

Notice of Privacy Practices

Alcatel-Lucent Health Plans Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE ALCATEL-LUCENT HEALTH PLANS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. The privacy of your health information is important to the Plans.

- Our Legal Duty
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Our Legal Duty

The Alcatel-Lucent Health Plans (referred to herein as the "Health Plans," the "Plans" or "we") are strongly committed to protecting your privacy and are required by applicable federal and/or state law to maintain the privacy of your health information.

Under the law, each of the Alcatel-Lucent Health Plans is a separate legal entity and each is distinct from Alcatel-Lucent (the "Plan Sponsor" or "Employer"). The Health Plans are required under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information.

The law also requires us to notify you in case of breaches that compromise the security or privacy of your unsecured health information. Unsecured health information means health information that has not been made unusable, unreadable or indecipherable to unauthorized persons by an approved methodology or technology.

This Notice explains our privacy practices and describes how we may use and disclose health information about you that specifically identifies you or could be used to identify you (your "health information"). This Notice also provides you with important information about your privacy rights and how you may exercise those rights. Please note that others involved in your healthcare (for example, other health plans, physicians, dentists and pharmacies) may send you separate notices describing their privacy practices.

This particular Notice became effective on **September 28, 2015** which is the date on which it was first published. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practice outlined in this Notice and to make the new privacy practice effective for all health information that we maintain, including health information we created or received prior to making the change. If we need to make a significant change to our privacy practices, we will send a new notice to our Health Plan participants at the time of the change by mail, e-mail or other means permitted by law.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us at the Contact Office listed at the end of this Notice.

The Health Plans Covered by This Notice

The Health Plans to which this Notice of Privacy Practices applies are as follows:

- Alcatel-Lucent Medical Expense Plan for Management Employees
- Alcatel-Lucent Medical Expense Plan for Occupational Employees
- Alcatel-Lucent Dental Expense Plan for Active Employees
- Alcatel-Lucent Retiree Welfare Benefits Plan, an umbrella plan that includes:
 - Alcatel-Lucent Medical Expense Plan for Retired Employees
 - Alcatel-Lucent Dental Expense Plan for Retired Employees
- Alcatel-Lucent Flexible spending account plans
 - Alcatel-Lucent Health Care Reimbursement Account Plan
 - Alcatel-Lucent Child/Elder Care Reimbursement Account Plan

Permitted Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, healthcare operations and health-related services. Your authorization is not required for these permitted uses. For example:

- **Treatment:** We may use or disclose your health information to physicians, dentists, pharmacies, hospitals or other healthcare providers in order to provide treatment to you. For example, we may use your health information in providing mail-order pharmacy services and may send certain information to doctors for patient-safety or other treatment-related reasons.
- **Payment:** We may use and disclose your health information to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by the Health Plans, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue Explanations of Benefits to the person who is enrolled in a Health Plan and the like. We may disclose your health information to a healthcare provider or entity subject to the federal privacy rules so they can obtain payment or engage in these payment activities.
- **Healthcare Operations:** Except as described below under the heading "Uses and Disclosures Requiring Your Authorization", we may use and disclose your health information in connection with our healthcare operations. Healthcare operations include:
 - Rating our risk and determining premiums for your Health Plan, except that we may not use or disclose your genetic information for this purpose;
 - Performing quality assessment and improvement activities;
 - Reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
 - Obtaining or in connection with medical review, legal services and auditing, including fraud and abuse detection and compliance;
 - Engaging in business planning and development; and

- Engaging in business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances and creating de-identified health information or a limited data set.

We may disclose your health information to another entity that has a relationship with you and is subject to the federal privacy rules, for their healthcare operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals or detecting or preventing healthcare fraud and abuse.

- **Health-Related Services:** We may use your health information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your health information to a business associate to assist us in these activities, provided we receive satisfactory assurance that the associate will appropriately safeguard your protected health information.

We may also disclose health information about you to you, to your family members and others involved in your care, to the Plan Sponsor (only as described below), to certain public or private entities engaged in disaster relief, and as may otherwise be authorized or required by law. Your authorization is not required for these permitted disclosures. For example:

- **To You (the Plan Participant):** We are permitted to disclose your health information to you, the plan participant. For example, we may inform you of the status of a claim payment. In addition, we may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you as long as we are not being paid to do so.
- **To Your Family Members and Others Involved in Your Care:** We may disclose your health information to a family member or others involved in your care to the extent necessary to help with your healthcare or with payment for your healthcare. This is done for the convenience of you and your family so that the people close to you may continue to be involved in your care. For example, if your spouse calls a customer service representative, we may provide your spouse with information about the status of your claim payment, but only if he or she is able to tell us certain information about you. We may also use or disclose your name, location and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your health information to a family member or other representative, we will provide you with an opportunity to object to such disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your health information based on our judgment of whether the disclosure would be in your best interest.

