

**NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL AND FINANCIAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR MEDICAL AND FINANCIAL INFORMATION
IS VERY IMPORTANT TO US.**

At Premera Blue Cross, we are committed to maintaining the confidentiality of your medical and financial information, which we refer to as your “personal information,” regardless of format: oral, written, or electronic. This Notice of Privacy Practices informs you about how we may collect, use and disclose your personal information and your rights regarding that information.

The effective date of this Notice is September 23, 2013. It will remain in effect until we replace it. This Notice pertains to you and your covered dependents. Please share it with your covered dependents.

OUR RESPONSIBILITIES TO PROTECT YOUR PERSONAL INFORMATION

Under both the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Gramm-Leach-Bliley Act, Premera Blue Cross must take measures to protect the privacy of your personal information. In addition, other state and federal privacy laws may provide additional privacy protection. Examples of your personal information include your name, Social Security number, address, telephone number, account number, employment, medical history, health records, claims information, etc.

We protect your personal information in a variety of ways. For example, we authorize access to your personal information by our employees and business associates only to the extent necessary to conduct our business of serving you, such as paying your claims. We take steps to secure our buildings and electronic systems from unauthorized access. We train our employees on our written confidentiality policy and procedures and employees are subject to discipline if they violate them. Our privacy policy and practices apply equally to personal information about current and former members; we will protect the privacy of your information even if you no longer maintain coverage through us.

We are required by law to:

- protect the privacy of your personal information;
- provide this Notice explaining our duties and privacy practices regarding your personal information;
- notify you following a breach of your unsecured personal information; and
- abide by the terms of this Notice.

HOW WE MAY COLLECT YOUR PERSONAL INFORMATION

We collect most of your personal information directly from you. By submitting an application for coverage with us or being our member, we may also obtain your personal information from third parties without your specific authorization. These third parties may include producers, employers, health care providers, other health plans or insurers, and state and federal agencies.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL INFORMATION

We may use or disclose your personal information without your specific authorization for the purposes described below. For other purposes, we will request your specific authorization in writing, which you may grant or reject. If granted, you can revoke the authorization at any time by letting us know in writing.

Treatment: Though we do not provide treatment, we may disclose personal information about you that your physician or other health care provider requests to help them with your medical treatment or services. For example, we may disclose what prescriptions you have filled to help your physician or other health care provider to prescribe the appropriate medication.

Payment: We may use and disclose personal information so that we can process your medical claims. For example, we may need to disclose personal information to administer your health benefits, to coordinate benefits with other health plans, to determine coverage and to obtain premiums. However, state and federal laws prohibit us from disclosing certain types of sensitive personal information, including psychotherapy notes, about you without your specific authorization.

Health Care Operations: We may use and disclose personal information for health plan operations. For example, we may disclose personal information to conduct quality assessment and improvement activities, to engage in care or case management. However, federal law prohibits us from using or disclosing genetic information for underwriting purposes. State laws may prohibit us from disclosing certain types of sensitive personal information about you to other members of your family without your specific authorization. For example, our care coordination nurse may not be permitted to disclose case management information about an inpatient mental health admission without a specific authorization.

Business Associates: We may disclose your personal information to our Business Associates. These are entities or individuals that are not employed by us that perform health care operations or payment activities on our behalf which require that the Business Associate create, receive, maintain, or transmit your personal information. We must have contracts with our business associates that require them to maintain the confidentiality of your personal information. For example, we may contract with a pharmacy benefit manager to administer prescription drug benefits.

Appointment/Service Reminders: We may use your personal information to contact you to remind you to obtain preventive health services or to inform you of treatment alternatives and/or health-related products or services that may be of interest to you and are provided by us, included in your plan of benefits or otherwise valuable products or services that are only available to current members.

Individuals Involved in Your Care or Payment for Your Care: We may disclose personal information about you to a family member or other individuals who are directly involved in your care or payment for your care, even after your death.

As Required by Law: We may use or disclose your personal information when required by federal, state or local law. For example, we may disclose personal information to a health oversight agency, to include the Secretary of the Department of Health and Human Services or a state insurance department, for activities such as audits, investigations, or related to licensure. If you receive public benefits through a government program, we may disclose personal information about you to the state or federal agency administering that program or another government program, including workers' compensation programs.

