Notice of Privacy Practices

Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.

若要以西班牙文或中文接收本通知，請致電 *ID* 卡上的會員服務部免付費電話。

To receive this Notice in Spanish or Chinese, please call the toll-free number on your member ID card.

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 of Privacy Practices (Notice) describes the privacy practices of Aetna Life Insurance Company.

For purposes of this notice, "Aetna" and the pronouns "we," "us" and "our" refer to all of the HMO and licensed insurer subsidiaries of Aetna Inc. These entities have been designated as a single affiliated covered entity (Aetna ACE) for federal privacy purposes. The members of the Aetna ACE can share protected health information (PHI) with each other. We do this for the treatment, payment and health care operations of the Aetna ACE and as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and this Notice. For a full list of the members of the Aetna ACE, contact the Aetna Privacy Office at **PrivacyAetna@aetna.com**.

This Notice applies to insured plans

This Notice of Privacy Practices is for Aetna® insured health benefit plans. It does not apply to any plans that are self-funded by an employer. If you have coverage where you work, ask your employer if your plan is insured or self-funded. If it's self-funded, ask for a copy of your employer's Privacy Notice.

Effective date

This Notice became effective on September 1, 2025.

In this Notice, we describe:

- Information we collect about you
- How we use and share your information
- Times when we must share your information
- When we may share your information with those involved in your care
- When we need your okay to use or share your information
- Your rights under the law
- How we keep your information safe
- How we comply with the law
- When this Notice may change

Information we collect about you

We get information about you from many sources, including from you. But we also can get it from your employer or benefits plan sponsor (if applicable), other insurers, HMOs or third-party administrators, and health care providers such as doctors.

This is called protected health information (PHI). It includes personal information that may identify you that is not public information. And it includes information about your health, medical conditions, prescriptions, and payment for health care products or services.

It may include:

- Demographic data (like your name or address)
- Health details (like a medical history)
- Test results (like a lab test)
- Insurance information (like your member ID)
- Other information used to identify you or that's linked to your health care or health care coverage

How we use and share your information without your authorization

In providing your health benefits, we may use and share PHI about you in varied ways. For instance:

Health care operations: We may use and share your PHI for our health care operations. Those are actions we need to do to run our health business, including:

- Quality assessment and improvement
- Licensing
- Accreditation by independent organizations
- Performance measurement and outcomes assessment
- Health services planning and development activities
- Preventive health, disease and case management, and care coordination

For example, we may use your PHI to offer programs for certain conditions, such as diabetes, asthma or heart failure. We may also use it for other operations requiring use and disclosure, such as:

- Administering reinsurance and stop loss
- Underwriting and rating
- Investigating fraud
- Running pharmaceutical programs and payments
- Moving policies or contracts from and to other health plans
- Facilitating a sale, transfer, merger or consolidation of all or part of Aetna® with another entity (including related due diligence)
- Performing other general administrative activities (including data and information systems management and customer service)
- Creating de-identified data (This is data that no longer identifies you. We may use it or share it for analytics, business planning or other reasons.)

Payment: We may use and disclose PHI to help pay for your covered services when:

- Doing utilization and medical necessity reviews
- Coordinating care
- Deciding eligibility
- Deciding on drug list (formulary) compliance
- Getting premium payments from you
- Calculating cost-sharing amounts
- Responding to complaints, appeals and requests for external reviews

We carry out these tasks to make sure we pay for your care the right way.

We may use your health history and other PHI to decide whether a treatment is medically necessary and what the payment should be. During this process, we may share information with your health care provider.

We may also mail Explanation of Benefits (EOB) forms and other information to the address we have on file for the subscriber (i.e., the primary insured). We also make claims information on our secure member website and telephonic claims status sites available to the subscriber and all covered dependents. And we use PHI to get payment for any mail-order pharmacy services you get.

Treatment: We may share your PHI with the health care providers who take care of you like your doctors, dentists, pharmacies and hospitals. Sometimes doctors may ask for your medical information from us to put in their own records.

We may also use your information to offer you mail-order pharmacy services. And we may share certain information for patient safety or other reasons linked to your treatment.

Disclosures to other covered entities: We may share your PHI with other covered entities or their business associates. This may be for treatment, payment or for certain health care operations.

For example, you may get your health benefits through an employer. If so, we may share your PHI with other health plans your employer offers. We do this to make sure we pay your claims the right way.

