

Notice of Privacy Practices

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 Notice is effective the date your policy is issued.

We (WellAway Limited – A health insurance manager domiciled in Bermuda) understand the importance of, and are committed to, maintaining the privacy of your protected health information (PHI). PHI is health and nonpublic personal financial information that can reasonably be used to identify you and that we maintain in the normal course of either administering your employer's self-insured group health plan or providing you with insured health care coverage and other services. PHI also includes your personally identifiable information that we may collect from you in connection with the application and enrollment process for health insurance coverage.

We are required by international laws to maintain the privacy of your PHI. We are also required to provide you with this notice, which describes our privacy practices, our legal duties, and your rights concerning your PHI. We are required to follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time and to make the terms of our revised notice effective for all of your PHI that we either currently maintain or that we may maintain in the future. If we make a significant change in our privacy practices, we will post a revised notice on our web site by the effective date, and provide the revised notice, or information about the change and how to get the revised notice, to covered individuals in our next annual mailing.

How we protect your PHI

Our employees are trained on our privacy and data protection policies and procedures;

We use administrative, physical, and technical safeguards to help maintain the privacy and security of your PHI;

We have policies and procedures in place to restrict our employees' use of your PHI to those employees who are authorized to access this information for treatment or payment purposes or to perform certain healthcare operations; and

Our corporate Business Ethics, Integrity, and Compliance division monitors how we follow our privacy policies and procedures.

How we must disclose your PHI

To You: We will disclose your PHI to you or someone who has the legal right to act on your behalf (your personal representative) in order to administer your 'Individual Rights' under this notice.

As Required by Law: We will disclose your PHI when required by applicable law to do so.

How we may use and disclose your PHI without your written authorization

We may use and disclose your PHI without your written authorization in a number of different ways in connection with your treatment, the payment for your healthcare, and our healthcare operations. When using or disclosing your PHI, or requesting your PHI from another entity, we will make reasonable efforts to limit such use, disclosure or request, to the extent practicable, to the minimum necessary to accomplish the intended purpose of such use, disclosure or request. The following are only a few examples of the types of uses and disclosures of your PHI that we may make without your written authorization.

For Treatment: We may use and disclose your PHI as necessary to aid in your treatment or the coordination of your care. For example, we may disclose your PHI to doctors, dentists, hospitals, or other health care providers in order for them to provide treatment to you. **For Payment:** We may use and disclose your PHI to administer your health benefits policy or contract. For example, we may use and disclose your PHI to pay claims for services provided to you by doctors, dentists or hospitals. We may disclose your PHI to a health care provider or another health plan, so that the provider or plan may obtain payment of a claim or engage in other payment activities.

To Family, Friends, and Others for Treatment or Payment: Our disclosure of your PHI for the treatment and payment purposes described above may include disclosures to others who are involved in your care or the administration of your health benefits policy. For example, we may disclose your PHI to your family members, friends or caregivers if you direct us to do so or if we exercise professional judgment and determine that they are involved in either your care or the administration of your health benefits policy. We may send an explanation of benefits to the policyholder, which may include claims paid and other information. We may determine that persons are involved in your care or the administration of your health benefits policy. If you either agree or fail to object to a disclosure of your PHI to such persons when given an opportunity. In an emergency or in situations where you are incapacitated or not otherwise present, we may disclose your PHI to your family members, friends, caregivers or others, when the circumstances indicate that such disclosure is authorized by you and is in your best interests. In these situations we will only disclose your PHI that is relevant to such other person's involvement in your care or the administration of your health benefits policy.

For Health Care Operations: We may use and disclose your PHI to support other business activities. For example, we may use or disclose your PHI to conduct quality assessment and improvement activities, to conduct fraud and abuse investigations, to engage in care coordination or case management, or to communicate with you about health related benefits, products, or services or treatment alternatives that may be of interest to you. We may also disclose your PHI to another entity subject to federal privacy laws, as long as the entity has or had a relationship with you and the PHI is disclosed only for certain health care operations of that provider, plan, or other entity. We may use and disclose your PHI as needed to conduct or arrange for legal services, auditing, or other functions. We may also use and disclose your PHI to perform underwriting activities.

To Associated Entity(ies) for Treatment, Payment or Health Care Operations: Our use of your PHI for treatment, payment, or health care operations described above (or for other uses or disclosures described in

this notice) may involve our disclosure of your PHI to certain other entities with which we have contracted to perform or provide certain services on our behalf (associated entity(ies)). We may allow our associated entity(ies) to create, receive, maintain, or transmit your PHI on our behalf in order for the associated entities to provide services to us, or for the proper management and administration of the associated entity(ies) or to fulfill the associated entity(ies) legal responsibilities. The associated entity(ies) includes lawyers, accountants, consultants, claims clearinghouses, and other third parties. Our associated entity(ies) may re-disclose your PHI to subcontractors in order for these subcontractors to provide services to the associated entity(ies). These subcontractors will be subject to the same restrictions and conditions that apply to the Associated Entity(ies). Whenever such arrangement with an associated entity(ies) involves the use or disclosure of your PHI, we will have a written contract with our associated entity(ies) that contains terms designed to protect the privacy of your PHI.

For Public Health and Safety: We may use or disclose your PHI to the extent necessary to avert a serious and imminent threat to the health or safety of you or others. We may also disclose your PHI for public health and government health care oversight activities and to report suspected abuse, neglect, or domestic violence to government authorities.

