NOTICE OF PRIVACY PRACTICES

Cigna Global Health Benefits®

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.

Our privacy commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business – providing medical care to you – Cigna Global Health Benefits ("CGHB") creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information ("PHI"). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice about how we safeguard and use it and to notify you following a breach of your unsecured PHI.

When we use or give out ("disclose") your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

How we protect your privacy

We understand the importance of protecting your PHI. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored.

Para recibir este Aviso de prácticas de privacidad en español, llame al Centro de servicio internacional al 302.797.3100 o al 800.441.2668.

Workforce members are trained on topics including:

- Privacy and data protection policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.
- Technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow the policies and procedures, and educates our organization on this important topic.

How we use and disclose your PHI

Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing your health benefits. We may disclose your PHI for the following purposes:

- **Treatment:**
  - To share with hospital staff, nurses, doctors, pharmacists, optometrists, health educators and other health care professionals and personnel at health care facilities so they can determine your plan of care.
  - To help you obtain services and treatment you may need – for example, to order lab tests and using the results.
  - To coordinate your health care and related services with a different health care facility or professional.

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- **Payment:**
  - To obtain payment of premiums for your coverage.
  - To make coverage determinations – for example, to speak to a health care professional about payment for services provided to you.
  - To coordinate benefits with other coverage you may have – for example, to speak to another health plan or insurer to determine your eligibility or coverage.
  - To obtain payment from a third party that may be responsible for payment, such as a family member.
  - To otherwise determine and fulfill our responsibility to provide your health benefits – for example, to administer claims.
- **Health care operations:**
  - To provide customer service.
  - To support and/or improve the programs or services we offer you.
  - To assist you in managing your health – for example, to provide you with information about treatment alternatives to which you may be entitled.
  - To support another health plan, insurer, or health care professional who has a relationship with you for activities such as case management, care coordination and quality improvement activities. For example, we may share your claims information with your doctor if you have a medical need that requires attention.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care.**
  - If you are present or otherwise available to direct us to do so, we may disclose your PHI to others – for example, a family member, a close friend, or your caregiver.
  - If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location or your general medical condition.
  - We may disclose your child's PHI to your child's other parent.
- **Disclosures to your employer as sponsor of your health plan**. We may disclose your PHI to your employer or to a company acting on your employer's behalf, so that entity can monitor, audit and otherwise administer the employee health plan in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. The Health Plan may also provide Summary Health Information to the plan sponsor as allowed by law so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan. See your employer's health plan documents for information on whether your employer receives PHI and, if so, the identity of the employees who are authorized to receive your PHI.
- **Disclosures to vendors and accreditation organizations.** We may disclose your PHI to:
  - Companies that perform certain services we've requested. For example, we may engage vendors to help us to provide information and guidance to users with chronic conditions like diabetes and asthma.
  - Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

  Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.
- **Communications.** We may disclose your PHI to:
  - Encourage you to purchase or use a product or service that is not part of the health care services and benefits we provide when we meet with you in person, as permitted by law.
  - Provide you with a promotional gift of nominal value.

  Except as permitted by law, we will not use your PHI for marketing purposes without your prior written authorization.
- **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of another individual or the general public
- **Public health activities.** We may disclose your PHI to:
  - Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations;
  - Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports;

- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity;
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this Notice.

- **Health oversight activities.** We may disclose your PHI to:
  - A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
  - Other regulatory programs that need health information to determine compliance.
- **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.
- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State as required by law.
- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws and similar programs.

Uses of PHI that require your authorization

Other than for the purposes described above or as permitted by applicable law, we must obtain your written authorization to use or disclose your PHI. For example, we would need your authorization:

- To use your PHI to a prospective employer.
- Use your PHI for marketing communications and when we receive direct or indirect payment from a third party for making such communications.
- For any sale involving your PHI, as required by law.
- To use genetic information for underwriting purposes.

Uses and disclosures of certain PHI deemed "Highly Confidential." For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- Maintained in psychotherapy notes;
- About alcohol and drug abuse prevention, treatment and referral;
- About HIV/AIDS testing, diagnosis or treatment;
- About venereal and/or communicable disease(s);
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law. Any other uses and disclosures not described in this Notice will only be made with your prior written authorization.

Cancellation. You may cancel ("revoke") a written authorization you gave us before. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

Your individual rights

You have the following rights regarding the PHI that CGHB creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them.
- **Right to receive confidential communications.** You may ask to receive CGHB communications containing PHI by alternative means or at alternative locations – for example, you may ask that we contact you by phone at home, rather than at work. We will accommodate reasonable requests whenever feasible.
- **Right to inspect and copy your PHI.** You may ask in advance to review or receive a copy of your PHI that is included in certain paper or electronic records we maintain such as prescription and billing records. Under limited circumstances, we may deny you access to a portion of your records.

  You may request that we disclose or send a copy of your PHI to a Health Information Exchange (HIE).
- **Right to amend your records.** You have the right to ask us to correct your PHI contained in our electronic or paper records if you believe it is inaccurate. If we determine that the PHI is inaccurate, we will

correct it if permitted by law. If a health care facility or professional created the information that you want to change, you should ask them to amend the information.

- **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period. However, the list will exclude:
  - Disclosures you have authorized.
  - Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request).
  - Disclosures made for treatment, payment, and health care operations purposes except when required by law.
  - Certain other disclosures that are excepted by law.

  If you request an accounting more than once during any 12-month period, we will charge you a reasonable fee for each accounting report after the first one.
- **Right to name a personal representative.** You may name another person to act as your Personal Representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.
- **Right to receive a paper copy of this Notice.** Upon your request, we will provide a paper copy of this Notice, even if you have already received one, as described in the Notice Availability and Duration section later in this Notice.

Actions you may take

Contact us. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us in writing or by telephone.

Cigna
Privacy Office
PO Box 188014
Chattanooga, TN 37422
Telephone Number 800.234.4077
privacyoffice@cigna.com

For certain types of requests, you must complete and mail to us an applicable form, which is available by calling the International Service Centers or going to our website **(www.Cignaenvoy.com)**.

Contact a government agency. If you believe we may have violated your privacy rights, you may also file a written complaint with the Secretary (the "Secretary") of the U.S. Department of Health and Human Services ("HHS").

Your complaint can be sent by email, fax, or mail to the HHS' Office for Civil Rights ("OCR"). For more information, go to the OCR website **http://www.hhs.gov/ocr/privacy/hipaa/complaints.** We will provide you with the contact information for the OCR Regional Manager in your area if you request it from our Privacy Office.

We will not take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

Notice availability and duration

Notice availability. A copy of this Notice is available by calling the International Service Centers or on our website (go to **www.Cignaenvoy.com** and click Notice of Privacy Practices).

Right to change terms of this Notice. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in a CGHB plan at that time, we will send you the new Notice, as required. In addition, you can obtain a copy of the new Notice upon request when you call the International Service Centers or from our website

Effective date. This Notice is effective as of April 14, 2003, and updated as of August 1, 2019.

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