

# Required Annual Notices

## HIPAA

If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person. When you have previously declined coverage, you must have given (in writing) the alternative coverage as your reason for waiving coverage under the group health plan when you declined to participate. In either case, as long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child. See the Plan Administrator for details about special enrollment.

## Notice Regarding Lifetime & Annual Dollar Limits

In accordance with applicable law, none of the lifetime dollar limits and annual dollar limits set forth in the Plan shall apply to “essential health benefits,” as such term is defined under Section 1302(b) of the Affordable Care Act. The law defines “essential health benefits” to include, at minimum, items and services covered within certain categories including emergency services, hospitalization, prescription drugs, rehabilitative and habilitative services and devices, and laboratory services, but currently provides little further information. Accordingly, a determination as to whether a benefit constitutes an “essential health benefit” will be based on a good faith interpretation by the Plan Administrator of the guidance available as of the date on which the determination is made.

## Special Rule for Women's Health Coverage

The Women's Health and Cancer Rights Act of 1998 (“WHCRA”) requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas.

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires group health plans to offer continuation coverage to covered employees, former employees, spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, a covered employee's becoming entitled to Medicare, divorce or legal separation of a covered employee and spouse, and a child's loss of dependent status (and therefore coverage) under the plan. COBRA sets rules for how and when continuation coverage must be offered and provided, how employees and their families may elect continuation coverage, and what circumstances justify terminating continuation coverage.

## The Genetic Information Non-Discrimination Act (“GINA”)

GINA prohibits the Plan from discriminating against individuals on the basis of genetic information in providing any benefits under the Plan. Genetic information includes the results of genetic tests to determine whether someone is at increased risk of acquiring a condition in the future, as well as an individual's family medical history.

## Wellness

If your Plan includes a Wellness program that provides rewards or surcharges based on your ability to complete an activity or satisfy an initial health standard, you have the right to request a reasonable alternative should it be determined that it is not medically advisable for you to either complete the activity or satisfy the initial health standard.

## Mental Health Parity & Addiction Equity

The Medical Plan provides the same coverage for any mental health service as are provided for medical coverage. This means that stated medical deductibles, copays, coinsurance and out-of-pocket limits will also apply to mental health services.

## Special Rule for Maternity & Infant Coverage

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 attending provider or physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

# Required Annual Notices

## Grandfathered Status

The Plan believes that none of the group health plans available under the Plan are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”).

## Affordable Care Act Consumer Protections

(a.) Coverage for Children Up to Age of 26. The Affordable Care Act of 2010 requires that the Plan must make dependent coverage available to adult children until they turn 26 regardless if they are married, a dependent, or a student.

(b.) Prohibition of Lifetime Dollar Value of Benefits. The Affordable Care Act of 2010 prohibits the Plan from imposing a lifetime limit on the dollar value of benefits.

(c.) Your Health Insurance Cannot Be Rescinded. The Affordable Care Act of 2010 prohibits the Plan, or any insurer, from rescinding your health insurance coverage under the Plan for misrepresentation.

(d.) Prohibition of Pre-existing Conditions. Effective January 1, 2014, the Affordable Care Act of 2010 prohibits the Plan, or any insurer, from denying any health insurance claim for any person because of a pre-existing condition.

(e.) Prohibition of Restrictions on Annual Limits on Essential Benefits. The Affordable Care Act of 2010 prohibits the Plan, or any insurer, effective January 1, 2014, from placing annual limits on the value of essential health benefits.

(f.) Notice of Marketplace/Exchange. If this health insurance is unaffordable (your cost of the premium exceeds 8.39% of your income) as defined under the Affordable Care Act, you may have the right to subsidized health insurance purchased through an exchange/marketplace created pursuant to the Affordable Care Act.

## Patient Protection Disclosure

You have the right to designate any participating primary care provider who is available to accept you or your family members (for children, you may designate a pediatrician as the primary care provider). For information on how to select a primary care provider and for a list of participating primary care providers, contact the Plan Administrator. You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you 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 Plan Administrator.

