Dear New Lilly Associate and Spouse or Domestic Partner:

Eli Lilly and Company is required by law to provide certain notices to its health plan members and, if applicable, their spouse or eligible domestic partner. Upon your first day, you will be provided with information regarding the Eli Lilly and Company Health Plan (“Health Plan”) and have an opportunity to elect coverage, if eligible. The Women’s Health and Cancer Rights Act of 1998 requires the Health Plan to inform members of their rights to receive certain benefits and services related to a mastectomy. Please take the time to read the enclosed notification carefully.

In addition, Lilly is required by the Occupational Safety and Health Act of 1970 to maintain, and to notify its employees of their right to access, certain employee exposure and medical records. These records are available from your site occupational health and safety staff members and your site employee health services staff.

Sincerely,

John P. Scharf
Director, U.S. Health Plan
Dear Lilly Health Plan Participant,

As required by U.S. federal privacy regulations issued under The Health Insurance Portability and Accountability Act (“HIPAA”), The Eli Lilly and Company Health Plan (“Plan”) must provide notice to you periodically regarding how protected health information (“PHI”) about you may be used and disclosed and how you can get access to this information.

As part of these requirements, the Plan is required by law to protect the privacy of your PHI. The Plan also is required to send you information periodically to explain how the Plan may use PHI about you and when it can disclose information to others. In some circumstances, the Plan is required to seek your written authorization before using or disclosing your PHI. In other circumstances, the Plan may use and disclose your PHI without your permission. For example, the Plan may use and disclose your PHI for treatment, payment and health care operations, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other purposes.

Please review the notice for details about the uses and disclosures the Plan may make of your PHI, about your individual rights under the rules and how to exercise them, and complaints regarding or additional information about the Plan privacy practices.

John P. Scharf
Director, U.S. Health Plan
Notice of Privacy Practices for  
The Eli Lilly and Company Health Plan

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 privacy of your medical information is important to us.

Original Effective Date: April 14, 2003  
This Revised Notice is Effective as of: September 23, 2013

Summary of Privacy Practices

"Protected health information" or "PHI" is medical information about you, including demographic and genetic information, that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services and payment for those services.

The Eli Lilly and Company Health Plan (Plan) may use and disclose your PHI, without obtaining your written authorization, for treatment, payment, and health care operations activities and, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

The Plan may disclose your PHI to your family members, friends, and others you involve in your health care or payment for health care, and to appropriate public and private agencies in disaster relief situations.

The Plan will not use or disclose your PHI without your written authorization, except as provided in this notice.

You have the right to request to examine and receive a copy of your PHI in the Plan’s designated record set.

You have the right to receive an accounting of certain disclosures the Plan may make of your PHI.

You have the right to request that the Plan amend PHI maintained in its designated record set.

You have the right to request that the Plan further restrict use and disclosure of, or communicate in confidence with you about, your PHI.

Please review this entire notice for details about the uses and disclosures the Plan may make of your PHI, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

The Plan’s Legal Duty

The Plan is required by applicable federal and state laws to maintain the privacy of your PHI. The Plan is also required to give you this notice about its privacy practices, the Plan’s legal duties, and your rights concerning your PHI. The Plan must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2013, and will remain in effect until the Plan replaces it.
The Plan reserves the right to change its privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. The Plan reserves the right to make the changes in the Plan’s privacy practices and the new terms of the notice effective for all PHI that the Plan maintains, including PHI created or received before the changes are made. Before the Plan makes a significant change in the privacy practices, the Plan will change this notice and send the new notice to the Plan’s participants at the time of the change.

You may request a copy of the notice at any time. For more information about the Plan’s privacy practices, or for additional copies of this notice, please contact the Plan using the information listed at the end of this notice.

Uses and Disclosures of PHI
This notice sets forth different reasons for which the Plan may use and disclose your PHI. The notice does not list every possible use and disclosure; however, all of the uses and disclosures of your PHI will fall into one of the following general categories:

The Plan may use and disclose PHI about you without your written authorization for treatment, payment, and health care operations. Exceptions or restrictions may exist for mental health information, substance abuse treatment information, and communicable disease information. Some examples of these uses and disclosures include:

Treatment: The Plan may, among other things, disclose your PHI to a physician or other health care provider to treat you. The Plan may do this through electronic health information exchange, and/or through its business associates. For example, the Plan may have discussions with your health care providers to suggest a particular disease management program or wellness program that could improve your health.

