

**ADVOCATE HEALTH CARE NETWORK WELFARE BENEFITS PLAN
NOTICE OF PRIVACY PRACTICES**

Effective Date: January 1, 2017

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.

Introduction

This Notice applies to the Advocate Health Care Network (“Advocate”) medical, dental, vision and prescription drug benefit options, health care flexible spending account, and employee assistance program available under the Advocate Health Care Network Welfare Benefits Plan. For convenience, this Notice uses the term “Plan” to refer collectively to these different benefits.

Some of the benefits under the Plan are provided through insurance companies. If you receive Plan benefits through insurance companies, you may receive separate notices from our insurers describing how they use and disclose protected health information. This Notice does not apply to other Advocate benefit programs such as long- and short-term disability, workers’ compensation, life insurance and paid time off.

The Plan is a “covered entity” as this term is defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA requires the Plan to maintain the privacy of participants’ protected health information and to provide participants with notice of the Plan’s legal duties and privacy practices regarding protected health information.

The Plan’s Responsibilities Regarding your Protected Health Information

Your health information is highly personal, and the Plan is committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. For Plan administration purposes, the Plan (and various outside service providers hired by the Plan) creates records (such as records of health claims), and this Notice applies to all such records. Other notices and practices may apply to records created or maintained by your doctor or other health care provider. References to the Plan in this Notice generally include the Plan’s outside service providers that assist with administration of the various benefit options.

This Notice summarizes how the Plan may use and disclose your protected health information for:

- your treatment;
- payment of your claims;
- health care operations of the Plan; and
- other uses and disclosures of such information allowed by law.

It also describes your ability to access and control the use and disclosure of your protected health information.

The Plan must abide by the terms of this Notice of Privacy Practices as currently in effect. The terms of this Notice may change and new notice provisions effective for all protected health information held by or on behalf of the Plan may be added. In the event of a change to this Notice of Privacy Practices, the Plan Administrator will distribute a revised Notice.

Use and Disclosure of Your Protected Health Information for Plan Administration

This section describes different ways the Plan may use and disclose protected health information. Not every possible use or disclosure is listed, but all of the ways your information may be disclosed for Plan administration fall into three categories: (i) treatment; (ii) payment; and (iii) health care operations.

Treatment

Your protected health information may be used or disclosed to a health care provider to help the provider carry out medical treatment or services. For example, the Plan (or service providers acting on behalf of the Plan, such as a pharmacy benefit manager) may use or disclose your protected health information to ensure that you do not receive inappropriate medications or to share information about prior prescriptions if a newly prescribed drug could cause problems for you. The Plan also may share your protected health information with a health care provider if the provider needs such information to treat you or your family properly.

Payment

Your protected health information may be used or disclosed to determine your eligibility for Plan benefits, to coordinate coverage between this Plan and another plan, and to facilitate payment for services you receive. For example, your information may be shared with an outside vendor that the Plan has hired to review use of certain services or medications, or with an outside company hired to help the Plan ensure that it is properly reimbursed if a third party is responsible for medical costs the Plan would otherwise pay.

Health Care Operations

Your protected health information may be used for various administrative purposes that are called “health care operations” of the Plan. For example, your information could be shared with a member of your family who is involved in your health care. Your information might be included as part of an audit designed to ensure that the Plan’s outside claims administrator is performing its job as well as it should for the Plan. And your information, along with that of all other participants, may be used each year to set appropriate premiums for the Plan or to help secure insurance that is needed to protect the Plan or Plan sponsor financially. However, the Plan will not use or disclose your protected health information that is genetic information for underwriting purposes (*e.g.* for determinations of eligibility for benefits or the computation of premium and contribution amounts).

Additional Permitted Use and Disclosure

Disclosures to Business Associates of the Plan

The Plan often relies on outside service providers (generally known as “business associates”) to handle important administrative tasks on behalf of the Plan. When these tasks involve the use or disclosure of protected health information for payment, treatment, or health care operations, the Plan is permitted to share your information with these outside providers (for example, the companies that may process claims for benefits under the Plan, administer your prescription drug benefits under the Plan, or conduct a health risk assessment under the Plan). Whenever an arrangement between the Plan and a third party business associate involves the use or disclosure of your protected health information, that business associate will be required to keep your information confidential.