## Premium Assistance Under Medicaid & 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 your employer, 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 [healthcare.gov](https://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 [insurekidsnow.gov](https://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 employer plan, your employer must allow you to enroll in your employer 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 [askebsa.dol.gov](https://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 employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility -*

### ALABAMA - MEDICAID

[myalhipp.com](https://myalhipp.com) or 1-855-692-5447

### ALASKA - MEDICAID

#### The AK Health Insurance Premium Payment Program:

[myakhipp.com](https://myakhipp.com) or 1-866-251-4861 or email [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

#### Medicaid Eligibility:

[health.alaska.gov/dpa/Pages/default.aspx](https://health.alaska.gov/dpa/Pages/default.aspx)

### ARKANSAS - MEDICAID

[myarhipp.com](https://myarhipp.com) or 1-855-MyARHIPP (855-692-7447)

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## CALIFORNIA - MEDICAID

**Health Insurance Premium Payment (HIPP) Program:**  
[dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp) or 916-445-8322 or [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov) or Fax  
 916-440-5676

## COLORADO - HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

**Health First Colorado:** [healthfirstcolorado.com](http://healthfirstcolorado.com)  
**Health First Colorado Member Contact Center:**  
 1-800-221-3943 / State Relay 711  
**CHP+:** <https://hcpf.colorado.gov/child-health-plan-plus>  
**CHP+ Customer Service:** 1-800-359-1991 / State Relay 711  
**Health Insurance Buy-In Program (HIBI):** [mycohibi.com](http://mycohibi.com)  
**HIBI Customer Service:** 1-855-692-6442

## FLORIDA - MEDICAID

[flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/in dex.html](http://flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/in dex.html) or 1-877-357-3268

## GEORGIA - MEDICAID

**GA HIPP:** [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp) or 678-564-1162, Press 1  
**GA CHIPRA:** [medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra) or 678-564-1162, Press 2

## INDIANA - MEDICAID

**Healthy Indiana Plan for low-income adults 19-64:**  
[in.gov/fssa/dfrr](http://in.gov/fssa/dfrr) or 1-877-438-4479  
**All other Medicaid:** [in.gov/medicaid](http://in.gov/medicaid) or 1-800-457-4584

## IOWA - MEDICAID AND CHIP (HAWKI)

**Medicaid:** [hhs.iowa.gov/programs/welcome-iowa-medicaid](http://hhs.iowa.gov/programs/welcome-iowa-medicaid) or  
 1-800-338-8366  
**Hawki:** [hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki) or 1-800-257-8563  
**HIPP:** [hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp) or 1-888-346-9562

## KANSAS - MEDICAID

[kancare.ks.gov](http://kancare.ks.gov) or 1-800-792-4884  
**HIPP Phone:** 1-800-967-4660

## KENTUCKY - MEDICAID

**Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):**  
[chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
 or 1-855-459-6328 or [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
**KCHIP:** [kynect.ky.gov](http://kynect.ky.gov) or 1-877-524-4718  
**Kentucky Medicaid:** [chfs.ky.gov/agencies/dms](http://chfs.ky.gov/agencies/dms)

## LOUISIANA - MEDICAID

[medicaid.la.gov](http://medicaid.la.gov) or [ldh.la.gov/lahipp](http://ldh.la.gov/lahipp)  
**Medicaid:** 1-888-342-6207 **LaHIPP:** 1-855-618-5488

## MAINE - MEDICAL

**Enrollment:** [mymaineconnection.gov/benefits/s/?language=en\\_US](http://mymaineconnection.gov/benefits/s/?language=en_US) or 1-800-442-6003 / TTY: Maine relay 711  
**Private Health Insurance Premium:**  
[maine.gov/dhhs/ofi/applications-forms](http://maine.gov/dhhs/ofi/applications-forms) or 1-800-977-6740  
 TTY: Maine relay 711

