

# Employee Health Plan



## Required Notices

Effective January 1, 2011



There are specific changes to your health plan which are included below:

### **NOTICE OF SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Human Resources representative.

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### **NOTICE OF OPPORTUNITY TO ENROLL (Extension of Dependent Coverage to Age 26):**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Averett University Employee Health Plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective January 1, 2011. For more information contact your Human Resource representative at Averett University.

### **Lifetime Limit No Longer Applies and Enrollment Opportunity:**

The lifetime limit on the dollar value of benefits under your Group Health Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information please contact the Human Resources Department.

### **PRE-EXISTING CONDITIONS:**

**This plan does not impose a pre-existing condition exclusion for children under the age of 19.** This plan does have a pre-existing condition exclusion which applies to enrollees and dependents over the age of 19. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable

coverage.” Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to:

**Primary PhysicianCare**  
**PO Box 11088**  
**Charlotte, NC 28220-1088**  
**Phone: 1-800-446-5439**

## **COBRA NOTIFICATION:**

This notice is intended to inform you, in a summary fashion, of your rights and obligations under the “Consolidated Omnibus Budget Reconciliation Act of 1985” (COBRA). For additional information about your rights and obligations under the Plan you should refer to the Plan’s Summary Plan Description or contact the Plan Administrator. Federal law gives “Qualified Beneficiaries,” (An employee, spouse, and/or dependent child currently covered under the group health and/or dental plan on the day before a “Qualifying Event”) the right to continue their health care benefits beyond the date that coverage might otherwise terminate. You do not have to show that you are insurable to choose continuation coverage. A Qualified Beneficiary has the same rights under the group health plan as a “similarly situated active employee.” If the Qualified Beneficiary is deemed legally incapacitated during or prior to the election period, the election period must be suspended until the person is no longer incapacitated, or has a legal guardian appointed, or in the event of death, has an executor of the estate appointed. The entire premium, plus the administration fee allowed by law, must be paid by the continuing person. Coverage will end if the covered individual fails to make timely payment of a contribution or premium within a maximum of 45 days during initial premium/contribution and 30 days thereafter.

### **Benefits Affected by COBRA**

Any COBRA continuance option must include the offering of benefits for which the person was covered just prior to the COBRA “Qualifying Event”(an event which qualifies a person for continued coverage under COBRA). **A child born to or placed for adoption with the covered employee during the period of COBRA coverage must also be offered these benefits.** Dental benefits, vision care benefits, and flexible spending accounts may also apply.

If the Qualified Beneficiary was covered by these benefits prior to termination, the individual may, but is not required to, continue them under COBRA. The benefits, that are to be continued, if any, will be indicated by the Qualified Beneficiary at the time of COBRA enrollment. Employees may elect COBRA on behalf of their spouses and parents may elect coverage on behalf of their children.

Life insurance, accidental death and dismemberment benefits, weekly income or long term disability benefits, (if a part of the employer’s plan) are not considered for continuance under COBRA.

### **Maximum Time Periods**

Continuation will be available for a qualified beneficiary up to the maximum time period shown in each item listed below:

1. When coverage terminates due to reduction of hours worked or termination of employment, either voluntary or involuntary, for reasons other than gross misconduct, an employee and his covered dependents may continue coverage under COBRA for **up to 18 months**.
2. COBRA coverage may be continued **up to 36 months** for:
  - a. A covered child who ceases to be an eligible dependent (**see Notification Responsibility**);
  - b. A covered dependent of a deceased employee;
  - c. A former covered spouse whose coverage ceases due to divorce or legal separation (**see Notification Responsibility**);
  - d. A covered dependent when the employee's coverage ceases due to entitlement for Medicare.
3. There is a special continuation period for retired employees and their dependents when the employer declares bankruptcy under Title 11 of the United States Code and the retired employees and their dependents lose substantial coverage within one year before or after the date the bankruptcy proceeding commenced.
  - a. Coverage will be continued for the retired employee until the date of that person's death.
  - b. The surviving spouse or children of a deceased retired employee may continue coverage for up to a maximum of 36 months following the retired employee's death.