If for any reason you do not want us to disclose your health information to your family members or others involved in your care, you have the right to request a restriction on this disclosure. See below in the section labeled Individual Rights.

- **To the Plan Sponsor:** We may disclose your health information to the Plan Sponsor so that it can perform plan administration functions. Generally we provide your Plan

Sponsor with only summary or de-identified data that cannot be linked to you because certain elements have been removed, such as your name, Social Security Number or HRID.

- **Disaster Relief:** We may disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **Public Interest or Welfare:** We may disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:
 - As required by law, including to the Department of Health and Human Services, so it may investigate complaints and review our compliance with federal privacy laws;
 - For public health activities, including for disease and vital-statistics reporting, child-abuse reporting and FDA oversight;
 - To employers regarding work-related illness or injury;
 - As authorized by state workers' compensation laws;
 - To appropriate authorities to report adult abuse, neglect or domestic violence;
 - To health oversight agencies;
 - In response to court and administrative orders and for other lawful processes;
 - To law enforcement officials pursuant to subpoenas and other lawful processes;
 - To appropriate authorities or entities in connection with, and concerning, crime victims, suspicious deaths, crimes on our premises, to report crimes in emergencies and for purposes of identifying or locating a suspect or other person;
 - To correctional institutions regarding inmates;
 - To coroners, medical examiners and funeral directors;
 - To organ-procurement organizations;
 - To avert a serious threat to health or safety;
 - In connection with certain research activities; and
 - To the military and to federal officials for lawful intelligence, counterintelligence and national security activities.

Finally, we may use and disclose health information about you for any other purpose or to any other person if you authorize us in writing to do so. For example:

- **With Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us such written authorization, you may revoke it in writing at any time as described below under the heading "Uses and Disclosures Requiring Your Authorization".

Uses and Disclosures Requiring Your Authorization

The following uses and disclosures of your health information are permitted only with your written authorization:

- **Marketing Use:** Except as described below, we are permitted to use or disclose your health information for marketing purposes only with your written authorization. Marketing means a communication about a product or service that encourages you to purchase or use that product or service. We do not need your authorization, however, and are permitted without your authorization to make communications in the form of face-to-face communications or promotional gifts of nominal value we may provide. We also do not need your authorization and are permitted without your authorization (a) to

send refill reminders or other communications to you about your currently prescribed drugs or biologics, as long as the only payment we receive for making the communication is to cover our costs of doing so, or (b) as long as we are not being paid to do so, to send you communications describing products and services that are covered by the Plans, identifying the in-network health care providers for the Plans, informing you about treatment alternatives and about replacements and enhancements to the Plans or about health-related products and services that add value to your benefits and are available only to Plan enrollees.

- **Sale of your health information:** We will not sell your health information unless you authorize us in writing to do so. Sale of your health information means providing it to someone in exchange for payment and not for purposes of providing and paying for your medical treatment, for public health purposes, for research purposes (as long as the payment is to cover our costs to prepare and transmit the information) or because we are legally required to provide it.
- **Any other use or disclosure not described in this Notice.** Unless you give us a written authorization, we cannot use or disclose your health information for any reason or to any person or entity except as described in this Notice.

If you give us written authorization for any use or disclosure that requires your authorization, you may revoke it in writing at any time, but your revocation will not affect any use or disclosure of your health information that was permitted by your authorization while it was in effect.

Your Individual Rights

You have the right:

- **To Examine or Get Copies of Your Health Information:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical to do so. If we keep the information electronically, you may request an electronic copy of the information, and we will provide it to you in that form if it is feasible to do so. You must make any such request for access in writing. You may be charged a reasonable, cost-based fee to cover the expense of providing copies of your health information to you. In most cases, to request access, you should contact the appropriate Health Plan Claims Administrator. If you are unsure of who the appropriate Claims Administrator for your Health Plan is or if you have a general request that covers more than one Plan, you should use the contact information listed at the end of this Notice.
- **To Obtain an Accounting of Our Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, as authorized by you and for certain other activities, for the six years prior to the date you request the list. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your health information, a description of the health information we disclosed, the reason for the disclosure and certain other information. You must make a request in writing to obtain an accounting of disclosures. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. In most

cases, you should contact the appropriate health plan Claims Administrator to request an accounting of disclosures. If you are unsure of the appropriate Claims Administrator or have a general request that covers more than one plan, you should use the contact information listed at the end of this Notice.

