

**OLIN HEALTH AND WELFARE PLANS
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

Olin sponsors a number of health and welfare plans for its employees and retirees. This Notice of Privacy Practices applies to the following benefit programs: medical, dental, flexible spending accounts, vision and prescription drug programs. These benefit programs are known as “Organized Health Care Arrangements,” or OHCA. In this Notice these benefit programs will be referred to collectively as the “Plan.”

Olin is committed to the privacy of participants’ personally identifiable health information, known as “protected health information” (PHI). This Notice describes how the Plan may use and disclose your PHI, and sets out our legal obligations concerning your PHI. The Notice also describes your rights to control and access your protected health information. We are required by law to take reasonable steps to maintain the privacy of your PHI; to provide you this detailed Notice of our legal duties and privacy practices relating to your PHI; and to abide by the terms of the Notice that is currently in effect.

This Notice will tell you about how we may use and disclose your PHI. Your personal doctor or health care provider may have different policies, and you may receive a separate notice regarding your health care providers’ use and disclosure of health information.

I. HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The Plan, or third parties that assist in the administration of Plan claims, will use and disclose your PHI to carry out **treatment, payment, and health care operations**, as described further below. The Plan also may disclose PHI to appropriate Olin benefits/human resources personnel for treatment, payment, and healthcare operations, to the extent the company is involved in administering the Plan.

For Treatment. Treatment is the provision, coordination or management of health care and related services. The Plan will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to providers involved in your care.

- For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated because of your prior prescriptions.

For Payment. Payment includes actions to make coverage determinations and payment (such as claims management, subrogation, billing, plan reimbursement, reviews for medical necessity, utilization review and preauthorizations).

- For example, the Plan may tell your physician whether you are eligible for coverage, or may share your information with a utilization review or precertification service provider. We may also share your information with another health plan to coordinate payment of benefits.

For Health Care Operations. The Plan may use and disclose your health information as necessary for the operation of the Plan, such as quality assessment, reviewing the competence of health care professionals, premium rating, underwriting, management, and business planning. Health care operations also includes disease management, case management, conducting or arranging for medical review, and legal services and auditing functions.

- For example, the Plan may use information about your claims in order to audit the accuracy of a third party administrator's claims processing functions.

II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various other ways in which we may use or disclose your health information.

To Other Covered Entities. The Plan may disclose your protected health information to health care providers to assist with their treatment and payment activities, or to other health plans for certain health care operations purposes such as coordination of benefits activities.

Business Associates. The Plan contracts with service providers – called “Business Associates” – to perform functions on behalf of the Plan. For example, the Plan may contract with a company to perform the administrative services necessary to pay your medical claims. The Plan may disclose your PHI to these service providers in order to allow them to perform these functions, but only after the service provider has agreed in writing to protect the privacy of your information.

Organized Health Care Arrangement. Olin sponsors a number of different health and benefit plans for employees and retirees. These plans are collectively known as an “Organized Health Care Arrangement.” These plans may disclose your information amongst themselves for joint health care operations. For example, the Plan may combine information from all the health plans for purposes of performing data analysis.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, the Plan may disclose health information about you to a family member, close personal friend or other person you identify who is involved in your care. The Plan may also disclose health information to an entity participating in disaster relief efforts to help notify your family about your location, general condition or status. If you are unable to agree to these disclosures due to emergency circumstances or because you are not present at the time, the Plan may then determine, using professional judgment, that disclosure is in your best interest.

As Required By Law. The Plan may use or disclose your health information when required by law to do so.

Public Health Activities. The Plan may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting reactions to medications or problems with products; child abuse or neglect or reporting births and deaths.

Reporting Victims of Abuse, Neglect or Domestic Violence. The Plan may disclose your health information when reasonable cause exists to believe that you may be a victim of abuse or

domestic violence, and if the disclosure is authorized by law. If such a disclosure is made, the Plan will promptly inform you, unless informing you would cause a risk of serious harm. For the purposes of reporting child abuse or neglect, it is not necessary to inform the minor that a disclosure has been made; disclosure generally may be made to the minor's parents or other representatives, although there may be circumstances where parents may not be given access to the minor's health information.

