

CITY OF ST. LOUIS
EMPLOYEE GROUP HEALTH PLAN

PRESCRIPTION DRUG BENEFIT PLAN

NOTICE OF PRIVACY PRACTICES

As Revised Effective November 1, 2008
And As Amended November 17, 2011

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section at 314-622-3200.

The City of St. Louis ("City") sponsors the Prescription Drug Benefit Plan ("The Plan") for the benefit of City employees, their dependents, and eligible retirees (collectively the "Plan Participants"). The Plan is self-insured and is a Group Health Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Rule. The HIPAA Privacy Rule addresses privacy requirements related to the use of Protected Health Information ("PHI") in relation to Group Health Plans, including the requirements that The Plan provide this Notice to you explaining how The Plan uses, discloses and protects your PHI. The HITECH Act (HITECH), which was enacted as part of the American Recovery and Reinvestment Act of 2009 also provides privacy standards for PHI which will be addressed in this Notice. (Most terms are defined in this notice, but those terms that are not should have the same meaning as they have in the HIPAA Privacy Rule, and HITECH.)

For purposes of this notice, your PHI includes all information, regardless of its form (oral, written, or electronic), that is transmitted or maintained by The Plan and that identifies you or may be reasonably used to identify you and is related to your past, present, or future physical or mental health condition, the provision of health care to you, or the past, present, or future payment of health care furnished to you.

The Group Insurance Supervisor of the City Department of Personnel Employee Benefits Section is Privacy Officer and Contact Officer for The Plan. The Plan does not have employees, and therefore, it is administered by a third party administrator, Express Scripts, Inc. Under the contract that the City has with Express Scripts, Inc. for this purpose, your PHI must be kept confidential. City employees in the Department of Personnel and its Employee Benefits Section who perform services to administer The Plan are required to keep your PHI separate and do not share the PHI with other departments of the City except in very limited cases as described in this document. Further, The Plan has been amended to include the provisions required by HIPAA.

The Plan is required by law to take reasonable steps to ensure the privacy of your PHI and to inform you about:

How PHI may be used or disclosed by The Plan to carry out payment, health care operations, and for other purposes that are permitted or required by law;

The Plan's legal obligations concerning your PHI; and

Your privacy rights to access and control your PHI..

If you have any questions or want additional information about this Notice or the policies and procedures described in the Notice, please contact: Group Insurance Supervisor of the City of St. Louis, Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101, 314-622-3200.

EFFECTIVE DATE

The effective date of this revised Notice of Privacy Practices is November 1, 2008 and was amended on November 17, 2011.

PLAN RESPONSIBILITIES

The Plan is required by law to maintain the privacy of your PHI. The Plan must provide you with a copy of this Notice of its legal duties and of its privacy practices with respect to your PHI, and The Plan must abide by the terms of this Notice. The Plan reserves the right to change the provisions of this Notice and make the new provisions effective for all PHI that The Plan maintains. If The Plan makes a material change to this Notice, The Plan will send a revised notice to all members in the Plan.

HITECH Amendments

The Plan is including amendments to it as required by HITECH. The amendments made to this Notice pursuant to HITECH will be noted in the respective provisions of this Notice.

HITECH Breach Notification Requirements

Under HITECH, The Plan is required to notify you if your unsecured PHI is used or disclosed in violation of the Privacy Rule so that the privacy or security of the PHI is compromised, posing a significant risk of financial, reputational, or other harm to you. If there is such a breach of your PHI, The Plan must provide notice to you within 60 days of the breach, including a brief description of what happened, including the date of the breach and date of the discovery, the steps that you should take to protect yourself from potential harm resulting from the breach, and a brief description of what The Plan is doing to investigate the breach, mitigate losses, and protect against further breaches.

Minimum Necessary Requirement

When using or disclosing PHI or when requesting PHI from another covered entity, The Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into

consideration practical and technological limitations.

However, the minimum necessary requirement does not apply to the following situations: 1) disclosures to or requests by a health care provider for treatment; 2) uses or disclosures made to the Plan Participant; 3) disclosures made to the Secretary of the U.S. Department of Health and Human Services; 4) uses or disclosures that are required by law; and 5) uses or disclosures that are required for The Plan's compliance with legal regulations.

