

NOTICE OF PRIVACY

Your personal information is considered confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies. This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

The term “personal information” means information that identifies you as an individual, such as your name and Social Security Number, as well as health and other information about you that is nonpublic, and that we obtain so we can provide you with health coverage. The term “health information” means information that identifies you and relates to your medical history (i.e. the health care you receive or the amounts paid for that care).

USES AND DISCLOSURES OF PERSONAL INFORMATION

In administering your health benefits, your personal information may be used and disclosed in various ways, including:

HEALTH CARE OPERATIONS: May use and disclose personal information during the operational activities such as quality assessment and improvement; health services research; preventive health, disease management, case management and care coordination. For example, use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other personal activities requiring use and disclosure include administration of reinsurance and stop loss programs and payments; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, and customer service.

PAYMENT: To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; calculating cost –sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We mail Explanation of Benefits forms and other information to the address we have on record for the members.

TREATMENT: Your personal information may be disclosed to doctors, dentists, pharmacies, hospitals and other health care providers who provide you treatments and services.

DISCLOSURES TO OTHER COVERED ENTITIES: Your personal information may be disclosed to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes.

ADDITIONAL REASONS FOR DISCLOSURE

- Your personal information may be disclosed in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. Also, may be disclosed such information in support of: PLAN ADMINISTRATION – to your employer (for group health plans), when the appropriate language has been included in your plan documents, or when summary data is disclosed to assist in amending the group health plan.
- RESEARCH – to researchers, provided measures are taken to protect your privacy.
- BUSINESS ASSOCIATES – to persons who provide services to us and assure us they will protect the information.
- INDUSTRY REGULATION – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- LAW ENFORCEMENT – to federal, state and local law enforcement officials.
- LEGAL PROCEEDINGS – in response to a court order or other lawful process.
- PUBLIC WELFARE – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).
- RESPOND – to organ and tissue donation requests and work with a medical examiner or funeral director.

USES AND DISCLOSURES OF SUBSTANCE USE DISORDER (SUD) TREATMENT INFORMATION

If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

DISCLOSURE TO OTHERS INVOLVED IN YOUR HEALTH CARE

Your health information may be disclosed to a relative, a friend or any other person you identify, provided the information is directly relevant to that person’s involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- for marketing purposes that are unrelated to your benefit plan(s),
- before disclosing any psychotherapy notes,
- related to sale of your health information, and
- for other reasons as required by law.

If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

YOUR LEGAL RIGHTS

The federal privacy regulations give you several rights regarding your health information.

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of the member.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have a right to ask us to obtain a copy of the health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies, and in certain cases, may deny the request.
- You have the right to ask us to amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies. Your request must be in writing. If you request such an accounting more than once in a 12 month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to get a copy of this privacy notice.

You have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the Human Resources Department. You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

OUR LEGAL OBLIGATIONS

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

SAFEGUARDING YOUR INFORMATION

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

THIS NOTICE IS SUBJECT TO CHANGE

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.