

Important Notice to Employees from Activision Blizzard About Creditable Prescription Drug Coverage and Medicare January 1, 2017

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Activision Blizzard medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2017. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2017 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Activision Blizzard and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by an Activision Blizzard prescription drug plan, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2017. This is called creditable coverage. Coverage under these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Activision Blizzard plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Activision Blizzard coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Activision Blizzard plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Activision Blizzard and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Activision Blizzard coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Activision Blizzard
Benefits Department
3100 Ocean Park Blvd.
Santa Monica, CA 90405
310-255-2000
www.myabliflife.com

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Activision Blizzard's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Activision Blizzard will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Activision Blizzard group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Women's Health and Cancer Rights Act Notice

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 this plan. Therefore, the following deductibles and coinsurance apply:

AB Medical Plan	Calendar Year Deductible	Coinsurance
In-Network	None	100%
PPO 500	In-network: \$500 individual / \$1,000 family Out-of-network: \$1,000 individual / \$2,000 family	In-network: 90% Out-of-network: 70%
CDHP	In-network: \$1,500 individual / \$3,000 family Out-of-network: \$4,000 individual / \$8,000 family	In-network: 80% Out-of-network: 50%
Kaiser	None	None

If you would like more information on WHCRA benefits, call your plan administrator at 310-255-2000.

Newborns’ and Mothers’ Health Protection Act Notice

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 you would like more information on maternity benefits, call your plan administrator at 310-255-2000.

CHIP/MEDICAID NOTICE

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 Activision Blizzard, 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 Activision Blizzard plan, Activision Blizzard must allow you to enroll in your Activision Blizzard 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 Activision Blizzard health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

ALASKA – Medicaid	INDIANA – Medicaid
<p>The AK Health Insurance Premium Payment Program</p> <p>Website: http://myakhipp.com/</p> <p>Phone: 1-866-251-4861</p> <p>Email: CustomerService@MyAKHIPP.com</p> <p>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: http://www.hip.in.gov</p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: http://www.indianamedicaid.com</p> <p>Phone 1-800-403-0864</p>
ARKANSAS	IOWA – Medicaid
<p>Website: http://myarhipp.com/</p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: http://www.dhs.state.ia.us/hipp/</p> <p>Phone: 1-888-346-9562</p>
COLORADO – Medicaid	KANSAS – Medicaid
<p>Medicaid Website: http://www.colorado.gov/hcpf</p> <p>Medicaid Customer Contact Center: 1-800-221-3943</p>	<p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-785-296-3512</p>
FLORIDA – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Website: http://flmedicaidprecovery.com/hipp/</p> <p>Phone: 1-877-357-3268</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
KENTUCKY – Medicaid	NEW YORK – Medicaid
<p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p>Website: http://www.nyhealth.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
LOUISIANA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</p> <p>Phone: 1-888-695-2447</p>	<p>Website: http://www.ncdhhs.gov/dma</p> <p>Phone: 919-855-4100</p>

<p style="text-align: center;">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p>	<p style="text-align: center;">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalse rv/medicaid/</p> <p>Phone: 1-844-854-4825</p>
<p style="text-align: center;">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth</p> <p>Phone: 1-800-462-1120</p>	<p style="text-align: center;">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>
<p style="text-align: center;">MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/ma/</p> <p>Phone: 1-800-657-3739</p>	<p style="text-align: center;">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html</p> <p>Phone: 1-800-699-9075</p>
<p style="text-align: center;">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hip p.htm</p> <p>Phone: 573-751-2005</p>	<p style="text-align: center;">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/hipp</p> <p>Phone: 1-800-692-7462</p>
<p style="text-align: center;">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcare Programs/HIPP</p> <p>Phone: 1-800-694-3084</p>	<p style="text-align: center;">RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/</p> <p>Phone: 401-462-5300</p>
<p style="text-align: center;">NEBRASKA – Medicaid</p> <p>Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</p> <p>Phone: 1-855-632-7633</p>	<p style="text-align: center;">SOUTH CAROLINA – Medicaid</p> <p>Website: http://www.scdhhs.gov</p> <p>Phone: 1-888-549-0820</p>
<p style="text-align: center;">NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/</p> <p>Medicaid Phone: 1-800-992-0900</p>	<p style="text-align: center;">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov</p> <p>Phone: 1-888-828-0059</p>