Under HITECH, the amount of information that is considered to be the minimum necessary is specifically limited unless The Plan or its business associate determines that additional information is needed to accomplish the particular use, disclosure or request in question. The present minimum necessary requirements are issued on an interim basis, and a new guidance will issued by the Secretary of the U.S. Department of Health and Human Services.

Summary Health Information

Summary Health Information is information which summarizes the claims history, claims expenses or type of claims experiences by the Plan Participants of The Plan and from which identifying information has been deleted in accordance with HIPAA. The Plan may use or disclose Summary Health Information to the City as the Plan Sponsor for obtaining premium bids or modifying, amending or terminating The Plan.

PRIMARY USES AND DISCLOSURES OF PHI

The following is a description of the different ways that The Plan is most likely to use and disclose your PHI. For each category of these uses and disclosures, this Notice gives an explanation and example of it. All of the ways in which The Plan is permitted to use and disclose information will be in one of the following categories, but not every specific use or disclosure in a category is listed.

Treatment, Payment and Health Care Operations

The Plan and its business associates may use and disclose your PHI without your authorization or your agreement or opportunity to object for all activities that are included within the definitions of Treatment, Payment and Health Care Operations. Other possible ways that The Plan may disclose PHI are listed in this Notice under "Other Possible Uses And Disclosures of PHI." The Plan also can disclose PHI to the City as the sponsor of The Plan for purposes related to payment and health care operations.

Treatment is the provision, coordination or management of health care and related services and products. It also includes using PHI for referrals and consultations between health care providers. For example, a pharmacist may disclose PHI about you so that your physician can coordinate prescribing and the delivery of your drugs.

Payment includes but is not limited to actions to make coverage determinations and payment, including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care, utilization review and preauthorizations. Payment also includes using or disclosing PHI to make determinations of disputed claims, to determine eligibility for benefits, and to coordinate benefits under The Plan.

Express Scripts, Inc., as the third party administrator of The Plan, as well as some of the employees in the Department of Personnel and its Employee Benefits Section, will use or disclose your PHI to pay claims for the drugs provided to you or to otherwise fulfill the responsibilities of The Plan for coverage and providing benefits. For example, The Plan may disclose your PHI when a provider requests information regarding your eligibility for coverage.

Health Care Operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities related to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse compliance programs, planning and development, and management and general administrative activities.

For example, The Plan's third party administrator, Express Scripts, Inc., as well as the City as The Plan's Sponsor, will use your PHI to audit claims processing functions and may use or disclose your PHI in connection with fraud and abuse detection and compliance programs.

To the extent that The Plan participates in an Organized Health Care Arrangement with the other group health plans sponsored by the City, The Plan may disclose PHI to these group health plans for their health care operation activities, such as activities for premium rating in replacing or renewing a contract for employee health benefits.

Plan Sponsor

The City as The Plan Sponsor can use and disclose PHI described in this Notice *only if* The Plan Sponsor has amended its Plan document as required by the Privacy Rule, certified to The Plan that it will maintain confidentiality as required by the Privacy Rule, and established certain safeguards and firewalls to limit the classes of employees who will have access to PHI and to limit the use of PHI to Plan purposes and not for non-permissible purposes. The City as The Plan Sponsor will not use or disclose your PHI maintained by The Plan for any employment-related functions or in connection with any other benefit or employee benefit of the City. The City may use or disclose your PHI for administration functions of The Plan, that is, for payment and health care operations activities of The Plan. For example, your PHI may be given to the City as The Plan Sponsor for purposes of determining whether a rejected or disputed claim will be allowed or by sharing enrollment information with the City, so COBRA benefits may be properly administered.

The Plan may also disclose enrollment/disenrollment information to The Plan Sponsor, for enrollment or disenrollment purposes only, and may disclose "summary health information" (as defined under the HIPAA medical privacy regulations) to The Plan Sponsor for the purpose of obtaining premium bids or modifying or terminating The Plan.

