

Notice of Privacy Practices for the QBE The Americas Group Health Benefits Plan

Revised: August 1, 2019

Effective Date: August 31, 2019

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 from the QBE The Americas Group Health Benefits Plan (the “Plan” and may also be referenced as “We” or “Our”). The Plan includes medical, dental, and vision coverage, an employee assistance program (“EAP”), and a wellness program. The Plan is maintained by the Plan Sponsor, QBE Holdings, Inc (“QBE”). The Plan is required by the “HIPAA Privacy Rule” to send you this Notice explaining how we will use and disclose your Protected Health Information (“PHI”).

If you have any questions about this Notice, please contact Joy Matthews, VP Total Rewards at Joy.Matthews@us.qbe.com (608-834-3999), or the HIPAA Privacy Official. Our mailing address is: QBE The Americas Group Health Benefits Plan, One QBE Way, Sun Prairie, WI 53596.

We Will Uphold Our Responsibilities Regarding PHI.

We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. This Notice applies to certain health records maintained by us for administering the Plan. Your personal doctor or health care provider may have different policies or notices regarding your PHI. Some Plan benefits are provided to you through outside vendors. You should review all HIPAA Notices of Privacy Practices given to you by providers and vendors.

This Notice will tell you about the ways in which we may use and disclose PHI about you. It also describes our obligations and your rights regarding the use and disclosure of PHI.

We are required by law to:

- make sure that your PHI is secure and kept private;
- provide you with certain rights with respect to your PHI;
- promptly notify you if we discover a breach of your unsecured PHI;
- give you this Notice of our duties and practices with respect to your PHI; and
- follow the terms of the most current version of this Notice.

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will inform you of any changes to this Notice by posting a copy of the current Notice on the Plan's website. The Notice will contain the revision date on the first page, in the top left-hand corner.

We May Use and Disclose Your PHI for Plan Purposes Without Your Authorization.

We may use and disclose your PHI, without your authorization, for regular Plan purposes.

For Treatment. We may use and disclose PHI about you to professionals who are treating you. Example: The Plan may share your health information with your physician to treat you.

For Payment. We may use and disclose PHI about you to determine eligibility for benefits and to facilitate payment for the treatment you receive from health care providers. Example: We may tell your doctor about your medical history to determine whether the Plan will cover the treatment.

For Health Care Operations. We may use and disclose PHI about you for other operations necessary to run the Plan. We are prohibited from using or disclosing PHI that is your genetic information for underwriting purposes. Example: We may use your health information in connection with general Plan administration.

Within the Plan. In addition to the uses and disclosures of your PHI for purposes of payment and health care operations, the Plan may share your PHI among the programs within the Plan.

To the Plan Sponsor. We may disclose your PHI to QBE, as the sponsor of the Plan. QBE will only use and disclose your PHI as necessary to administer the Plan. QBE certified it will only use and disclose your PHI as permitted by the Plan and will restrict access to your PHI to those QBE employees who administer the Plan. QBE will not use PHI for any employment-related actions or decisions, or for any of its other employee benefit plans.

To Business Associates. We contract with vendors ("Business Associates") to perform various functions on our behalf or provide certain types of services. We require the Business Associates to agree by contract to appropriately safeguard the privacy and security of your PHI.

We May Disclose Your PHI in Special Situations Without Your Authorization.

We may use or disclose your PHI, without your authorization and without giving you an opportunity to object, in certain other situations authorized by the HIPAA Privacy Rule, but only when permitted by state and federal law.

As Required by Law. We will disclose your PHI when required by law to notify authorities about victims of abuse, neglect, or domestic violence, or in response to lawful orders or requests from judicial or administrative proceedings or law enforcement officials.

For Public Health. We may disclose PHI about you for public health activities. These activities generally include preventing disease, reporting adverse reactions to medications, or helping with product recalls.

About Victims. We may disclose your PHI to notify authorities if we believe someone has been the victim of abuse, neglect or domestic violence, when required or authorized by law.

For Health Oversight. We may share PHI with health oversight agencies as authorized by law.

For Lawsuits and Legal Proceedings. We may disclose PHI about you in response to a court or administrative order, or in response to a subpoena.

To Law Enforcement. We may use or disclose your PHI for law enforcement purposes.

About Decedents. We may release PHI to a coroner, medical examiner, or funeral director.

For Organ and Tissue Donation. We may disclose PHI to facilitate organ or tissue donation.

For Research. We may use and disclose your PHI during a health research project.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to anyone's health and safety.

For Specialized Government Functions. When required or authorized by law, we may release your PHI to military, intelligence, protective service, correctional, or custodial officials.

For Workers' Compensation. We may release your PHI to workers' compensation programs.

Except if More Stringent Laws Apply. We are **sometimes** required to follow **more stringent** privacy laws that are more protective of your PHI. Some types of sensitive PHI, such as HIV information, genetic information, alcohol and substance abuse records, and mental health records may be subject to additional protections under state or federal law. If you would like additional information about state law protections in your state, or additional use or disclosure restrictions that may apply to sensitive PHI, please contact us.

