

## Your Rights & Responsibilities

Wellmark Blue Cross and Blue Shield believes it is important for you to understand your health care coverage and the rights you have as a user of our services. This is a summary of your rights and responsibilities when you apply for health insurance coverage. If you have questions, talk to your authorized Wellmark representative, or visit [www.wellmark.com](http://www.wellmark.com).

### Genetic Information Nondiscrimination Act (GINA)

Do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic disease.

### Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse or domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the timeframes noted below:

Event	Grandfathered and Pre-2014 Non-Grandfathered Plans	ACA Plans eff. 1/1/2014 and after
Involuntary loss of creditable coverage for you or your dependents	31 days after other coverage ends	60 days after other coverage ends
Lose eligibility for Medicaid or CHIP or become eligible for Medicaid or CHIP premium assistance	60 days after event	60 days after event
New dependent as a result of marriage	31 days after marriage	60 days after marriage
Add dependent as a result of birth, adoption, or placement for foster child/adoption	60 days after event	60 days after event
You or your dependent return from military service	120 days after date of discharge	120 days after date of discharge

NOTE: This chart lists only the most common - not all - special enrollment events.

To request special enrollment or obtain more information contact Customer Service, Wellmark, Inc., PO Box 9232, Station 3E499, Des Moines, IA 50306-9232 or call 800-524-9242.

### Notice of Women's Health and Cancer Rights Act

Members who have a mastectomy and elect breast reconstruction in connection with the mastectomy are covered, in a manner determined in consultation with the attending physician and the patient, for the following:

- 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.

### Privacy Practices Notice

The privacy of your medical information is important to Wellmark. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

#### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect January 1, 2014, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan contract holders at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this section.

#### Organizations Covered By This Notice

This notice applies to the privacy practices of the group health plans, health insurers and HMO listed below. These organizations are each participants in an organized health care arrangement. As such, we may share your medical information and the medical information of others we service with each other as needed for the payment activities or health care operations relating to our organized health care arrangement.

Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.

#### Safeguard Steps Wellmark Has Taken

The steps Wellmark has taken to safeguard members' medical information include but are not limited to:

- Disseminated a Notice of Privacy Practices to insured members and posted it on the Wellmark Web site at [www.wellmark.com](http://www.wellmark.com);
- Disseminated a Notice of Privacy Practices and other information practitioners and facilities need to know about Wellmark's privacy practices in the provider newsletter, *Blue Ink*, and on the Wellmark Web site;
- Established a Privacy Office as a primary point of contact concerning questions or issues regarding privacy matters, including toll-free phone access and email address, and published the contact information in the Notice of Privacy Practices on the Wellmark Web site;

- Established internal policies and procedures for compliance with the Privacy Rule and disseminated the information to employees through corporate-wide privacy training, and department-specific training for Customer Service and other areas;
- As a condition of employment, all members of Wellmark's workforce are required to sign a Confidentiality and Nondisclosure Agreement;
- In daily interaction with members and providers, Wellmark provider and Customer Service representatives inform providers and members of our procedures to verify identity and authority of callers to discuss protected health information;
- Limited physical and information system access to medical information to people who need it to do their jobs;
- Strict security regarding access to facility, personal computers, and medical information.

#### **Uses and Disclosures of Medical Information**

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you.

**Payment:** We may use and disclose your medical information to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to issue explanations of benefits to the person enrolled in the health plan in which you participate, and the like. We may disclose your medical information to health care providers or entities subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

**Health Care Operations:** We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Rating our risk and determining our premiums for your health plan;
- Quality assessment and improvement activities;
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- Medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development; and
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

**Other Entities:** We may disclose your medical information to other entities that have a relationship with you and are subject to the federal Privacy Rules for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

**On Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

**To Your Family and Friends:** We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

**Your Employer or Organization Sponsoring Your Group Health Plan:** As a member of a group health plan, we may disclose your medical information and the medical information of others enrolled in your group health plan to the employer or other organization that sponsors your group health plan to permit the plan sponsor to perform plan administration functions. Please see your Coverage Manual for a full explanation of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration.

We may also disclose summary information about the members in your group health plan to the plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend, or terminate your group health plan. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experienced by the members in your group health plan. The summary information will be stripped of demographic information about the members in the group health plan, but the plan sponsor may still be able to identify you or other members in your group health plan from the summary information.

**Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit:** We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law;
- For public health activities, including disease and vital statistic reporting, child-abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, and funeral directors;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state workers' compensation laws.

**Health Related Services:** We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

#### **Individual Rights**

**Access:** You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a cost-based fee for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

**Confidential Communication:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the contract holder of the health plan in which you participate. An explanation of benefits issued to the contract holder for health care that you received for which you did not request confidential communications or about the contract holder or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

**Amendment:** You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** If you receive this notice on our Web site or by electronic mail (email), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this section in written form.

#### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this section. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may contact us using the contact information listed at the end of this section. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### **Privacy Office**

**Mailing Address:**

Wellmark Blue Cross and Blue Shield  
Privacy Office, Station 5W590  
PO Box 9232  
Des Moines, IA 50306-9232

**Telephone:**

877-610-6395 Outside Des Moines Area  
515-376-5850 Des Moines Local Area

**Fax:** 515-376-9032

**Email:** [privacyoffice@wellmark.com](mailto:privacyoffice@wellmark.com)

**Web site:** [www.wellmark.com](http://www.wellmark.com)