Additional reasons for use and disclosure without your authorization

We may use or share PHI about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. In addition, we may use or share your PHI without your authorization in support of:

- **Plan administration** (group plans) — to your employer, as applicable, when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- **Research** — to researchers, provided measures are taken to protect your privacy.
- **Business associates** — to persons who provide services to us and assure us they will protect the information.
- **Health oversight** — to health oversight agencies (e.g., agencies that oversee the health care system and government benefit programs) for purposes of oversight activities authorized by law (e.g., investigations, audits, and licensure or disciplinary actions).
- **Workers' compensation** — to comply with workers' compensation laws.
- **Law enforcement** — to government law enforcement officials as permitted or required by law.
- **Legal proceedings** — in response to a court order or other lawful process.
- **Public welfare** — to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, public health surveillance and investigations, controlling disease, product recalls).
- **As required by law** — to comply with legal obligations and requirements.
- **Decedents** — to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law; and to funeral directors as necessary to carry out their duties.
- **Organ procurement** — to respond to organ donation groups for the purpose of facilitating donation and transplantation.

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- **Abuse, neglect or domestic violence** — to government authorities, including social service or protective service agencies, authorized to receive such reports, if we believe that you are a victim of abuse, neglect or domestic violence. We will inform you of such a disclosure, unless doing so would place you at risk of serious harm or not be in your best interests.
- **Specialized government functions, military and correctional institutions** — to authorized government officials for purposes of national security and intelligence activities, protective services for the President, and medical suitability determinations. If you are a member of the U.S. armed forces or the foreign military, we may disclose your PHI for activities deemed necessary by appropriate command authorities or under the law. If you are under the custody of a correctional institution or a law enforcement official, we may disclose your PHI to such parties if certain representations are made (e.g., the information is necessary to provide you with health care or the health and safety of others).

Times when we must share your information

There are times when we must share your PHI. When required, we must release it to:

- You or someone who has the legal right to act for you. This person is your personal representative. We do this to help manage your rights, as spelled out in this Notice.
- The Department of Health and Human Services. We may do this to comply with the Health Insurance Portability and Accountability Act (HIPAA). They may collect this information to enforce HIPAA.
- Other government authorities as required by applicable law.

When we may share your information with those involved in your care

We may share your PHI with people involved in your health care. We may also share it with those involved in paying for your care. For example, if a family member or a caregiver calls us about a claim, we may tell them what stage it's in. You have the right to stop or limit this kind of sharing (disclosure). To do so, just call the toll-free number on your member ID card.

If you are a minor, you may have the right to block parental views of your health information in certain cases. But you can only do so if state law allows it. You can call us at the toll-free number on your member ID card. Or have your provider talk to us.

We may use or share your PHI to notify or to help notify a family member or any other person responsible for your care about your location, general condition or death. We may also disclose your PHI to disaster relief groups so that your family or others responsible for your care can learn of your location, general condition or death.

When we need your okay to use or share your information

If we have not described a use or disclosure above, we will need you to say it's okay in writing to use or disclose your PHI. For example, we will get your okay:

- For marketing purposes unrelated to your benefit plan(s)
- Before sharing any psychotherapy notes
- When linked to the sale of your PHI
- For other reasons as required by law

Even if you gave us your okay, you can withdraw it at any time. You just need to let us know in writing. If we haven't already acted on it, we'll stop using or sharing your information for that purpose. If you have questions about written permission, just call the toll-free number on your member ID card.

PHI disclosed, as permitted by HIPAA, may be subject to redisclosure by the recipient and no longer protected by HIPAA.

Additional restrictions on use and disclosure

Some state and federal laws may require special privacy protections, including certain requirements to obtain attestations from requestors, that limit the use and disclosure of certain sensitive health information. Such laws may protect information related to:

- Alcohol or substance use disorder
- Biometric information
- Child or adult abuse or neglect, including sexual assault
- Communicable diseases
- Genetic information
- HIV/AIDS
- Mental health
- Minors
- Reproductive health
- Sexually transmitted diseases

We will follow the law that is stricter (or more protective of your PHI), where it applies to us. If you would like more information about additional use or disclosure restrictions that may apply to your sensitive PHI, please contact the Aetna® Privacy Office at **PrivacyAetna@aetna.com**.

