



Notice of Information Practices

THIS NOTICE* CONTAINS IMPORTANT INFORMATION ABOUT AETNA'S PRIVACY PRACTICES. PLEASE REVIEW IT CAREFULLY.

I. What is this notice?

To effectively administer our life and disability plans (collectively the "Benefits Plans"), Aetna† must collect and disclose nonpublic personal information. We consider this information private and confidential and have policies and procedures in place to protect the information against unlawful use and disclosure. This notice describes what types of information we collect, explains when and to whom we may disclose it, and provides you with additional important information. If you have questions about this notice, please call our toll-free customer service number:

*Life and Disability toll free number: [1-866-825-6944](tel:1-866-825-6944)

II. What is "nonpublic personal information"?

Nonpublic personal information ("NPI") is information that identifies an individual enrolled in an Aetna Benefits Plan and relates to the person's participation in the Plan, the person's physical or mental health or condition, the provision of health care to that person, the person's employment, or payment of benefits to that person or the person's beneficiary. NPI does not include publicly available information, or information that is available or reported in a summarized or aggregate fashion but does not identify any individual person.

III. What types of personal information does Aetna collect?

Like all benefits companies, we collect the following types of information about you and your dependents and beneficiaries:

- ◆ Information we receive directly or indirectly from you, your employer or benefits plan sponsor, or previous benefits companies through applications, surveys, or other forms, in writing, in person, by telephone, or electronically (e.g., name, address, social security number, date of birth, marital status, dependent/beneficiary information, employment information, medical history).
- ◆ Information about your relationship and transactions with us, our affiliates, our agents, and others (e.g., underwriting and claims information, medical history, eligibility information, payment information, and service request, appeal and grievance information).
- ◆ Information we receive from consumer reporting agencies.

IV. How does Aetna protect this information?

At Aetna, we restrict access to NPI to those employees who need it to provide products or services to you and your dependents and beneficiaries. We maintain physical, electronic and procedural safeguards to protect NPI against unauthorized access and use. For example, access to our facilities is limited to authorized personnel and we protect information we maintain electronically through use of a variety of technical tools. We also have established a Privacy Office, which has overall responsibility for developing, implementing, educating company personnel about, and enforcing policies and procedures to safeguard NPI against inappropriate access, use and disclosure, consistent with applicable law.

V. What personal information does Aetna and other benefits plans use or disclose to third parties, and for what purposes?

We do not disclose NPI to anyone, except with member authorization (see Section VII) or otherwise as permitted by law. Disclosures permitted by law typically include those described in more detail below. When necessary for the operation of our Benefits Plans, or other related activities, we use NPI internally, share it with our affiliates, and disclose it to health care providers (doctors and other caregivers), other insurers, third party administrators, payors (employers who sponsor self-funded Benefits Plans and others who may be financially responsible for payment for the services or benefits you receive under your plan), vendors, consultants, government authorities, and their respective agents. These parties are required to keep NPI confidential as provided by applicable law. Here are some examples of what we do with the information we collect and the reasons it might be disclosed to third parties:

- ◆ Administration of life and disability benefits policies or contracts, which may involve claims payment and management; coordination of care, benefits, and other services; response to member inquiries or requests for services; building awareness about our products and programs; conduct of grievance and appeals programs; benefits and program analysis and reporting; fulfillment; risk management; detection and investigation of fraud and other unlawful conduct; auditing and quality assessment and improvement activities; underwriting and ratemaking; administration of reinsurance and excess or stop loss insurance policies and coordination with reinsurance and excess or stop loss insurers; and other activities described below.
- ◆ Operation of benefits programs in which we coordinate or blend the administration or case management of our disability plans with health or workers compensation benefit plans administered by Aetna or third parties.
- ◆ Performance measurement and outcomes assessment; claims analysis and reporting, and research.
- ◆ Data and information systems management.
- ◆ Performing mandatory regulatory compliance/reporting activities; responding to requests for information from regulatory authorities, responding to government agency or court subpoenas as required by law, reporting suspected or actual fraud or other criminal activity; conducting litigation, arbitration, or similar dispute resolution proceedings; and performing third-party liability (including administration of social security and workers compensation offsets), and related activities.

