



October 2022

## About this Notice

Read this Notice for important information about the Walgreens Health Plans, including:

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You may receive additional notices from the Benefits Support Center during and after Open Enrollment, including information about premium assistance under Medicaid and the Children’s Health Insurance Program (CHIP) and, if applicable, a notice about your prescription drug coverage and Medicare.

If you add any family members to your Walgreens medical, prescription drug, dental or vision coverage, that family member will receive an up-front notice of his or her right to continue health coverage under COBRA when active coverage ends.

You also may receive other notices depending on your situation.

## Patient Protection Notice

Some medical coverage options offered through the Walgreens Health and Welfare Plan (the "Plan") require or allow the designation of a primary care provider. If so, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit the Benefits Support Center website at [www.BenefitsSupportCenter.com](http://www.BenefitsSupportCenter.com). The provider search tools on the Benefits Support Center automatically know your available provider networks and will provide the most accurate information about available providers.

You may designate a separate primary care provider for each covered family member. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit the Benefits Support Center website at [www.BenefitsSupportCenter.com](http://www.BenefitsSupportCenter.com). The provider search tools on the Benefits Support Center automatically know your available provider networks and will provide the most accurate information about available providers.

## Your rights and protections against surprise medical bills

**When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.**

### **What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in the Walgreens Health and Welfare Plan's ("the Plan's") network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## **You are protected from balance billing for:**

### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Walgreens offers fully insured health plans through select regional carriers, such as Kaiser Permanente and Dean/Prevea360. If you are enrolled in a fully insured option, check with your carrier regarding any balance billing laws or requirements that may apply.

### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

## **You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

Walgreens offers fully insured health plans through select regional carriers, such as Kaiser Permanente and Dean/Prevea360. If you are enrolled in a fully insured option, check with your carrier regarding any balance billing laws or requirements that may apply.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact:

The U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free Call Center: **1.877.696.6775**

Visit the Benefits Support Center website at [www.BenefitsSupportCenter.com](http://www.BenefitsSupportCenter.com) for more information about your rights under applicable law.

## Notice regarding 365 Get Healthy Here (wellness benefits)

365 Get Healthy Here is a voluntary wellness program available to team members and their covered spouses/domestic partners enrolled in a Walgreens medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others.

Our health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all plan members. If you think you might be unable to meet a standard for a health-contingent reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us as indicated below and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Walgreens Boots Alliance, Inc.  
VP Compensation Benefits and Retirement Planning  
102 Wilmot Road, MS# 122H  
Deerfield, IL 60015-5143  
[365GetHealthyHere@Walgreens.com](mailto:365GetHealthyHere@Walgreens.com)

You may qualify for Walgreens \$0 Rx Copay Program<sup>1</sup> if you are being treated for high cholesterol, coronary artery disease, diabetes, high blood pressure (hypertension), asthma or weight loss by completing challenges and other eligible requirements. Please visit 365 Get Healthy Here for complete details.

If you and/or your covered spouse/domestic partner use tobacco, you are also eligible to participate in the 365 Get Healthy Here Tobacco-Free Program at no cost. Through the Tobacco-Free Program, you will receive quit support along with free nicotine-replacement therapy (patch or gum) and may qualify to have your tobacco surcharge removed. To participate, visit [Walgreens.com/TeamMember365](http://Walgreens.com/TeamMember365) and complete the Tobacco-Free Program.

<sup>1</sup>Normal HSA rules apply.

## Protections from disclosure of medical information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Walgreens may use aggregate information it collects to design a program based on identified health risks in the workplace, 365 Get Healthy Here will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are individuals carrying out and administering our 365 Get Healthy Here program—such as wellness nurses and doctors—in order to provide you with services under this wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this Notice, or about protections against discrimination and retaliation, please contact:

Walgreens Boots Alliance, Inc.  
VP Compensation, Benefits and Retirement Planning  
102 Wilmot Road, MS# 122H  
Deerfield, IL 60015-5143

## Availability of summary health information

Your health benefits represent a significant component of your compensation package. They also provide important protection for you and your family in case of illness or injury.

The Benefits Support Center offers a series of health coverage options. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

To access your SBCs online, log on to the Benefits Support Center at [www.BenefitsSupportCenter.com](http://www.BenefitsSupportCenter.com) and choose the **Resource Library** tab from the home page.