**NOTE:** For this item 3, coverage does not terminate when the person becomes eligible for Medicare.

The original 18 months may be extended to 36 months for qualified beneficiaries being affected by other events such as, the death of the employee, divorce, or legal separation, which may occur during the original 18 month period. If an employee is entitled to Medicare prior to a qualifying event, covered dependents will be entitled to COBRA coverage for up to the greater of 18 months from the date of the qualifying event, or 36 months from the earlier Medicare entitlement date. Combined qualifying events will not continue a beneficiary's coverage beyond the date of the original qualifying event for more than 36 months.

A **disabled individual** may extend COBRA **from 18 months to 29 months**, for an extra fee, provided that:

- a. The individual is determined as being disabled for Social Security purposes on the date of the qualifying event or within the first 60 days of COBRA coverage; and
- b. The individual notifies the plan administrator in writing within 60 days of the Social Security Administration's determination of disability and within the original 18 month COBRA period that applies to the person.

### **Notification Responsibility**

When coverage terminates due to an employee's death, termination, or eligibility for Medicare, the employer has 30 days in which to notify the Plan Administrator of the qualifying event.

When coverage terminates due to **divorce, legal separation, or change of dependent status, the qualified beneficiary has 60 days** from the qualifying event or from the date coverage terminates in which **to notify the employer and/or the Plan Administrator** that the qualifying event has occurred.

### **Trade Act of 2002**

The Trade Act of 2002 created a tax credit for certain individuals who become eligible for trade adjustment assistance and for certain retired employees who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC). Under the tax provisions, eligible individuals can either take a tax credit or get advance payment of 65% of premiums paid for qualified health insurance, including continuation coverage.

## Termination of COBRA Coverage

Continued coverage may cease before the end of the maximum period on the earliest of:

1. The date that the employer ceases to provide a group health and dental plan to any employee;
2. The date that the qualified beneficiary first becomes, after the date of election:
  - a. Covered under any other group health and dental plan as an employee or otherwise. However, a qualified beneficiary who becomes covered under a group health and dental plan which has a pre-existing conditions limit must be allowed to continue COBRA coverage for the length of a pre-existing condition or to the COBRA maximum time period, if less. COBRA coverage may be terminated if the qualified beneficiary becomes covered under a group health plan with a pre-existing condition limit, if the pre-existing conditions limit does not apply to or is satisfied by the qualified beneficiary by reason of the group health plan portability, access and renewal requirements of the Health Insurance Portability and Accountability Act, ERISA, or the Public Health Services Act.
  - b. Entitled to benefits under Medicare, except as stated in item 3 of **Maximum Time Periods**.
3. The end of the month in which premiums were paid if the cost of continued coverage is not paid within the 30 day grace period of the due date;
4. For an individual who has extended COBRA coverage of 29 months due to disability, COBRA coverage will end in the month that begins more than 30 days after a final determination has been made by the Social Security Administration that the individual is no longer disabled.

Complete instructions on how to elect continuation will be provided by the plan administrator within 14 days of receiving notice of the qualifying event. This and all other information will be sent to your last known address. Covered persons then have 60 days in which to elect continuation. The 60-day period is measured from the later of the date coverage terminates or the date notice of the right to continue is sent. If continuation is not elected in that 60-day period, then the right to elect continuation ceases. If you reject COBRA coverage before the due date, you may change your mind as long as you furnish a completed election form before the end of the election period.

If you or your dependents have any questions regarding COBRA, or if you have changed marital status, or you or your spouse have changed addresses, you must contact the COBRA administration department at 800-446-5439.



***Women's Health and Cancer Rights Act Notice***  
**Reconstructive Surgery Following Mastectomy**

To: Employees Who Are Eligible to Participate in the Group Health Plan

Re: Notice of Rights to Reconstructive Surgery following  
Mastectomy

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If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact your Human Resources department.

**Medicaid and the Children's Health Insurance Program (CHIP)**  
**Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid

or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**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 February 16, 2010. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-866-298-8443
<b>ALASKA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone: 1-800-866-3513 CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a> CHIP Phone: 303-866-3243
<b>ARIZONA – CHIP</b>	
Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a> Phone: 602-417-5422	
<b>ARKANSAS – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a> Phone: 1-888-474-8275	Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a> Phone: 1-866-762-2237

