



Let's talk about your privacy and rights

Notice of Privacy Practices

Important information about your rights and our responsibilities

This notice describes:

- **How your medical, dental, vision and hearing information may be used and disclosed.**
- **How you can access this information with regard to your health benefits.**

Please read carefully.

It's our duty to protect your personal health information. By law, we have to send you each year a notice about your rights. It also must include some of our duties to help keep your information safe. This notice combines these:

- State Notice of Privacy Practices
- Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices
- Breast Reconstruction Surgery Benefits

State Notice of Privacy Practices

When it comes to your health information, we follow state laws. At times, they are stricter than the federal HIPAA privacy law. This notice:

- Explains your rights and our duties under state law.
- Applies to health, dental, vision and life insurance benefits you may have.

Your state may give you even more rights to limit sharing your health information. Please call the Customer Service number on your ID card for more details.

Your personal information

Your nonpublic (private) personal information (PI) identifies you. One reason your PI is gathered is for insurance matters. You have the right to see and correct your PI. We may collect, use and share your PI in ways this notice describes. Our goal is to protect your PI because it can be used in many ways. It can be used to make judgments about you. It can be used to find out about your health, finances, character, habits, hobbies, reputation, career and credit.

We may get your PI from others, such as doctors, hospitals or other insurance companies. We may share your PI with others who are not in our company – without your OK. But we take steps within reason to protect your PI. If an activity requires us to give you a chance to opt out, we'll let you know. You can tell us if you don't want your PI used or shared for an activity that you can opt out of. We'll let you know how to opt out.

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

We keep your health and financial information private. We do this for all of our current and former members. It's required by law, accreditation standards and our own rules. Federal law also requires us to give you this notice. It explains your rights, our legal duties and privacy practices.

Your protected health information

At times we may collect, use and share your protected health information (PHI). We do so when allowed or required by law, such as the HIPAA privacy rule.

How we collect, use and share your PHI

We collect, use and share your PHI for these reasons:

- **Payment**
 - To take care of your account and benefits
 - To pay claims for the health care you get through our plan
- **Your health care operations**
- **Services that relate to your treatment.** We don't treat our plan members. We do collect, use and share data about your treatment to offer services that may help you. That means we may share your PHI with others who are treating you.

How we may use or share your PHI

- To have data in our files about premium and deductible payments
- To help you get health plan benefits and other types of care
- To give to a doctor's office to confirm your benefits
- To review the quality and types of care you get
- To help you manage conditions like asthma, diabetes or traumatic injury
- To create, use or share your data as allowed by HIPAA

- To share the *Explanation of Benefits* with the subscriber of your plan for payment reasons
- To share with your doctor or hospital so they may treat you
- To share with health information exchanges for payment, operations and treatment. If you don't want your PHI shared in these ways, visit www.myamerigroup.com/Pages/Privacy.aspx for more information.

Sharing your PHI with you

- We must give you access to your own PHI.
- We may contact you about treatment options or other health benefits and types of care.
- We may tell you about other programs that you may qualify for.
- We may send you reminders about routine medical checkups and tests.
- You may get emails with limited PHI, such as welcome materials. We'll ask for your OK in writing before we email you.

Sharing your PHI with others

We must get your written OK first if we:

- Use your PHI for reasons other than treatment, payment, operations or research work.
- Use your PHI for marketing programs.
- Sell your PHI.
- Share any therapy notes from your doctor or therapist.

We may also need your written OK in other ways. You have the right to cancel any written OK you give at any time.

You have the right and choice to tell us to share your PHI:

- With your family, close friends or others involved with your treatment or payment for your care.
- In an emergency.
- For disaster relief reasons.

If you can't tell us what you prefer, we may share your PHI. We may do so if you have an emergency or if you're unconscious. We will share your PHI if we think it's in your best interest. We may also share your PHI to lessen a serious and likely threat to your health or safety.

Other reasons we may use or share your PHI

We are allowed or may be required to share your PHI for the good of the public for these reasons:

- To help with public health and safety issues
 - To prevent diseases
 - To help with product recalls
 - To report adverse reactions to medicines
 - To report suspected abuse, neglect or domestic violence
 - To prevent or reduce a serious threat to someone's health or safety
- To do health research
- To obey the law, if it requires sharing your PHI
- To respond to organ donation groups for research and certain reasons
- To address workers' compensation, law enforcement and other government requests
- To alert authorities if we think you may be a victim of abuse or other crimes
- To respond to lawsuits and legal actions

If you're enrolled with us through an employer

We may share your PHI with your group health plan. The employer who pays all or part of your premium, but not your health care claims, can only have your PHI for approved reasons. The employer is required by law to protect it.

Authorization

We'll get your OK in writing before we use or share your PHI for any reason not stated in this notice. You may cancel your OK at any time, in writing. This act would then stop us from using your PHI. But if we've used or shared your PHI with your written OK, we can't undo any actions we took before you told us to stop.

Genetic information

We can't use your genetic data to decide:

- Whether we'll cover you.
- The cost of the coverage you get.

Race, ethnicity and language

We may get information about your race, ethnic background and language. We protect your data as this notice states. We may use what we learn about you to:

- Help you know what your needs are.
- Come up with programs and materials that educate.
- Offer interpreter help.

We don't use your race, ethnic background and language data to decide on:

- Whether or not we'll cover you.
- The kind of coverage we'll give you.
- The cost to cover you.

We don't share this with anyone who has no right to have your information.

