Notice of Privacy Practices of Health Plans

The Christian and Missionary Alliance Health Plan ("the Plan") is sponsor of the Group self-funded health plans that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

This notice describes the privacy practices of these plans: medical, dental, and vision. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

What is PHI?

PHI stands for "protected health information." PHI is the identifiable health information about you that is created, received, or maintained by the Plan, regardless of the form or medium of the information. It does not include employment records.

The privacy of your personal health information that is created, used, or disclosed by the Plan is protected by HIPAA. The Plan is required by law to

- maintain the privacy of your PHI
- provide you with this notice of the Plan's legal duties and privacy practices with respect to your PHI
- abide by the terms of this notice

How will the Plan use my PHI?

Under HIPAA, the Plan **must** disclose your PHI

- to you or your legal representative when you ask for information
- to the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected
- where otherwise required by law

What types of information can the plan disclose without my authorization?

The Plan, and the individuals and organizations that administer it, **may** use, receive, and disclose your PHI without obtaining your written authorization for purposes of treatment, payment, or health care operations. These activities cover a broad range of activities including the following:

- **Treatment —** The Plan may disclose protected health information with your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.
- **Payment —** The Plan may use and disclose your protected health information to pay benefits. Payment activities may include
  - verification to your doctors or hospitals that you are eligible for benefits under the Plan
  - receiving claims or bills from your healthcare providers
  - processing payments
  - sending explanations of benefits (EOBs) to you
  - reviewing the medical necessity of the services rendered
  - subrogation (third-party liability)
  - conducting claims appeals
  - coordinating the payments between multiple medical plans
- **Health care operations —** The Plan may use and disclose your protected health information for plan operational purposes. For example, the Plan may use or disclose your protected health information for plan administration activities such as
  - enrollment and verification to your doctors or hospitals that you are eligible for benefits under the plan
  - wellness, prevention, nurse line and disease management programs, health coach services aimed at improving the health of members, and managing health care costs
  - for purposes of advocacy and assistance to plan members
  - other plan-related activities, including audits of claims

What other organizations associated with the Plan may have my PHI?

Alliance Benefits works with the following businesses plan administrative services:

- Highmark Blue Cross Blue Shield
- Express Scripts Inc. (ESI)

- Delta Dental of Colorado
- Superior Vision
- The Standard Life Insurance
- Benefit Dynamics Company
- Alexander Benefits Consulting
- Medex Assistance Corporation

The Plan may release your health information to one or more of these "business associates" for plan administration, if the business associate agrees in writing to protect the privacy of your information.
Alliance Benefits will also have access to your protected health information for plan administration purposes. Access to your protected health information within Alliance Benefits will be limited to persons responsible for the Plan's administration.

Unless you authorize the Plan otherwise in writing (or the individually identifying data is deleted from the information), your protected health information will be available only to the individuals who need the information to conduct plan administration activities. The release of your PHI will be limited to the minimum disclosure required, unless otherwise permitted or required by law.

Under what circumstances would my PHI be released?

In addition to plan administration, the Plan is also permitted to use or disclose your protected health information, without obtaining a written authorization from you, in the following circumstances:

- for certain required public health activities (e.g., reporting disease outbreaks)
- to prevent serious harm to you or other potential victims, where abuse, neglect, or domestic violence is involved
- to a health oversight agency for oversight activities authorized by law
- in the course of any judicial or administrative proceeding in response to a court administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request, or other lawful process
- for a law enforcement purpose to a law enforcement official, if certain legal conditions are met (e.g., providing limited information to locate a missing person)
- for research studies that meet all privacy law requirements (e.g., research related to the prevention of disease or disability)
- to avert a serious threat to the health or safety of you or any other person
- to the extent necessary to comply with laws and regulations related to worker's compensation or similar programs

Any other use or disclosure of your protected health information not identified within this notice will be made only with your written authorization.

Does my state privacy law also apply to PHI?

If your state laws provide more stringent privacy protection than HIPAA, the more stringent law will apply to protect your rights. If you have a question about your rights under any particular federal or state law, please contact the privacy contact as described at the end of this notice.

How do I authorize a release of my PHI?

You must complete a written authorization form. An authorization form is available online at www.alliancebenefits.org or by calling 1-(800) 700-2651. You have the right to limit the type of information you authorize the Plan to disclose and the persons to whom it should be disclosed. You may revoke your written authorization at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

What are my individual rights with respect to my PHI?