Public Health and Safety: We may disclose personal information about you to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

Research: We may disclose your personal information as part of a limited data set for purposes of research, public health or health care operations. We also may disclose personal information to researchers when their research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the confidentiality of your personal information.

Legal Proceedings: We may disclose your personal information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your personal information to law enforcement officials if we receive a court order, warrant, grand jury subpoena or an inquiry for purposes of identifying or locating a suspect, fugitive, material witness or missing person. If you are an inmate, we may disclose your personal information to correctional institutions as allowed by law.

Military and National Security: Under certain circumstances, we may disclose to military authorities the personal information of armed forces personnel. We may also disclose to authorized federal officials personal information required for lawful intelligence, counterintelligence and other national security activities.

Sales and Marketing: We will not sell your personal information or use or disclose it for marketing purposes without first obtaining your written authorization to do so.

YOUR RIGHTS REGARDING PERSONAL INFORMATION

You have the following rights regarding personal information that we maintain about you.

Inspection: You have the right to request inspection and to receive a copy of a record of your personal information. If we maintain the record electronically, you have the right to request the copy be in the electronic format of your choice. If we cannot readily provide your record in that format, we will provide your record in an electronic format that you and we have agreed to.

Amendment: If you feel the personal information that we maintain about you is incorrect or incomplete, you have the right to request amendment to your personal information.

Restriction Request: You have a right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment and health care operations activities or disclosures to individuals involved in your care.

Confidential Communications: If you believe that disclosure of all or part of your personal information may endanger you, you have the right to request that we communicate with you about health matters at an alternative location. For example, you may ask that we only contact you at your work address.

Accounting of Disclosures: You have the right to an accounting of disclosures we have made for purposes other than for treatment, payment, health care operations, or that you specifically authorized. Your request may be for disclosures made up to 6 years before the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of copying, mailing, and supplies associated with your request.

All of these requests must be made in writing. Please contact us at the phone number below or visit our web site at www.premera.com/ma for the applicable request form. Except for accounting of disclosures, we will evaluate each request and communicate to you in writing whether or not we can honor the request. There are instances when we cannot honor your request. For example, we will not amend personal information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment. We may also charge a reasonable fee for the costs of copying, mailing and supplies associated with your inspection and amendment requests.

CHANGES TO THIS NOTICE

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about you that we maintain. If we make any changes to our privacy practices, we will provide you with a copy of the revised Notice. We will also post the revised Notice on our web site. If you need a copy of this Notice or want more information about our privacy practices, contact us as described below.

ELECTRONIC NOTICE

If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to receive this Notice in paper form. To obtain a paper copy of this Notice, contact us as described below.

REPORTING A PROBLEM

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.

CONTACT INFORMATION

You may exercise any of your rights described in this Notice, or ask questions about these rights, by contacting us at:

Contact office for all other coverage: Premera Blue Cross, PO Box 91102, Seattle, WA 98111-9202
Telephone: 1.888.850.8526

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to 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 Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator — Complaints and Appeals
Premera Blue Cross Medicare Advantage Plans -
Complaints & Appeals
PO Box 262527, Plano, TX 75026
Phone: 888-850-8526, fax: 800-889-1076, TTY: 711
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also 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 Ave SW, Room 509F, HHH Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 888-850-8526 (TTY: 711).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 888-850-8526 (TTY: 711) ይደውሉ።

العربية (Arabic):

يحيوي هذا الإشعار معلومات هامة. قد يحيوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ(888-850-8526 (TTY: 711)

中文 (Chinese):

本通知有重要的訊息。 本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 888-850-8526 (TTY: 711)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 888-850-8526 (TTY: 711) tii bilbilaa.

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 888-850-8526 (TTY: 711).

日本語 (Japanese): この通知には重要な情報が含まれています。 この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。888-850-8526 (TTY: 711)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 888-850-8526 (TTY: 711) 로 전화하십시오.

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្លៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 888-850-8526 (TTY: 711)។

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 888-850-8526 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ
Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ
ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਜਵਾਬ
ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ
ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ
ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ
ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ, ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ
ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਕਾਲ
888-850-8526 (TTY: 711).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 888-850-8526 (TTY: 711).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 888-850-8526 (TTY: 711).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 888-850-8526 (TTY: 711).

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 888-850-8526 (TTY: 711).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 888-850-8526 (TTY: 711).