

Notice of Privacy Practices for Protected Health Information (HIPAA)

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.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") imposes numerous requirements on employer health plans regarding how certain individually identifiable health information, known as protected health information or PHI, may be used and disclosed. This notice describes how your medical information obtained in connection with your health benefit plan administration may be used and disclosed and how you can access the information. The terms of this Notice apply to current and former plan members and dependents for their group medical expense, group dental expense and/or group vision care expense insurance. This Notice as effective April 14, 2003 and has been revised most recently as of September 10, 2020.

We are required by law to maintain the privacy of our current and former member's and dependents' protected health information, to provide notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to abide by terms of this Notice as necessary and to make the new Notice effective for all protected health information maintained by us.

Copies of any revised Notices will be mailed to Plan sponsors for the distribution to the members then covered by the plan. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION AUTHORIZATION

Except as explained below, we will not use or disclose your protected health information for any purpose unless you have signed an authorization form. You have the right to revoke an authorization by written request to: Privacy Officer, Nippon Life Insurance Company of America@ P.O. Box 25951, Shawnee Mission, Kansas 66225-5951. Your request will be honored upon receipt by us.

DISCLOSURES FOR TREATMENT

When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to health care providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about you with physicians who are treating you.

PAYMENT

When and as appropriate, we may use and disclose medical information about you to determine your eligibility for the Plans' benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under the Plans, or to coordinate your coverage. For example, we may disclose information about your medical history to a physician (including your physician) to determine whether a particular treatment is experimental, investigational, or medically necessary, or to decide if the Plans will cover the treatment. Additionally, we may share medical information with another entity to assist with the adjudication or subrogation of health claims, or with another health plan to coordinate benefit payments.

USES AND DISCLOSURES FOR HEALTH CARE OPERATIONS

We may use and disclose your protected health information as necessary for health care operations. For instance, we may use or disclose your protected health information for quality assessment and quality improvement, premium rating (when allowable by law), conducting or arranging for medical review or compliance. We may also disclose your protected health information to another insurer, health care facility, or health care provider for activities such as quality assurance case management. We participate in an organized health care arrangement with your health plan. Your health plan may have its own privacy practices that are not reflected in this Notice. We may disclose your protected health information to your health plan for its health care operations. We may contact your health care providers concerning prescription drug or treatment alternatives.

We will always make reasonable efforts to ensure that the medical information used or disclosed is limited to a "Designated Record Set" and to the "Minimum Necessary" standard, including a "limited data set," as defined in HIPAA and ARRA for these purposes. We may also contact you to provide information about treatment options or alternatives or other health-related benefits and services that may be of interest to you.

BUSINESS ASSOCIATES

Certain aspects and components of our insurance services are performed by outside vendors known as 'Business Associates.' Business Associates are under an independent duty to safeguard your privacy. Additionally, we require them to sign a Business Associate Agreement, which is a contract to adhere to our privacy practices.

PLAN SPONSORS

We may disclose your protected health information to the plan sponsor, provided that the plan sponsor certifies that the information will be used and maintained in a compliant confidential manner and will not be utilized or disclosed for employment-related actions or decision or in connection with any other benefit plan of this plan sponsor.

FAMILY, FRIENDS AND REPRESENTATIVES.

With your approval, we may disclose to family members, close personal friends, or another person you identify, your protected health information relevant to their involvement with you and paying for your care. If you are unavailable, incapacitated, or involved in an emergency situation, and we determine that a limited disclosure is in your best interest, we may disclose your protected health information without your approval. We may also disclose your protected health information to public or private entities to assist in disaster relief efforts.

Other Uses and Disclosures.

We are permitted or required by law to use or disclose your protected health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death, or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect, or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings for actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena, or discovery request);

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- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS//HIV-related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by state and federal law or regulation.

Uses and Disclosures Requiring Authorization

We are required by law to obtain your authorization prior to using or disclosing your protected health information in the following circumstances:

- Uses and disclosures of protected health information for marketing purposes.
- Uses and disclosures that constitute the sale of protected health information.
- Most uses and disclosures of psychotherapy notes.
- Other uses and disclosures not described in this notice will be made only with the individual's written authorization. An individual may revoke an authorization, provided that the revocation is in writing and we have not taken action in reliance upon the authorization.

YOUR RIGHTS

RESTRICTIONS ON USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION

You have the right to request restrictions on how we use or disclose your protected health information for treatment, payment, or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 25951, Shawnee Mission, Kansas 6625-5951. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

RECEIVING CONFIDENTIAL COMMUNICATIONS OF YOUR PERSONAL HEALTH INFORMATION

You have the right to request communications regarding your protected health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 25951, Shawnee Mission, Kansas 66225-5951.

ACCESS TO YOUR PROTECTED HEALTH INFORMATION

You have the right to inspect and/or obtain a copy of your protected health information we maintain in your designated record set, with some exceptions.

To request access to your information, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 25951, Shawnee Mission, Kansas 66225-5951. A fee may be charged for copying and postage.

REQUESTING RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. If the Plans do agree to a request, a restriction may later be terminated by your written request, by agreement between you and the Plans (including orally), or unilaterally by the Plans for health information created or received after the Plans have notified you that they have removed the restrictions and for emergency treatment.

To request restrictions, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 25951, Shawnee Mission, Kansas 66225-5951

AMENDMENT OF YOUR PROTECTED HEALTH INFORMATION

You have the right to request an amendment to your protected health information to correct inaccuracies. To request an amendment, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 25951, Shawnee Mission.

ACCOUNTING OF DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

You have the right to receive an accounting of certain disclosures made by us after April 14, 2003, of your protected health information. To request an accounting, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 25951, Shawnee Mission, Kansas 66225-5951. The first accounting in any 12 month period will be free; however, a fee may be charged for any subsequent request for an accounting during the same time period.

COMPLAINTS

If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Nippon Life Insurance Company of America, PO Box 25951, Shawnee Mission, Kansas 66225-5951 or to the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized or retaliated against for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may call Nippon Life Insurance Company of America at: English and Non-English (800)-374-1835; Japanese (800) 971-0638; or Korean (877)-827-8713.