Substance Use Disorder Information

We are not a substance use disorder treatment program. We may receive or keep information about you that comes from a substance use disorder program. If a substance use disorder program provides us this information through a 42 CFR Part 2 consent, including a consent for future uses and disclosures for treatment, payment, and health care operations, we will use or share that information in accordance with both the consent and HIPAA. In limited situations where we may disclose this information without your permission, such as medical emergencies and government audits, we will follow the law that is more protective of your information. We will not use or share this information in any legal case against you unless:

1. You give us written consent, or
2. A court orders us with a subpoena or other legal requirement.
   You or Aetna must also receive notice and a chance to be heard.

Your rights under the law

Under federal privacy laws, you have rights when it comes to PHI. You have the right to:

- Ask us to communicate with you how or where you choose. For example, if you're covered as an adult dependent, you might want us to send health information, like your EOB, to an address other than your subscriber's. If it's a reasonable request, we will make this happen.
- Ask us to limit the way we use or share your information when it comes to health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict sharing with people involved in your health care.
- Ask us for a copy of PHI that's part of a "designated record set." This may include medical records. It may also include other records we keep and use for:
  - Enrollment
  - Payment
  - Claims processing
  - Medical management
  - Other decisions

  We may ask you to request this in writing. And we may charge a reasonable fee for making and mailing the copies. Sometimes, we may deny the request.

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- Ask us to fix your PHI. You need to ask this in writing. And you must include the reason for the request. If we deny it, you may write us to let us know you disagree.
- Ask us to give you a list of certain disclosures we have made about you, such as PHI we've shared with government agencies that license us. This is called "accounting." You need to ask this in writing. If you ask for this kind of list more than once in a 12-month period, we may charge a reasonable fee.
- Be notified after a breach of your PHI.
- Know the reasons for denying an insurance policy or other unfavorable underwriting decision. If you've been denied a policy in the past, we can't use that information in our decision process. We must review the facts on their own. Also, we can't use your genetic information to decide if we should issue you a policy or for other underwriting purposes.
- Insurers aren't allowed to take part in pretext interviews, except in some cases, such as suspected fraud or criminal activity. We don't take part in these.

You may make any of the requests (if they apply), ask for a paper copy of this Notice or ask questions about this Notice. You can do this by calling the toll-free number on your member ID card.

You also have the right to file a complaint if you think someone has violated your privacy rights. To do so, just send an email to **PrivacyAetna@aetna.com** or send a letter to:

Aetna HIPAA Member Rights Team
PO Box 14079
Lexington, KY 40512-4079

Fax: 859-280-1272

You may stop the paper mailing of your EOBs and other claim information by visiting **AetnaMedicare.com**. Choose **"Log in."** Follow the prompts to complete the one-time registration. Then you can log in anytime to view your EOBs and other claim information, and also turn off paper mailings.

You also may write to the Secretary of the U.S. Department of Health and Human Services. There are no penalties for filing a complaint.

How we keep your information safe

We use administrative, technical and physical safeguards to keep your information from unauthorized access and other threats and hazards to its security and integrity. We comply with all state and federal laws that apply related to the security and confidentiality of your PHI.

We don't destroy your PHI even when you end your coverage with us. We may need to use and share it even after your coverage terminates. (We describe the reasons for using or sharing in this Notice.) We will continue to protect your information against inappropriate use or disclosure.

How we comply with the law

Federal privacy law requires us to keep your PHI private. And we must tell you about our legal duties and privacy practices. We must also follow the terms of the Notice in effect.

When this Notice may change

We may change the terms of this Notice and our privacy policies anytime. If we do, the new terms and policies will be effective for all the information we now have about you. And they'll apply to any information we may get or hold in the future.

If we make material or important changes to our privacy policies, we will promptly revise our Notice.

We will also post the revised Notice on our website. And if you are enrolled in an Aetna® insurance plan at that time, we will send you a new Notice, as required.

You can ask for a copy of the revised Notice. Just ask the Aetna Privacy Office at the email address listed above.

Coverage may be underwritten or administered by one or more of the following companies: Aetna Better Health Inc., Aetna Health Inc., Aetna Health of California Inc., Aetna Health of Utah Inc., Aetna Health of Iowa Inc., Aetna Life Insurance Company, Coventry Health Care plans, Aetna Better Health plans, Coventry Health and Life Insurance Company, HealthAssurance Pennsylvania, Inc., Innovation Health plans, and Allina Health and Aetna Insurance Company. Mail order pharmacy services may be provided by Caremark, L.L.C. or one or more of its subsidiaries or affiliates.

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