<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>	<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p> <p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</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">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>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

Physician Designation Notice

The Kaiser HMO Plan generally requires the designation of a primary care provider. 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. Until you make this designation, Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser at 800-464-4000 or www.kaiserpermanente.org.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser 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, contact the Kaiser at 800-464-4000 or www.kaiserpermanente.org.

HIPAA Notice of Privacy Practices

Amended and Restated Effective September 23, 2013

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.

Background

The Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act (HIPAA) and the implementing regulations govern group health plans use and disclosure of protected health information. HIPAA requires group health plans to maintain the privacy of your personally identifiable protected health information. In general terms, protected health information or “PHI” is health information that contains information like a name or social security number that reveals who the person is. In more detail, PHI means information that is created or received by a covered entity, including a “group health plan” and relates to a past, present or future physical or mental health or condition (including genetic information); the provision of health care; or the past, present or future payment for the provision of health care; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual.

Activision Blizzard (the “Company”) sponsors and maintains the Activision Blizzard Health and Welfare Benefits Plan and the Company’s flex spending account plan, which contain components that meet the definition of “group health plan” under HIPAA. These include medical, pharmacy, dental, vision, and EAP benefits and the health care spending account (these are referred to in this Notice as the “Health Plan”). Certain components of the Health Plan are self-funded and other are provided through an HMO or insurance contract. Individuals receiving Health Plan benefits through an HMO or insurance contract should receive a notice of privacy practices directly from the appropriate HMO or insurance company.

The Notice informs you about (i) the Health Plan’s uses and disclosures of PHI; (ii) your individual rights with respect to your PHI; and (iii) the Health Plan’s legal duties with respect to your PHI, including its duty to safeguard your PHI and notify you of any breach of unsecured PHI. This Notice applies to the PHI the Health Plan maintains, uses or discloses and the Health Plan is required to abide by the terms of this Notice. Again, your HMO, personal doctor, health care provider or insurance company may have different policies or notices regarding use and disclosure of your PHI.

NOTICE OF PHI USES AND DISCLOSURES

HOW THE HEALTH PLAN MAY USE AND DISCLOSE YOUR PHI

The Health Plan and its properly authorized business associates are required to disclose PHI to you (upon your request) and to the Secretary of Health and Human Services when the Secretary is investigating our compliance with HIPAA. We will also use and disclose PHI as we are permitted to by HIPAA. When using or disclosing PHI or when requesting PHI from another covered entity, we will make reasonable efforts to use, disclose or request the “minimum necessary” to accomplish the purpose. However, the “minimum necessary” standard does not apply to the following: (i) uses or disclosures made to you; (ii) uses or disclosures made

pursuant an authorization; (iii) disclosures made to the Secretary of Health and Human Services; (iv) uses or disclosures required by law; (v) disclosures to or requests by a health care provider for treatment; (vi) uses or disclosures that are required for the Health Plan's compliance with the Privacy Rule. Listed below are brief descriptions of uses and disclosures, including some examples. Not every use or disclosure in a category will be listed.

To Business Associates. The Health Plan contracts with entities known as "business associates" to perform various functions or provide certain services. In order to perform these functions or provide these services, business associates will receive, create, maintain, transmit, use, and/or disclose PHI, but only after they agree in writing to implement appropriate safeguards regarding PHI. For example, PHI may be disclosed to a business associate to process a claim for benefits.

For Treatment. PHI may be used or disclosed to facilitate medical treatment or services by providers, including, coordination or management of health care and consultations and referrals between one or more of your providers. For example, the Health Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

For Payment. PHI may be used and disclosed for payment purposes, such as obtaining premiums, facilitating payments, making coverage determinations, coordinating coverage, or determining or fulfilling the Health Plan's responsibilities for providing benefits. For example, the Health Plan may tell a provider whether you are eligible for specific benefits or share PHI with another entity to assist with the coordination of benefits.

