

Welcome!

Welcome to an innovative well-being program dedicated to supporting your health journey.

You'll receive insightful information, interactive programs, and personalized coaching to help you live your healthiest life possible. You'll learn about your unique well-being needs and be guided every step of the way toward better health.

When you try to lose weight, exercise more, or quit using tobacco, you may know what you need to do. But doing it is a different story. When you experience anxiety, depression, or stress, you may need some additional help. We are here to provide you with long-term motivation and support for any of these situations.

Experts can help you with a variety of work and personal goals:

- Balance your work and home life.
- Improve family and personal relationships.
- Cope successfully with anxiety, depression, or drug/alcohol issues.
- Make healthy lifestyle changes that last.
- Find support for legal or financial concerns and much more.

Your well-being program includes many benefits:

- Every interaction you have with your well-being program will be **confidential**. No personal, identifying information is released. Your employer receives only general information about how many people use the service and what issues are raised.
- The program offers you impartial support. It is **completely independent** from your employer.

Getting started is as easy as 1, 2, 3:

Step one: Fill out the simple, interactive *MyHealth* Questionnaire.

Step two: Review the easy-to-understand summary you'll receive once you complete the questionnaire. This will include positive information about the state of your health as well as opportunities for improvement.

Step three: Pick your health and well-being goals, then explore the programs and tools available to reach them!

**To access your well-being program, go to workpartners.com/cma.
If you are a first-time user, click Register for MyHealth OnLine Now.**

**Everyone faces difficult times in their work and personal lives.
That's when your well-being program steps in—and steps up.
It's time to live your best life.**

workpartners 

the people activation company

U.S. Steel Tower, 600 Grant Street, Pittsburgh, PA 15219



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Visit workpartners.com/cma to learn how to:

- Live a healthier, more balanced life.
- Address family and relationship concerns.
- Cope with anxiety, depression, or substance use issues more successfully.
- Make healthy lifestyle changes that last.
- Access legal and financial resources.



LifeSolutions®

A holistic approach to your well-being



Support for All of Life's Challenges

LifeSolutions offers services to address every aspect of your well-being.

You can access personalized wellness programs and counseling resources, receive support over the phone, and explore the online resource center to make sure you get the help you need and the information you want—all at no cost to you.

Physical support

- Increase your physical activity
- Manage your weight
- Eat healthier
- Reduce your stress
- Quit using tobacco

Emotional support

- Help is available 24 hours a day, 7 days a week, 365 days a year.
- Coaching and counseling can occur in person, over the phone, or via video.
- Receive referrals for child care, elder care, and daily living needs
- Access legal and financial resources
- Explore our Work-Life section to find Skill Builder courses, webinars, and other valuable resources.

LifeSolutions' services are private and confidential. They are available to you and members of your household at no cost.



Ready to take charge of your well-being? Contact LifeSolutions today by calling 1-844-833-0527 or by visiting workpartners.com/cma.

Tear off this card for quick and easy access to LifeSolutions' information, resources, and online tools.

workpartners 

LifeSolutions

Your resource for physical and emotional support

**1-844-833-0527 (TTY: 711)
workpartners.com/cma**

NOTICE OF PRIVACY PRACTICES

This notice describes how identifiable information—including health information—about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Available documents

Privacy Statement

Your member materials include a Privacy Statement that offers details about your rights. Those rights regard the privacy of your information, including protected health information (PHI). We protect PHI for our current, prospective, and former members.

Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) explains how we may use or disclose your personally identifiable information (PII), including, but not limited to PHI. By law, we must protect your health information and provide you with a copy of this Notice. You have rights relating to PHI. This Notice describes those rights.

We reserve the right to change our privacy practices and this Notice at any time.

If we make a material change to our practices, we will:

- Notify you about the change.
- Post the new notice on our website.
- Provide you with a copy electronically or through the mail.

We may apply revised practices to existing and new PHI.

Words to know

We will use these terms:

- Personally identifiable information (PII)
- Protected health information (PHI)
- Health information
- Information

These words refer to information that we collect, create, maintain, or transmit about you. This information may, on its own or when used with other information, be used to identify you. It may relate to a past, present, or future health status, condition or mental health services. It may also describe payments for such services.