<b>GEORGIA – Medicaid</b>	<b>MONTANA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Telephone: 1-800-694-3084
<b>IDAHO – Medicaid and CHIP</b>	<b>NEBRASKA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 208-334-5747 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a> Phone: 1-877-255-3092
<b>INDIANA – Medicaid</b>	<b>NEVADA – Medicaid and CHIP</b>
Website: <a href="http://www.in.gov/fssa/2408.htm">http://www.in.gov/fssa/2408.htm</a> Phone: 1-877-438-4479	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>IOWA – Medicaid</b>	
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 785-296-3981	Website: <a href="http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm">http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm</a> Phone: 1-800-852-3345 x 5254
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	
Website: <a href="http://www.dhh.louisiana.gov/offices/?ID=92">www.dhh.louisiana.gov/offices/?ID=92</a> Phone: 1-888-342-0555	
<b>MAINE – Medicaid</b>	<b>NEW MEXICO – Medicaid and CHIP</b>

Website: <a href="http://www.maine.gov/dhhs/oms/">http://www.maine.gov/dhhs/oms/</a> Phone: 1-800-321-5557	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a>
<b>MASSACHUSETTS – Medicaid and CHIP</b>	Medicaid Phone: 1-888-997-2583
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>  Medicaid & CHIP Phone: 1-800-462-1120	CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico  CHIP Phone: 1-888-997-2583
<b>MINNESOTA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a>  Click on Health Care, then Medical Assistance  Phone: 800-657-3739	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831
<b>MISSOURI – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/index.htm">http://www.dss.mo.gov/mhd/index.htm</a>  Phone: 573-751-6944	Website: <a href="http://www.nc.gov">http://www.nc.gov</a>  Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>	<b>UTAH – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-800-755-2604	Website: <a href="http://health.utah.gov/medicaid/">http://health.utah.gov/medicaid/</a>  Phone: 1-866-435-7414
<b>OKLAHOMA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742	Website: <a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a>  Telephone: 1-800-250-8427
<b>OREGON – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.oregon.gov/DHS/healthplan/index.shtml">http://www.oregon.gov/DHS/healthplan/index.shtml</a>  Medicaid Phone: 1-800-359-9517 CHIP Website: <a href="http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml">http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml</a>	Medicaid Website: <a href="http://www.famis.org/">http://www.famis.org/</a>  Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a>  CHIP Phone: 1-866-873-2647

CHIP Phone: 1-800-359-9517	
<b>PENNSYLVANIA – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: http://www.dpw.state.pa.us/partnersproviders/medical assistance/doingbusiness/003670053.htm  Phone: 1-800-644-7730	Website: http://ihrsa/sites/DCS/COB/default.aspx  Phone: 1-800-562-6136
<b>RHODE ISLAND – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: www.dhs.ri.gov  Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm  Phone: 304-342-1604
<b>SOUTH CAROLINA – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: http://www.scdhhs.gov  Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p- 10095.htm  Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

## **HIPAA Notice of Privacy Practices:**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This is your Health Information Privacy Notice from Primary PhysicianCare, Inc. ("PPC"). **Please read it carefully.** You have received this notice because your Health Insurance coverage is administered by Primary PhysicianCare, Inc., on behalf of your employer sponsored health plan. Primary PhysicianCare, Inc. strongly believes in protecting the confidentiality and security of information we collect about you. This notice refers to Primary PhysicianCare, Inc. by using the terms "us," "we," or "our."

This notice describes how we protect the personal health information we have about you which relates to your Health insurance coverage ("Personal Health Information"), and how we may use and disclose this information. Personal Health Information includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights. A copy of this notice is posted on our website at [www.primarypc.com](http://www.primarypc.com).

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA"). You may submit questions to us on our website or you may write to us directly at Primary PhysicianCare, Privacy Officer, P.O. Box 11088 Charlotte, NC 28220.

We are required by law to:

- maintain the privacy of your Personal Health Information;
- provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and
- follow the terms of this notice.

We **protect** your Personal Health Information from inappropriate use or disclosure. Our employees, and those of companies that help us service your Health Benefits, are required to comply with our requirements that protect the confidentiality of Personal Health Information. They may look at your Personal Health Information only when there is an appropriate reason to do so, such as to administer the Health Plan.

We will **not** disclose your Personal Health Information to any other company for their use in marketing their products to you. However, as described below, we will use and disclose Personal Health Information about you for business purposes relating to your Health Insurance coverage.

The main reasons for which we may **use** and may **disclose** your Personal Health Information are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services offered by your Health Plan. The following describe these and other uses and disclosures, together with some examples.