Business Associates

The Plan may hire third parties such as administrators, auditors, attorneys, consultants, and others for services needed to administer The Plan. To do so, The Plan contracts with those individuals and entities who serve as its Business Associates to perform various functions on behalf of the Plan or

to provide certain types of services to The Plan. The Plan may also utilize the services of the City Business Associate Components that are subject to the Business Associate privacy requirements as set forth in City Ordinance No. 68109. To perform these functions on The Plan's behalf or to provide these services to The Plan, the Business Associates or City Business Associate Components will receive, create, maintain, use or disclose PHI. When The Plan uses the services of a Business Associate that is not a City Business Associate Component, The Plan must enter into a written contract requiring the Business Associate to meet certain privacy requirements regarding your PHI. For example, Express Scripts, Inc., as pharmacy benefit manager for The Plan, is a Business Associate that creates and uses PHI for The Plan. PHI may also be disclosed to the City Counselor's Office, which is a designated City Business Associate Component, if necessary to provide legal services for The Plan.

Under HITECH, all of the administrative, physical and technical safeguards that apply to The Plan under the HIPAA Security Rule directly apply to the Plan's Business Associates, including the City Business Associate Components.

POTENTIAL IMPACT OF STATE LAWS AND OTHER APPLICABLE LAWS

This Notice describes the rights and protections to your health information provided under the HIPAA Privacy Rule and HITECH. The HIPAA Privacy Rule and HITECH requirements generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections or rights to PHI. As a result, to the extent that other law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule or HITECH, might impose a privacy standard under which The Plan will be required to operate.

For example, the Missouri statues pertaining to AIDs health records provide greater protection for this information than the HIPAA Privacy Rule and HITECH, and the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 creates greater protection for PHI involving alcohol abuse.

OTHER POSSIBLE USES AND DISCLOSURES OF PHI

The following is a description of other possible ways in which The Plan may (and is permitted to) use and/or disclose your PHI without your authorization, consent or request.

Others Involved in Your Health Care

Disclosure of PHI to your family members, other relatives and your close personal friends is allowed if: 1) the PHI is directly relevant to the family or friend's involvement with your care or payment for that care; and 2) you have either agreed to the disclosure or have been given an opportunity to object and have not objected. If you are not present or able to agree to these disclosures of your PHI, then, using our professional judgment, The Plan may determine whether the disclosure is in your best interest.

The Plan also may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Required by Law

The Plan may use or disclose your PHI to the extent that the use or disclosure is mandated or

required by law. (When used in this Notice, “required by law” is defined as it is in the HIPAA Privacy Rule.) For example, The Plan may disclose your PHI when required by national security laws or public health disclosure laws.

Public Health Activities

The Plan may use or disclose your PHI for public health activities that are permitted or required by law. For example, The Plan may use or disclose PHI for the purpose of reporting product defects or to permit product recalls. The Plan may disclose PHI to a public health authority authorized to conduct public health surveillance or investigation activities.

Health Oversight Activities

The Plan may disclose your PHI to a health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; and other activities necessary for appropriate oversight of government benefit programs. Oversight agencies seeking this information include government agencies that oversee: 1) the health care system; 2) government benefit programs; 3) other government regulatory programs; and 4) compliance with civil rights laws. For example, your PHI may be disclosed for the purpose of investigating Medicare or Medicaid fraud.

Abuse or Neglect

The Plan may disclose your PHI to a government authority when authorized by law to report information about abuse, neglect or domestic violence if there exists reasonable belief that you have been the victim or abuse, neglect or domestic violence. The Plan will seek to inform you that the disclosure has been made or will be made unless that notice would cause risk of a serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor’s parents or other representatives although there may be circumstances under federal or state law when the parents or other representative may not be given access to the minor’s PHI. The Plan may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

Legal Proceedings

The Plan may disclose your PHI when required for judicial or administrative proceedings. This includes disclosure in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, a discovery request, or other lawful process, once The Plan has met all administrative requirements of the HIPAA Privacy Rule and applicable state law. For example, The Plan may disclose your PHI in response to a subpoena for such information, but only after The Plan first meets certain conditions required by the HIPAA Privacy Rule and applicable state law.

