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

This is your Notice of Privacy Practices for Protected Health Information (“PHI”) provided by Catlin Insurance Company, Inc. ("CICI"), X.L. Global Services, Inc. ("XLGS"), and affiliated companies which may use the trade name “AXA XL” (collectively “us,” “we,” or “our”). Please read it carefully. You have received this notice because of your administered Health coverage with us and we are required by federal law to give you this notice to explain your rights and our legal duties and privacy practices. We strongly believe in protecting the confidentiality and security of information we collect about you.

NOTICE SUMMARY

The following is a brief summary of the topics covered in this HIPAA notice. Please refer to the full notice below for details.

As allowed by law, we may use and disclose PHI to:
- make, receive, or collect payments;
- conduct health care operations;
- administer benefits by sharing PHI with affiliates and Business Associates;
- assist plan sponsors in administering their plans;
- inform persons who may be involved in or paying for another’s health care

In addition, we may use or disclose PHI:
- where required by law or for public health activities;
- to avert a serious threat to health or safety;
- for health-related benefits or services;
- for law enforcement or specific government functions;
- when requested as part of a regulatory or legal proceeding;
- pursuant to a valid authorization;
- to provide information about deceased persons to coroners, medical examiners, or funeral directors

You have the right to:
- receive a copy of this notice;
- inspect and copy your PHI or receive a copy of your PHI;
- request to amend your PHI if you believe the information is incorrect;
• obtain a list of disclosures we have made of your PHI;
• ask us to restrict the information we share for treatment, payment, or health care operations;
• file a complaint to us or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated

We are required by law to:
• maintain the privacy and security of PHI;
• provide this notice of our legal duties and privacy practices with respect to PHI;
• request that we communicate with you in a confidential manner;
• notify affected individuals following a breach of unsecured PHI;
• follow the terms of this notice

NOTICE DETAILS
We protect your PHI from inappropriate use or disclosure. Our employees, and those of companies that help us service your coverage, are required to comply with our requirements, federal laws, and any more restrictive state laws that protect the confidentiality of PHI.

We have implemented administrative, technical and physical safeguards to protect the privacy, security and integrity of your oral, written and electronic PHI. These safeguards follow federal and state requirements. Some of the ways we protect your PHI include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their jobs. Employees are also required to wear ID badges to help keep unauthorized people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They’re not allowed to give your PHI to others without your written permission, unless the law allows it and it’s stated in this notice. If the privacy, security or integrity of your PHI has been breached, we are obligated to let you know.

We will not sell or disclose your PHI to any other company for their use in marketing their products to you without first obtaining your written authorization. However, as described below, we will use and disclose your PHI for business purposes relating to your coverage.

We will not use or disclose PHI that is genetic information for underwriting purposes. For example, we will not use information from a genetic test (such as DNA or RNA analysis) of an individual or an individual’s family members to determine eligibility, premiums or contribution amounts under your coverage.

We may use and disclose your PHI to evaluate and process requests for coverage and claims for benefits you may make and in connection with other health-related benefits or services that may be of interest to you. There are times that we may collect, use, and share your PHI for various purposes as allowed or required by law. The following examples describe these and other uses and disclosures.
For Payment: We may collect, use, and disclose PHI to pay benefits under your coverage. For example, we may review PHI contained in claims to reimburse providers for services rendered. We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may disclose PHI to a health plan or an administrator of an employee welfare benefit plan for various payment related functions, such as eligibility determination, audit and review, or to assist you with your inquiries or disputes.

For Health Care Operations: We may also collect, use and disclose PHI for our health care operations. These purposes include evaluating a request for our products or services, administering those products or services, and processing transactions requested by you. Health care operations also includes PHI that may also be disclosed as part of an actual or potential merger or acquisition involving our business in order that the parties to the transaction may make an informed business decision.

For Treatment Activities: We don’t provide treatment, but we may collect, use, and share information about your treatment to offer services that may help you, including sharing information with others providing your treatment.

To Affiliates and Business Associates: We may disclose PHI to affiliates and to business associates outside of the AXA XL family of companies if they need to receive PHI to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates include: billing companies, data processing companies, companies that provide general administrative services, health information organizations, or personal health record vendors that provide services to covered entities. PHI may be disclosed to reinsurers for underwriting, audit, or claim review reasons.

To Plan Sponsors: We may disclose summary health information such as claims history or claims expenses to a plan sponsor to enable it to obtain premium bids from health plans, or to modify, amend or terminate a group health plan. We may also disclose PHI to a plan sponsor to help administer its plan if the plan sponsor agrees to restrict its use and disclosure of PHI in accordance with federal law.