You May Be Given Opportunity to Agree or Object to Disclosures of Your PHI.

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a

similar person or to assist in disaster relief efforts. You will generally be given the chance to agree or object to these disclosures, except in certain emergency situations. In addition, your health information may be disclosed without authorization to your legal representative.

Some Uses and Disclosures of Your PHI Require Your Prior Authorization.

We do not sell your PHI or use your PHI for paid marketing, and we have no plans to do so. If we ever decided to sell your PHI or use your PHI for paid marketing, we would be required by law to obtain your written authorization prior to doing so.

We do not generally have any PHI in the form of psychotherapy notes, but if we do ever have any of your psychotherapy notes, we would generally have to obtain your authorization to use or disclose them. We would not need your authorization to disclose the notes: in legal proceedings; when required by law enforcement or regulators; to a coroner, medical examiner, or funeral director; or to prevent a serious threat to anyone's health and safety.

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission. In addition, we can use or disclose your PHI after you have revoked your authorization for actions we have already taken in reliance on your authorization, or if your authorization was obtained as a condition to your obtaining insurance coverage and the law permits us to contest a claim or policy.

You May Exercise Certain Individual Rights Regarding Your PHI.

You have certain individual rights regarding your PHI maintained by the Plan. Please contact us for any questions about your individual rights or to obtain any forms you may need to exercise your rights. All forms may be submitted by mail to "Attn: Benefits Administrator, QBE The Americas Group Health Benefits Plan, One QBE Way, Sun Prairie, WI 53596." You may also address your rights requests to the HIPAA Privacy Official at the same mailing address.

Right to Restrict. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone else, such as family or friends. We are not required to agree to your restriction request.

To request restrictions, submit your completed "Request for Restriction of Uses and Disclosures of Protected Health Information" form to us. In your request, please tell us

(1) what PHI you want to limit; (2) whether you want to limit uses, disclosures, or both; and (3) to whom you want the limits to apply.

Right to Confidentiality. You have the right to request that we communicate with you about sensitive matters in a certain way or at a certain location, to protect the confidentiality of Plan communications. For example, you can ask that we only contact you at work or only by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests.

To request confidential communications, submit your completed “Request for Confidential/Alternative Communications of Protected Health Information” form to us. You do not need to supply any reason for your request. Your request must specify how or where you wish to be contacted.

Right to Access. You have the right to access, inspect, and copy PHI that may be used to make decisions about your benefits. We may deny your request to access PHI in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

To access your PHI, submit your completed “Request for Access to Protected Health Information” form to us. If you request a copy of the PHI, there may be costs associated with your request.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You must submit a written request that includes your reasoning. We may deny your request if the information: (A) is not part of the PHI kept by or for the Plan; (B) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (C) is not part of the PHI which you would be permitted to access, inspect, and copy; or (D) is already accurate and complete.

To request an amendment, submit the completed “Request for Amendment of Protected Health Information” form to us. You must provide reasons supporting your request.

Right to Accounting. You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your completed “Request for an Accounting of Disclosures of Protected Health Information” form to us. Your request must state a time period. The time period may not be earlier than six years from the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). If there are costs associated with your request, you may modify your request to avoid the costs.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a paper copy of this Notice by contacting us. You may obtain an electronic copy of this Notice on the Plan's website by going to the HR Services Resources page on the QBE intranet site under QBE Benefits. The Notice of Privacy Practices can be found at the "Legal Notices" link.

Right to Appoint. You may appoint a representative authorized to act on your behalf. We may disclose PHI to your representative. You may later revoke your appointment.

To appoint a representative, submit your completed "Appointment of Authorized Representative" form to us. Such appointment will be effective until you revoke it. To revoke your appointment, submit your completed "Revocation of Appointment of Authorized Representative" to the same address.

Right to Complain. If you believe your individual privacy rights have been violated, you may file a complaint with the Plan or with the Department of Health and Human Services. You will not be penalized or in any way retaliated against for filing a complaint.

Complaints to the Plan may be made in writing to "Attn: HIPAA Privacy Official, QBE The Americas Group Health Benefits Plan, One QBE Way, Sun Prairie, WI 53596" or by calling the Compliance Hotline (1-800-362-5448). Please provide your name, your address or phone number, and a description of the complaint. Complaints will be investigated by the HIPAA Privacy Official or a designee in a timely fashion. The investigator will acknowledge receipt of the complaint by contacting you within three (3) business days after the complaint is received. You will then receive oral or written notification of the determination.

To file a complaint with the Department of Health and Human Services, you may contact the HHS Office for Civil Rights by email at OCRMail@hhs.gov or call toll free 1-800-368-1019 (any language) or 1-800-537-7697 (TDD) for further instructions.