

PRIVACY POLICY

The words “we,” “us,” and “our” refer to ProManage, LLC (“ProManage”), a registered investment adviser, and its affiliates, agents and third parties. The words “you” and “your” mean you, the individual visiting or using our Financial Wellness mobile application, website or related services (collectively, “Services”), including but not limited to the *Vision* website and any data contained therein.

ProManage is committed to your privacy protection. We want you to feel comfortable about security as you use our Services. This Privacy Policy describes our privacy practices with respect to (a) confidential health information as described in our HIPAA Privacy Notice, and (b) other personal information as described in our General Privacy Policy (both available at <https://promanageplan.com/financialwellness/>), both of which are set forth below (collectively, our “Privacy Policy”). **By using or accessing the Services or otherwise providing health or other personal information to us, you signify your acknowledgment and assent to this Privacy Policy, and consent to the collection, processing and use of your personal information as described. If you do not agree to this Privacy Policy or such terms, please do not use the Services or otherwise provide personal information to us.**

HIPAA PRIVACY NOTICE

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.

Background: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to notify you about our policies and practices used to protect the confidentiality of your health information. This document is intended to satisfy HIPAA’s notice requirement with respect to all health information created, received or maintained by ProManage, LLC (“ProManage”). This notice describes (1) the ways that ProManage may use and disclose your health information, (2) your rights, and (3) the obligations that ProManage has regarding the use and disclosure of your health information. However, this Notice does not address the health information policies or practices of your health care providers.

Health Information Privacy

Our privacy policy and practices protect confidential health information that identifies you (or could be used to identify you) and that relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as protected health information (“PHI”). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations

The law requires that ProManage:

- Makes sure that health information that identifies you is kept private;
- Gives you this notice of ProManage’s legal duties and privacy practices with respect to your health information;
- Provides you, the Department of Health and Human Services, and, in some cases, certain media outlet(s) with notice in the event of a breach of your unsecured PHI; and
- Follows the terms of the notice.

How ProManage May Use and Disclose Health Information about You

The following paragraphs describe the ways that ProManage may use and disclose your PHI:

- **Administration.** ProManage may use and disclose your PHI to enable Concordia Plan Services, as plan administrator for and on behalf of the Concordia Health Plan (the “Plan”), and ProManage to fulfill their administrative responsibilities related to the operation and maintenance of the Financial Wellness mobile application, website and related services.
- **Within ProManage.** ProManage may disclose your PHI to designated ProManage personnel so they can operate and maintain the Financial Wellness mobile application, website and related services. Such disclosures will be made only to ProManage’s Privacy Officer and certain other individuals, all of whom have received training concerning HIPAA’s privacy standards. These individuals will endeavor to protect the privacy of your health information and ensure that it is used only as described in this notice or as permitted by law. Unless authorized by you in writing or as permitted under applicable law, your health information may not be disclosed to any other ProManage employee or department.
- **Business Associates.** Certain services are provided to the Plan by third parties known as business associates. A business associate is any person or entity that performs services on behalf of the Plan that involve the use of PHI. ProManage may disclose your PHI to the Plan’s other business associates pursuant to HIPAA’s legal requirements.
- **Health-Related Benefits and Services.** ProManage may use and disclose your PHI to tell you about health-related benefits or Financial Wellness-related benefits or services that may be of interest to you.
- **As Required by Law.** ProManage shall use or disclose PHI to the extent that such use or disclosure is required by law and the use or disclosure in question complies with and is limited to the relevant requirements of such law; provided, however, that such disclosure must relate to a perceived victim of abuse, neglect or domestic violence, a judicial or administrative proceeding, or a law enforcement purpose.

Special Use and Disclosure Situations

ProManage may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, ProManage may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request or other lawful due process.