For Health Care Operations. PHI may be used and disclosed for health plan operations such

as, underwriting, premium rating, and other activities relating to coverage; conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities. However, genetic information will not be used for underwriting purposes.

To Plan Sponsor. PHI may be disclosed to certain employees of Activision, the Plan Sponsor, to carry out plan administrative functions. Those employees will only use or disclose PHI as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you authorize further disclosures. PHI cannot be used for employment purposes without your specific authorization.

As Required By Law, Law Enforcement, Lawsuits and Disputes. PHI may be disclosed

when required by federal, state or local law, for example, when required by law enforcement (e.g. to identify/locate a suspect), a court or administrative order, subpoena, discovery request.

For Workers' Compensation. PHI may be released for workers' compensation or similar work related injury or illness programs, to the extent necessary to comply with such law.

For Organ and Tissue Donation. PHI may be released to organizations that handle organ or

tissue procurement, as necessary to facilitate organ or tissue donation and transplantation.

For Military Activity and National Security. PHI may be disclosed to authorized military authorities, authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

For Health or Safety, Public Health Risks, Health Oversight Activities. PHI may be released when necessary to prevent a serious threat to health and safety, for public health activities as required or authorized by law (e.g. to prevent or control disease, injury or disability, to report births or deaths, to report child abuse or neglect), or to a health oversight agency for

the government to monitor the health care systems, government programs, and compliance with civil rights laws, such as, audits, investigations, inspections, and licensure.

To Coroners, Medical Examiners and Funeral Directors. The Health Plan may release PHI

to coroners, medical examiners or funeral directors as necessary to carry out their duties.

For Research. PHI may be disclosed to researches when individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information.

Family Members. With only limited exceptions, we send all mail to the employee, including mail relating to the employee's spouse and other family members. See your right to request Confidential Communications to request communication by alternative means or to alternative locations.

OTHER USES/DISCLOSURES OF YOUR PHI REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of your PHI not covered by this Notice or applicable law will be made only with your written authorization. You may revoke such authorization in writing at any time. Once your revocation has been received and recorded, no further use or disclosure of the PHI covered by the authorization will be made. You understand that any use or disclosure made *prior to* the effective date of your revocation was authorized, cannot be undone, and that the Health Plan is required by HIPAA to retain records of such use and disclosure.

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an

individual designated as your personal representative, attorney-in-fact etc., as long as you provide us with written notice/authorization and any supporting documents. Note: Under HIPAA we do not have to disclose PHI to your personal representative if we believe you have been, or may be, subjected to domestic violence, abuse, or neglect by such person or treating such person as your personal representative could endanger you.

YOUR INDIVIDUAL RIGHTS

This section outlines your individual rights and how you can exercise those rights. In exercising your rights, you will generally need to make a written request directly to the appropriate business associate. Please contact the Benefits Department at ablife@activisionblizzard.com, telephone (310) 255-2766, to obtain the appropriate business associate contact information. To exercise your rights directly with the Health Plan please submit your request or complaint in writing to the Benefits Department, c/o Activision Blizzard, 3100 Ocean Park Blvd. Santa Monica, CA 90405. If you are exercising rights with respect to benefits provided through an HMO or insurance company you should make your request in writing to the appropriate entity in accordance with the procedures set forth in the notice you received from that HMO or insurance company.

Right to Inspect and Copy. You have the right to inspect and copy certain PHI maintained by the Health Plan. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format that you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your PHI, you must submit your request in writing as described above. If you request a copy of the information, you may be charged a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Your request to inspect and copy may be denied, in certain limited circumstances. If your request is denied, you will be notified of the denial and of your rights, including your right to appeal the denial.

