

**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.**

**Caterpillar Health Plans  
NOTICE OF PRIVACY PRACTICES**

**General Information About this Notice**

Caterpillar and its subsidiaries sponsor a number of health plans (Health Plans) and they continue their commitment to maintain the confidentiality of your private medical information. This notice describes the Health Plans' efforts to safeguard your Protected Health Information (PHI) from improper and unnecessary use and disclosure. ***The practices described in this notice apply only to PHI created or received by or on behalf of the Health Plans.*** The Health Plans are providing this notice to you now because federal law requires us to distribute summaries of the Health Plans' privacy practices and related legal duties, and your rights in connection with the use and disclosure of your Health Plan information. This summary is subject to the terms of

the Health Plans' written privacy policies.

**Please note:**

- This notice applies to participants in any of the following benefit programs offered under a company benefit plan (including such benefit programs offered to retirees): medical, prescription drug, dental, vision, employee assistance program, health flexible spending account and health reimbursement arrangement ("HRA"). Such benefit programs are referred to as Health Plans.
- The practices described in this notice do not apply to uses and disclosures of your PHI by fully insured HMOs or insurance companies that provide benefits under a Health Plan. If you participate in an insured benefit option, you will receive another notice from your health insurance issuer.

In this notice, references to actions by or obligations of the Health Plans include employees of the company who perform Health Plan functions. The Health Plans are bound by the terms of the policies described in this notice. Also, third parties that perform services for the Health Plans may have access to, use and/or disclose your health information, and they are subject to either the Health Plans' privacy policies or other policies designed to protect your health information.

**CONTACT INFORMATION**

If you have questions about this notice or if you would like a paper copy, please contact:

HIPAA Privacy Officer  
Caterpillar Inc.  
100 NE Adams Street  
Peoria, Illinois 61629  
(309) 675-6199

**What is Protected?**

Federal law requires the Health Plans to have special policies for safeguarding PHI that is received or created in the course of administering the Health Plans. PHI is health information (including genetic information) that can be used to identify you and that relates to:

- your physical or mental health condition;
- the provision of health care to you; or
- payment for your health care.

Examples of PHI include your medical and dental records, your benefit claims, and the Explanation of Benefits ("EOB") sent in connection with your claims.

PHI does *not* include health information obtained by the company in another way – for example, if you are hurt in a work accident, if you provide medical records with your request for Family and Medical Leave Act (FMLA) absence, or if you submit a claim for a non-Health Plan benefit (such as disability).

**Health Plan Uses and Disclosures of Your PHI**

To protect the privacy of your PHI, the Health Plans not only guard the physical security of your PHI, but also limit the way your PHI is used or disclosed to others. The Health Plans may use or disclose your PHI in certain permissible ways, including the uses and disclosures described below. To the extent required by federal

health information privacy law, only the minimum amount of your PHI necessary to perform these tasks will be used or disclosed.

- *To determine proper payment of your Health Plan benefit claims.* The Health Plans use and disclose your PHI to reimburse you or your health care providers for covered treatments and services. For example, your diagnosis information may be used to determine whether a specific procedure is medically necessary or to reimburse your doctor for your medical care.
- *For the administration and operation of the Health Plans.* The Health Plans use and disclose your PHI for numerous administrative and quality control functions necessary for their proper operation. For example, the Health Plans may use your claims information for provider fraud and abuse detection activities or to conduct data analyses of benefit utilization.
- To inform you or your health care provider about treatment alternatives or other health-related benefits that may be offered under a Health Plan. For example, the Health Plans may use your claims data to alert you to an available case management program if you become pregnant or are diagnosed with a chronic condition.
- *To a family member, friend, or other person involved in your health care* if you do not object to the sharing of your PHI, or in the event of an emergency to the extent such persons are involved in your health care.
- *To a health care provider if needed for your treatment.* For example, the Health Plans may disclose your prescription information to a pharmacist regarding a drug interaction concern.
- *To another health plan to determine proper payment of your claim under the other plan.* For example, the Health Plans may exchange your PHI with your spouse's health plan for coordination of benefits purposes.
- *To another health plan for certain administration and operations purposes.* The Health Plans may share your PHI with a non-company health plan or a health care provider that has a relationship with you for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes.
- *To the company in limited circumstances.* The Health Plans may provide summary or de-identified health information to the company for it to use to make Health Plan design decisions. In addition, a Health Plan may disclose information to the company on whether an individual is participating in the Health Plan, or information about enrollment or disenrollment in a Health Plan.
- *To comply with an applicable federal, state, or local law, including workers' compensation* or similar programs.
- *To the U.S. Department of Health and Human Services* to demonstrate the Health Plans' compliance with federal health information privacy law.
- *For purposes of public safety or national security.*
- *For public health reasons.* The Health Plans may disclose your PHI to a public health authority for the prevention or control of disease, injury, or disability; to a proper government or health authority to report child abuse or neglect; to report reactions to medications or problems with products regulated by the Food and Drug Administration; to notify individuals of recalls of medication or products they may be using; or to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition.
- *To comply with health oversight activities,* such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services.
- *To report a suspected case of abuse, neglect or domestic violence,* as permitted or required by applicable law.
- *To respond to an order of a court or administrative tribunal.*
- *To respond to a subpoena, warrant, summons or other legal request* if sufficient safeguards, such as a protective order, have been sought to maintain your PHI privacy.
- *To a law enforcement official* for a law enforcement purpose.
- *To allow a coroner or medical examiner to identify you or determine your cause of death.*
- *To allow a funeral director* to carry out his or her duties.
- *To respond to a request by military command authorities* if you are or were a member of the armed forces.