Paper copies are also available, free of charge, by calling the Benefits Support Center at **1.855.564.6153**. Customer service representatives are available from 8 a.m. to 5 p.m. Central time, Monday through Friday.

## Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical coverage you elect. For more information, contact the plan service provider for your medical plan. You can also find additional information about your medical coverage by logging on to the Benefits Support Center website and choosing the **Resource Library** tab from the home page or by calling the Benefits Support Center at **1.855.564.6153**. Customer service representatives are available from 8 a.m. to 5 p.m. Central time, Monday through Friday.

## Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act (GINA) became effective on January 1, 2010. Walgreens is already in compliance with GINA. GINA prohibits using genetic information to discriminate with respect to health benefits. Employer-sponsored group health plans and insurers are prohibited from:

- Restricting enrollment or adjusting premiums based on genetic information; and
- Requiring or requesting genetic information or genetic testing prior to, or in connection with, enrollment.

## Women's preventive services: Required health plan coverage guidelines

Under the Affordable Care Act, women's preventive healthcare—such as mammograms, screenings for cervical cancer, prenatal care and other services—is covered with no cost sharing. Walgreens follows the Health Resources and Services Administration (HRSA)-supported health plan coverage guidelines, developed by the Institute of Medicine (IOM). These include:

<b>Preventive Service</b>	<b>Coverage Guideline</b>	<b>Frequency</b>
<b>Well-woman visits</b>	Well-woman preventive-care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well-woman visit should, where appropriate, include other recommended preventive services.	Annual
<b>Screening for gestational diabetes</b>	Screening for gestational diabetes	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
<b>Human papillomavirus testing</b>	High-risk human papillomavirus DNA testing in women with normal cytology results	Screening should begin at 30 years of age and should occur no more frequently than every three years.
<b>Counseling for sexually transmitted infections</b>	Counseling on sexually transmitted infections for all sexually active women	Annual
<b>Counseling and screening for human immune-deficiency virus</b>	Counseling and screening for human immune-deficiency virus infection for all sexually active women	Annual
<b>Contraceptive methods and counseling</b>	All Food and Drug Administration-approved contraceptive methods, sterilization procedures and patient education and counseling for all women with reproductive capacity	As prescribed
<b>Breastfeeding support, supplies and counseling</b>	Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment	In conjunction with each birth
<b>Screening and counseling for interpersonal and domestic violence</b>	Screening and counseling for interpersonal and domestic violence	Annual

For more information about women's preventive health coverage, contact the plan service provider for your medical plan. You can also find additional information about your medical coverage by logging on to the Benefits Support Center website and selecting the **Resource Library** tab from the home page or by calling the Benefits Support Center **at 1.855.564.6153**. Customer service representatives are available from 8 a.m. to 5 p.m. Central time, Monday through Friday.

## **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If your chosen health plan is subject to any state law requirements governing this area, the Summary Plan Description (SPD) provided by the insurance carrier will describe the applicable requirements.

# **Walgreens Health Plans HIPAA Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **Health information privacy**

Walgreen Co. ("Walgreens") sponsors the Walgreen Health and Welfare Plan (the "Plan") and is committed to protecting the privacy of your Protected Health Information ("PHI"). Among other benefits, the Plan includes coverages for medical, prescription drug, dental, vision, post-retirement health, supplemental Medicare, employee assistance and flexible spending accounts (collectively, the "Health Plans").

The Health Plans provide self-insured health benefit coverage and also have fully insured coverage provided through contracts with health insurance issuers and/or health maintenance organizations ("HMOs"). This Notice applies to the PHI that the Health Plans obtain, maintain, use and disclose. If you enroll in a benefit with fully insured coverage provided through a health insurance issuer or HMO, then the health insurance issuer or HMO, as applicable, will also provide you with its own Notice of Privacy Practices explaining how it will use and disclose the PHI it obtains about you, your rights regarding that PHI and how it will protect your PHI.

For purposes of HIPAA, PHI means information that identifies you and either relates to your past, present or future physical or mental health or condition; the provision of health care products or services to you; or relates to the past, present or future payment of your health care expenses. 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 law.



## Health Plans' privacy obligations and responsibilities

The Health Plans are required by law to:

- Ensure that PHI is kept private and secure;
- Provide you with this Notice of their legal duties and privacy practices with respect to PHI;
- Notify you following a breach of your unsecured PHI; and
- Follow the terms of the Notice that is in effect.

