MetLife/NELICO HIPAA Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information with respect to the MetLife/NELICO group health plans.

Note the following summary of material changes reflected in this updated MetLife/NELICO HIPAA Privacy Notice with respect to participants' protected health information (PHI):

- The plans are required by law to notify you of a breach involving the disclosure of your unsecured PHI
- The plans will not use or disclose your PHI that is genetic information for underwriting purposes
- The plans can disclose your (including your dependent's) PHI to a school requiring immunization records prior to admission
- Your authorization is required before the plans can sell your PHI
- The plans will provide you with access to PHI in electronic format upon your request if the plans maintain your PHI electronically
- You may direct the plans to send copies of your PHI to third persons when such requests are made in writing
- You can restrict disclosures to the plans if you paid for your medical services out-of-pocket
- The plans may disclose a deceased individual's PHI to a family member or other individual involved in the health care or payment for care of the deceased individual
- Other uses and disclosures not described in the notice will be made only with your written authorization

Please review this notice carefully.

This notice describes the medical information practices of the Metropolitan Life Insurance Company ("MetLife") and New England Life Insurance Company ("NELICO") group health plans (the "Plans") and that of any third party administrator ("TPA") that assists in the administration of the Plans' claims on behalf of MetLife, NELICO and participating employers of the Plans. Please read it carefully. This notice refers to the Plans and the third party administrators by using the terms "us," "we," or "our."

This notice describes how the Plans protect the personal health information ("PHI") the Plans have about you which relates to the following coverages under the Plans, for example: dental, medical, prescription drug, vision and the health care flexible spending account (collectively "Health Benefits"). PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the PHI and how you can exercise those rights. This notice applies to all of the medical records the Plans and our TPAs maintain.
Under the provisions of the Health Insurance Portability and Accountability Act ("HIPAA"), the Plans are required by law to:

- Maintain the privacy of your PHI;
- Provide you this notice of the Plans’ legal duties and privacy practices with respect to your PHI;
- Notify you following a breach involving the disclosure of your unsecured PHI; and
- Follow the terms of this notice.

We protect your PHI from inappropriate use or disclosure. Our Plans, and those TPAs that help us service your Health Benefits, are required to comply with our requirements that protect the confidentiality of your PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer the Health Benefits we provide under our Plans.

**Uses and Disclosures of Personal Health Information**

The main reasons for which the Plans may use and disclose your PHI are to evaluate and process any requests for coverages and claims for Health Benefits you may make. The following describe these and other uses and disclosures, together with some examples. The amount of health information used or disclosed will be limited to the “minimum necessary” for the specific purpose.

- **For Payment:** The Plans may use and disclose PHI about you to determine eligibility for the Plans’ Health Benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plans, or to coordinate coverage under the Plans. For example, the Plans may review PHI contained on claims to reimburse providers for services rendered. The Plans may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim, or may share medical information with a utilization review or precertification service provider.

- **For Treatment:** The Plans may use or disclose PHI about you to facilitate your treatment or coordination of your care. For example, the Plans may disclose information about you to your health care providers, including doctors or hospitals to help them provide medical care to you.

- **For Health Care Operations:** The Plans may use and disclose PHI about you for other operations of the Plans. These uses and disclosures are necessary to run the Plans. For example, the Plans may use PHI in connection with: conducting quality assessment and improvement activities; disease management programs, underwriting, premium rating, and other activities relating to coverage under the Plans; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities of the Plans. However, the Plans will not use or disclose your PHI that is genetic information for underwriting purposes. For example, the Plans will not use or disclose genetic information about you or your family members to determine your eligibility, premium or contribution amounts for coverage under the Plans.

- **Where Required by Law or for Public Health Activities:** The Plans may use and disclose PHI when required by federal, state or local law or for certain public health activities and purposes. Examples of such 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. The Plans may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death or to a school that is required by law to obtain immunization records prior to admission.