Payment: The Plan may use and disclose your PHI to pay claims, or engage in other payment activities, for services provided to you by physicians or other health care providers in accordance with the terms of the Plan and related activities. For example, the Plan pays claims submitted by health care providers, provides explanations of benefits to participants and providers, and confirms eligibility for coverage to providers.

Health Care Operations: The Plan may use and disclose your PHI for such things as to determine the premiums for the Plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, to conduct audits, including fraud and abuse detection and prevention, to obtain stop-loss and similar reinsurance for the Plan’s health coverage obligations, to manage the administration of the Plan, including de-identifying PHI and creating limited data sets for health care operations, public health activities and research; and the like. For example, the Plan may use your PHI to measure and evaluate how many Plan participants have received certain services, such as mammograms.

The Plan may also use and disclose PHI about you without your written authorization for other purposes described in this notice. Exceptions or restrictions may exist for mental health information, substance abuse treatment information, and communicable disease information. Some examples of these uses and disclosures include:

To Family and Friends or Others Involved in Your Care or Payment for Your Care and For Disaster Relief: If you agree, or if you are unavailable to agree, but the situation indicates that disclosure would be in your best interest, such as medical emergency or disaster relief, the Plan may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care. The Plan will only disclose the PHI that is relevant to the person’s involvement. The Plan may also disclose your PHI to a public or private entity assisting in a disaster relief effort so that your family can be notified as to your condition, location, or death or so that care or rescue efforts can be coordinated.
To Plan Sponsor: The Plan may disclose your PHI and the PHI of others enrolled in the Plan to the Plan sponsor to permit it to perform Plan administration functions. Before the Plan may do that, the Plan Sponsor must amend the Plan document to establish the limited uses and disclosures that the Plan sponsor may make of your PHI in providing Plan administration functions for the Plan.

For Appointment Reminders: The Plan may use PHI to contact you for appointment reminders with providers who provide medical care for you.

Regarding Treatment Alternatives: The Plan may use and disclose your PHI to inform you of and recommend possible treatment alternatives that may be available to you.

Health-Related Benefits and Services: The Plan may use and disclose your PHI to inform you of health-related benefits and services that may be available to you.

Upon Death: In the case of death, the Plan may disclose your PHI to a family member or others who were involved in your health care or payment for health care before your death, unless doing so is inconsistent with any prior expressed preference that is known to the Plan. PHI disclosed will be limited to information that is relevant to the person’s involvement in your health care or payment for health care. Information is no longer considered protected once you have been deceased for 50 years.

Public Health and Safety: The Plan may disclose your PHI, without your written authorization, when authorized by law for public health and interest activities, including: (1) to report, prevent, or control disease, injury, or disability, and to report vital statistics, child or adult abuse or neglect, or domestic violence; (2) to avert a serious and imminent threat to your health or safety or the health or safety of others; (3) for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies; (4) for research; (5) to provide information to coroners, medical examiners, funeral directors, and organ procurement organizations; (6) to report adverse events related to product defects, problems, or biological deviations; (7) to track FDA-related products and conduct post-marketing surveillance; (8) to notify people and enable product recalls, repairs, replacement, or lookback; (9) to notify people who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; and (10) to report immunization information to a school where state or other law requires the school to have such information prior to the student’s admission.

Health Oversight Activities: The Plan may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits; civil, administrative, or criminal investigations or proceedings; inspections; and licensure and disciplinary actions. These activities are necessary for the government to monitor the health care system, government benefit programs, compliance with program standards, and compliance with civil rights laws.

Required by Law: The Plan may use or disclose your PHI when the Plan is required to do so by law. For example, the Plan must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether the Plan is in compliance with federal privacy laws. The Plan may disclose your PHI when authorized by workers’ compensation or similar laws.

Process and Proceedings: The Plan may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, the Plan may disclose your PHI to law enforcement officials.
Law Enforcement: The Plan may disclose limited information to a law enforcement official for a law enforcement purpose concerning the PHI of a suspect, fugitive, material witness, crime victim, or missing person. The Plan may disclose the PHI of a person in lawful custody to a law enforcement official or correctional institution under certain circumstances. The Plan may disclose PHI where necessary to assist law enforcement officials in capturing an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: The Plan may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. The Plan may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities, and to enable them to adequately provide protection for the President, other authorized persons, or foreign heads of state, and to conduct special investigations.

Research: The Plan may disclose your PHI to researchers or research staff under certain circumstances. Researchers may conduct research that simply involves reviewing your PHI and that of others with similar medical conditions. In these situations, researchers will not contact you directly for your authorization, but must obtain permission from a board that is set up to ensure that the welfare and privacy of research participants is protected as required by law. Researchers may also review your PHI to determine if there are enough patients with a specific condition to conduct a study, or to determine whether you would be a good candidate for a study that will involve interaction with you. In this situation, the researchers may contact you to ask if you would like to participate in a study.

