HIPAA Notice of Privacy Practices for Protected Health Information

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 is your Health Information Privacy Notice from the Corteva Agriscience™ Health Plans (the “Health Plans”). For this purpose, the Health Plans include:

- Medical Plan and the Retiree Medical Program
- Dental Plan and the Retiree Dental Plan
- Limited Purpose Health Care Spending Account Plan
- Vision Plan

This notice describes how the Health Plans protect the personal health information we have about you (“Protected Health Information” or “PHI”), and how we may use and disclose this information. PHI includes individually identifiable information that relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the PHI and how you can exercise those rights. Corteva Agriscience strongly believes in protecting the confidentiality and security of information the Health Plans collect about you.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (“HIPAA”). HIPAA distinguishes between individuals acting on behalf of the Corteva Agriscience Health Plans and individuals acting on behalf of Corteva Agriscience as your employer. Generally, in this notice “we” and “our” mean the Health Plans, and people acting on behalf of the Health Plans.
The Corteva Agriscience Health Plans are required by law to:

- maintain the privacy of your PHI;
- provide you this notice of our legal duties and privacy practices with respect to your PHI;
- follow the terms of this notice; and
- notify you in the event of a breach of PHI, as required by HIPAA.

We protect your PHI from inappropriate use or disclosure. Corteva Agriscience employees working on behalf of the Health Plans, and the companies that help us run the Health Plans, are required to comply with requirements to protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer the plans.

The main reasons for which we may use and may disclose your PHI are to evaluate and process any requests for coverage and claims for benefits. The following describes these and other uses and disclosures, together with some examples.

- **For Health Care Operations:** We may use and disclose PHI for operation of the Health Plans. For example, we may disclose PHI to Health Plan suppliers, if they need to receive PHI to provide a service to us and agree to abide by HIPAA rules relating to the protection of PHI. These services may include activities relating to enrollment, disease management, vendor audits, and underwriting. However, we will not use or disclose PHI that is genetic information for underwriting purposes. Health care operations services may also include programs to educate you and your family about your health, the Health Plans, and costs under the Health Plans.

- **For Payment:** We may use and disclose PHI to pay for benefits under the Health Plans. For example, we may use or disclose PHI to a Health Plan supplier (such as Aetna) for various payment-related functions, such as eligibility and claim determinations, precertification, coordination of benefits with other plans, and assisting you with your inquiries or disputes.

- **For Treatment:** We may use and disclose PHI for purposes of treatment. For example, we may disclose PHI to your physician to assist with a decision that you and your physician are making about your care.

- **Where Required by Law or for Public Health Activities:** We may use and disclose PHI when required by federal, state or local law. Examples of such disclosures include notifying state or local health authorities regarding abuse, neglect or domestic violence, complying with Workers’ Compensation rules, providing PHI to a governmental agency or regulator with health care oversight responsibilities, or addressing certain public health matters. We may also release PHI in connection with organ, eye or tissue donation, or to a coroner, medical examiner or funeral director to assist in identifying a deceased individual, to determine the cause of death, or to assist in their duties.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI to avert a serious threat to someone’s health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.

- **For Law Enforcement or Specific Government Functions:** We may use and disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process or if certain other standards are met. We may disclose PHI about you to federal officials for
intelligence, counterintelligence, and other national security activities authorized by law.

• **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate is involved in a lawsuit or a dispute, we may use and disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by you or by someone else involved in the dispute if appropriate efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

• **For Health-Related Benefits or Services:** We may use and disclose PHI to provide you with information about treatment alternatives or benefits available to you under your current coverage and, in limited situations, about health-related products or services that may be of interest to you. (If it would ever occur that the provider of these products or services would receive payment for a service not offered under the plan, you will be offered the opportunity to elect out of these communications.)

• **For Research:** Subject to applicable protocols to protect your privacy, the Health Plans may use and disclose PHI for research purposes.

• **Specified Situations:** Except as HIPAA narrowly provides, your authorization will also be required for the use or disclosure of Protected Health Information for marketing purposes, for the sale of Protected Health Information, and for uses and disclosures of psychotherapy notes, if any, maintained by the Health Plans.

• **To Corteva Agriscience as Plan Sponsor, or to Other Participating Employers:** The Health Plans may also disclose PHI to Corteva Agriscience, the sponsor of the Health Plans, or to the other participating employers for health plan payment and operation purposes. At no time will the Health Plans disclose information to Corteva Agriscience or any other employer for employment-related actions or decisions.

• **Other Uses of PHI:** Uses and disclosures of PHI not described in this notice will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization. You should understand that we will not be able to take back any disclosures we have already made based on your authorization.

Your Rights Regarding PHI the Health Plans Maintain About You

The following are your rights as a consumer under HIPAA concerning your PHI. Some of your PHI is maintained at Corteva Agriscience, but most is maintained at our Health Plan suppliers and other business associates.

• **Right to Inspect and Copy Your PHI:** In most cases, you have the right to inspect and obtain a copy of the PHI that the Health Plans maintain about you. To inspect and copy PHI, you must submit your request in writing to the HIPAA Privacy Official. Alternatively, you may wish to contact the specific Health Plan supplier, just as you normally would. We will accommodate a request by you to receive information that we maintain electronically in a particular form to the extent that we can readily produce the information in that form. You may also request the information to be sent to another person in a clear, written, signed statement. Some of the Health Plan suppliers have websites where you can view information about your claims. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed.
• **Right to Amend Your PHI:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

  is accurate and complete;

  was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;

  is not part of the PHI kept by or for us; or

  is not part of the PHI which you would be permitted to inspect and copy.

• **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of PHI about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. Certain other exceptions apply. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you if you make a request more than once a year. We will notify you of the cost involved and you may choose to withdraw or change your request.

• **Right to Request Restrictions:** You have the right to ask us to restrict or limit PHI we use or disclose about you for treatment, payment or health care operations, or to restrict what we disclose to someone involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it, except in cases where the PHI relates solely to a health care item or service for which you, or someone acting on your behalf, has paid in full. If we do agree to it, we will comply with your request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

• **Right to Request Confidential Communications:** You have the right to ask us to communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we contact you only at work or by mail. We will accommodate reasonable requests.

• **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Privacy Official or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.
Additional Information

Changes to This Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. The effective date of this notice is on the last page, on the bottom left-hand corner of the notice. You will receive a copy of any revised notice.

Contacts: If you wish to exercise any of your rights described in this Notice, or want additional information regarding our HIPAA Medical Information Privacy Policy or Corteva Agriscience’s general privacy policies, contact Kai Cole, HIPAA Privacy Official, at 302-485-3124, P.O. Box 30649, CRP 735/2160-8, Wilmington, Delaware, 19805. You may have additional rights under other applicable laws.

No Guarantee of Employment: Nothing contained in this Notice shall be construed as a contract of employment between Corteva Agriscience or any other employer participating in the Health Plans and any employee, nor as a right of any employee to be continued in the employment of his or her employer, nor as a limitation of the right of Corteva Agriscience or any other participating employer to discharge any of its employees, with or without cause.

No Change to Plans: Except for the privacy rights described in this Notice, nothing contained in this Notice shall be construed to change any rights or obligations you may have under the Health Plans. You should refer to the Health Plan documents for complete information regarding any rights or obligations you may have under the Health Plans.

Rev. June 1, 2019

Copyright ©2019 Corteva Agriscience™. All rights reserved.