Certain company employees may access your PHI to perform administrative functions on behalf of the Health Plans. Absent your written permission, however, your PHI will be used or disclosed only as described above. Such employees will not access your PHI for reasons unrelated to Health Plan administration or design, and **will not use your PHI for any employment-related reason** without your express written authorization.

In no event will the Health Plans use or disclose PHI that is genetic information for underwriting purposes. In addition to rating and pricing a group insurance policy, this means the Health Plans may not use genetic information (including that requested or collected in a health risk assessment or wellness program) for setting deductibles or other cost sharing mechanisms, determining premiums or other contribution amounts, or applying preexisting condition exclusions.

State law may further limit the permissible ways the Health Plans use or disclose your PHI. If your state of residence imposes stricter requirements on the Health

Plans, the Health Plans' privacy practices will comply with applicable state law.

### **Authorization Required for Other Uses and Disclosures**

Before the Health Plans can use or disclose your PHI for any other purpose, they must obtain your written authorization. This includes disclosures of PHI containing psychotherapy notes (except as necessary for the Health Plans' treatment, payment and healthcare operating purposes), for many marketing purposes and for any sale of your PHI, each as defined under HIPAA regulations. You may revoke your authorization, in

writing, at any time. If you revoke your authorization, the Health Plans will no longer use or disclose your PHI, except as described above (or as permitted by any other authorizations that have not been revoked). However, please understand that the Health Plans cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

### **Your Rights**

Federal law provides you with certain rights regarding your PHI. Parents of minor children and other individuals with legal authority to make health decisions for a Health Plan participant may exercise these rights on behalf of the participant, consistent with state law. The Health Plans have created standardized forms to help you to exercise the rights described below.

**To exercise these rights**, you should use the appropriate request form available upon request at <http://www.cathealthbenefits.com/> or from:

HIPAA Privacy Officer  
Caterpillar Inc.  
100 NE Adams Street  
Peoria, Illinois 61629  
(309) 675-6199

**Right to request restrictions:** You have the right to request a restriction or limitation on the Health Plans' paid use or disclosure of your PHI. For example, you may ask us to limit the scope of your PHI disclosures to a case manager who is assigned to you for purposes of recommending care alternatives for a chronic condition. Because the Health Plans use your PHI only as necessary to pay Health Plan benefits, to administer the Health Plans, and to comply with the law, it may not be possible to agree to your request. The Health Plans are not required to agree to your request for restriction. However, if the Health Plans do agree to your requested restriction or limitation, the restriction will be honored until you agree to terminate the restriction or until the Health Plans notify you that the Health Plans are terminating the restriction on a going-forward basis.

When making such a request, you must specify:

- the PHI you want to limit;
- how you want the Health Plans to limit the use, disclosure, or both of that PHI; and
- to whom you want the restrictions to apply.

**Right to receive confidential communications:** You have the right to request that the Health Plans communicate with you about your PHI at an alternative address or by alternative means if you believe that communication through normal methods could endanger you. For example, you may request that the Health Plans contact you only at work and not at home.

Your request for confidential communications must be in writing. The Health Plans will accommodate all reasonable requests if you clearly state that you are requesting the confidential communication because you feel that disclosure in another way could endanger your safety. Your request must specify how or where you wish to be contacted.

**Right to inspect and copy your PHI:** You have the right to inspect and copy your PHI that is contained in records that the Health Plans maintain for enrollment, payment, claims determination, or case or medical management activities, or otherwise used to make Health Plan decisions about you.

However, the Health Plans will not give you access to PHI records created in anticipation of a civil, criminal or administrative action or proceeding. The Health Plans will also deny your request to inspect and copy your PHI if a licensed health care professional hired by the Health Plans has determined that giving you the requested access is reasonably likely to endanger the life or physical safety of you or another individual, or to cause substantial harm to you or another individual, or that the record makes references to another person (other than a health care provider) and that the requested access would likely cause substantial harm to the other person.

In the unlikely event that your request to inspect or copy your PHI is denied, you may have that decision reviewed. A different licensed health care professional chosen by the Health Plans will review the request and denial, and the Health Plans will comply with the health care professional's decision.

Your request for access must be in writing. You may be charged a fee to cover the costs of copying, mailing, or other expenses directly associated with your request. You will be notified of any costs before you are charged.

