



# Aetna International 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.*

This Notice of Privacy Practices (the "Notice") applies to EU residents who have plans underwritten or administered by Aetna International, Inc., Aetna Life Insurance Company, hereinafter referred to as "Aetna," "we," or "us."

Aetna International, Inc., Aetna Life Insurance Company are considered the data controller for personal data processed in relation to health plans written under its insurance policies.

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***This Notice describe show personal data about you  
may be used and disclosed and how you can get access to this information.***

***Please review it carefully.***

Aetna considers personal information to be confidential (personal data and personal information are considered to mean the same for the purposes of this Privacy Notice). We protect the privacy of that information in accordance with applicable privacy laws and regulations, as well as our own privacy policies.

These laws and regulations may include where applicable, the General Data Protection Regulation and the U.S. Health Insurance Portability and Accountability Act Privacy Rules (HIPAA Privacy Rules).

When we use the terms "personal information," "personal data," or "Information", we mean any information that can directly or indirectly identify, or be related to, you as an individual, including health information that relates to, among other things, your medical history (i.e., the health care you receive or the amounts paid for that care). We obtain this Information in order to provide you with, or administer, your healthcare plan.

This Notice will become effective October 9, 2019.

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## **Why Aetna Processes Your Personal Information**

We use your personal data for the following purposes:

- providing a quotation to a plan sponsor for group plans (e.g. the organization who has taken out insurance under which you will be provided insurance cover as part of a group plan, for example your employer) or determining eligibility and providing a quotation to your or your broker
- fraud prevention together with any other required regulatory checks,
- onboarding you onto the individual or group plan to which you belong and registering you for its benefits,
- processing payments/premiums under the plan which you have requested
- managing, administering and improving the policy of which are a member,
- managing our information technology and to ensure the security of our systems,
- investigating, responding to and dealing with complaints or incidents relating to us or our business and maintaining service quality and training staff,
- contacting you with information about your plan,
- contacting you for the purposes of providing healthcare or wellness advice and information,
- processing and completing any claims you make under the policy,
- establishing, exercising and/or defending legal claims or rights and protecting, exercising and enforcing our rights, property or safety.

Where we receive personal data from a plan sponsor for a group plan (i.e. the company applying to cover you under a group insurance plan), we will process your personal data as we have a legitimate interest in processing it. Our legitimate interest includes processing for the purposes of providing the plan sponsor with a quotation for insurance cover, and where that quotation is accepted for the purposes of onboarding you as a member and administering the group insurance plan. In any processing on this basis we have considered and balanced any potential impact on you and your rights and will only process the minimal personal data necessary for carrying out those actions.

Where we receive personal data from you for individual cover, we will process your personal data for the performance of a contract with you including pre-contractual discussions with either you or your broker (if you have one), and subsequent contractual performance of the insurance plan together with processing any benefits to which you are contractually entitled.

It will be necessary to receive and hold your health personal information for dealing with your insurance for example:

- arranging, underwriting, administering the insurance contract under which you benefit,
- administering a claim under the insurance contract, or
- exercising a right or complying with an obligation.

Where you submit a claim, the administration of that claim will be conducted in the United States. In order to administer the claim we will rely on your consent to process your medical information. Where the claims administration involves invoices received from US medical providers (for example where you have received treatment in the United States), we may administer your claim using automated processing. This could include the automated processing of your health data, for which we will acquire your consent.

### **How Aetna Obtains Your Personal Information**

**Group Plans:** we get some personal data from your plan sponsor when they request an insurance quote from us, and we retain that information after any quote has been accepted and they start the group plan with us. This Information includes your name, date of birth and country of residence. We do not process your Information for any other purpose unless you submit a claim under the policy.

**Individual Plans:** where you have taken out an individual insurance plan with us, we will have received your personal data either directly from you or from an insurance broker that you instructed. We may also receive some personal data from other insurers, brokers, third-party administrators (TPAs), and health care providers. Please see above for the type of personal data received.