- **Law Enforcement.** ProManage may release your PHI if asked to do so by a law enforcement official for such purposes as identifying or locating a suspect, material witness or missing person, or to report a crime, the crime's location or victims, or to ascertain the identity, description or location of the person who committed the crime.
- **Workers' Compensation.** ProManage may disclose your PHI to the extent authorized by and to the extent necessary to comply with, workers' compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, ProManage may release your medical information as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** ProManage may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public Health Risks.** ProManage may disclose your health information for public health activities. These activities include, among other things: preventing or controlling disease, injury or disability; reporting reactions to medication or problems with medical products; or notifying people of recalls of products that they have been using.
- **Health Oversight Activities.** ProManage may disclose your PHI to a health oversight agency for audits, investigations, inspections and licensure activities necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances ProManage may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities and Protective Services.** ProManage may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law, and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Coroners, Medical Examiners and Funeral Directors.** ProManage may release your PHI to a coroner or medical examiner. ProManage may also release your PHI to a funeral director, as necessary, to carry out his duty.

Your Rights Regarding Your Health Information

Your rights regarding the health information ProManage maintains about you are as follows:

- **Inspect and Copy.** You have the right to inspect and copy your PHI. To inspect and copy health information maintained by ProManage, you must submit your request in writing to the Privacy Officer. If ProManage uses or maintains an electronic health record with respect to your PHI, you may request that the copy be provided in electronic format and

transmitted to you or a person designated by you. ProManage may charge a fee for the cost of copying, mailing or electronically transmitting its response to your request. You will receive the copy usually within 30 days of your request. In limited circumstances, ProManage may deny your request. Generally, if you are denied access to your PHI, you may request a review of the denial.

- **Right to Amend.** If you believe that health information concerning you is incorrect or incomplete, you may ask ProManage to amend the information. You have the right to request an amendment for as long as the information is kept by or for ProManage. To request an amendment, you must send a detailed request in writing to the Privacy Officer. You must set forth all reasons to support your request. ProManage may deny your request if you ask ProManage to amend health information that is accurate and complete, not created by ProManage, not part of the health information kept by or for ProManage, or information that you would not be permitted to inspect and copy. ProManage will inform you in writing of any denial within 60 days of your request.
- **An Accounting of Disclosures.** Subject to any limitations under HIPAA's privacy standards, you have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that ProManage has made to others, except those necessary for health care treatment, payment or operations and certain other types of disclosures. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer.
- **Restrictions.** You have the right to request a restriction on your health information that ProManage uses or discloses. If you wish to request a restriction of the use of PHI, you must make your request in writing to the Privacy Officer. Your request must specify: (1) what information you want to limit; (2) whether you want to limit ProManage's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. (ProManage may not be required to agree to your request.)
- **Confidential Communications.** You have the right to request that ProManage communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer. ProManage will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **A Paper Copy of this Notice.** If you have received this notice electronically, you have the right to request and receive a paper copy. You may write to the Privacy Officer to request a paper copy (including an additional copy) of this notice at any time.

Choosing Someone to Act for You

If you have given someone a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ProManage will make sure the person has this authority and can act for you.

Changes to this Notice

ProManage reserves the right to change this notice at any time and to make the revised or changed notice effective for health information that ProManage already has about you as well as any information ProManage receives in the future. Any revised notice will be made available to you by a method permitted under HIPAA's privacy standards.

Complaints

If you believe that your privacy rights under this policy have been violated, you may file a written complaint with the Privacy Officer at the address listed below. Alternatively, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Ave., S.W., Washington, DC 20201 (1-877-696-6775), or at www.hhs.gov/ocr/privacy/hipaa/complaints/. (You will not be penalized or retaliated against for filing a complaint.)

Other Uses and Disclosures of Health Information

Your health information will not be used for marketing or fundraising activities, and it will not be sold for any reason or purpose. Your genetic information, if any, maintained by ProManage will not be used for insurance underwriting purposes.

Other uses and disclosures of health information not covered by this notice or by the laws that apply to ProManage will be made only with your written authorization. If you authorize ProManage to use or disclose your PHI for purposes not covered by this notice or by applicable laws, you may revoke that authorization at any time. To revoke any such authorization, you must submit to the Privacy Officer a written revocation signed by you. If you revoke your authorization, ProManage will no longer use or disclose your PHI for the reasons covered by your written authorization. However, ProManage will not reverse any uses or disclosures already made in reliance on your prior authorization. For more information see: <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Contact Information

If you have any questions about this privacy notice, please contact:

Privacy Officer
ProManage, LLC
130 E. Randolph St., Suite 2825
Chicago, IL 60601
(312) 456-0665
E-mail: compliance@promanageplan.com

Original Effective Date: March 11, 2018