- **To Request That We Place Restrictions on Our Uses or Disclosures:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing. In most cases, you should contact the appropriate health plan Claims Administrator to request a restriction. If you are unsure of the appropriate Claims Administrator or have a general request that covers more than one plan, you should use the contact information listed at the end of this Notice.
- **To Request Alternative Means of Confidential Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. In most cases, you should contact the appropriate health plan Claims Administrator to request confidential communications. If you are unsure of the appropriate Claims Administrator or have a general request that covers more than one plan, you should use the contact information listed at the end of this Notice. We must accommodate your request if it is reasonable, specifies the alternative means or location and continues to permit us to collect premiums and pay claims under the Group Health Plan, including issuance of Explanations of Benefits to the subscriber of the Group Health Plan. An Explanation of Benefits issued to the subscriber for healthcare that you received might contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that healthcare in confidence.
- **To Request Amendments to Your Health Information:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. In most cases, you should contact the appropriate health plan Claims Administrator to request an amendment. If you are unsure of the appropriate Claims Administrator or have a general request that covers more than one plan, you should use the contact information listed at the end of this Notice. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **To Receive a Paper Copy of This Notice:** If you accessed this Notice via our Web site or received it by electronic mail (e-mail), you are entitled to receive a copy of it in paper form. Please contact us at the Contact Office listed at the end of this Notice to obtain a copy of this Notice in paper form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us at the Contact Office listed at the end of this Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may notify us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

To Exercise Your Rights

As stated above, in most cases you should contact your health plan Claims Administrator to review or obtain copies of your health information and to exercise your rights regarding your health information described above, since your health plan Claims Administrator maintains your health information on our behalf. If you are unsure of the appropriate health plan Claims Administrator, have a general request that covers more than one plan or have other questions relating to our privacy practices or your privacy rights, our contact information is provided below:

Contact Office

To contact us, write or telephone us at:

Director, Health Plans
Alcatel-Lucent
600 Mountain Avenue, Room 6D-413
Murray Hill, NJ 07974-0636
Tel.: 1-908-582-4727

ALCATEL-LUCENT HEALTH PLAN CLAIM ADMINISTRATORS ADDITIONAL CONTACTS WHEN EXERCISING YOUR PRIVACY RIGHTS

This information is being provided to assist you in identifying your proper Health Plan Claim Administrator and is subject to change from time to time. This information is also available on our Web site at www.benefitanswersplus.com. If you are unsure of whom to contact or have a general question, contact the Director, Health Plans at 1-908-582-4727.

Claims Administrator	Contact Information
MEDICAL	
<i>UnitedHealthcare POS</i>	1-800-577-8539
<i>UnitedHealthcare Traditional Indemnity</i>	1-800-577-8567
<i>UnitedHealthcare Group Medicare Advantage (PPO)</i>	1-888-980-8117
<i>HMO/Medicare HMO</i> <i>Visit the Your Benefits Resources (YBR) Web site, call the Alcatel-Lucent Benefits Center or call the specific HMO/Medicare HMO carrier</i>	<i>Your Benefits Resources Web site:</i> http://resources.hewitt.com/alcatel-lucent <i>Alcatel-Lucent Benefits Center:</i> 1-888-232-4111
Prescription Drug Program <i>Express Scripts</i>	1-800-336-5934 <i>Medicare-Eligible Management Retirees:</i> 1-800-230-0512
Mental Health/Chemical Dependency Program <i>UnitedHealthcare Behavioral Health</i> - <i>POS</i> - <i>Traditional Indemnity</i>	1-800-577-8539 1-800-577-8567
DENTAL	
<i>MetLife</i> Dental Plan for Active Management Employees	1-888-262-4876
<i>Aetna</i> Dental Plan for Represented Employees and Represented and Management Retirees	<i>Traditional/PPO options:</i> 1-800-220-5470 <i>DMO option:</i> 1-800-220-5479
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HFSA)	
<i>Your Spending Account (YSA)</i>	1-888-232-4111
EMPLOYEE ASSISTANCE PROGRAM (EAP)	
Magellan Health Services, Inc.	1-800-327-7348 http://www.magellanhealth.com/member