* This Notice is not a part of your Plan Documents (Group Policy, Certificate/Evidence of Coverage, Booklet, Group Agreement, Schedule of Benefits, Group Insurance Certificate). It is provided to you for informational purposes only.

† For purposes of this notice, "Aetna" refers to the Aetna Inc. family of companies, including those doing business as Aetna Life Insurance Company.

- ◆ Transfer of policies or contracts from and to other insurers or third party administrators; and facilitation of due diligence activities in connection with the purchase, sale or transfer of Benefits Plans.

In addition, we may disclose NPI to affiliated entities or nonaffiliated third parties as otherwise permitted by law. For other purposes, we seek special authorization before disclosing the information. In the event that a special authorization is required but the member in question is unable to give the authorization (for example, if the member is medically unable to do so), we will accept the authorization from any person legally permitted to give the authorization on behalf of the member.

VI. Why is it important that NPI be used and disclosed as described above?

We consider the activities described in Section V key for the administration of our group life and disability benefit plans. For example, target marketing helps us to better educate employees about the benefits available to them. Quality assessment and research programs help us to review and improve the services we provide. Coordinated or integrated disability and health benefit programs let us work more effectively with members to manage their disabilities and improve their health and productivity. Therefore, to the extent permitted by law, we use and disclose NPI as provided in Section V regardless of individual preferences. Of course, we recognize that many members do not want to receive unsolicited marketing materials unrelated to their Benefit Plans. Therefore, we seek special authorization before disclosing NPI for these marketing purposes.

VII. What does a person need to do to request other disclosures of personal information?

Many people ask us to disclose NPI to third parties or for reasons not described in Section V. For example, you may want us to make your records available to a neighbor who is helping you resolve a question about your claim. To authorize us to disclose any of your personal information to a person or organization or for reasons other than those described in Section V above, please call our toll-free customer service phone number listed in Section I to ask for a special authorization form. When you receive the form, fill it out and send it to us at the following address:

HIPAA Member Rights Team
P.O. Box 14079
Lexington, KY 40512-4079

If you fill out a form and later change your mind about the special authorization, send a letter to us at the same address, letting us know that you would like to revoke the special authorization. Please provide your name, address, member identification number or Social Security number, and a telephone number where we can reach you to confirm your request.

If you want to access information about yourself, you should go to the provider (e.g., doctor or other caregiver) that generated the original records, which are more complete than any we maintain. We do not have custody or control of your medical records. You may also request documents reflecting information we receive from your employer or providers when we process claims submitted to us for payment. In these cases, we may charge an administrative fee to help cover our costs, except where prohibited by law. In all other cases, we will refer you to the applicable employer or providers. To request claims/encounter information we maintain for you and your dependents, please call our toll free customer service phone number listed in Section I or send a letter to the HIPAA Member Rights Team at the address listed above and include the name, address, member ID or Social Security number, and date of birth of each person whose information you request. If you are requesting claims/encounter information for your adult dependents, each such adult dependent must co-sign the letter.

Where required by law we will correct or amend the records we maintain (but not the records maintained by your employer, provider or other third parties). If we do not agree that the records are incorrect, you can request we add a rebuttal statement to your file.

VIII. What does Aetna do with personal information about members who are no longer enrolled in an Aetna plan?

Aetna does not destroy NPI when individuals terminate their coverage with us. The information is necessary and used for many of the purposes described in Section V, even after an individual leaves a plan, and in many cases is subject to legal retention requirements. However, the policies and procedures that protect that information against inappropriate use and disclosure apply regardless of the status of any individual member.

IX. How is this notice distributed?

We plan to send this notice to our members upon enrollment in any of our full risk or insured Benefits Plans (or when we receive their first claim, if we do not know their identity upon enrollment), when our confidentiality practices are materially changed, and at other times as required by law. We reserve the right to change the terms of this notice and to make the provisions of the new notice effective for all NPI we maintain. Updates of this notice are distributed to employers who sponsor our plans. It can be requested by calling our toll-free customer service phone number listed in Section I, and also is available on our website, at www.aetna.com. A short version of this notice is included in many of our general marketing communications.

X. What should a person do if he or she believes this policy has been violated?

If you believe this policy has been violated with respect to information about you or your dependents or beneficiaries, please follow the grievance procedures described in your plan documents or call our toll-free customer service phone number listed in Section I.