### **How Long Aetna Retains Personal Data**

We retain your personal data for as long as necessary to provide you the benefits under your insurance plan, until such time as any claim under the insurance policy is concluded, until the limitation for exercising any legal rights has expired or for compliance with any legal or regulatory requirements.

All personal data that we retain is subject to this Privacy Notice together with our internal Retention Policy and guidelines.

### **How Aetna Uses and Discloses Personal Information**

In order to administer your insurance cover, and/or any related services in connection with your contract, we need to collect Information about you. We obtain this Information from many different sources - particularly your employer or benefits plan sponsor, other insurers, brokers, third-party administrators (TPAs), and health care providers. In administering your health benefits, we may use and disclose Information about you in various ways, including, but not limited to:

**Group and Individual Plans:** We may disclose Information about you in various ways, including, but not limited to:

**Health Care Operations:** We may use and disclose your Information during the course of running our health business — that is, during operational activities such as assessing the standard of our services and implementing service enhancements and improvements; performance measurement and outcomes assessment; licensing; accreditation by independent organizations; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the Information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operational activities requiring use and disclosure including administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of Aetna with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

**Payment:** To help pay for your covered services, we may use and disclose your Information in a number of ways - in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health personal information about you to decide whether a particular treatment is medically necessary and what the payment should be - and during the process, we may disclose Information to your provider. We also mail Explanation of Benefits forms and other Information to the address we have on record for the subscriber (i.e., the primary insured). This may be the address of the subscriber's Employer, as applicable. In addition, we make claims Information available to the subscriber (the primary insured) and all covered dependents on our member health and telephonic claims status websites, including Aetna Navigator™. We also use Information to obtain payment for any health care provider in the world for services provided to you.

**Treatment:** We may disclose personal information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may use personal information in providing mail order pharmacy services and by sending certain Information to doctors for patient safety or other treatment-related reasons.

**Disclosures to Other Covered Entities:** We may disclose Information to other insurers, healthcare providers, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose Information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

### **Additional Reasons for Disclosure**

We may use or disclose personal information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such Information 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.
- **Industry Regulation** – to Government agencies that regulate us (different countries and U.S. state insurance departments).
- **Workers' Compensation** – to comply with workers' compensation laws.
- **Law Enforcement** – to Government law enforcement officials.
- **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, and national security).
- **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.

**Required Disclosures:** We **must** use and disclose your personal information in the following manner:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, as necessary, for HIPAA compliance and enforcement purposes.

### **Disclosure to Others Involved in Your Health Care**

We may disclose health personal information about you to a relative, a friend, the employer, the subscriber of your health benefits plan or any other person you identify, provided the Information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the Member Services number on your ID card.

If you are a minor, you also may have the right to block parental access to your health personal information in certain circumstances, if permitted by the country or U.S. state law. You can contact us using the Member Services number on your ID card - or have your provider contact us.

### **Uses and Disclosures Requiring Your Written Authorization**

In all situations other than those described above, we will ask for your written authorization before using or disclosing Information about you. For example, we will get your authorization:

- For marketing purposes that are unrelated to your benefit plan(s),
- Before disclosing any psychotherapy notes, and
- For other reasons as required by law.

If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the Member Services number on your ID card.

### **Sending Your Personal Data Abroad**

If we collected personal data about you in the European Economic Area (EEA), there are occasions where we may need to send your personal data, including health personal information, outside of the EEA. Organizations that we may send your personal data to include:

- Other organizations within the Aetna group for the purposes of corporate administrative, regulatory reporting, dealing with complaints or seeking legal advice. We have appropriate contractual protections (known as model contract clauses) in place with other group companies that receive your personal data.
- Providers of health care, where you make a claim under the insurance. This may include medical personal information for the purposes of an organization providing health care to you when you are overseas.