## How the Health Plans may use and disclose your PHI

The Health Plans may use PHI or disclose it to others for a number of different reasons. The following are the different ways that the Health Plans may use and disclose your PHI without your authorization:

- **For Treatment.** The Health Plans may use your PHI or disclose it to a health care provider who provides, coordinates or manages health care treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Health Plans may advise an emergency room physician about the different medications that you may have been prescribed.
- **For Payment.** The Health Plans may use and disclose your PHI so claims for health care treatment, services and supplies that you receive from health care providers may be paid according to the Health Plans' terms. The Health Plans may also use your PHI for billing, reviews of health care services received and subrogation. For example, the Health Plans may tell a doctor or hospital whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plan.
- **For Health Care Operations.** The Health Plans may use and disclose your PHI to enable them to operate more efficiently or to make certain that all of their participants receive the appropriate health benefits. For example, the Health Plans may use your PHI for case management, to refer individuals to disease management programs, for underwriting (excluding any PHI that is genetic information), premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, to arrange for medical reviews or to perform population-based studies designed to reduce health care costs. In addition, the Health Plans may use or disclose your PHI to conduct compliance reviews, audits, legal reviews, actuarial studies and/or for fraud and abuse detection. The Health Plans may also combine PHI about participants in the Health Plans and disclose it to Walgreens, as the sponsor of the Health Plans ("Plan Sponsor") in a non-identifiable, summary fashion so that Walgreens can decide, for example, what types of coverage the Health Plans should provide. The Health Plans may also remove information that identifies you from your PHI that is disclosed to Walgreens so that the PHI that is used by Walgreens does not identify specific participants in the Health Plans.

- **To The Plan Sponsor.** As noted above, the Health Plans are sponsored by Walgreens. The Health Plans may disclose your PHI to designated personnel at Walgreens so that they can carry out administrative functions of the Health Plans, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive PHI under the Health Plans. These individuals will protect the privacy of your PHI and ensure that it is used and disclosed only as described in this Notice or as permitted by law. The Health Plans may disclose summary health information to Walgreens, as Plan Sponsor, for permitted purposes under the HIPAA Privacy Rule (such as to modify, amend or terminate the Plan). The Health Plans may also disclose to Walgreens, as Plan Sponsor, information on whether you are participating in the Plan or are enrolled in or have dis-enrolled from the Plan. Unless authorized by you in writing, your PHI:
  - May not be disclosed by the Health Plans to any other employee or department of Walgreens; and
  - Will not be used by Walgreens for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by Walgreens.
- **To a Business Associate.** Certain services are provided to the Health Plans by third-party administrators or other service providers known as “business associates.” For example, the Health Plans may place information about your health care treatment into an electronic claims processing system maintained by a business associate so that your claim may be paid. In so doing, the Health Plans will disclose your PHI to their business associates so that the business associates can perform their claims payment functions. However, the Health Plans will require their business associates, through written agreements, to appropriately safeguard your PHI.
- **To Individuals Involved in Your Care or Payment of Your Care and Disaster Relief Purposes.** The Health Plans may disclose PHI to a close friend, family member or other individual involved in or who helps pay for your health care. The Health Plans may also advise a family member, your personal representative or other individual responsible for your care about your condition, your location (for example, that you are in the hospital) or death, unless other laws would prohibit such disclosures. The Health Plans may also disclose PHI for disaster relief purposes.
- **As Required by Law.** The Health Plans will disclose your PHI when required to do so by federal, state or local law, including those laws that require the reporting of certain types of wounds, illnesses or physical injuries.