- **Treatment:** We will use and release your PHI to your provider (doctors, dentists, pharmacies, hospitals, and other caregivers) who are treating you. We will also release your PHI when we are helping you get other services you or your provider have requested. This includes services you may get from another provider to use your PHI for treatment. We may also release your PHI about health care claims and encounters, medical history, eligibility, payment information, and other information for treatment purposes. For example, we may talk to your doctor about a disease management or wellness program to improve your health.
- **For Payment:** We may use and disclose Personal Health Information to pay for benefits under your Health Insurance coverage. For example, we may review Personal Health Information contained on claims to reimburse providers for services rendered. We may also disclose Personal Health Information to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may disclose Personal Health Information to a health plan or an administrator of an employee welfare benefit plan for various payment-related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.
- **For Health Care Operations:** We may also use and disclose Personal Health Information for our Health Plan administrative operations. These purposes include evaluating a request for Health Insurance products or services, administering those products or services, and processing transactions requested by you. We may also disclose Personal Health Information to business associates if they need to receive Personal Health Information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of Personal Health Information. Examples of business associates are: pharmacy benefit managers, billing companies, data processing companies, or companies that provide general administrative services. Personal Health Information may be disclosed to reinsurers for underwriting, audit or claim review reasons or potential sale, transfer, merger or consolidation of your employer's health plan.
- **Where Required by Law or for Public Health Activities:** We disclose Personal Health Information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing Personal

Health Information to a governmental agency or regulator with health care oversight responsibilities. We may also release Personal Health Information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.

- **To Avert a Serious Threat to Health or Safety:** We may disclose Personal Health Information to avert a serious threat to someone's health or safety. We may also disclose Personal Health Information to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **For Health-Related Benefits or Services:** We may use Personal Health Information to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.
- **For Law Enforcement or Specific Government Functions:** We may disclose Personal Health Information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose Personal Health Information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose Personal Health Information about you in response to a court or administrative order. We may also disclose Personal Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the Personal Health Information requested. We may disclose Personal Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **Other Uses of Personal Health Information:** Other uses and disclosures of Personal Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Personal Health Information about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your Health Insurance coverage. You should understand that we will not be able to take back any disclosures we have already made with authorization.

### **Your Rights Regarding Personal Health Information We Maintain About You:**

The following are your various rights as a consumer under HIPAA concerning your Personal Health Information. Should you have questions about a specific right, please see your plan administrator or write to us at:

**Primary PhysicianCare, Inc.**  
**Privacy Officer**  
**P.O. Box 11088**  
**Charlotte, NC 28220**

- **Right to Inspect and Copy Your Personal Health Information:** In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you. To inspect and copy Personal Health Information, you must submit your request in writing to the applicable administrator listed above. To receive a copy of your Personal Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of Personal Health Information will not be made available for inspection and copying. This includes psychotherapy notes; and also includes Personal Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your Personal Health

Information. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

- **Right to Amend Your Personal Health Information:** If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Personal Health Information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to us or your plan administrator. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Personal Health Information that:
  - is inaccurate and incomplete;
  - was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;
  - is not part of the Personal Health Information kept by or for us; or
  - is not part of the Personal Health Information which you would be permitted to inspect and copy.
  
- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of Personal Health Information about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to us or your plan administrator.. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to us or your plan administrator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Personal Health Information uses or disclosures that are legally required, or which are necessary to administer our business.
  
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to us or your plan administrator and specify how or where you wish to be contacted. We will accommodate all reasonable requests.
  
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact:

**Primary PhysicianCare, Inc.**  
**Privacy Officer**  
**P.O. Box 11088**

**Charlotte, NC 28220**

All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint please contact us at (704) 523-2758 or at [Privacy@primarypc.com](mailto:Privacy@primarypc.com).

### **ADDITIONAL INFORMATION:**

**Changes to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we already have about you as well as any Personal Health Information we receive in the future. The effective date of this notice and any revised or changed notice may be found at the bottom of this notice. You will receive a copy of any revised notice from us by mail or by e-mail, but only if e-mail delivery is offered by us and you agree to such delivery.

**Further Information:** You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact us at [Privacy@primarypc.com](mailto:Privacy@primarypc.com). (704) 523-2758 or write to us at Primary PhysicianCare, Inc., Privacy Officer, P.O. Box 11088 Charlotte, NC 28220.

**Effective Date:** April, 14<sup>th</sup>, 2004 (for small health plans, April 14<sup>th</sup> 2003 for all others)