- **To Avert a Serious Threat to Health or Safety:** The Plans may disclose PHI to avert a serious threat to someone’s health or safety. The Plans 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 Law Enforcement or Specific Government Functions:** The Plans may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. The Plans 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, the Plans may disclose PHI about you in response to a court or administrative order. The Plans may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. The Plans may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

• **Organ and Tissue Donation:** The Plans may disclose PHI to organizations involved in procuring, banking, or transplanting organs and tissues, as necessary.

• **Disclosures to Plan Sponsors:** The Plans may disclose your PHI to the sponsors of the Plans, solely for purposes of administering Health Benefits under the Plans. The sponsors of the Plans cannot use your PHI obtained from the Plans for any employment-related actions without your authorization. However, health information derived from other sources, for example in connection with an application for disability benefits, workers’ compensation, life insurance and accidental death and dismemberment insurance or a leave qualifying under the Family and Medical Leave Act, is not protected by HIPAA. If the sponsors of the Plans obtain your health information in a way that is unrelated to the Plans, this notice will not apply to that health information, but the sponsors of the Plans will safeguard that information in accordance with other applicable laws and MetLife/NELICO policies.

• **Business Associates:** The Plans contract with various service providers, called business associates, to perform administration functions on behalf of the Plans. The Plans’ business associates will receive, create, use and disclose your PHI, but only after the business associates have agreed in writing to appropriately safeguard and keep your PHI confidential.

• **Disclosures to Family Members and Friends:** The Plans may disclose PHI to your family members, close friends, or other individuals involved in your health care if you are present and do not object to the disclosure (or if it can be inferred that you do not object), or, if you are not present or are unable to object due to incapacity or emergency and the disclosure is in your best interest. Disclosure will be limited to PHI that is directly relevant to the individual’s involvement in your health care. In addition, we may disclose a deceased individual’s PHI to a family member or other individuals involved in the deceased individual’s health care or payment for such care if such disclosure is not contrary to the deceased individual’s prior expressed preference which is known to the Plans.

• **Other Uses of Personal Health Information:** Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to the Plans will be made only with your written authorization or that of your legal representative. If the Plans are authorized to use or disclose your PHI, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that the Plans have taken action relying on your authorization. You should understand that the Plans will not be able to take back any disclosures previously made prior to the revocation of your authorization. The Plans will not sell your PHI and will **not disclose** your psychotherapy notes or your PHI to any other company for their use in marketing their products to you, unless you have provided the Plans with your written authorization or that of your legal representative.

**Your Rights Regarding Personal Health Information the Plan Maintains About You**

The following are your various rights under HIPAA concerning your PHI. Should you have questions about a specific right, please write or call:

- **For Dental coverage:** MetLife, P.O. Box 14587 Lexington KY 40512
- **For UnitedHealthcare (UHC) Medical coverage:** 800-962-1345 and request a “PHI Information” form.
- **For Aetna Medical coverage:** 888-451-1964 and request a “PHI Information” form.
- **For Express Scripts Prescription Drug coverage:** 800-315-2589
- **For Vision coverage:** MetLife, 800-988-8333
• *If you were eligible and have chosen:
  • an HMO for your medical coverage, your HMO is responsible for providing you with a privacy notice describing how your PHI may be used and disclosed;
  • long-term care, dental or vision coverage, MetLife provides a separate HIPAA Notice of Privacy Practices for Protected Health Information describing how your PHI may be used and disclosed.
• Please note that if you have a question about a claim or a claim determination, please do not send it to the addresses indicated in this notice. All claim issues must be submitted in accordance with the procedures as outlined in the applicable summary plan description of the Plans. Any claim issues submitted to the addresses indicated in this notice will be returned to you.

Right to Inspect and Copy your Personal Health Information: In most cases, you have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your Health Benefits under the Plans. To the extent that PHI is maintained in an electronic health record, you may request that the Plans provide a copy to you in an electronic format, if it is readily available in that format or if not, in a readable format agreed to by you and the Plans. To inspect and copy PHI, you must submit your request in writing. In addition, you may direct the Plans to send copies of your PHI to an individual you designate, if you submit your request in writing and clearly identify the designated individual. 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. However, certain types of PHI will not be made available for inspection and copying. This includes PHI collected by the Plans in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances, the Plans may deny your request to inspect and obtain a copy of your PHI. In that case, you may request that the denial be reviewed. The review will be conducted by an individual chosen by the Plans who was not involved in the original decision to deny your request. The Plans will comply with the outcome of that review.