## Special use and disclosure situations

The Health Plans may also use or disclose your PHI without your authorization under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Health Plans may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other forms of lawful due process.
- **Law Enforcement.** The Health Plans may release your PHI if asked to do so by a law enforcement official, for example, pursuant to a warrant, to report child abuse, to identify or locate a suspect, material witness, missing person or to report a crime, the crime’s location or victims or the identity, description or location of the person who committed the crime.
- **Workers’ Compensation.** The Health Plans 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, the Health Plans may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Health Plans 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 Activities.** The Health Plans may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; or notifying people of recalls of products they have been using.
- **Disclosures about Victims.** The Health Plans may disclose PHI as permitted to report abuse, neglect or domestic violence.
- **Health Oversight Activities.** The Health Plans may disclose your PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain limited circumstances, the Health Plans may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities and Protective Services.** The Health Plans may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law, or (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.
- **Organ and Tissue Donation.** If you are an organ donor, the Health Plans may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** The Health Plans may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Health Plans may also release your PHI to a funeral director, as necessary, to carry out his/her responsibilities.
- **Other Covered Entities.** The Health Plans may disclose your PHI to a health care provider for the provider's treatment or payment activities. The Health Plans may also disclose your PHI to a health care provider or another HIPAA covered entity for that entity's payment activities, and may disclose your PHI to another HIPAA covered entity for certain health care operations activities under the HIPAA Privacy Rule.
- **Personal Representatives.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. The Health Plans will take steps to verify the person has this authority and can act for you before the Plans take any action.

## Your rights regarding your health information

You have the following rights regarding the PHI that the Health Plans maintain about you. This section explains your rights and some of the Health Plans' responsibilities to help you. As provided earlier in this Notice, each of the Health Plan's fully insured coverages provided by health insurance issuers or HMOs in which you are enrolled will provide you with a separate notice explaining your rights with respect to PHI.

- **Right to Inspect and Copy Your PHI.** You have the right to inspect and obtain a copy your PHI that is maintained in a "designated record set" as long as the Health Plans maintain your PHI. A "designated record set" includes medical information about eligibility, enrollment, claim and appeal records and medical and billing records maintained by the Health Plans. Your right to inspect and obtain a copy of your PHI does not include psychotherapy notes, and information compiled in reasonable anticipation of, or intended for use in a civil, criminal or administrative proceeding.

To the extent your PHI is maintained electronically in a designated record set, you have the right to request a copy of the PHI in a specified electronic form and format. If the requested form and format is not readily producible, the Health Plans will provide the copy in a readable electronic form and format that is agreed to by you and the Health Plans.

You may request that the paper or electronic copy of your PHI be sent to another entity or person, so long as that request is in writing, signed by you and clearly identifies the designated entity or person and where to send the copy of the PHI.

To inspect and obtain a copy of the PHI (either in paper or electronic form) maintained by one or more of the Health Plans, submit your request in writing (specifying to which of the plan(s) covered by this Notice the request is made) to the Health Plans' Privacy Officer listed below under "Contact Information."

The Health Plans may charge a reasonable, cost-based fee for the cost of copying and/or mailing your request for copies of PHI (including the cost of any required supplies).

The Health Plans must act upon your request for access no later than 30 days after receipt of your request. A single, 30-day extension is allowed if the Health Plans are unable to comply by the initial deadline. In limited circumstances, the Health Plans may deny your request to inspect and obtain a copy your PHI. If you are denied access to your PHI, you will be informed as to the reasons for the denial, and, if applicable, of your right to request a review of the denial.

- **Right to Amend Your Personal Health Information.** If you feel that the PHI the Health Plans have about you is incorrect or incomplete, you may ask the Health Plans to amend it. You have the right to request an amendment of your PHI that the Health Plans maintain in a designated record set, for as long as the information is maintained in a designated record set.

To request an amendment, send a detailed request in writing to the Health Plans' Privacy Officer listed below under "Contact Information." You must provide the reason(s) to support your request and specify to which of the plan(s) covered by this Notice the request is made. The Health Plans may deny your request if you ask the Health Plans to amend PHI that is:

- Accurate and complete;

- Not created by the Health Plans;
- Not part of the Health Plans' designated record set; or
- Not PHI that you would be permitted to inspect and copy.

The Health Plans have 60 days after the request is received to act on the request. A single, 30-day extension is allowed if the Health Plans cannot comply by the initial deadline. If the request is denied, in whole or in part, the Health Plans will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" of your PHI. This is a list of disclosures of your PHI that the Health Plans have made to others for the six-year period prior to the request, except for those disclosures necessary to carry out treatment, payment or health care operations, disclosures previously made to you, or in certain other situations described under HIPAA.

To request an accounting of disclosures, you may submit your request in writing to the Health Plans' Privacy Officer listed below under "Contact Information." Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested, and specify to which of the plan(s) covered by this Notice the request is made. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Health Plans provide you with a written statement of the reasons for the delay and the date by when the accounting will be provided. If you request more than one accounting within a 12-month period, the Health Plans will charge a reasonable, cost-based fee for each subsequent accounting.