To Other Plans or Providers Subject to Federal Privacy Protection Laws: The Plan may disclose your PHI to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the PHI is for that plan’s or provider’s health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

In addition, the Plan may disclose your PHI to you, as described in the Individual Rights section of this notice below, and may use and disclose it to others, with your written authorization.

To You and on Your Authorization: The Plan must disclose your PHI to you, as described in the Individual Rights section of this notice below. Except as otherwise described in this notice, other uses and disclosures of your PHI – including uses and disclosures of PHI for marketing purposes, uses and disclosures that would constitute a sale of PHI, and most uses and disclosures of psychotherapy notes – will be made only with your written authorization. You may give the Plan written authorization to use your PHI or to disclose it to anyone for any purpose. If you give the Plan an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. The Plan cannot withdraw any disclosures it has already made in reliance on your written authorization, and the Plan is required by law to maintain its records as to health care that has been provided to you. Without your written authorization, the Plan may not use or disclose your PHI for any reason except those described in this notice.

Individual Rights

Access: You have the right to examine and receive copies of your PHI within the Plan’s designated record set, with limited exceptions. This may include medical and billing records, but does not include (1) psychotherapy notes, (2) information compiled in anticipation of or for use in legal actions or proceedings, and (3) PHI maintained by the Plan to which access is prohibited by law. If the Plan keeps the PHI in electronic form, you have the right to request a copy of the information in electronic form if it is readily producible, or if not, in the form and format agreed to by you and the Plan. You also have the right to designate in writing that the Plan transmit your electronic PHI directly to a third party.
You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. The Plan may charge you reasonable, cost-based fees for a copy of your PHI, for mailing the copy to you, and for preparing any summary or explanation of your PHI you request. Contact the Plan using the information listed at the end of this notice for a full explanation of the Plan’s fee structure.

The Plan may deny your request to examine and copy under the following circumstances, and the denial is not subject to review:

1. Inspection of the PHI subject to your request is prohibited by law;
2. You are an inmate, and providing you with a copy of your PHI could be dangerous to your health, safety, security, custody, or rehabilitation, or of that of others;
3. The PHI you are requesting may have been created or obtained by a covered health care provider in the course of research;
4. You are denied in accordance with privacy laws; and/or
5. The PHI you are requesting was confidentially obtained from a source other than a health care provider, and giving you access could reveal the identity of the source.

The Plan may also deny your request to examine and copy under the following circumstances, and the denial is subject to review:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of you or another person;
2. The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
3. The request for access is made by your legal personal representative (e.g., your legal guardian), and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If you are denied access to your PHI and the grounds for denial are subject to review, you may request that the Plan review the denial. A licensed health care professional chosen by the Plan, who did not deny your request the first time, will review your request and the basis for denial. The outcome of the review will be the final decision.

**Disclosure Accounting:** You have the right to receive a list of instances after April 13, 2003, in which the Plan or its business associates disclosed your PHI for purposes other than to you; for treatment, payment, health care operations; as authorized by you; as part of a limited data set; and for certain other purposes. The Plan will provide you with information about each accountable disclosure that was made during the period for which you request the accounting, except that the Plan is not obligated to account for a disclosure that occurred more than six years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request an accounting more than once in a 12-month period, the Plan may charge you a reasonable, cost-based fee for responding to your additional requests. Contact the Plan using the information listed at the end of this notice for a full explanation of the Plan’s fee structure.
Restriction Requests: You have the right to request that the Plan place additional restrictions on the Plan's use or disclosure of your PHI for treatment, payment, or health care operations, or to family, friends, or others you identify. For example, you may request that the Plan not use or disclose PHI relating to a procedure you had. The Plan is not required to agree to these additional restrictions, but if the Plan does, the Plan will abide by its agreement (except in an emergency or as required or authorized by law) unless and until the agreement is terminated. Any agreement the Plan may make to a request for additional restrictions must be in writing and signed by a person authorized by the Plan to make an agreement. Contact the Plan using the information listed at the end of this notice for a full explanation of how to request restrictions.

Confidential Communication: You have the right to request that the Plan communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you may request that we only contact you at work or at a friend's house. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. The Plan will accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit the Plan to collect premiums and pay claims under the Plan. Contact the Plan using the information at the end of this notice for a full explanation of how to request confidential communications.