Disclosures to the Plan Sponsor

The Plan also may share your protected health information with the Plan sponsor. For instance, the Plan may disclose whether you are participating in, enrolled in, or dis-enrolled from the Plan. Generally, the Plan sponsor may use the information to carry out its Plan administrative functions. The Plan sponsor has agreed to prevent unauthorized use or disclosure of the information and to limit the employees who have access to such information. Unless you provide written authorization, the Plan sponsor may not use the protected health information it receives from the Plan for benefit programs that do not provide health

benefits, to make any employment-related decisions, or for any other purpose other than as required by law or permitted by the Plan.

Disclosures in Special Situations

Federal law on health record privacy also allows covered health care entities, including the Plan, to use and disclose protected health information without obtaining written authorization in the following circumstances:

- as authorized by and to the extent necessary to comply with workers' compensation or similar laws;
- for judicial and administrative proceedings, such as lawsuits or other disputes in response to a court order or subpoena;
- for public health activities, such as preventing or controlling disease and reporting reactions to medications;
- to law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person;
- to report abuse or neglect, or to report domestic violence to appropriate agencies or authorities;
- to health oversight agencies or other government agencies for audits, investigations, inspections and licensure needed for the government to monitor health plans;
- to facilitate organ or tissue donation or transplantation, if you are an organ or tissue donor or recipient;
- for purposes of national security and intelligence;
- to military authorities, if (1) you are a member of the armed services, and (2) military authorities determine that disclosure of such information is necessary;
- to correctional institutions or law enforcement officials, regarding individuals in custody;
- for research purposes in limited circumstances;
- to coroners, medical examiners and funeral directors (for example, to identify a person or to determine a cause of death);
- as an incidental disclosure that occurs during a permitted use or disclosure of protected health information; and
- as part of a "limited data set" for research, public health and health care operations, to certain third parties who have agreed in writing to limit their use and disclosure of the information in the limited data set.

Disclosures to Personal Representatives & Others Acting on Your Behalf

To the extent permitted or required by law, the Plan may disclose your protected health information to your family members or other relatives, your close personal friend or anyone else you identify, when it is relevant to that person's involvement with your health care or payment related to the health care you receive. The Plan also may disclose protected health information to a parent or legal guardian, in the case of services provided to a minor child or an incompetent adult. You may request a restriction on such disclosures as described in the "You May Request Restrictions" paragraph.

In addition, you may designate a personal representative who is authorized to receive your protected health information and/or otherwise exercise your rights under this Notice. If you wish to formally designate a personal representative, you must submit a written statement authorizing your personal representative, along with any supporting documents (*e.g.* power of attorney), to the appropriate contact at the address listed on the Contact Information page attached to this Notice.

Uses and Disclosures Required by Law

The Plan may be required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services (the "Secretary"), if the Secretary is investigating or making a determination regarding the Plan's compliance with HIPAA.

Additional Protections You May Have Under State Laws

State insurance laws and other state laws may give you greater rights than those secured under federal law. When the Plan Administrator becomes aware of state laws that offer you greater rights to protect your information, you will be notified within a reasonable time and told how the state laws affect you.

No Other Uses or Disclosures Without Your Authorization

Other than the uses and disclosures described in this Notice, the Plan may not disclose your protected health information or make any other use of it without your written authorization. You generally must authorize in writing the use or disclosure of psychotherapy notes about you. Additionally, your authorization is required for the use or disclosure of protected health information for marketing or sale. You may revoke any authorization in writing except to the extent that the Plan has already taken action in reliance on your authorization.

You May Access Your Protected Health Information Maintained by the Plan

You may inspect and copy your protected health information as long as it is maintained by the Plan or on behalf of the Plan, as described in this Notice. This right does not apply to certain narrow types of information, including psychotherapy notes or information compiled for use in a civil, criminal, or administrative action or proceeding.

Generally, your information will be provided to you in a form regularly maintained by the Plan. With your consent, the Plan may provide a summary or explanation of your information instead of providing you with the information in its original form. To the extent the Plan maintains your protected health information in an electronic health record, you may request access to these electronic health records. You may direct the Plan to transmit a copy of your protected health information to an individual or entity you designate.

Requesting Access

You may make your request for access to your information by writing to the appropriate contact listed on the Contact Information page attached to this Notice.

The Plan's benefit contact will respond to your request within 30 days after its receipt of the request. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan's benefit contact will act on your request within 60 days after its receipt of the request. You will receive written notification of the Plan's decision.