You have the right to

- Request the Plan to restrict its uses and disclosures of your PHI. You must provide specific information as to the disclosures you wish to restrict and the reasons for your request. The Plan is not required to accommodate your request, unless the Plan's ordinary disclosure practices could endanger you.
- Request the Plan's confidential communication of your PHI be sent to another location or by alternative communication vehicles. For example, you may ask that we contact you at your office, rather than your home. The Plan is not required to accommodate your request, unless the Plan's ordinary communication process could endanger you.
- Inspect and obtain a copy of the PHI held by the Plan. However, access to psychotherapy notes, information compiled in reasonable anticipation of, or for use in legal proceedings and under certain other (relatively unusual) circumstances may be denied. A reasonable fee may be imposed for copying and mailing the requested information.

- Request the Plan amend your protected health information or record if you believe the information is incorrect or incomplete.
- Receive a list of those individuals or entities (other than you or those to whom you have given prior written authorization) that have accessed your PHI for reasons other than for treatment, payment, or plan operations. You can request disclosure going back six years, but **no earlier than April 14, 2003.**
- Receive a paper copy of this notice at any time, even if you have agreed to receive it electronically.

How do I make a complaint if I think my rights have been violated?

You may contact the Plan privacy contact person for more information about the Plan's privacy practices, to exercise your rights or to complain about how the Plan is handling your protected health information:

The Christian and Missionary Alliance Health Plan
Privacy contact
Alliance Benefits
8595 Explorer Drive
Colorado Springs, CO 80920

1-(800) 700-2651
benefits@cmalliance.org

You may also contact the
U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

(800) 368-1019
www.hhs.gov/contacts/privacy.html

Special Enrollment Rights

If you are declining yourself or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' coverage ends (or after the employer stops contributing toward the other coverage).

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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Alliance Benefits, benefits@cmalliance.org or 1-(800) 700-2651.

Women's Health & Cancer Rights Act

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

- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator at 1- (800) 700-2651

Newborns' and Mothers' Health Protection Act of 1996

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Michelle's Law

Effective January 1, 2010, if your child loses his or her status as a full-time student because he or she must take a leave of absence from school or change to part-time student status due to a serious illness or injury, your child will be eligible for continued group health plan coverage for up to one year from the date your child loses full-time status, unless your child's eligibility would end earlier for another reason (such as exceeding the plan's age limit).

Children's Health Insurance Program Reauthorization Act of 2009

Beginning April 1, 2009, Alliance Benefits will 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 new enrollment opportunities, you will have 60 days — instead of 30 — from the date of the Medicaid/CHIP eligibility change to request enrollment in The Christian and Missionary Alliance Health Plan. Note that this new 60-day extension does not apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

Important Notice from the Alliance Health Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it with your other important papers. This notice has information about your current prescription drug coverage with The Christian and Missionary Alliance (C&MA) and the Medicare Part D prescription drug coverage. It also explains the options you have under the Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Starting January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The C&MA has determined that its prescription drug coverage is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays, and is therefore considered Creditable Coverage. Because the Alliance plan is considered Creditable Coverage, you will be able to keep this coverage and not pay a penalty if you later decide to enroll in Medicare prescription drug coverage.

When can you join a Medicare Drug Plan?

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from **October 15 – December 7**. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you decide to join a Medicare drug plan, your Alliance coverage will be affected. You may remain enrolled in Alliance Plan coverage if you elect Medicare Part D. However, your Part D coverage will become primary and your Alliance coverage will be secondary to Medicare.

Please remember that your prescription drug plan through the Alliance Plan is part of your medical plan coverage. If you decide to enroll in a Medicare prescription drug plan and drop your Alliance prescription drug coverage, be aware that you will also be dropping your medical plan coverage, and you will not be able to reenroll in the Alliance medical plan at a later date.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with the Alliance and don't enroll in Medicare prescription drug coverage within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a (sixty) 60-day Special Enrollment Period (SEP) to join a Medicare Part D plan.

For more information about this notice or your current C&MA prescription drug coverage, please contact Alliance Benefits at 1-800-700-2651 x1 or via e-mail at benefits@cmalliance.org.

NOTE: You will receive this notice of creditable coverage annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, or, if the Alliance changes its prescription drug plan coverage. You also may request a copy of the notice of creditable coverage.*

For more information about your options under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage will be available annually in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug plans,

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325-0778).

***Remember: Keep the Creditable Coverage notice on file. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

10/2015