Your rights

Under federal law, you have the right to:

- Ask us in writing to see or get a paper copy of your PHI or a copy of your PHI through email. As you know, a third party can read your PHI when it's sent by regular email. That means email that's not encrypted. We will first check with you that you want to get your PHI by regular email (no encryption) before we send it to you.
- Ask that we correct any of your PHI that you think is wrong or not complete. If someone else, such as your doctor, gave us the PHI, we'll let you know so you can ask him or her to correct it.
- Ask us in writing not to use your PHI for treatment, payment or health care operations. We may say "no" to your request. We'll tell you why in writing.
- Ask us to get in touch with you in confidence. You can ask us to send your PHI or contact you in other ways that are within reason. Also, let us know if you want us to send your mail to a different address. You may want to do this if getting mail at your home could put you in danger.
- Ask us in writing for a list of those with whom we've shared your PHI.

- Ask for a restriction for the types of care you pay for out of your own pocket. A restriction prevents the use or sharing of your PHI for reasons of treatment, payment or operations. If you pay for any medical care out of your own pocket in full, you have the right to ask for a restriction. If you or your provider turns in a claim to us, we may not agree to a restriction (see "Your rights" above). If a law requires sharing your data, we don't have to agree to your restriction.
- Call the Customer Service phone number on your ID card to use any of these rights. A Customer Service team member can give you the address to send your request. He or she also can give you any forms we have that may help you with the process.

How we protect your PHI

We've set up policies and practices to help keep your PHI secure and private. If we think your PHI has been breached, we must let you know. Our safety measures follow federal and state laws.

Here are some of the ways we keep your oral, written and electronic PHI safe:

- We use the right procedures. That includes physical and electronic ways.
- We secure each office that holds PHI and password-protected computers.
- We lock storage areas and filing cabinets.
- We require our staff to have written policies and procedures to protect PHI. These policies give PHI access to only those who need the data to do their jobs.
- We require our staff to wear ID badges. This helps keep those who have no right to access your PHI out of areas where we keep your PHI.
- When required by law, our business partners must protect the privacy of the data we share with them while they work with us.
- Our business partners can't give your PHI to those who don't have your written OK. They can share your PHI if the law allows it and this notice states it.

Potential impact of other laws that apply

HIPAA is the federal privacy law. As a rule, HIPAA does not cancel other laws that give you more privacy protections. As a result, we don't just follow HIPAA. We must also follow any state or federal law that requires us to give you more privacy protections.

Calling or texting you

Our health plan, affiliates and/or vendors may call or text you. We may use an automatic telephone dialing system and/or a recorded voice. What we do must comply with the Telephone Consumer Protection Act (TCPA). Our calls may be about treatment options. Or they may be about types of care that can impact your health. If you don't want us to contact you by phone, let the caller know. Or call **1-844-203-3796** to add your phone number to our Do Not Call list. We will then no longer call or text you.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. Just call the Customer Service number on your member ID card. Or you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting **www.hhs.gov/ocr/privacy/hipaa/complaints**. We will not take action against you for filing a complaint.

Contact information

You may call the Customer Service number on your member ID card. A Customer Service team member can:

- Help you apply your rights.
- File a complaint.
- Talk with you about privacy issues.

Copies and changes

You have the right to get a new copy of this notice at any time. If you agree to get this notice by electronic means, you still have the right to ask for a paper copy. We reserve the right to change this notice. A revised notice will apply to the PHI we now have about you. It will also apply to any PHI we may get in the future. The law requires us to follow the privacy notice that's in effect at this time. We may tell you about any change to our notice through a newsletter, our website or a letter.

Effective date of this notice

This notice first went into effect on April 14, 2003. You will find the date of the latest revision in the footer at the end of this notice.

Breast Reconstruction Surgery Benefits

A mastectomy that we cover includes benefits that comply with the Women's Health and Cancer Rights Act of 1998. This law calls for:

- Reconstruction of the breast(s) that had a covered mastectomy.
- Surgery and reconstruction of the other breast to make both breasts look the same.
- Prostheses.
- Coverage for physical complications tied to all stages of a covered mastectomy. This includes lymphedema.

You'll pay your deductible, copay and/or coinsurance, if you have any. For details, contact your plan.

To know more about the Women's Health and Cancer Rights Act, go to the United States Department of Labor website at **www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra**.

Your rights

It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: **711**).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop:

OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling **1-800-368-1019** (TTY: **1-800-537-7697**) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service number on the back of your ID card.

English: You have the right to get this information and help in your language for free. Call the Customer Service number on your ID card for help. (TTY: **711**)

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY: **711**)

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: **711**).

Armenian: Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և օգնությունը: Օգնությունը ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: **711**)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請撥打您的ID卡上的成員服務號碼尋求協助。(TTY/TDD: **711**)

Farsi:

شما این حق را دارید که این اطلاعات و کمکی را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: **711**)

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: **711**)

Haitian: Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: **711**)

Hmong: Koj muaj cai tau txais qhov lus qhia no thiab kev pab hais ua koj hom lus yam tsis xam tus nqi. Hu rau tus nab npawb xov tooj lis Cov Kev Pab Cuam Rau Tswv Cuab nyob rau ntawm koj daim ID txhawm rau thov kev pab. (TTY/TDD: 711)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Japanese: この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Korean: 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Navajo: Bee ná haz'á díí baa hane'ígíí naadooltsos dóó t'áá níík'e nizaad bee ná ata' hodooni. Kwe'é áká anídaalwo'ígíí bich'í' hodíílnih naaltsoos bee nééhózinígíí bik'ehgo béésh bee hane'ígíí bikáá'. (TTY/TDD: 711)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Portuguese: Tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o número dos Serviços para Membros indicado no seu cartão de identificação para obter ajuda. (TTY/TDD: 711)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog: May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Vietnamese: Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