Law Enforcement

Under certain conditions, The Plan also may disclose your PHI when required by law for certain law enforcement purposes. For example, your PHI will be disclosed to law enforcement officials to report gun shot wounds. Your PHI may also be used or disclosed for other law enforcement

purposes, including but not limited to locating or identifying a suspect, fugitive, material witness, or missing person, and providing evidence that The Plan believes to be evidence of a crime that occurred on its premises.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation

The Plan may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for other duties authorized by law. The Plan also may disclose, consistent with applicable law, PHI to funeral directors as necessary to carry out their duties with respect to the decedent. Further, The Plan may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

Research

The Plan may disclose your PHI to researchers when an institutional review board or privacy board has: 1) reviewed the research proposal and established protocols to ensure the privacy of the information; and 2) approved the research.

To Prevent a Serious Threat to Health or Safety

When consistent with applicable federal and state laws and standards of ethical conduct, The Plan may disclose your PHI if The Plan, in good faith, believes that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Plan also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security, Protective Services

Under certain conditions, The Plan may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, The Plan may, in certain circumstances, disclose your PHI to the foreign military authority. The Plan also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons under federal law, or foreign heads of state.

Workers' Compensation

The Plan may disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs established by law.

REQUIRED DISCLOSURES OF YOUR PHI

The following is a description of disclosures that The Plan is required by law to make.

Disclosures to the Secretary of the U.S. Department of Health and Human Services

The Plan is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

Disclosures to You

The Plan is required to disclose to you most of your PHI in a Designated Record Set when you request access to this information. Generally, a Designated Record Set for The Plan contains enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for The Plan, as well as other records that are used to make decisions about your health care benefits. The Plan is also required to provide, upon your request, an accounting of most disclosures of your PHI that are not disclosed through a signed authorization.

AUTHORIZATION FOR USES AND DISCLOSURES OF YOUR PHI

Except as otherwise indicated in this Notice, uses and disclosures of your PHI will be made only with your written authorization. Such authorization for The Plan to use and disclose your PHI may be revoked in writing. This revocation, though, will be effective for future uses and disclosures of PHI and will not be effective for PHI that has already been used or disclosed by The Plan pursuant to the authorization.

YOUR RIGHTS WITH RESPECT TO YOUR PHI

The following is a description of your rights with respect to your PHI. If you want to know more about your rights, contact the Group Insurance Supervisor who is The Plan Privacy Officer at the City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

Right to Request Restrictions

You may request The Plan to restrict uses or disclosures of your PHI to carry out Treatment, Payment or Health Care Operations, or to restrict uses and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. **The Plan is not required to agree to your requested restriction, subject to the exception provided under HITECH that is described below.** If The Plan does agree to the restriction, The Plan will comply with the restriction unless the information is needed to provide emergency treatment to you.

The exception provided under HITECH states that if a Participant pays in full for a health care item or service, the Participant can demand that the information pertaining to the item or service not be disclosed to the Participant's health plan, unless the information is required by law or for purposes of carrying out treatment.

Your request for a restriction 1) must be in writing, 2) must state the restriction(s) you are requesting, and 3) must state to whom the restriction applies. Your request should be submitted to: Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

Right to Request Alternative Confidential Communications of PHI

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if you clearly state that disclosing all or part of your PHI could

endanger you. For example, you may ask that The Plan only contact you at your work address or via your work e-mail.

Your request for such confidential communications 1) must be in writing, 2) must state that you want The Plan to communicate your PHI with you in an alternative manner or at an alternative location, and 3) must clearly state that disclosing all or part of your PHI could endanger you.

The Plan will accommodate such a request for alternative communications that is “reasonable.” Under the HIPAA Privacy Rule, “reasonableness” includes, when appropriate, making alternate arrangements regarding payment. The Plan may require you to provide The Plan with information concerning how payment will be handled.

Right to Inspect and Copy PHI

Subject to certain restrictions, you have the right to inspect and copy your PHI that is contained in a Designated Record Set for as long as The Plan maintains the PHI. If you request a copy of the information, The Plan may charge a fee for the costs of copying, mailing, or other supplies associated with your request. Under HITECH, you have a right to access your PHI in an electronic format upon request, where it is available.