Denial of Request for Access

The Plan's benefit contact may deny your request for access to your protected health information only under limited circumstances.¹ In the event of a denial, you will receive access to any part of the requested material that does not cause these problems.

Requesting Review of Access Denial

If your request for access to your information is denied, in most situations, you have the right to request a review of the denial.² You may request review by writing to the appropriate contact listed on the Contact Information page attached to this Notice.

¹ Your request may be denied if: a licensed health care professional determines that your request is reasonably likely to endanger your or anyone else's life or physical safety; the information you request refers to another person, and a licensed health care professional determines that the access requested is reasonably likely to cause substantial harm to that person; or, the request is made by your personal representative, and a licensed health care professional determines that providing access to your representative is reasonably likely to cause substantial harm to you or to another person.

You will receive written notification of the decision on review within a reasonable time after you submit your request for review.

Copying Fees

You may be charged a reasonable fee to cover postage, costs related to copying your information, and any costs related to preparation of an explanation or summary of your protected health information.

Amendment of Your Protected Health Information

Requesting Amendment

You may request an amendment of your protected health information by writing to the appropriate contact listed on the Contact Information page attached to this Notice. You must provide a reason to support the requested amendment.

The Plan's benefit contact will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan's benefit contact will act on your request within 90 days after its receipt.

Grant of Request for Amendment

If your request to amend your protected health information is granted, the Plan's service provider will make the appropriate amendment by (1) identifying the records that are affected by the amendment and (2) appending (or otherwise linking) the amendment to the original record. The Plan's benefit contact will notify you that the amendment has been made and request your permission to notify others of the amendment. These other individuals may include those you have identified to receive the amendment as well as individuals the Plan's service provider knows have the original protected health information and may have relied, or could foreseeably rely, on that information to your detriment.

If the Plan is informed of an amendment to your protected health information, it will revise its records accordingly. You will be able to have your protected health information amended, as described in this Notice, for as long as it is maintained by the Plan or on behalf of the Plan.

Denial of Request for Amendment

Your request for amendment may be denied if:

- the Plan (or its service providers) did not create the information (unless it is reasonably believed that the originator of the information is no longer available to act on the requested amendment);
- the information is not part of the records maintained by or on behalf of the Plan;
- the information would not be available for your inspection (for one of the reasons described above);
or
- the Plan or service provider determines that the information is accurate and complete without the amendment.

If your request for amendment of your protected health information is denied, you will be notified in writing of the reason for the denial. You also will be informed of your right to submit a written

2 In the following limited cases, your request for access to your protected health information may be denied without giving you an opportunity to request review of that decision: the information you seek to access is excepted from the right to access as described above; the information you seek was created or obtained in the course of ongoing research and you previously agreed to the denial of access; you are an inmate at a correctional institution, and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or of other inmates (the Plan will not provide your information if it would threaten the safety of any officer, employee or other person at the correctional institution who is responsible for transporting you); the information you seek to access is contained in records protected by the Federal Privacy Act and the denial satisfies the requirements of that law; or, the information you seek to access to is obtained from someone other than a health care provider under a promise of confidentiality and your access request would be reasonably likely to reveal the source of the information.

statement, of a reasonable length, disagreeing with the denial. A rebuttal statement to your statement of disagreement may be prepared by or on behalf of the Plan. You will receive a copy of any such rebuttal statement.

Your statement of disagreement and any corresponding rebuttal statement will be included with any subsequent disclosures of applicable information. If you do not file a statement of disagreement, the Plan must submit a copy of your request for amendment (or a summary of such request) with any later disclosure of the applicable information.

Accountings of Disclosures of Your Protected Health Information

If the Plan or an outside service provider discloses your protected health information to anyone other than you for reasons that you have not authorized, you will be able to receive information about such disclosures, called an “accounting,” as described in this Notice.

A few exceptions apply. By law, an accounting is generally not required for disclosures made:

- for treatment, payment or health care operations (except as described below);
- to persons involved in your care;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials;
- as part of a “limited data set” as defined in HIPAA; or
- incidental to otherwise permissible disclosures.

Requesting an Accounting

You must make your request for an accounting of disclosures of your protected health information by writing to the appropriate contact listed on the Contact Information page attached to this Notice.