How we use and disclose your personally identifiable information (PII) and protected health information (PHI)

We collect, use, and disclose your information to administer our health and productivity solutions and provide services to our members. We have the right to use or disclose your information for payment, treatment, and health care operations. We have listed (below) a few examples of how we may use or disclose your information for each of these purposes. We will not use or disclose any of your genetic information for any of these functions.

Payment

- Collecting premiums due to us
- Determining your coverage
- Processing service claims
- Coordinating benefits
- Determining medical necessity
- Issuing an explanation of your benefits
- Pre-authorizing services
- Determining whether a service is covered
- Health coverage eligibility
- Payment for health services
- Payments due from members

Health care operations

- Credentialing health care providers
- Peer review
- Business management
- Accreditation and licensing
- Utilization review
- Quality improvement
- Enrollment
- Underwriting
- Compliance
- Auditing
- Rating
- Other functions related to your services

Treatment

- Condition management
- Wellness programs
- Coordinating member benefits, care, and case management
- Planning member benefits, care, and case management
- Providing for continuity of member benefits, care, and case management
- Referrals and consultations

Other uses and disclosures of PHI

Some activities do not fit the above lists.

Examples include uses and disclosures related to:

Business Associates. We contract with other entities to provide certain services or functions that may require them to use, disclose or access your PHI. These entities are called Business Associates. We enter into a contract with each Business Associate that requires it to protect your PHI. They may only use, access or disclose your information as spelled out in our contract with them.

Other covered entities. We may use, access or disclose your information to health care providers to help them treat you, receive payment, or help them with their health care operations.

Employer sponsors. We may disclose summary health and utilization information to the employer sponsor. We may also share enrollment and disenrollment information with them. We may also disclose other PHI to the group for administrative use if the plan sponsor agrees to restrict use and disclosure. We may share the names of the members who have completed wellness program requirements to help provide rewards or incentives.

Legal requirements. We may disclose your information to any federal or state agency to show our compliance with the Health Insurance Portability and Accountability Act (HIPAA). If an agency asks, we must share your records with them. The U.S. Department of Health and Human Services is one agency that may ask for your records.

Public health. We may share PHI with a county or state health department. For example, this could happen if a health department would ask for data regarding a serious illness.

Abuse or neglect. We must share your PHI with government authorities, including social services or protective services, if we suspect or have proof of abuse or neglect.

Health oversight. We may share your PHI for legally permitted activities. These activities include:

- Licensure
- Government audits
- Fraud and abuse investigation
- Accreditation

Legal proceedings. We may disclose your information in response to a court order, subpoena, or search order.

Law enforcement. We may share limited PHI with the police and other law enforcement agencies. For example, it could be used to help locate a missing person, report a crime, or for other similar reasons.

Coroners and funeral directors. We may share PHI with a coroner or medical examiner. Your PHI would be used to identify someone who died, determine a cause of death, or as required by law. We may also share information with a funeral director for burial purposes.

For purposes of organ donation. We share PHI to meet a member's wishes for organ donation.

Research. We may use or disclose your PHI for research related to the study of diseases or disabilities. This would happen only if the study meets privacy law requirements.

Serious threat to health or safety. We may share your PHI to avoid a serious threat to you, another person, or the public. Your information would be given to health agencies, the police, or other law enforcement agencies. We may also share PHI if there is an emergency or natural disaster.

Specialized government functions. We may share your PHI if there is a national crisis. We may also do this to help protect the president of the United States and other officials. Any disclosure would result from a legitimate and verified government request.

Workers' compensation. We may share PHI relevant to job-related injuries or illnesses related to workers' compensation coverage.

Correctional institutions or law enforcement officials. If you are in jail or in law enforcement custody, we may share your PHI. This would happen only if it is needed to:

- Provide you with health care.
- Protect your health and safety.
- Protect the health and safety of others.
- Keep the facility you are in safe.

Data breach. We may use your contact information to provide notices of breach of your PII or PHI as required by law. A breach can include unauthorized acquisition, access, or disclosure of your PII, particularly as it pertains to PHI or more sensitive identifiable information (e.g., Social Security number). We may provide this notification directly to you or give notice to the employer or group that sponsors your health coverage.