Amendment: You have the right to request that the Plan amend your PHI maintained in the Plan's designated record set (for as long as it is maintained in the designated record set) if you feel the PHI is incorrect or incomplete. Your request must be in writing, and it must explain why the information should be amended. The Plan may deny your request if the Plan did not create the information you want amended or for certain other reasons. If the Plan denies your request, the Plan will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If the Plan accepts your request to amend the information, the Plan will make reasonable efforts to inform others of the amendment whom the Plan knows may have and rely on the unamended information to your detriment as well as people you want to receive the amendment. Contact the Plan using the information at the end of this notice for a full explanation of how to request confidential communications.

Right to Breach Notification: You have the right to receive notice in the event of a breach of unsecured PHI. A breach includes an acquisition, access, use, or disclosure of PHI in a manner not permitted by law that compromises the security or privacy of the PHI. The Plan is required by law to notify you of an acquisition, access, use, or disclosure of PHI in a manner not permitted by law unless it demonstrates, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 calendar days after discovery of the breach. The notification will include information such as: a brief description of the breach, the types of unsecured PHI involved, and what can be done to mitigate any harm.

Written Notice: If you receive this notice on the Plan's website or by electronic mail (e-mail), you are entitled to receive this notice in written form. To request a notice in hard copy, please contact the Plan using the information listed at the end of this notice. You may also obtain a copy of this notice from the Lilly Benefits Center at benefitscenter.lilly.com.
Prohibition on Disclosing Certain PHI for Underwriting Purposes

The Plan may use or disclose PHI for underwriting purposes. Underwriting purposes include, but are not limited to, the following with respect to the Plan:

- Rules for, or determination of, eligibility (including enrollment and continued eligibility) for, or determination of, benefits under the Plan, coverage, or policy (including changes in deductibles or other cost-sharing mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program);
- The computation of premium or contribution amounts under the Plan, coverage, or policy (including discounts, rebates, payments in kind, or other premium differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program);
- The application of any pre-existing condition exclusion under the Plan, coverage, or policy; and
- Other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

Underwriting purposes does not include determinations of medical appropriateness where an individual seeks a benefit under the plan, coverage, or policy.

The Plan is prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes.

Questions and Complaints

If you want more information about the Plan’s privacy practices or have questions or concerns, please contact the Plan using the information listed at the end of this notice.

If you are concerned that the Plan may have violated your privacy rights or you disagree with a decision the Plan made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have the Plan communicate with you in confidence by alternative means or at an alternative location, you may complain to the Plan using the contact information listed at the end of this notice. You also may call The Red Book hotline number at 800-815-2481. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 233 N. Michigan Ave. – Suite 240, Chicago, IL 60601. In Indiana, you may contact the Office for Civil Rights at (312) 886-2359; TDD (312) 353-5693; FAX (312) 886-1807, or the Office of Civil Rights Hotline at 1-800-368-1019, TDD 1-800-537-7697.

Further information on filing a privacy complaint with DHHS may be found at http://www.hhs.gov/ocr/hipaa, or you may contact the Privacy Official or the LHP Designated Compliance Representative.

The Plan supports your right to protect the privacy of your PHI. The Plan will not retaliate in any way if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Contact:

LHP Designated Compliance Representative
HR Privacy
Lilly Corporate Center
Indianapolis, IN  46285
317-433-6601
Notification of Rights under the Women’s Health and Cancer Rights Act

Dear Lilly Health Plan Member:

On October 21, 1998, the Women’s Health and Cancer Rights Act of 1998 (“Women’s Health Act”) was enacted by Congress requiring group health plans and health insurance companies that provide medical and surgical coverage for mastectomies to provide certain mastectomy-related benefits or services to plan participants or beneficiaries. This notice is intended to inform you and other Eli Lilly and Company Health Plan (the “Plan”) members of your rights under the law. This change is applicable for you regardless of your choice of medical coverage.

Under the Women’s Health Act, a group health plan participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with the mastectomy is entitled to coverage for the following:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas,

in a manner determined in consultation between the attending physician and patient.

If you are a member of the Plan and are currently receiving, or in the future receive, benefits in connection with a mastectomy, you are entitled to coverage for the benefits and services described above in the event that you elect breast reconstruction. Your eligible dependents are also entitled to coverage for those benefits or services on the same terms.

Coverage for mastectomy-related services or benefits required under the Women’s Health Act will be subject to usual and customary fees and the same deductibles and coinsurance/co-payment provisions that apply with respect to other medical or surgical benefits. As with all health-related services, these provisions and all other coverage is governed by the terms of the Plan.

Sincerely,

John P. Scharf
Director, U.S. Health Plan