MEDICAL MUTUAL®

NOTICE OF PRIVACY PRACTICES

Your Privacy Is Important to Us - Medical Mutual has always been committed to protecting the information you share with us. Medical Mutual is required by law to maintain the privacy of your personal information as well as your protected health information, and to provide you with this Notice of Privacy Practices (this "Notice") describing our legal duties and privacy practices with respect to your information. This Notice applies to Medical Mutual of Ohio and its Family of Companies, which includes MedMutual Life Insurance Company (formally known as Consumers Life Insurance Company) and Medical Health Insuring Corporation of Ohio. This Notice also applies to our wholly owned subsidiaries Medical Mutual Services, LLC and Mutual Health Services, a division of Medical Mutual Services, LLC, as applicable, in their capacity as business associates to group health plans (herein referred to collectively as "Medical Mutual," "we," "our" or "us").

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.

What Information We Collect - Medical Mutual understands your concerns about the confidentiality of information you share with us. We collect information from you on applications and other transactions with us. This information can include your name, address and Social Security number. Under certain conditions we may ask you and your covered dependents for medical history information. We also have access to your information through:

- Claims or lab results submitted to us from healthcare providers
- Information provided by your employer if your coverage is through an employer-sponsored group health plan
- Information provided by your agent if you purchased your coverage through an agent.

How We Use and Disclose Your Information - We are permitted by law to use your information for certain purposes including treatment, payment and healthcare operations. Examples of how we may use and disclose your information include but are not limited to:

Treatment: Medical Mutual may use or disclose your information to aid in your treatment or the coordination of your care. For example, although we do not provide treatment, we may share your information with a healthcare provider to help the provider treat you.

Payment: Medical Mutual may use or disclose your information to determine your coverage and to pay claims for healthcare you receive. For example, we may provide eligibility information to your doctor when you receive treatment. We may also use or disclose your information to obtain payment of premiums or to coordinate benefits and payment with other entities that may have an obligation to pay for your healthcare.

Healthcare Operations: Medical Mutual may use or disclose your information for activities that are necessary to operate our business and ensure you receive quality services, like:

- Underwriting, premium rating or other activities relating to the creation or renewal of a health insurance contract
- Quality assessment and improvement activities such as peer review and credentialing of providers and other activities to improve the quality of the services we provide to you
- Care coordination and case and disease management activities, and
- Data and information systems management. For example, we may discuss with your doctor a disease management or wellness program appropriate for your condition. If Medical Mutual uses or discloses your information for underwriting purposes, we are prohibited by law from, and will not, use or disclose your genetic information for such purposes.

As Required by Law: Medical Mutual must allow the U.S. Department of Health and Human Services access to audit our records. In addition, Medical Mutual may release or disclose your information if we are required to do so to comply with other laws or for certain public policy purposes, including:

- To comply with legal proceedings, such as court orders, administrative orders or subpoenas
- To perform mandatory licensing and regulatory/compliance reporting
- To law enforcement officials for limited law enforcement purposes
- To federal officials for lawful intelligence, counterintelligence and other national security purposes
- To public health authorities for public health purposes
- To health oversight agencies for health oversight activities authorized by law, including audits, investigations or licensure activities, and
- To comply with workers' compensation and other similar programs established by law that provide for benefits for work-related injuries or illness without regard to fault.

To Business Associates: Medical Mutual may disclose your information to third parties we hire to assist in the administration of your benefits. These third parties are called Business Associates, and they must agree in writing to protect and maintain the confidentiality and security of your information. Examples of a Business Associate are doctors who perform medical reviews and brokers who service your policy.

To Plan Sponsors: If you receive insurance benefits through a group plan, Medical Mutual may disclose to the plan sponsor, in summary form, claims history and other similar information about the group plan. Such summary information does not disclose your name or other personally identifiable information. We may also disclose to the plan sponsor the fact you are enrolled in or disenrolled from the group plan. We may disclose your information to the plan sponsor for administrative functions the plan sponsor provides to the group plan if the plan sponsor agrees in writing to ensure the continuing confidentiality and security of your information. The plan sponsor must also agree not to use or disclose your information for employment-related activities or for any other benefit or benefit plans of the plan sponsor.

To Organized Health Care Arrangements: Medical Mutual participates with certain healthcare providers in accountable care organizations that are organized health care arrangements to improve coordination and quality of care, reduce hospitalization and better control healthcare costs. We may use and disclose your information to other participants in the accountable care organizations for the health care operations activities of the organization, such as to ensure care coordination, improve quality of care and control healthcare costs.

Other Uses and Disclosures: Medical Mutual may also disclose your information:

- To a personal representative appointed by you or designated by law
- To appropriate military authorities, if you are a member of the armed forces
- To a family member, friend or other person for the purpose of helping you with your healthcare or healthcare payment if you are in an emergency situation and you cannot give your agreement to Medical Mutual to do this or if you have had an opportunity to object and have not done so, or
- To provide you with appointment reminders and to inform you of treatment alternatives or other health related benefits or services that may be of interest to you.

Uses and Disclosures with Your Permission: Medical Mutual will not use or disclose your information for any purpose not outlined in this Notice unless you give Medical Mutual your written authorization to do so. Your authorization will be required for most of Medical Mutual's uses and disclosures of psychotherapy notes about you, uses and disclosures of your information for marketing purposes, and disclosures that constitute a sale of your information. If you give Medical Mutual your written authorization, you may revoke that authorization at any time. However, your revocation will have no effect on any action Medical Mutual previously took in reliance on your authorization. To receive an authorization form, please contact Customer Care at the number

on your member identification (ID) card or print one from our website, **MedMutual.com, under the HIPAA section.** If a family member calls with knowledge of your claim, we may confirm certain information about it, unless you have informed us in writing of a need for confidential communication.