XI. Other important information?

You have the right to know the reasons for an unfavorable underwriting decision. Previous unfavorable underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts.

You have the right with very limited exceptions, not to be subjected to pretext interviews.¹

Coverage may be underwritten or administered by Aetna Life Insurance Company.

¹We do not participate in pretext interviews.

Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, you can email us at TranslationNow@aetna.com. Be sure to include your name, policy number, member ID number or the insured's name. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

[1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711),

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at [1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Availability of Language Assistance Services

TTY: 711

If you need help in your language, you can email us at TranslationNow@aetna.com. Be sure to include your name, policy number, member ID number or the insured's name. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help. (English)

Si necesita ayuda de un representante que hable su idioma, puede enviarnos un correo electrónico a TranslationNow@aetna.com. No se olvide de incluir su nombre, número de póliza, número de identificación de miembro o el nombre de la persona asegurada. También deberá informarnos cómo desearía que lo ayudemos. Si no puede enviarnos un correo electrónico, llámenos al número que aparece en las cartas que le enviamos. Esta ayuda se ofrece en forma gratuita. (Spanish)

如果您需要以您的語言提供的協助，您可透過 TranslationNow@aetna.com 寄送電子郵件給我們。請務必註明您的姓名、保單編號、保戶 ID 號碼或受保人姓名。您還必須告知我們您希望我們針對哪方面的資訊提供協助。如果您無法寄送電子郵件，您可致電與我們聯絡，電話號碼列於我們所寄給您的信函中。我們不會針對此項協助向您收費。(Chinese)

Si vous avez besoin d'aide dans votre langue, vous pouvez nous envoyer un e-mail à TranslationNow@aetna.com. Assurez-vous d'inscrire vos nom, numéro de police, numéro d'identification de membre ou le nom de l'assuré. N'oubliez pas de mentionner en quoi nous pouvons vous aider. Si vous ne pouvez pas envoyer de e-mail, vous pouvez nous appeler au numéro indiqué dans nos correspondances. Ce service d'assistance est gratuit. (French)

Kung nangangailangan kayo ng tulong sa inyong wika, maaari kayong mag-email sa amin sa TranslationNow@aetna.com. Tiyaking isama ang inyong pangalan, numero ng polisiya, numero ng ID ng miyembro o pangalan ng nakaseguro. Kailangan ninyo ring sabihin sa amin kung anong impormasyon ang nais ninyong kami ay tumulong sa inyo. Kung hindi ninyong kayang mag-email, maaari ninyo kaming tawagan sa numero na nasa mga liham namin sa inyo. Hindi namin kayo sisingilin para sa tulong na ito. (Tagalog)

Falls Sie Hilfe in Ihrer Sprache Hilfe benötigen, können Sie uns eine E-Mail senden an TranslationNow@aetna.com. Geben Sie bitte unbedingt Ihren Namen, Ihre Policennummer, Mitglieder-ID-Nummer oder den Namen des Versicherten an. Sie müssen uns auch mitteilen, mit welchen Informationen wir Ihnen helfen können. Wenn Sie keine E-Mail schreiben können, können Sie uns unter der Nummer anrufen, die in den Briefen an Sie angegeben ist. Diese Hilfe ist für Sie kostenfrei. (German)

إذا احتجت إلى المساعدة بلغتك، يمكنك إرسال رسالة إلكترونية (إيميل) على TranslationNow@aetna.com. تأكد من ذكر اسمك، رقم البوليصة، رقم تعريف العضو أو اسم الشخص المؤمن. كما عليك إخبارنا ما هي المعلومات التي تحتاج إلى مساعدة بشأنها. إذا لا يمكنك إرسال بريد إلكتروني، يمكنك الاتصال بنا على الرقم المذكور في رسالتنا إليك. هذه المساعدة مجانية. (Arabic)

Si ou bezwen èd nan lang ou, ou kapab imel nou nan TranslationNow@aetna.com. Rasire w ke w mete non w, nimewo kontra w, nimew idantifikasyon w oswa non moun ki asire a. W ava bezwen pou di nou tou pou ki enfòmasyon ke w ta vle pou n ede w la. Si ou pa ka voye imel, ou ka rele nou nan nimewo ki nan lèt nou te voye ba w la. Nou pa chaje pou èd sa a. (French Creole)