To Individuals Involved in Your Care: We may disclose your PHI to a family member or other individual who is involved in your health care or payment of your health care. For example, we may disclose PHI to a covered family member whom you have authorized to contact us regarding payment of a claim.

Where Required by Law or for Public Health Activities: We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities.

To Avert a Serious Threat to Health or Safety: We may disclose PHI to avert a serious threat to someone’s health or safety. We may also disclose PHI to federal, state, or local agencies engaged in disaster relief, as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.

For Health-Related Benefits or Services: We may use your PHI to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or
services that may be of interest to you. However, we will not send marketing communications to you in exchange for financial remuneration from a third party without your authorization.

**For Law Enforcement or Specific Government Functions:** We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with which you have filed a complaint or as part of a regulatory agency examination.

**PHI about Deceased Individuals:** We may release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death. In addition, we may disclose a deceased’s person’s PHI to a family member or individual involved in the care or payment for care of the deceased person unless doing so is inconsistent with any prior expressed preference of the deceased person which is known to us.

**Other Uses of PHI:** Other uses and disclosures of PHI not covered by this notice or permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization in writing at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your coverage. You should understand that we will not be able to take back any disclosures we have already made with authorization.

**Additional Examples of Ways We May Use Your PHI:**
- We keep information on file about your premium and deductible payments.
- We may share information with a doctor’s office to confirm your benefits.
- We may share explanation of benefits (EOB) with the subscriber of your plan for payment purposes.
- We may share PHI with your doctor or hospital so that they may treat you.
- We may use PHI to review the quality of care and services you get.
- We may use PHI to help you with services for conditions like asthma, diabetes, or traumatic injury.
- We may use publicly and/or commercially available data about you so you can get available health plan benefits and services.
- We may use your PHI to create, use, or share de-identified data as allowed by HIPAA.
- We may also use and share PHI directly or indirectly with health information exchanges for payment, health care operations and treatment.
<table>
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<tr>
<th>Your Rights Regarding Protected Health Information That We Maintain About You</th>
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<tr>
<td>Following is a brief description of your rights under HIPAA concerning your PHI. Should you have questions about or wish to exercise a specific right, please contact us in writing at the applicable Contact Address listed on the last page.</td>
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**Right to Inspect and Copy Your PHI:** You have the right to send us a written request to inspect and obtain a copy of the PHI that we maintain about you. If we maintain the requested PHI electronically, you may ask us to provide you with the PHI in electronic format, if readily producible; or, if not, in a readable electronic form and format agreed to by you and us. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing, electronic media, or other supplies associated with your request. You may also direct us to send the PHI you have requested to another person designated by you, so long as your request is in writing and clearly identifies the designated individual. However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes or PHI collected by us in connection with, or in reasonable anticipation of, any claim or legal proceeding. In very limited circumstances, we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

**Right to Amend or Correct Your PHI:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must specify the reason for your request. We may deny your request if it is not in writing or does not include a reason that supports the request. If we deny the request, we will tell you why in writing. In addition, we may deny your request if you ask us to amend PHI that:

- is accurate and complete;
- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI kept by or for us; or
- is not part of the PHI which you would be permitted to inspect and copy.

**Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of your PHI. This list will not include disclosures made for treatment, payment, health care operations, purposes of national security, to law enforcement, to corrections personnel, pursuant to your authorization, or directly to you. To request this list, you must submit your request in writing. Your request must state the time period for which you want to receive a list of disclosures. You may only request an accounting of disclosures for a period of time less than six years prior to the date of your request. 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 free. We may charge you for responding to any additional requests. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you incur any cost.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment, or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. Let us know if you want us to send your mail to a different address if sending it to your home could put you in danger. To request a restriction, you
must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

Right to Request Confidential Communications: You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Obtain a Paper Copy: You have the right to request and receive a paper copy of this notice upon request, even if you have already agreed to receive the notice electronically.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact AXA XL – U.S. HIPAA Privacy Officer, 100 Constitution Plaza, Hartford, CT 06103. To assist us in quickly responding to your complaint, please submit complaints in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint, please contact us at dataprivacy@axaxl.com.

Contact Address: If you have any questions about a specific individual right or you want to exercise one of your individual rights, please submit your request in writing to the address below which applies to your coverage:

Office of the Privacy Officer
AXA XL Insurance Company
100 Constitution Plaza
Hartford, CT 06103
Attention: Data Privacy Officer
800 242-5198

This notice if effective as of June 2020.