## MASSACHUSETTS - MEDICAID AND CHIP

[mass.gov/masshealth/pa](http://mass.gov/masshealth/pa) or 1-800-862-4840 / TTY: 711  
 Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA - MEDICAID

[mn.gov/dhs/health-care-coverage/](http://mn.gov/dhs/health-care-coverage/) or 1-800-657-3739

## MISSOURI - MEDICAID

[dss.mo.gov/mhd/participants/pages/hipp.htm](http://dss.mo.gov/mhd/participants/pages/hipp.htm) or 573-751-2005

## MONTANA - MEDICAID

[dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP) or 1-800-694-3084 or [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA - MEDICAID

[ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov) or 1-855-632-7633  
**Lincoln:** 402-473-7000 **Omaha:** 402-595-1178

## NEVADA - MEDICAID

[dhcfnv.gov](http://dhcfnv.gov) or 1-800-992-0900

## NEW HAMPSHIRE - MEDICAID

[dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](http://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program) or 603-271-5218  
**Toll free number for HIPP:** 1-800-852-3345, ext. 15218  
 Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY - MEDICAID AND CHIP

**Medicaid:** [state.nj.us/humanservices/dmahs/clients/medicaid](http://state.nj.us/humanservices/dmahs/clients/medicaid) or 800-356-1561  
**CHIP:** [njfamilycare.org/index.html](http://njfamilycare.org/index.html) or 609-631-2392 (Chip Premium Assistance) or 1-800-701-0710 (Chip Phone)

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<b>NEW YORK - MEDICAID</b>
<a href="https://health.ny.gov/health_care/medicaid">health.ny.gov/health_care/medicaid</a> or 1-800-541-2831
<b>NORTH CAROLINA - MEDICAID</b>
<a href="https://medicaid.ncdhhs.gov">medicaid.ncdhhs.gov</a> or 919-855-4100
<b>NORTH DAKOTA - MEDICAID</b>
<a href="https://hhs.nd.gov/healthcare">hhs.nd.gov/healthcare</a> or 1-844-854-4825
<b>OKLAHOMA - MEDICAID AND CHIP</b>
<a href="https://insureoklahoma.org">insureoklahoma.org</a> or 1-888-365-3742
<b>OREGON - MEDICAID</b>
<a href="https://healthcare.oregon.gov/Pages/index.aspx">healthcare.oregon.gov/Pages/index.aspx</a> or 1-800-699-9075
<b>PENNSYLVANIA - MEDICAID AND CHIP</b>
<b>Medicaid:</b> <a href="https://pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> or 800-692-7462 <b>CHIP:</b> <a href="https://dhs.pa.gov/CHIP/Pages/CHIP.aspx">dhs.pa.gov/CHIP/Pages/CHIP.aspx</a> or 1-800-986-KIDS (5437)
<b>RHODE ISLAND - MEDICAID AND CHIP</b>
<a href="https://eohhs.ri.gov">eohhs.ri.gov</a> or 1-855-697-4347 <b>Direct Rlte Share Line:</b> 401-462-0311
<b>SOUTH CAROLINA - MEDICAID</b>
<a href="https://scdhhs.gov">scdhhs.gov</a> or 1-888-549-0820
<b>SOUTH DAKOTA - MEDICAID</b>
<a href="https://dss.sd.gov">dss.sd.gov</a> or 1-888-828-0059
<b>TEXAS - MEDICAID</b>
<a href="https://www.healthinsurancetexas.gov/learn/premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> or 1-800-440-0493
<b>UTAH - MEDICAID AND CHIP</b>
<b>Medicaid:</b> <a href="https://medicaid.utah.gov/">medicaid.utah.gov/</a> or <a href="mailto:upp@utah.gov">upp@utah.gov</a> or 888-222-2542 or <a href="https://medicaid.utah.gov/expansion/">medicaid.utah.gov/expansion/</a> or <a href="https://medicaid.utah.gov/buyout-program/">medicaid.utah.gov/buyout-program/</a> <b>CHIP:</b> <a href="https://health.utah.gov/chip">health.utah.gov/chip</a> or 1-877-543-7669
<b>VERMONT - MEDICAID</b>
<a href="https://www.vermont.gov/health/department-of-vermont-health-access">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> or 1-800-250-8427
<b>VIRGINIA - MEDICAID AND CHIP</b>
<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> or <b>Medicaid/CHIP:</b> 1-800-432-5924

