone: +1 800 813 2000
Group #: 19847

VA/MD/DC
Kaiser Permanente
P.O. Box 371860
Denver, CO 80237-9998
Phone: +1 800 777 7902
Group #: 23042

WA (Western Washington and Spokane area)
Kaiser Foundation Health Plan of Washington
P.O. Box 30766
Salt Lake City, UT 84130-0766
Phone: +1 888 901 4636
Group #: 25988

**HMSA's Health Plan Hawaii
Plus HMO**

HMSA
P.O. Box 860
Honolulu, HI 96805-1958
Phone: +1 808 948 6372
Website: www.hmsa.com
Group #: 96770-1 and 96770-3 (COBRA)

**HMSA's Preferred Provider
Plan**

HMSA
P.O. Box 860
Honolulu, HI 96808-0860
Phone: +1 808 948 6111
Website: www.hmsa.com
Group #: 96770-1 and 96770-3 (COBRA)