Se hai bisogno di aiuto nella tua lingua, ci può mandare un email a TranslationNow@aetna.com. Si assicuri di inserire il suo nome, numero di polizza, il numero di utente ID o il nome dell'assicurato. Lei dovrà anche dirci quali sono le informazioni per le quali desidera il nostro aiuto. Se non è possibile per e-mail, si può telefonare al numero che si trova nelle nostre lettere a indirizzate a lei. Noi non vi facciamo pagare per questo support. (Italian)

日本語で援助が必要な場合、TranslationNow@aetna.comまで電子メールでお知らせください。氏名、ポリシー番号、メンバーID番号または被保険者の氏名を必ず記載してください。また、どのような情報に関する援助が必要かについても明記してください。電子メールを送信できない場合、お送りした通知に記載される電話番号までお電話いただくこともできます。この援助は無料で提供しています。(Japanese)

귀하가 구사하는 언어로 도움을 받으려면 당사에 TranslationNow@aetna.com으로 이메일을 보내주십시오. 성함, 보험 약정 번호, 가입자 ID 번호 혹은 가입자 성함을 꼭 기재해 주십시오. 또한 어떤 내용에 관해 당사의 도움을 받고자 하신지 말씀해 주셔야 합니다. 이메일을 보내실 수 없으시면 본 편지에 기재되어 있는 번호로 전화하실 수도 있습니다. 이러한 도움은 무료로 제공됩니다. (Korean)

اگر به کمک و راهنمایی به زبان خودتان نیاز دارید، می توانید به آدرس TranslationNow@aetna.com برای ما ایمیل بفرستید. حتماً نام، شماره بیمه نامه، شماره شناسایی عضویت خود یا نام بیمه شده را قید کنید. همچنین لازم است به ما بگویید در مورد چه اطلاعاتی به کمک و راهنمایی ما نیاز دارید. اگر نمی توانید ایمیل بفرستید، می توانید به شماره ای که در نامه های ما قید شده با ما تماس بگیرید. هزینه ای برای این کمک و راهنمایی از شما مطالبه نمی شود. (Persian)

Jeśli potrzebujesz pomocy w swoim języku, napisz do nas na e-mail na adres TranslationNow@aetna.com. Pamiętaj, aby podać swoje imię i nazwisko, numer polisy, identyfikator członka lub imię i nazwisko ubezpieczonego. Powinieneś nam także powiedzieć, odnośnie jakiej informacji potrzebujesz od nas pomocy. Jeśli nie możesz wysłać e-maila, zadzwoń pod numer, który znajdziesz w otrzymanej od nas korespondencji. Nie pobieramy opłat za tę pomoc. (Polish)

Se você precisar de ajuda em seu idioma, entre em contacto pelo e-mail TranslationNow@aetna.com. Não se esqueça de incluir o seu nome, número da apólice, cartão de identificação do membro (ID) ou o nome do segurado. Você também precisa nos dizer quais informações que gostaria de obter com a nossa ajuda. Caso não consiga enviar um e-mail, você pode fazer uma chamada para o nosso número indicado em nossas cartas enviadas a você. Nós não cobramos por esta ajuda. (Portuguese)

Попросить о помощи переводчика можно по электронной почте TranslationNow@aetna.com. В письме не забудьте указать свои имя и фамилию, номер полиса и идентификационный номер участника плана или имя застрахованного. Напишите, о чем хотите у нас узнать. Если пользоваться электронной почтой вы не можете, звоните нам по телефону. Его номер есть в письмах, которые мы вам присылаем. За помощь переводчиков платить не нужно. (Russian)

Nếu quý vị cần được trợ giúp bằng ngôn ngữ của quý vị, quý vị có thể gửi email cho chúng tôi theo địa chỉ TranslationNow@aetna.com. Hãy nhớ nêu tên của quý vị, số hợp đồng bảo hiểm, số nhận dạng hội viên hoặc tên người được bảo hiểm. Quý vị cũng cần nói cho chúng tôi biết quý vị muốn chúng tôi trợ giúp những thông tin nào. Nếu quý vị không thể gửi email, quý vị có thể gọi cho chúng tôi theo số điện thoại có trong những bức thư chúng tôi gửi đến quý vị. Chúng tôi không tính phí quý vị cho sự trợ giúp này. (Vietnamese)