<b>WASHINGTON - MEDICAID</b>
<a href="https://hca.wa.gov">hca.wa.gov</a> or 1-800-562-3022
<b>WEST VIRGINIA - MEDICAID AND CHIP</b>
<a href="https://dhhr.wv.gov/bms">dhhr.wv.gov/bms</a> or <a href="https://mywvhipp.com">mywvhipp.com</a> <b>Medicaid:</b> 304-558-1700 <b>CHIP Toll-free:</b> 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN - MEDICAID AND CHIP</b>
<a href="https://dhs.wisconsin.gov/badgercareplus/p-10095.htm">dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> or 1-800-362-3002
<b>WYOMING - MEDICAID</b>
<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility">health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility</a> or 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

## U.S. Department of Labor

Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](https://dol.gov/agencies/ebsa); 1-866-444-EBSA (3272)

## U.S. Department of Health & Human Services

Centers for Medicare and Medicaid Services  
[cms.hhs.gov](https://cms.hhs.gov); 1-877-267-2323 (Menu Option 4, Ext. 61565)

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibility

This notice describes how health information about you, including your payment for health insurance, may be used and disclosed by our health plan under the Health Insurance Portability and Accountability Act (HIPAA) and how you can get access to this information. Please review it carefully.

YOUR RIGHTS	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
<b>Get a copy of your health and claims records</b>	You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<b>Ask us to correct health and claims records</b>	You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
<b>Request confidential communications</b>	You can ask us to contact you in a specific way (for example: home or office phone) or to send mail to a different address. We will consider all reasonable requests, and you must say "yes" if you tell us you would be in danger if we do not.
<b>Ask us to limit what we use or share</b>	You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
<b>Get a list of those with whom we've shared information</b>	You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<b>Get a copy of this privacy notice</b>	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<b>Choose someone to act for you</b>	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action,
<b>File a complaint if you feel your rights are violated</b>	You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="https://www.hhs.gov/ocr/privacy/hipaa/complaints/">hhs.gov/ocr/privacy/hipaa/complaints/</a> . We will not retaliate against you for filing a complaint.

YOUR CHOICES	For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
<b>In these cases, you have both the right and choice to tell us to:</b>	Share information with your family, close friends, or others involved in payment for your care. Share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

# Notice of Privacy Practices

YOUR CHOICES	For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing Purposes</li> <li>• Sale of your information</li> </ul>
<b>How do we typically use or share your health information?</b>	We generally do not use your health information for purposes other than administering the company's health plan. HIPAA does allow us, however, if we were to choose to do so, to use or share your health information in our possession the following ways.
<b>Health manage the health care treatment you receive.</b>	We can use your health information and share it with professionals who are treating you. <b>Example:</b> We use health information about you to develop better services for you.
<b>Run our organization.</b>	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. That does not apply to long term care plans. <b>Example:</b> We use health information about you to develop better services for you.
<b>Pay for your health services.</b>	We can use and disclose your health information as we pay for your health services. <b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.
<b>Administer Your Plan</b>	We may disclose your health information to your health plan sponsor for plan administration. <b>Example:</b> Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
<b>Health with public health and safety issues</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
<b>Do Research</b>	We can use or share your information for health research.
<b>Comply with the law</b>	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director.</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests.</b>	We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective service</li> </ul>
<b>Respond to lawsuits and legal actions.</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# Notice of Privacy Practices

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer\\_rights.pdf](https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer_rights.pdf)

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

- The Effective Date of this Notice is January 1, 2024
- This Notice will serve as Notice for the following benefit enrolled employees:
  - Manpower