Right to Amend. If you feel that the PHI that the Health Plan has about you in a designated record set is incorrect or incomplete, you may request that it be amended. You have the right to request an amendment for as long as the information is kept by or for the Health Plan. To request an amendment, you must submit your request in writing as described above. Your request for an amendment must include a reason that supports your request. Your request may be denied if it does not include a reason supporting the request. In addition, your request may be denied if you ask to amend information that: (i) is not part of the designated record set kept by, or for the Health Plan; (ii) was not created by the Health Plan unless the person or entity that created the information is no longer available to make the amendment; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures made by the Health Plan during the 6 years prior to the date of your request. Your request must state the time period you want covered and indicate the form (e.g. paper or electronic) you want the accounting. However, such accounting is not required to include disclosures made to (i) carry out treatment, payment or health care operations; (ii) to you about your own PHI; (iii) pursuant to an authorization; (iv) disclosures made to friends or family in your presence or because of an emergency; (v) incident to a permitted or required use or disclosure; (vi) for national security or intelligence purposes; and (vii) to correctional institutions or law enforcement officials, under certain circumstances. Your request for an accounting must be in writing as described above. The first list you request within a 12 month period will be free. There may be a charge for additional lists. If there is a charge, you will be notified in advance and you may modify or withdraw your request before any costs are incurred.

Right to Request Restrictions on PHI Uses and Disclosures. You are entitled to request, in writing, that the Health Plan restrict uses and disclosures of your PHI. However, except as provided below, the Health Plan is not required to agree to your request, and in order to appropriately manage your benefits, we generally do not to agree to requests for restrictions.

We will comply with any restriction request if (i) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for the purpose of carrying out treatment) and (ii) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

Should you wish to request restrictions, submit a written request to the Benefits Department, c/o Activision Blizzard, 3100 Ocean Park Blvd, Santa Monica, CA 90405, ablife@activisionblizzard.com, telephone (310) 255-2766.

Right to Request Confidential Communications. You have the right to request to receive communication of PHI by alternative means or at alternative locations (e.g. at work or a P.O. Box), if the disclosure of all or part of that information could endanger you. To request

confidential communications, you must make your request in writing to the Benefits Department, c/o Activision Blizzard, 3100 Ocean Park Blvd, Santa Monica, CA 90405, ablife@activisionblizzard.com, telephone (310) 255-2766. You will not be asked the reason for your request, but you will be asked to sign a statement that you would be endangered. The Health Plan will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified in the event that the Health Plan, or a business associate, discovers a breach of unsecured PHI.

Your Right to File a Complaint with Plan or the Secretary of HHS. If you believe your privacy rights have been violated, you may file a complaint in writing with the Health Plan in care of Milt Ezzard, Senior Director, Global Benefits, c/o Activision Blizzard, 3100 Ocean Park Blvd, Santa Monica, CA 90405. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services through the appropriate Office for Civil Rights. Further information may be obtained on the web at www.hhs.gov.

The Health Plan will not retaliate against you for filing a complaint.

Right to a Paper Copy of this Notice. You may obtain a copy of this notice on our intranet. You have the right to a paper copy of this Notice. To obtain a paper copy of this notice, contact the Benefits Department, c/o Activision Blizzard, 3100 Ocean Park Blvd, Santa Monica, CA 90405, ablife@activisionblizzard.com, telephone (310) 255-2766.

Who to Contact at the Health Plan for More Information. If you have any questions about this Notice or the subjects addressed in it, please contact the Benefits Department, c/o Activision Blizzard, 3100 Ocean Park Blvd, Santa Monica, CA 90405, ablife@activisionblizzard.com, telephone (310) 255-2766.

RESERVATION OF RIGHT TO CHANGE THIS NOTICE

The Health Plan reserves the right to amend or change its privacy practices and this Notice. The Health Plan reserves the right to make the revised or changed privacy practices and Notice apply to any PHI received or maintained prior to the Effective Date as well as any information received or maintained in the future. If the Notice is revised it will be posted on the intranet and provided to you in the Health Plan's next annual mailing.