

Lockheed Martin Health Plans
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
NOTICE OF PRIVACY PRACTICES

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. This Notice is a revision to an earlier notice, and is effective April 15, 2020.

Health Information Privacy

This notice is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is intended to describe how the Lockheed Martin Health Plans¹ (Health Plans) protect your health information.

Protected health information (PHI) is information that is created, received or transmitted by the Health Plans, which may identify you, and that relates to your physical or mental health condition, your health care services, or payment for your health care services. Your PHI may not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal or state health information privacy laws.

Health Plan Privacy Obligations

The Health Plans are required by law to:

- Make sure health information that identifies you is kept private;
- Give you this notice of their legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice, and
- Notify you in the event there has been a breach of your unsecured PHI.

How the Health Plans May Use and Disclose Health Information About You

The Health Plans may use your 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 disclose your PHI to a health care provider that 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 (including providers that are health plan partners) 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 the Health Plans will pay. An example of subrogation would be if you are involved in an accident and the health plan seeks to recover from a third party.

¹ The Lockheed Martin Health Plans include: all group health Benefit Programs under the Lockheed Martin Corporation Master Welfare Benefit Plan, all group health Benefit Programs under the Lockheed Martin Corporation Master Retiree Welfare Benefit Plan, the Lockheed Martin Executive Physical Program, the Lockheed Martin Specialty Components Inc. Medical Plan, the Lockheed Martin Specialty Components Inc. Dental Assistance Plan, and the Health Reimbursement Arrangement for Certain Medicare Eligible Retirees of Lockheed Martin Corporation. All wellness and disease management programs and advocacy, advice, decision support and awareness services that are available through your Lockheed Martin-sponsored medical plan are considered to be part of the Health Plans.

- **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 plan participants receive the appropriate health benefits. For example, the Health Plans may use your PHI for case management, to refer individuals to disease management or wellness programs, for underwriting, premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, arranging for medical reviews, or performing 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 health information about participants and disclose it to Lockheed Martin in a non-identifiable, summary fashion so that Lockheed Martin can decide, for example, what types of coverage the Health Plans should provide. The Health Plans may also remove personal identifiers from health information that is disclosed to Lockheed Martin so that the health information that is used by Lockheed Martin does not identify the specific Health Plan participants. Group health plans (excluding an issuer of a long-term care policy) are prohibited from using or disclosing PHI that is genetic information for underwriting purposes. Thus, in the event a Health Plan uses or discloses PHI for underwriting purposes, the PHI used or disclosed for this purpose will not include genetic information.
- **To the Plan Sponsor.** The Health Plans are sponsored by Lockheed Martin. The Health Plans may disclose your PHI to designated personnel at Lockheed Martin so that they can carry out related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the individuals authorized to receive such information under the Health Plans. These individuals will 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, your health information: (1) may not be disclosed by the Health Plans to any other employee or department of Lockheed Martin, and (2) will not be used by Lockheed Martin for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by Lockheed Martin.
- **To a Business Associate.** Certain services are provided to the Health Plans by third-party administrators and health plan partners 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 claims payment functions. However, the Health Plans require their business associates, through written agreements, to appropriately safeguard your health information. Business associates are also directly required by law to safeguard your health information.
- **For Treatment Alternatives.** The Health Plans may use and disclose your PHI to tell you about possible treatment options or health care alternatives that may be of interest to you.
- **For Health-Related Benefits and Services.** The Health Plans may use and disclose your PHI to tell you about health-related benefits or services, including wellness programs, that may be of interest to you.
- **To Individuals Involved in Your Care or Payment of Your Care.** The Health Plans may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Health Plans may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death, unless other laws would prohibit such disclosures.
- **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, a subpoena, warrant, 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, to report child abuse, to identify or locate a suspect, material witness, or missing person, to report a crime, the crime's location, or the victims, or to identify the description, location of, or 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 Risks.** 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 to notify people of recalls of products they have been using.
- **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, 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.
- **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 Uses and Disclosures of Health Information

Except for those uses and disclosures described in the Notice as permitted or required, your PHI can only be used or disclosed by the Health Plans with your written permission. For example, in most cases, a Health Plan must obtain your authorization before it communicates with you about products or programs if the Health Plan is being paid (directly or indirectly) to make those communications. While the Health Plans do not expect to ever sell your PHI, it would never sell your PHI unless you have specifically authorized the Health Plan to do so. If the Health Plans keep psychotherapy notes in their records, in most cases the Health Plans will obtain your authorization before it would release those records.

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.

You will be notified as required by law in the event there has been a breach of your unsecured PHI.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information that the Health Plans maintain about you:

- **Right to Inspect and Copy Your Personal Health Information.** You have the right to inspect and copy your PHI that is maintained in a "designated record set" for so 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, but does not include psychotherapy notes, information intended for use in a civil, criminal or administrative proceeding, or information that is not used to make decisions about individuals.