Health Oversight Activities. The Plan may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, and when consistent with standards of ethical conduct, the Plan may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

Judicial and Administrative Proceedings. The Plan may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met. These conditions include making efforts to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. The Plan may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

Research. The Plan may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. The Plan may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Workers' Compensation. The Plan may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

Treatment Alternatives and Health-Related Benefits and Services. The Plan or its third party administrators may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

Disclosures to You. The Plan is required to provide you with access to most of your PHI when you request access to this information.

III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as described in this Notice, the Plan will use and disclose your health information only with your written Authorization. Any Authorization allowing the Plan to make uses or disclosures must specify the particular uses or disclosures that you will allow, and the permitted recipients of the information. You may revoke an Authorization in writing at any time. If you revoke an Authorization, the Plan will no longer use or disclose your health information for the purposes covered by that Authorization, except where the Plan has already relied on the Authorization.

In addition, your Authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist, although the Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. You may exercise these rights by submitting a written request to the Plan, which may be forwarded to the third party administrator responsible for administering the health plan in which you are enrolled. Each of these rights is subject to certain requirements, limitations and exceptions. At your request, the Plan will supply you with the appropriate form to complete. You have the right to:

Request Restrictions. You have the right to request restrictions on use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request restrictions on the health information the Plan discloses about you to a family member, friend or other person who is involved in your care or the payment for your care.

The Plan is not required to agree to your requested restriction (except that if you are competent you may restrict disclosures to family members or friends). If the Plan does agree to accept your requested restriction, it will comply with your request except as needed to provide you emergency treatment.

Access to PHI. You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. In most cases the Plan may charge a reasonable fee for our costs in copying and mailing your requested information.

The Plan may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, you will receive a written denial setting forth the basis for the denial, a description of any review rights, and a description of how you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

Request Amendment. You have the right to request amendment of your health information maintained by the Plan for as long as the information is kept by or for the Plan. Your request must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by the Plan, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for the Plan; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Plan. If the Plan denies your request for amendment, it will give you a written denial that explains the basis for the denial. You or your personal representative may then submit a written

statement disagreeing with the denial, and have that statement included with any future disclosures of your health information.

Request an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by the Plan or by others on our behalf, but this does not include disclosures for treatment, payment and health care operations, disclosures made pursuant to an Authorization signed by you, or certain other exceptions.

To request an accounting of disclosures, you must submit a request stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, the Plan may charge a cost-based fee.

Request Confidential Communications. If you believe that disclosure of all or part of your health information may endanger you, you have the right to request that the Plan communicate with you concerning your health matters in a certain manner, such as through alternative means or at alternative locations. For example, you may request that all communications about you be sent to your work address. Your request must state that disclosure could endanger you without these measures. The Plan will accommodate your reasonable requests.

Request a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice at our website, www.olin.com.

Contact Person. In order to exercise any of the above rights, please contact the Olin Privacy Officer who will forward the appropriate forms to you, and answer any further questions. Note that since Olin does not maintain health claims information about you, most of the above requests will be forwarded to the third party administrator for the health plan in which you are enrolled.

A note about Personal Representatives:

You may exercise any of the rights described above through a personal representative. Except for parents acting on behalf of minor children, your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your health information or allowed to take any action for you.

State Privacy Rights. You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, information related to pregnancy, communicable diseases, HIV/AIDS-related illnesses, substance abuse treatment and genetic information, and the health treatment of minors.

V. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information about your privacy rights, please contact the Plan’s Privacy Officer..

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Plan or with the Office of Civil Rights in the U.S. Department of Health and Human Services. The Plan will not retaliate against you if you file a complaint.

To file a complaint with the Plan, contact the Privacy Officer at Olin Corporate Headquarters in Clayton, MO.

VI. CHANGES TO THIS NOTICE

The Plan reserves the right to change this Notice and to make revised or new Notice provisions effective for all health information already received and maintained by the Plan as well as for all health information it receives in the future. The Plan will provide a copy of the revised Notice upon request. If the changes in the notice are material, the Plan will distribute a copy of the revised Notice to all current participants.

VII. CONCLUSION

Use and disclosure of health information by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find the HIPAA regulations at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize these regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>
<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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;
- Prostheses; 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 health plan in which you enroll.

If you would like more information on WHCRA benefits, call your Plan Administrator.
