

NOTICE OF PRIVACY PRACTICES

Effective February 18, 2020

THIS NOTICE DESCRIBES HOW YOUR PERSONAL FINANCIAL AND HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

45 CFR 164.520(b)(1)(i)

This notice applies to the privacy practices of Blue Cross of Idaho Health Service, Inc. and Blue Cross of Idaho Care Plus, Inc., affiliated entities. Blue Cross of Idaho maintains the privacy of your protected health information and is required to comply with the terms of this notice currently in effect. We may share your personal financial and health information with each other as needed for our treatment, payment and healthcare operations. We are committed to protecting the privacy of your personal financial and health information in any form, whether oral, written or electronic. We keep your personal information private by maintaining physical, electronic, and procedural safeguards that comply with legal requirements. This notice explains our privacy practices, our legal duties, and your rights concerning your personal information. We reserve the right to change the way your personal information is used or disclosed. Blue Cross of Idaho provides our members notice of its legal duties and privacy practices with respect to protected health information. If we make a material change to the notice, we will post the revised notice on our website and send current members information about the change and how to obtain a revised notice the next time we send out a mailing to all members.

Uses and Disclosures of Personal Financial Information

We use certain financial information to carry out insurance activities as allowed by law. This includes information collected from you when you apply for our products or services, such as your name, address, age, and social security number. We may verify or obtain additional information through others, such as adult family members, employers, other insurers, physicians, hospitals, and other medical providers. We disclose information only to our affiliates and others who perform services within the scope of healthcare operations on our behalf. For example, information is disclosed to our affiliates and others to help us evaluate requests for insurance or benefits, perform general administrative activities, and process claims. In addition, we disclose information to law enforcement and regulatory agencies to help us prevent fraud. We do not make any disclosures of your financial information to other companies who may want to sell their products or services to you.

Uses and Disclosures of Personal Health Information

We use your personal health information for treatment, healthcare payment and operations as allowed or required by law. We must use and disclose your personal health information to provide information:

- To you or someone who has the right to act on your behalf (your legal or personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- As required by law.

We have the right to use and disclose your personal health information for treatment, to pay for your healthcare, and to carry out our healthcare operations. For example, we may use or disclose your personal health information:

- To pay or deny your claims, to collect your premiums, to share your benefit payment information with your other insurers, and to inform your providers regarding your eligibility for coverage under a health plan;
- To provide customer services to you, or to resolve any complaints you may have;
- To inform the policyholder about determinations made regarding claims submitted for all dependents on the policy;
- To send you a reminder to obtain preventive health services or to inform you about alternative medical treatments or other health-related benefits and services that may interest you (such as our Disease Management Programs);
- To the Idaho Health Data Exchange (IHDE), a collaboration to improve coordination and quality of care, and to other health care entities that provide health care operations on our behalf, and other health improvement or health care cost-reduction programs;
- With others who help us conduct our business operations. However, we will not share your information with these outside groups unless they agree to protect it;
- If you are an enrollee of a group health plan, to share information with the plan sponsor (employer) or the group health plan through which you receive health benefits. However, we will not share detailed health information with your benefit plan unless they agree in writing to protect it;

We may use or disclose personal health information for the following purposes under limited circumstances:

- To meet regulatory requirements of state and federal agencies (such as the Idaho Department of Insurance);
- For public health activities (such as reporting disease outbreaks, child abuse, neglect or domestic violence);
- For government health care oversight activities (such as fraud and abuse investigations);
- For judicial and administrative proceedings (such as in response to a court order);
- For law enforcement purposes (such as providing limited information to locate a missing person);
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avoid a serious and imminent threat to health or safety;
- To a coroner, medical examiner, funeral director or organ donation organizations (for reasons such as to identify a deceased person, determine a cause of death, or as authorized by law);
- To a correctional institution or to a law enforcement official (for reasons such as the health and safety of the inmates and for the safety and security of the correctional institution);
- To specialized government functions (such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others);
- To workers compensation carriers or others involved in workers compensation systems (for reasons such as to report information on job-related injuries); and
- To others involved in your health care or payment for health care (for reasons such as to inform your spouse of the status of a claim).

We may not use or disclose any genetic information for our underwriting purposes. We may not sell your personal health information, or use or disclose your personal health information for marketing communications, without your written authorization except where permitted by law.

Other Uses and Disclosures of Your Personal Health Information

By law, we must have your written authorization to use or disclose your personal health information for any purpose that is not set out in this notice (for reasons such as the disclosure of psychotherapy notes). You may revoke your written authorization at any time, except if we have already acted based on your authorization.

Potential Impact of State Law

In some situations, we are required to follow state privacy or other applicable laws that provide greater privacy protections to individuals. If a state law that we follow requires that we not use or disclose protected health information (such as age of majority or parental notification restrictions), then we may not use or disclose that information.

Breach Notification

In the event of a breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

Your Rights

By law, you have the right to:

- Inspect and get a copy of your personal health information held by us upon your written request. An electronic copy may be available in certain circumstances upon request. There may be a fee for copies of this information;
- Have your personal health information amended if you believe (and we agree) that it is wrong or if information is missing. You must make this request in writing and the request must explain why you think the information should be amended;
- Receive, upon written request, a list of instances in which we may have disclosed your personal health information for purposes other than those described in this notice. This list does not include disclosures made for treatment, payment or healthcare operations, certain other activities, and those authorized by you;
- Ask us, upon written request, to communicate with you in a different manner or at a different place (for example, by sending materials to a post office box instead of your home address). Please include in your request if you believe you will be harmed if we sent your information to your current mailing address.
- Ask us to restrict how your personal health information is used and disclosed in order to pay your claims and run our healthcare operations. We are not required to agree to any restriction that you may request; and
- Get a copy of this notice at any time.

Questions and Complaints

If you believe we have violated your privacy rights set out in this notice, you may file a complaint with us at the following address:

Information Privacy Officer
Blue Cross of Idaho
P.O. Box 7408
Boise, ID 83707
1-877-488-7788

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

Please contact our Information Privacy Officer at 1-877-488-7788 for more information about this notice.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-627-1188 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-627-1188 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-627-1188 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 請此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-627-1188 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-627-1188 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-627-1188 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-627-1188 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-627-1188 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-627-1188 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-627-1188 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري, ليس عليك سوى الاتصال بنا على 1-800-627-1188 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-627-1188 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-627-1188 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-627-1188 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-627-1188 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-627-1188 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬ランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳ご用命になるには、1-800-627-1188 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Farsi: دینک یم وگتفگ یراف نابز هب رگا: هجوت، یم مهارف امش یراب ناگیار تروصب ینابز تالیست دیریگب سامت 1-800-627-1188 (TTY: 711) اب دشاب.

Nepali: ध्यान दनुहोस्: तपाईंले नेपाली बोलनुहुन्छ भने तपाईंको नमिता भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टिटी: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 711).