- **Right to Request Restrictions.** You have the right to request a restriction on the PHI that the Health Plans use or disclose about you for treatment, payment or health care operations. You also have the right to request that the Health Plans limit the individuals (for example, family members) to whom the Health Plans may disclose your health information. For example, you may request that the Health Plans not use or disclose information about a surgical procedure that you have had. While the Health Plans will consider your request, they are not required to agree to it. If the Health Plans agree to the restriction, they will comply with your request until such time as the Health Plans provide written notice to you of their intent to no longer agree to such restriction, or unless such disclosure is required by law.

To request a restriction or limitation, make your request in writing to the Health Plans' Privacy Officer listed below under "Contact Information." In your request, you must state:

- What information you want to limit;
- To which of the Health Plans covered by this Notice you are making the request;
- Whether you want to limit such plans' use, disclosure or both; and
- To whom you want the limit(s) to apply.

**Note:** The Health Plans are not required to agree to your request.

- **Right to Request Confidential Communications.** You have the right to request that the Health Plans communicate with you about health matters using alternative means or at alternative locations. For example, you may ask that the Health Plans send your explanation of benefits (“EOB”) forms about your benefit claims to a specified address. To request confidential communications, make your request in writing (specifying to which of the plan(s) covered by this Notice the request is made) to the Health Plans’ Privacy Officer listed below under “Contact Information.” The Health Plans will attempt to accommodate all reasonable requests. We must accommodate your reasonable request if you state that the disclosure of all or part of the PHI could endanger you. Your request must specify how or where you want to be contacted.
- **State Privacy Rights.** You may have additional privacy rights under state laws, to the extent such state laws are not preempted by applicable federal law.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. You may write to the Health Plans’ Privacy Officer listed below under “Contact Information.” to request a written copy of this Notice at any time.

This Notice is posted and available electronically on the Your Benefits Resources website, [www.BenefitsSupportCenter.com](http://www.BenefitsSupportCenter.com). You may also view and/or print a paper copy of the Notice from the website.

## Changes to this Privacy Notice

The Plan reserves the right to change this Notice at any time, and from time to time, and to make the revised or changed Notices effective for all PHI that the Health Plans already have about you, as well as any PHI that the Health Plans may receive in the future. The revised Notice will be posted on [www.BenefitsSupportCenter.com](http://www.BenefitsSupportCenter.com). Also, the revised Notice, or information about the change to the Notice and how to obtain the revised Notice, will either be provided to you in the same or similar manner as this Notice, or electronically if you have consented to receive the Notice electronically.

## Complaints

If you believe that your health information privacy rights as described under this Notice have been violated, you may file a written complaint with the Health Plans by contacting the person listed at the address under “Contact Information”. You may also file a written complaint by sending a letter to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F, Hubert Humphrey Building, Washington, D.C. 20201, or the appropriate Regional Office of the Office of Civil Rights or by calling 1.877.696.6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). The complaint should generally be filed within 180 days of when the act or omission complained of occurred.

**Note:** You will not be penalized or retaliated against for filing a complaint.

## Other uses and disclosures of health information

The Health Plans are required to receive your written authorization as a condition for:

- Any use or disclosure of your PHI for marketing purposes, except if the communication is in the form of face-to-face communications with you or a promotional gift of nominal value;
- Any use or disclosure of your PHI that is in the form of a sale of PHI; or
- Any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations, or as otherwise required by law.

Other uses and disclosures of PHI not covered by this Notice or by the laws that apply to the Health Plans will be made only with your written authorization.

If you authorize the Health Plans to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Health Plans will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Health Plans will not reverse any uses or disclosures already made in reliance on your prior authorization.

The Health Plans are prohibited from using or disclosing any of your PHI that is genetic information for underwriting purposes.

## Contact information

To receive more information about the Plan's privacy practices or your rights, or if you have any questions about this Notice, please contact the Health Plans' Privacy Officer at the following address:

Walgreens Health and Welfare Plan – HIPAA Privacy Officer  
102 Wilmot Road, MS# 122H  
Deerfield, IL 60015-5143  
**1.855.564.6153**

***Previous Effective Date of this Notice: January 1, 2016***

***Effective Date of this Updated Notice: June 1, 2022***

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