As Permitted by International Law: We may use or disclose your PHI when we are permitted to do so by pertinent law. We may choose to adhere to local laws of the country you reside or you are domiciled

For Process and Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Criminal Activity or Law Enforcement: We may disclose your PHI to a law enforcement official with regard to crime victims and criminal activities. We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Special Government Functions: When the appropriate conditions apply, we may use or disclose PHI of individuals who are authorized (i) for activities deemed necessary by appropriate military command authorities; (ii) for the purpose of determination of your eligibility for benefits by a foreign government or your country of origin, social security administration, or (iii) to foreign military authorities if you are a member of that foreign military or diplomatic service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the president or others legally authorized to receive such governmental protection.

To Plan Sponsors, if applicable (including employers who act as Plan Sponsors): We may disclose enrollment and disenrollment information to the plan sponsor of your group health plan. We may also disclose certain PHI to the plan sponsor to perform plan administration functions. We may disclose summary health information to the plan sponsor so that the plan sponsor may either obtain premium bids or decide whether to amend, modify, or terminate your group health plan. Please see your plan documents, where applicable, for a

full explanation of the limited uses and disclosures that the plan sponsor may make of your PHI in providing plan administration functions for your group health plan.

For Coroners, Funeral Directors, and Organ Donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research purposes and established protocols to ensure the privacy of your PHI, or as otherwise permitted by applicable local privacy law of your place of residence.

Limited data sets and de-identified information: We may use or disclose your PHI to create a limited data set or de-identified information, and use and disclose such information as permitted by local law.

For Workers' Compensation: We may disclose your PHI as permitted by workers' compensation and similar local laws, if applicable.

Uses and disclosures of PHI permitted only after authorization is received: We will obtain your written authorization, as described below, for: uses and disclosures of your PHI for purposes other than described here.

There are also other restrictions that may further our limitation to disclose certain PHI (to the extent we maintain such information) that is deemed highly confidential. Highly confidential PHI may include information pertaining to:

- psychotherapy notes
- alcohol and drug abuse prevention, treatment, and referral
- HIV/AIDS testing, diagnosis, or treatment
- sexually transmitted diseases
- genetic testing

Our intent is to meet the requirements of these more stringent privacy policies we have adopted and we will only disclose this type of specially protected PHI with your prior written authorization except when our disclosure of this information is permitted or required by applicable local law.

Authorization: You may give us written authorization to use your PHI or disclose it to anyone for any purpose not otherwise permitted or required by applicable local law. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization

while it was in effect. In the event that you are incapacitated or are otherwise unable to respond to our request for an authorization, (for example, if you are or become legally incompetent), we may accept an authorization from any person who is legally authorized to give such authorization on your behalf.

Individual Rights

To exercise any of these rights, please call the customer service number on your ID card or your Personal ConciergeCare representative.

Access: With limited exceptions, you have the right to inspect, or obtain copies of, your PHI. We may charge you a reasonable fee. We will provide you a copy of your PHI in the form and format requested, if it is readily producible in such form or format or, if not, in a readable hard copy form or such format as agreed to by you and us. Where your PHI is contained in one or more designated record sets electronically, you have the right to obtain a copy of such information in the electronic form and format requested, if it is readily producible in such form and format; or if not, in a readable electronic form and format as agreed to by us and you. You may request that we transmit the copy of your PHI directly to another person, provided your request is in writing, signed by you, and you clearly identify the designated person and where to send the copy of the PHI.

Amendment: With limited exceptions, you have the right to request that we amend your PHI.

Disclosure Accounting: You have the right to request and receive a list of certain disclosures made of your PHI. If you request this list more than once in a 12-month period, we may charge you a reasonable fee as permitted by local law to respond to any additional request.

Use/Disclosure Restriction: You have the right to request that we restrict our use or disclosure of your PHI for certain purposes. We may agree to a request to restrict the disclosure of your PHI to another health insurance, if you submit the request to us and: (i) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law; and (ii) the PHI pertains solely to a health care item or service for which you, or a person on your behalf other than the insurance, has paid the covered entity out-of-pocket in full. We may not be required to agree to all other restriction requests; and, in certain cases, we may deny your request. We will agree to restrict the use or disclosure of your PHI provided the local law allows and we determine the restriction does not impact our ability to administer your benefits. Even when we agree to a restriction request, we may still disclose your PHI in a medical emergency and use or disclose your PHI for public health and safety and other similar public benefit purposes permitted or required by local law.

Confidential Communication: You have the right to request that we communicate with you in confidence about your PHI at an alternative address. When you call the customer service number on your ID card to request confidential communications at an alternative address, please ask for a "PHI address."

Note: If you choose to have confidential communications sent to you at a PHI address, we will only respond to inquiries from you. If you receive services from any health care providers, you are responsible for notifying those providers directly if you would like a PHI address from them.



WellAway®
Keeping You Well, While You're Away.®

Privacy Notice: You have the right to request and receive a copy of this notice at any time. For more information or if you have questions about this notice, please contact us using the information listed at the end of this notice.

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

Complaints

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this notice. We support your right to protect the privacy of your PHI.

Contact

WellAway Limited,
Cannon's Ct., 22 Victoria St.,
PO Box HM1179
Hamilton, HM EX, Bermuda
+ 44 2036 036 804
U.S.A + 1 (855) 773 7810

Si vous voulez une copie de cet avis en français, s'il vous plaît contacter un représentant du service à la clientèle en utilisant le numéro de téléphone sur votre carte d'identité.



WellAway®
Keeping You Well, While You're Away.®

Notice Regarding Coverage for Breast Reconstruction Surgery

If you have to have a mastectomy, your breast reconstruction surgery is covered under your health coverage. It can be done at the same time as the mastectomy or later. You are covered for both the reconstruction of the breast on which the mastectomy is performed, as well as the other breast to produce a symmetrical appearance. In addition, your health plan covers prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedema. The type of procedure is determined in consultation between you and your attending physician. Coverage is subject to the terms of your policy.