Your Rights - You have certain privacy and confidentiality rights as a member of Medical Mutual. Please note all requests described below must be made in writing. We have provided forms to help in processing your request. The appropriate forms are available under the HIPAA section on our website, MedMutual.com. You also may call Customer Care at the number on your member ID card to obtain copies of the appropriate forms. Hearing-impaired customers may contact us at 711 or (800) 750-0750. All completed forms and requests are to be mailed to:
Medical Mutual of Ohio, P.O. Box 89499, Cleveland, OH 44101-6499
Requests with incomplete information will not be processed, and you will not be notified.

Restriction: You may request Medical Mutual place additional restrictions on the use and disclosure of your information to carry out treatment, payment or healthcare operations. Medical Mutual does not have to agree to your request. Please use the form provided under the HIPAA section on our website, MedMutual.com, to submit your request. Be sure to provide all required information including your name, the policy and group (if applicable) numbers under which you are covered, your birthdate and a clear explanation of your request. Medical Mutual will send a written confirmation about the disposition of your request.

Confidential Communications: You may request Medical Mutual communicate with you in confidence about your information at a different location or by a different means. Medical Mutual does not have to honor this request unless (1) such a change in communication is necessary to avoid endangering you; (2) your request allows Medical Mutual to continue to collect premiums and pay claims; and (3) your request is reasonable. Please use the form provided under the HIPAA section at the bottom of our website, MedMutual.com, to submit your request. Be sure to provide all required information including your name, the policy and group (if applicable) numbers under which you are covered, your birthdate, the full address of where you would like future communications to be sent and the reason for the request. It will take 10 business days from the date we receive your request to process it. If we approve your request, you will receive a letter confirming the activation of the alternate address. Thereafter, all communications about your information will be sent to the alternate address until you notify us otherwise. Use of an alternate address cannot be applied to communications sent prior to our approval of your request.

Access to Your Information: You have a right to inspect and copy your information used and stored by Medical Mutual in its designated record set. For access to your entire medical record, you must contact the provider of service. Please use the form provided under the HIPAA section at the bottom of our website, MedMutual.com, to submit your request for access to your records. Be sure to provide all required information including your name, the policy and group (if applicable) numbers under which you are covered, your birthdate, the information you would like to access and the dates of information you would like to see (if applicable).

Amend Your Information: You have the right to request an amendment of your information. Medical Mutual cannot amend information it did not create and will refer you to the provider of service if you are requesting an amendment to diagnosis or treatment information. Please use the form provided under the HIPAA section on our website, MedMutual.com, to submit your request to amend your records. Be sure to provide all required information including your name, the policy and group (if applicable) numbers under which you are covered, your birthdate, the information you are requesting be amended, and an explanation as to why you believe the information is incorrect or incomplete. You have a right to an appeal if your request to an amendment is denied. These rights will be explained to you if your request is denied.

Disclosures: You have a right to an accounting of certain disclosures of your information made by Medical Mutual and its Business Associates over the last six years. Please use the form provided under the HIPAA

section on our website, MedMutual.com, to submit your request for an accounting of disclosures of your records. Be sure to provide all required information including your name, the policy and group (if applicable) numbers under which you are covered, your birthdate and a statement explaining your specific request.

Fundraising: If Medical Mutual sends you a fundraising communication, you have a right to opt out of receiving future fundraising communications. Each communication will describe the opt-out mechanism.

Breach Notification: You have the right to, and will receive, notification from us following a breach of your unsecured protected health information. Such notice will describe what happened; the information that was breached, any steps you should take to protect yourself from potential harm, Medical Mutual's investigation and mitigation efforts and contact information for questions.

Complaints: You have the right to complain if you believe your rights have been violated. You may use the form under the HIPAA section on our website, MedMutual.com, to submit your complaint. Please provide all required information including your name, the policy and group (if applicable) numbers under which you are covered, your birthdate and an explanation about your complaint in as much detail as possible. You may file a complaint by contacting Customer Care at the number on your member ID card, if you wish not to send it in writing. You also have the right to complain to the Secretary of the U.S. Department of Health and Human Services, Hubert Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Federal law prohibits retaliation against you if you chose to file a complaint.

Contact Information: If you have questions or would like an additional copy of this Notice, please call the Customer Care number on your member ID card. Even if you have agreed to receive this Notice by electronic means, you still have the right to receive a paper copy.

Security Procedures - Medical Mutual takes the security of your information very seriously and has established security standards and procedures to prevent unauthorized access to your information. We maintain physical, technical and administrative safeguards to protect your information in any form, including oral, written and electronic across the organization. All authorized personnel within our organization who deal with your information are bound to confidentiality through a confidentiality agreement and are trained at least annually on corporate policies and procedures with respect to privacy and security.

Effective Date - The effective date of this notice is April 14, 2003, except with respect to modifications, which are effective as of September 23, 2013. Medical Mutual is required to follow the terms of this notice until it is replaced. Medical Mutual reserves the right to change this Notice at any time as allowed by law and will notify you of any changes as required by law. Medical Mutual reserves the right to make such changes apply to all information it maintains.