Your request must specify the time period for which you are requesting an accounting, which may not be longer than six years. The Plan’s benefit contact will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan’s benefit contact will act on your request within 90 days after its receipt.

For each disclosure, you will receive:

- the date of the disclosure;
- the name of the receiving entity and address, if known;
- a brief description of the protected health information disclosed; and
- a brief statement of the purpose of the disclosure or a written copy of the request for the information, if any.

To the extent required by the HIPAA rules, if any of your protected health information is maintained in an electronic health record, the accounting of disclosures will also include information about disclosures made for treatment, payment and health care operations purposes during the three-year period prior to your request.

Accounting Fee

In any given 12-month period, you may receive one accounting of the disclosures of your protected health information at no charge. Any additional request for an accounting during that period will be subject to a reasonable fee to cover the Plan’s costs in preparing the accounting.

You May Request Restrictions

You may request restrictions on certain uses and disclosures of your protected health information which may be used to carry out Plan treatment, payment, or health care operations functions as described in this Notice. You may also request restrictions on the disclosures made to others who are involved in your care. For example, you may ask that the Plan not disclose information regarding your health to your spouse or children. In general, the Plan is not required to agree to a requested restriction. However, the Plan will attempt to accommodate reasonable requests, if appropriate. The Plan must comply with your restriction request when the Plan discloses protected health information to a health plan for purposes of payment or health care operations and the protected health information pertains solely to a health care item or service for which you, or a person on your behalf (other than the Plan) has already paid in full the health care provider involved.

If the Plan does agree to honor your requested restriction, it will not use or disclose your information in the way you specified unless the information is needed to provide emergency treatment.³ If the Plan discloses restricted information due to an emergency, the Plan will request assurances from the service provider or other recipient of the information that it will not further disclose your restricted information.

You may make your requests to restrict the use and disclosure of your protected health information by writing to the appropriate contact for the applicable benefit option, as listed on the Contact Information page attached to this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Requests to remove a restriction also should be sent to the appropriate contact listed on the Contact Information page. Your request for removal of a restriction must state the specific restriction to be removed. If you orally inform the Plan of your desire to remove the restriction, the Plan may terminate the restriction if it documents your request. Additionally, the Plan may remove a restriction without your consent on a going-forward basis, which means that previously restricted information would remain restricted but protected health information received or created after removal of the restriction would not be subject to the restriction.

You May Request Confidential Communications

In certain circumstances, you may ask to receive confidential communications of protected health information by other means or at different locations, by writing to the appropriate contact listed on the Contact Information page attached to this Notice. For example, you may ask to be contacted only at your work telephone number or address. Reasonable requests that clearly state, in writing, that the disclosure of all or part of your protected health information could endanger you will be honored. All other requests that do not involve endangerment will be considered, and you will be notified of the decision.

You Have the Right to Be Notified if there is a Breach of Unsecured Protected Health Information

You have the right to be notified in the event that the Plan (or a business associate) discovers that a breach of unsecured protected health information has occurred. Notice of any such breach will be made in accordance with federal requirements under HIPAA.

Your Right to Obtain a Copy of this Notice

You may obtain a paper copy of this Notice, even if you have previously agreed to receive this notice electronically, upon request by contacting Advocate Benefit Service Center at 1-800-775-4784.

³ In addition, if the Department of Health and Human Services requests any of your restricted health information during an investigation of the Plan, the Plan must disclose the information even though it is restricted. Additionally, if the disclosure is of the type for which your authorization is not required and you would not otherwise be given an opportunity to object to the disclosure, the Plan may disclose the restricted information.

Complaints

If you believe the Plan has violated your privacy rights, you may file a complaint with the Plan or with the Secretary of Health and Human Services, Office for Civil Rights. Complaints to the Plan should be filed in writing with Kimberly Dwyer, the Advocate Benefit Services Privacy Officer, at 3075 Highland Parkway, Downers Grove, IL 60515. You will not be penalized in any way for filing such a complaint.

Additional Information

For further information regarding the issues covered by this Notice of Privacy Practices, please contact: Nancy Gilbert, Team Lead, Benefit Services, at 3075 Highland Parkway, Downers Grove, IL 60515 or nancy.gilbert@advocatehealth.com.

