

Notice of Privacy Practices For Cigna Employee Group Health Plans

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.

Cigna offers various healthcare options to its employees and retirees and their eligible family members. This is the Notice of Privacy Practices for the following Cigna group health plans: Cigna Medical Plan, Cigna Employee Assistance Plan (EAP), Cigna Vision Plan, Cigna Dental Plan, Cigna Healthcare Flexible Spending Account Plan, Cigna Medical Plan for Retirees, Survivors and Certain Disabled Employees, Cigna Retiree Dental Plan and Cigna Retiree Vision Plan (the "Plans"). The Health Insurance Portability and Accountability Act ("HIPAA") requires that we provide this notice to you.

Our Privacy Commitment

This Privacy Notice explains how the Plans may use and disclose your health and medical information to administer your benefits. In this Notice, the term "we" refers to the Plans, the plan administrators for the Plans and also to entities within Cigna Healthcare that serve as claims administrator or provide medical management and other services to the Plans. In this Notice, "we" does not refer to Cigna as your employer.

We are committed to protecting the privacy of your "Protected Health Information" or PHI. PHI is information that we create or receive in the normal course of administering your health benefits that relates to your physical or mental health, your healthcare or payment for your healthcare.

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 if there is a breach of your unsecured PHI. We are required to abide by the terms of this notice.

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.

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 nurses, doctors, pharmacists, optometrists, health educators and other health care professionals so they can determine your plan of care.
 - To help you obtain services and treatment you may need – for example, ordering lab tests and using the results.
 - To coordinate your health care and related services

with a different health care facility or professional.

- **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 underwriting Plan coverage. Note that the Genetic Information Nondiscrimination ACT (GINA) prohibits using PHI that is genetic information for underwriting purposes.

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, your general medical condition or your death.

- We may disclose your child's PHI to your child's other parent.

- **Disclosures to Cigna as sponsor of your health plan.**

The Plans are sponsored by Cigna Corporation. The Plans may disclose your PHI to designated Cigna personnel or to a company acting on the plan sponsor's behalf so that they can carry out related plan administrative functions. Such disclosures will only be made to individuals authorized to receive such information under the Plans and will not be used for any employment purpose.

- **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 participants 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.** As permitted by law, we may send communications to describe health-related products or services provided by or included in the Plans, including communications about enhancements to the Plans, or communications for case management, care coordination or treatment alternatives.
- **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 or safety of 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.
- **Other.** We may disclose your PHI:
 - For a coroner, medical examiner, or funeral director to obtain information about a deceased individual.
 - For organ, eye, or tissue donation purposes.

Uses of PHI that require your authorization

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

- To supply PHI to a prospective employer.
- To 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.
- With respect to psychotherapy notes, except for limited health care operations purposes.

Other state or federal laws may require additional restrictions on your PHI.

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 we create, obtain, and/or maintain 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 generally are not required to agree to the restrictions, except, in certain cases, where you have paid out of pocket in full for services. However, we will consider your request carefully. If we do agree to the restrictions, we will abide by them.
- **Right to receive confidential communications.** You may ask to receive our communications containing PHI by alternative means or at alternative locations. We generally are not required to agree to your request unless you indicate that you would be in danger from regular means of communication. However, we will consider your request carefully and may 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. If you request copies, we may charge you for copying, supplies, and mailing costs. Under limited circumstances, we may deny you access to a portion of your records.
- **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 or have agreed to receive this notice electronically, 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 at the following address or telephone number:

Privacy Office
Cigna
PO Box 188014
Chattanooga, TN 37422
Telephone Number: 800.762.9940

For certain types of requests, you must complete and mail to us the applicable form, which is available, either by Customer Service at the telephone number printed on your Cigna Customer ID card or by going to the following website: <http://www.Cigna.com/healthcare-forms>

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”).

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 Your Cigna Life Service Center at 1.800.551.3539 or by going to *Forms, Tools & Resources > Summary Plan Descriptions* on the *Your Cigna Life* website.

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 we will distribute the new Notice, as required.

Effective date. This Notice is effective as of April 14, 2003, and updated as of September 23, 2013.