Authorized use

Except as described in this notice, we will use or disclose your PII or PHI only if you authorize us to do so in writing. Situations that would require your authorization include the release of psychotherapy notes, use in health plan marketing, and sale of your information. If you authorize us to share your information, we cannot guarantee that the person receiving the information will not further disclose it. You may revoke your authorization at any time. However, please understand that any action already taken based on your authorization cannot be reversed and your revocation will not affect those actions.

Required disclosures

We are required to disclose your PHI:

- To you or someone who has the legal right to act on your behalf (your personal representative, when requested).
- This is done in order to administer your rights as described in our notice.
- To the Secretary of the Department of Health and Human Services, if necessary, to ensure that your privacy is protected.

Individual rights

You should be especially aware of several important rights that all health plans and providers involved in your care must honor. They are listed below. Your request to exercise these rights must be in writing and signed by you or your personal representative (see the section of this Notice called "Using your rights" below). We have developed forms to help you. You can find the forms on our website, or you can call the Member Services Department at the phone number listed on your member ID card to have a form mailed to you.

Your individual rights are described below.

Restrictions

You have the right to ask us to restrict how we use or disclose your information for payment, treatment, and health care operations. We do not have to approve your request and will inform you if the request is denied. However, we consider all reasonable requests. We have the right to end restrictions we have previously approved. We will notify you if we approve a restriction then reverse that approval. You have the right to end—orally or in writing—any restriction by contacting our Privacy Office.

Confidential communications

You have the right to ask us to send you information in a confidential way. You may want information in a different manner. You may want information sent to a different address. If our standard approach could cause harm, we will consider reasonable requests to take a different approach.

Copies of your information

You have a right to ask to review or receive a copy of your records.

We do not have medical records. We do have the following:

- Claims for payment from health care providers
- Enrollment data
- Member Services logs of your calls
- Complaints or grievances you filed

Records can be on paper or in electronic form. Electronic records can be sent to you through a computer. Records can be sent to you or your personal representative.

We may charge for records. We may deny your request for records. If that happens, we will provide you with a reason or reasons for the denial and explain how you can ask to have the denial reviewed.

Amending information

You have the right to ask to change information in your records. This happens when something is wrong or incomplete. You have to tell us why you are asking for a change. We may deny your request. If so, we will provide you with a reason or reasons for the denial and you can put a statement in your file. The statement will show why you disagree with our denial.

Accounting of disclosures

You have the right to ask who your records have been disclosed to.

We do not provide information for exempt disclosures listed at [45 CFR 164.528](#).

Copies of this notice

You may ask for a paper copy of this Notice, even if you already have an electronic copy. We will promptly provide you with a paper copy.

You can also find the Notice online at [**www.upmchealthplan.com**](http://www.upmchealthplan.com).

Using your rights

We will answer any questions about using your rights. Contact us toll-free at 1-877-574-5517.

Or write to us at:

WorkPartners
Attn: Chief Privacy Officer
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

Filing a complaint

If you believe your privacy rights with respect to PHI have been violated, you may file a complaint with us. Send it to the above address. You may also notify the secretary of the U.S. Department of Health and Human Services Office for Civil Rights by:

- Mailing a completed Health Information Privacy Complaint Form (available at www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html) to:
 - U.S. Department of Health and Human Services
 - 200 Independence Avenue SW
 - Room 509F HHH Bldg.
 - Washington, DC 20201
- Mailing a completed Health Information Privacy Complaint Form to OCRComplaint@hhs.gov.

or

- Visiting the complaint portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

We will not take any action against you for filing a complaint.

Effective date

Originally issued April 17, 2019.

Nondiscrimination notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

UPMC Health Plan:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 711)
Fax: 1-412-454-7920
Email: HealthPlanCompliance@upmc.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefit Management Services Inc.

Translation services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 711).

주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-869-7228 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો ભિ.શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 711).

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃស្រេច។ សូមទូរស័ព្ទទៅលេខ 1-855-869-7228 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 711).



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workpartners.com