CONTACT INFORMATION

BENEFIT OPTION	CONTACT	CONTACT INFORMATION
<p>Medical Benefits</p> <ul style="list-style-type: none"> • HumanaHMO (Premier) • HumanaPPO/DRP • Blue Cross and Blue Shield of Illinois PPO/DRP <p><i>Additionally, for coverage provided prior to January 1, 2011:</i></p> <ul style="list-style-type: none"> • CoreSource PPO/DRP • HDHP 	<p>Humana Insurance Company Attention: Privacy Officer</p> <p>Blue Cross and Blue Shield of Illinois Attention: Sam Drone</p> <p><i>CoreSource, Inc.</i> <i>Attention: Privacy Officer</i></p>	<p>P.O. Box 14601 Louisville, KY 40201 Phone: 866-861-2762 TDD: 800-526-0844 www.humana.com</p> <p>Blue Cross and Blue Shield of Illinois 1020 W. 31st Street Suite 600 Downers Grove, IL 60515</p> <p><i>P.O. Box 83301</i> <i>Lancaster, PA 17608-3301</i> <i>www.coresource.com</i></p>
<p>Dental Benefits</p> <ul style="list-style-type: none"> • Dental HMO • MetLifePDP/MetLifePDP with Orthodontia/MetLife Value Plan 	<p>Guardian/First Commonwealth Attention: Guardian Corporate Privacy Officer</p> <p>MetLife Attention: Institutional Business HIPAA Privacy Officer</p>	<p>Group Quality Assurance –WRO P.O. Box 2457 Spokane, WA 99210-2457</p> <p>P.O. Box 6896 Bridgewater, NJ 08807-6896 Phone: 908-253-2706 hipaaprivacyinst@metlife.com</p>
<p>Prescription Benefit</p>	<p>Caremark Attention: Dena Rus</p>	<p>Phone: 480-391-4343 www.caremark.com</p>
<p>Flexible Spending Accounts (FSAs)</p> <ul style="list-style-type: none"> • Health Care Flexible Spending Account • Deductible Reimbursement Account <p><i>Additionally, for coverage provided prior to January 1, 2011:</i></p> <ul style="list-style-type: none"> • BroMenn Flexible Spending Account 	<p>Tri-Star Benefit Systems, Inc. Attention: Privacy Officer</p> <p>Total Administrative Services Corporation (TASC)</p>	<p>14323 South Outer 40 Rd. Suite 200 South Chesterfield, CO 63017</p> <p>FlexSystem HIPAA Compliance 2302 International Lane Madison, WI 53704-3140</p>
<p>Employee Assistance Program</p>	<p>Attention: John F. Smith, Ph.D.</p>	<p>P.O. Box 776 Oak Lawn, IL 60454 Phone: 800-775-0304</p>

BENEFIT OPTION	CONTACT	CONTACT INFORMATION
Behavioral Health Certification Unit <ul style="list-style-type: none"> • HumanaHMO (Premier) • HumanaPPO/DRP • Blue Cross and Blue Shield of Illinois PPO/DRP • CoreSource PPO/DRP • HDHP 	Attention: John F. Smith, Ph.D.	P.O. Box 776 Oak Lawn, IL 60454 Phone: 800-775-0304
Continuation of Coverage	Tri-Star Benefit Systems, Inc.	14323 South Outer 40 Rd. Suite 200 South Chesterfield, CO 63017
Health and Productivity Management Program	Asset Health Management, Inc. ICM3 (Integrated Care Management) Attention: Privacy Officer Advocate Fitness Attention: Patrick Kinney	Charles (Chuck) A. Lingenfelter, CLU, FLMI, RHU, REBC, LIC Senior Consultant, Practice Leader Wilson Partners L.L.C. 2250 Butterfield Drive, Suite 120 Troy, MI 48084 Business Phone: 248.822.4000 Direct Phone: 248.822.7222 Cell Phone: 248.720.8446 Fax: 248.822.4001 ICM3 (Integrated Care Management) 700 E Diehl Rd Suite 180 Naperville IL 60563 Phone 1-630-444-2062 Fax 1-800-294-0301 701 Lee Street Suite 300 Des Plaines, IL 60016
Enrollment and Related Administrative Services	ADP	John Gevertz, Global Chief Privacy Officer 1 ADP Blvd. Roseland, NJ 07068
Data Analysis	Health Data Management Solutions	Liza Mermegas Compliance Director 123 N. Wacker Drive Suite 650 Chicago, IL 60606 Phone: 212-981-8308

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