The Health Plans may charge a fee for the cost of copying, mailing, or other supplies associated with your request. The Health Plans must act upon your written request for access no later than 30 days after receipt (60 days if the information is maintained off-site). 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 copy your PHI. Generally, if you are denied access to your health information, you will be informed as to the reasons for the denial, and of your right to request a review of the denial.

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

You must provide the reason(s) to support your request. The Health Plans may deny your request if you ask the Health Plans to amend health information that was: (1) accurate and complete; (2) not created by the Health Plans; (3) not part of the health information kept by or for the Health Plans; or (4) not information that you would be permitted to inspect and copy. The Health Plans have 60 days after the written 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, if permitted under HIPAA, 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 (6) 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, disclosures that occurred prior to April 14, 2003 (the HIPAA compliance date), or in certain other situations described under HIPAA.

Your written request must state a time period, which may not be longer than six (6) years prior to the date the accounting was requested. 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 health information 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 disclose health information about you. For example, you could ask that the Health Plans not use or disclose information about a surgical procedure that you 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, you must make a written request which states: (1) what information you want to limit; (2) whether you want to limit the Health Plans' use, disclosure, or both; and (3) to whom you want the limit(s) to apply. Note: the Health Plans are not required to agree to your request.

Any entity covered by the HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not to be disclosed to the Health Plans for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

- **Right to Request Confidential Communications.** You have the right to make a written request that the Health Plans communicate with you about health matters using alternative means or at alternative locations. For example, you can ask that the Health Plans send your explanation of benefits ("EOB") forms about your benefit claims to a specified address. The Health Plans will make every attempt to accommodate all reasonable requests.
- **State Privacy Rights.** You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice upon written request. This right applies even if you have previously agreed to accept this notice electronically.

Changes to this Privacy Notice

The Health Plans reserve the right to change this notice at any time and from time-to-time, and to make the revised or changed notice effective for health information that the Health Plans already have about you, as well as any information that the Health Plans may receive in the future. The revised HIPAA Privacy Notice or a notice of material change to the HIPAA Privacy Notice and information on how to obtain the revised notice will be posted on-line no later than the effective date of the material change. (Please see the Contact Information section below for information on how to access information on-line). Health Plan participants will also be provided the revised HIPAA Privacy Notice, or information about the material change and how to obtain the revised HIPAA Privacy Notice, in the next annual mailing to individuals covered by the Health Plans.

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 HIPAA Privacy Office at the address under "Contact Information." You may also file a written complaint directly with the Office for Civil Rights of the U.S. Department of Health and Human Services. 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.

Contact Information

A detailed request must be made in writing to receive more information about the Health Plans' privacy practices, your rights, this notice or to:

- inspect and copy health information maintained by the Health Plans;
- request an amendment to your Protected Health Information;
- request an accounting of disclosures;
- request a restriction or limitation;
- request confidential communications; or
- request a written copy of this notice.

Please direct all written requests to the following address:

Chief Privacy Officer
Lockheed Martin Corporation
6801 Rockledge Drive
Bethesda, Maryland 20817
E-mail requests may be submitted to: privacy.fc-lm@lmco.com

For your convenience, you can access the HIPAA Privacy Notice online via LMPeople at <https://lmpeople.lmco.com> on the LM Intranet, or <https://www.lmpeople.com> on the Internet. In the *Pay and Benefits* section, click on Benefits then *LM Employee Service Center*, select *Library*, select *Documents & Forms*, select *Helpful Resources*. Then click on *HIPAA Privacy Notice*.

Retirees can access the notice via <https://lmc.lifeatworkportal.com>. Enter your login ID and password. Select *Library*, select *Documents & Forms*, select *Helpful Resources*. Then click on *HIPAA Privacy Notice*.

This notice is also available by e-mail by contacting the HIPAA Privacy Office or sending an e-mail to: hipaa-lmc.fc-corp@lmco.com.

FOR GENERAL BENEFIT QUESTIONS:

Participants of:

Specialty Components Plans 800-737-9599
Customer Service Representatives are available Monday through Friday, 9 a.m. to 4 p.m., Eastern time, except on holidays.

COBRA Plans 800-482-4105
TDD for the hearing-impaired 866-599-3142
Customer Service Representatives are available Monday through Friday, 8 a.m. to 8 p.m., Eastern time, except on holidays.

All Other Health Plans
Lockheed Martin Employee Service Center 866-562-2363
TDD for the hearing-impaired 800-833-8334
Customer Service Representatives are available Monday through Friday, 8 a.m. to 8 p.m., Eastern time, except on holidays.