**Right to amend your PHI:** You have the right to request an amendment of your PHI if you believe the information the Health Plans have about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Health Plans. The Health Plans will correct any mistakes if the Health Plans created the PHI or if the person or entity that originally created the PHI is no longer available to make the amendment.

Your request for amendment must be in writing. Be sure to include evidence to support your request because the Health Plans cannot amend PHI that the Health Plans believe to be accurate and complete.

**Right to receive an accounting of disclosures of PHI:** You have the right to request a list of certain disclosures of your PHI by the Health Plans. The accounting will not include:

- disclosures necessary for treatment, to determine proper payment of benefits or to operate the Health Plans;
- disclosures of your own PHI that the Health Plans make to you;
- disclosures permitted by your authorization;
- disclosures to friends or family members involved in your health care as described above;
- disclosures for national security or law enforcement purposes;
- disclosures made more than six years before your request; or
- disclosures that are part of a limited data set.

Your first request for an accounting within a 12-month period will be free. The Health Plan may charge you for costs associated with providing you additional accountings. You will be notified of the costs involved,

and you may choose to withdraw or modify your request before you are charged.

When making a request for an accounting, you must specify

- the time period for the accounting; and
- the form (e.g., electronic, paper) in which you would like the accounting.

**Right to Receive Notification of Breaches.** The Health Plan must notify you within 60 days of discovery of a breach. A breach occurs if unsecured PHI is acquired, used or disclosed in a manner that is impermissible under the Privacy Rules, unless there is a low probability that the PHI has been compromised.

**Right to file a complaint:** If you believe your rights have been violated, you should let the Health Plan know immediately. Steps will be taken to remedy any violations of the Health Plans' privacy policy or of this notice.

You may file a formal complaint with the Health Plans Privacy Officer at the address at the bottom of the page. You may also file a complaint with the United States Department of Health and Human Services. To find out how to file such a complaint, refer to the following:

**U.S. Department of Health and Human Services**

**[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)**

You should attach any documents or evidence that supports your belief that your privacy rights have been violated. Your complaints are taken very seriously. **The Company prohibits retaliation against any person for filing such a complaint.**

### **Additional Information About This Notice**

**Changes to this notice:** The Health Plans reserve the right to change the Health Plans' privacy practices as described in this notice. Any change may affect the use and disclosure of your PHI already maintained by the Health Plans, as well as any of your PHI that the Health Plans may receive or create in the future. If there is a material change to the terms of this notice, you will automatically receive a revised notice.

**No guarantee of employment:** This notice does not create any right to employment for any individual, nor does it change the company's right to discharge any of its employees at any time, with or without cause or consistent with the terms of an applicable collective bargaining agreement.

**Health Plan provisions:** This notice explains your privacy rights as a current or former Health Plan participant. The Health Plans are bound by the terms of this notice as they relate to the privacy of your protected health information. Remember, this notice does not change the benefits offered by the health plan. You should refer to the Health Plan documents for additional information regarding your Health Plan benefits. This notice in no way changes the Health Plan provisions allowing the Company to discontinue or change the plans in the future.

**TO FILE A COMPLAINT, ASK QUESTIONS, OR OBTAIN A COPY OF THIS NOTICE, PLEASE CONTACT:**

HIPAA Privacy Officer  
Caterpillar Inc.  
100 NE Adams Street  
Peoria, Illinois 61629

(309) 675-6199

The current notice is also available at <https://benefits.cat.com/>.



## Notice of Nondiscrimination

The Caterpillar healthcare plans comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Caterpillar healthcare plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Caterpillar healthcare plans:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Caterpillar Benefits Center at Aon Hewitt at 1-877-228-4010.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Arabic

قمر تصل برقم 1-877-228-4010 (ن) افر لك بالمجال اللغوية تتوة المساعدة ا خدما فإ، للغة اكر ث اذ كنت تتحد اذاة: ظلمحو  
لكم: وا. (711 لصم اتف هـ)

## Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-877-228-4010 (TTY (հեռատիպ)՝ 711):

## Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-228-4010 (TTY：711)。

## Farsi

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با  
1-877-228-4010 (TTY: 711) تماس بگیرید.

## French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-228-4010 (ATS : 711).

## French-Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-228-4010 (TTY: 711).

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-228-4010 (TTY: 711).

## Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-228-4010 (TTY: 711).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-228-4010 (TTY: 711) पर कॉल करें।

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-228-4010 (TTY: 711).

## Italian

Effective: January 1, 2017

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-228-4010 (TTY: 711).

### **Japanese**

**注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。1-877-228-4010 (TTY:711) まで、お電話にてご連絡ください。

### **Korean**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-228-4010 (TTY: 711) 번으로 전화해 주십시오.

### **Polish**

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-228-4010 (TTY: 711).

### **Portuguese**

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-228-4010 (TTY: 711).

### **Russian**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-228-4010 (телетайп: 711).

### **Spanish**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-228-4010 (TTY: 711).

### **Tagalog**

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-228-4010 (TTY: 711).

### **Vietnamese**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-228-4010 (TTY: 711).