Right to Amend Your Personal Health Information: If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask the Plans to amend your PHI. You must provide your request and your reason for the request in writing. The Plans may deny your request if it is not in writing or does not include a reason that supports the request. In addition, the Plans may deny your request if you ask to amend PHI that:
• is accurate and complete;
• was not created by the Plans, unless the individual or entity that created the PHI is no longer available to make the amendment;
• is not part of the PHI kept by or for the Plans; 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 the Plans have made about your PHI. This list will not include disclosures made for treatment, payment, health care operations, or for purposes of national security, made to law enforcement or to corrections personnel or made 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 from which you want to receive a list of disclosures; however, you cannot request a list of disclosures made earlier than six years before the date of your request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. The Plans may charge you for responding to any additional requests. The Plans will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on PHI the Plans use or disclose about you for treatment, payment or health care operations, or that the Plans disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While the Plans will consider your request, the Plans are not required to agree to it. However, if you request a restriction on the disclosure of your PHI to another health plan, the Plans are required to approve the request if the disclosure is being made for payment or health care operations reasons, and the restricted PHI pertains solely to a health care item or service provided by a health care provider who
has been paid out-of-pocket in full (in other words, the Plans have not paid for any part of the item or service). If the Plans agree to your request for restriction, the Plans will comply with your request, except if you are in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment. To request a restriction, you must make your request in writing. In your request, you must tell the Plans (1) what information you want to limit; (2) whether you want to limit the Plans’ use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). The Plans will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer the Plans.

Right to Request Confidential Communications: You have the right to request that the Plans communicate with you about your PHI in a certain way or at a certain location if you tell the Plans that communication in another manner may endanger you. For example, you can ask that the Plans 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. The Plans will make reasonable efforts to accommodate all reasonable requests.

Personal Representatives: You may exercise your rights through a personal representative who will be required by the Plans to produce evidence of his or her authority to act on your behalf. Proof of authority may be made, for example, by a notarized power of attorney, a court order of appointment of the individual as your legal guardian or conservator. The Plans reserve the right to deny access to your personal representative.

For Further Information; Complaints: If you desire further information about your privacy rights, believe your privacy rights have been violated or disagree with a decision that the Plans made about access to your PHI, you may contact the MetLife/NELICO Human Resources HIPAA Privacy Office. You may also file a complaint with the Plans or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plans, please contact the MetLife/NELICO Human Resources HIPAA Privacy Office. You will not be penalized for filing a complaint. If you have any questions as how to file a complaint, please contact the MetLife/NELICO Human Resources HIPAA Privacy Office at (908) 253-1900 and leave a message as instructed.

Additional Information
Changes to This Notice: The Plans reserve the right to change the terms of this notice at any time, and to make the revised or changed notice effective for PHI the Plans already have about you as well as any PHI the Plans receive in the future. The effective date of this notice is September 15, 2013. If the Plans change the terms of this notice, the revised notice from the Plans will be posted for MetLife associates at Associate Information Center (AIC) > Benefit Programs> Summary Plan Descriptions, COBRA & HIPAA> Health Insurance Portability and Accountability Act of 1996>HIPAA Privacy Notice and for NELICO associates at Associate Information Center (AIC) > NELICO associates > NELICO Benefits > Summary Plan Descriptions (SPDs) and HIPAA > Health Insurance Portability and Accountability Act of 1996 > HIPAA Privacy Notice. Upon request, you may obtain a paper copy of this notice.

Further Information: You may have additional rights under other applicable laws. For additional information regarding the Plans’ general privacy policies, or if you have any questions regarding this notice, please contact the MetLife/NELICO Human Resources HIPAA Privacy Office, P.O. Box 6903, Bridgewater, NJ 08807 or call (908) 253-1900 and leave a message as instructed. Please note that this contact information is for HIPAA related inquiries only.