## Profiling and Automated Decisions

We do not conduct any profiling or automated decision-making other than where a United States medical provider submits a claim on your behalf for treatment the provider has rendered or in circumstances where you are expressly informed.

## Your Rights in Connection with Your Personal Information

Under certain circumstances you have the right to:

- **Request access** to your Information (commonly known as “data subject access request”)
- **Request correction** of the Information that we hold about you.
- **Request erasure** of your personal information. This enables you to ask us to delete or remove personal information where there is no good reason for us continuing to process it.
- **Request the restriction of processing** of your personal information. This enables you to ask us to suspend the processing of personal information about you, for example if you want us to establish its accuracy or the reason for processing it.
- **Request the transfer of personal information** that you have provided to us in a commonly used electronic format.
- **Object to us processing your personal information** where we are relying on a legitimate interest (or those of a third party) and there is something about your particular situation which makes you want to object to processing on this ground.

If you want to review, verify, correct or request erasure of your personal information, object to the processing of your personal data, or request that we transfer a copy of your personal information to another party, please contact [dpo@aetna.com](mailto:dpo@aetna.com).

Pursuant to HIPAA, you have the right to:

- Ask us to communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. For example, if you are covered as an adult dependent, you might want us to send health information (e.g. Explanation of benefits (EOB) and other claim information to a different address from that of your subscriber. We will accommodate reasonable requests.
- Restrict the way we use or disclose Information about you in connection with health care operations, administration, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- Request Information held about you that is contained in a “designated record set” - medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing and may charge a reasonable fee for producing and mailing the copies.
- Request to amend Information that is incorrect. We may require that this request be in writing, validated, and include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- Obtain a list of certain disclosures we have made about you, such as disclosures of health personal information to government agencies that license us, where permitted by law. Your request must be in writing.
- Opt out of advertising and marketing campaigns.
- Be notified following a breach involving your health personal information.
- Know the reasons for an unfavorable underwriting decision. Previous unfavorable underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts. Your genetic personal information cannot be used for underwriting purposes.
- You have the right with very limited exceptions, not to be subjected to pretext interviews.<sup>1</sup>

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<sup>1</sup> We do not participate in pre-text interviews.

You may make any of the requests described above, may request a paper copy of this notice, or ask questions regarding this notice by calling the Member Services number on your ID card.

You also have the right to file a complaint if you think your privacy rights under HIPAA have been violated. To do so, please send your inquiry to the HIPAA Member Rights Team by using the contact details below.

### **Contact Us:**

For any questions about this Privacy Policy, to exercise any of your rights listed above, or for any questions or complaints regarding the manner in which we handle or protect personal data, we can be contacted as follows:

**dpo@aetna.com**

### **HIPAA Member Rights Team Contact**

**HIPAA Member Rights Team  
P.O. Box 14079  
Lexington, KY 40512-4079**

You may stop the paper mailing of your EOB and other claim information by visiting [www.aetna.com](http://www.aetna.com) and click "Log In/Register". Follow the prompts to complete the one-time registration. Then you can log in any time to view past copies of EOBs and other claim information.

You may also have the right to take your complaint to the applicable data protection agency. You will not be penalized for filing a complaint.

### **Aetna's Legal Obligations**

Privacy regulations require us to keep Information about you private, confidential, and secure, to give you notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.

### **Safeguarding Your Information**

We guard your Information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity.

### **This Notice is Subject to Change**

We may change the terms of this Notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the Information that we already have about you, as well as any Information that we may receive or hold in the future.

Please note that we do not destroy Information about you when you terminate your coverage with us. It may be necessary to use and disclose this information, for legal and regulatory reasons, for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

**For Plan Compliant with United States Federal Affordable Care Act (ACA) legislation**

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512

(CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TIY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368- 1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY: 711

<b>English</b>	<b>To access language services at no cost to you, call the number on your ID card.</b>
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços lingüísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.