To inspect and copy your PHI that is contained in a Designated Record Set, you must complete a form which can be obtained and submitted to: Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

The requested information will be provided within thirty (30) days if the information is maintained on site or within sixty (60) days if the information is maintained offsite. A single thirty (30) day extension is allowed if The Plan is unable to comply with the deadline.

The Plan may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you will be provided with a written denial setting forth the basis for the denial. To request a review of a denial, you must contact: Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

Under certain conditions, the denial will not be reviewable. If this event occurs, The Plan will inform you in the denial that the decision is not reviewable.

Right to Amend PHI

You have a right to request that The Plan amend your PHI or a record about you in a Designated Record Set if you believe that it is incorrect or incomplete.

To request an amendment of your PHI that is contained in a Designated Record Set, you must complete a form stating the requested amendment and providing a reason supporting your request to amend. The form can be obtained from and must be submitted to: Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

The Plan has sixty (60) days after the request is made to act on the request. A single thirty (30) day extension is allowed if The Plan is unable to comply with the deadline. The Plan may deny your request in whole or in part in certain cases. For example, The Plan may deny your request if the information you want to amend is maintained by another entity. If the request is denied in whole or in part, The Plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Right of an Accounting of Disclosure of PHI

You have a right to an accounting of certain disclosures of your PHI. An accounting will include the date(s) of the disclosure, to whom The Plan made the disclosure, a brief description of the PHI disclosed, and the purpose of the disclosure. Under HITECH, The Plan must provide you with an accounting of PHI disclosures for Treatment, Payment or Health Care Operations for a 3-year period, including disclosures to Business Associates and Business Associate Components, for PHI used or maintained in an electronic health record. If electronic records are not used, such accounting need not include disclosures made to carry out Treatment, Payment, or Health Care Operations.

Disclosures made to you about your own PHI, or disclosures made pursuant to a signed authorization by you or your personal representative are not subject to your right to an accounting of disclosures of your PHI.

If The Plan cannot provide the accounting within sixty (60) days, an additional thirty (30) days is allowed if you are given a written statement of the reasons for the delay and the date by which the accounting will be provided.

Subject to the above HITECH revisions to the right to an accounting of disclosure of PHI, your request may be for disclosures made up to six (6) years before the date of your request, but not for disclosures made before April 14, 2003. The first list you request within a twelve (12) month period will be free. For additional lists, The Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

To request an accounting of disclosures of your PHI, you must submit a written request to: Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you have agreed to accept this Notice electronically. You may obtain a paper copy of it by contacting the Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

PERSONAL REPRESENTATIVES

You may exercise your rights through an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant

state law. Before The Plan will disclose PHI to such a person, you or your personal representative must provide evidence or documentation of his/her authority to act on your behalf or allowed to take any action for you. Proof of such authority may take one of the following forms: a power of attorney for health care purposes, notarized by a notary public; a court order of appointment of the person as conservator or guardian of the individual; or an individual who is the parent of a minor child.

Even if you designate a personal representative, the HIPAA Privacy Rule permits The Plan to elect not to treat the person as your personal representative if The Plan has a reasonable belief that 1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person, 2) treating such person as your personal representative could endanger you, or 3) The Plan determines, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.

RIGHT TO FILE A COMPLAINT

You may complain if you believe that The Plan has violated your privacy rights. You may file a complaint by contacting the Group Insurance Supervisor, City of St. Louis Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101. Telephone: 314-622-3200.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must be sent to: Office for Civil Rights, U.S. Department of Health and Human Services, 601 East 12th Street, Room 248, Kansas City, MO 64106. A complaint can also be filed directly with the Secretary by e-mail at: OCRComplaint@hhs.gov. Complaints filed directly with the Secretary must: 1) contain the name of the entity against which the complaint is lodged; 2) describe the relevant problems; and 3) be filed within 180 days of the time you became or should have become aware of the problem.

The Plan will not penalize or retaliate against you in any other way for filing a complaint with the Secretary or with The Plan.