

Michigan Education Special Services Association (MESSA)[®]

Blue Cross Blue Shield of Michigan[®]

4 Ever Life Insurance Company[®]

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.

Entities Covered by this Notice

This notice applies to the privacy practices of the following covered entities that may share your Protected Health Information as needed for treatment, payment and health care operations.

- Michigan Education Special Services Association (MESSA)[®]
- Blue Cross Blue Shield of Michigan[®]
- 4 Ever Life Insurance Company[®]

Our Commitment Regarding Your Protected Health Information

We understand the importance of your Protected Health Information (hereafter referred to as "PHI") and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Our policies cover protection of your PHI whether oral, written or electronic.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We must follow the privacy practices described in this notice while it is in effect. This notice takes effect September 23, 2013, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide a revised notice to you, our members.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state laws require MESSA/BCBSM to condition the disclosure on the recipient's promise to obtain your written permission to disclose your PHI to someone else.

Our Uses and Disclosures of Protected Health Information

We may use and disclose your PHI for the following purposes without your authorization:

❖ To You and Your Personal Representative

We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).

❖ For Treatment

We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, we may disclose your PHI to health care providers in connection with disease and case management programs.

❖ **For Payment**

We may use and disclose your PHI for our payment-related activities and those of health care providers and other health plans, including for example:

- Obtaining premiums and determining eligibility for benefits
- Paying claims for health care services that are covered by your health plan
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance you may have

❖ **For Health Care Operations**

We may use and disclose your PHI for our health care operations, including for example:

- Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Underwriting, rating and reinsurance activities (although we are prohibited from using or disclosing any genetic information for underwriting purposes)
- Coordinating case and disease management activities
- Communicating with you about treatment alternatives or other health-related benefits and services
- Performing business management and other general administrative activities, including systems management and customer service

We may also disclose your PHI to other providers and health plans who have a relationship with you for certain of their health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

❖ **To Others Involved in Your Care**

We may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.

❖ **When Required by Law**

We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of the Department of Health and Human Services and state regulatory authorities.

❖ **For Matters in the Public Interest**

We may use or disclose your PHI without your written permission for matters in the public interest, including for example:

- Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
- Reporting adult abuse, neglect, or domestic violence
- Reporting to organ procurement and tissue donation organizations
- Averting a serious threat to the health or safety of others

❖ **For Research**

We may use and disclose your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.

❖ **To Communicate with you about Health-Related Products and Services**

We may use your PHI to communicate with you about health-related products and services that we provide or are included in your benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees and add value to your benefits plan.

❖ **To Our Business Associates**

From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

❖ **To Group Health Plans**

We participate in an Organized Health Care Arrangement with our underwriters. These insurers receive PHI from us in the form of enrollment and claims information (although we are prohibited from using or disclosing any genetic information for underwriting purposes). Whenever we disclose PHI to the underwriters, they must follow applicable laws governing use and disclosure of your PHI including amending the plan documents for your group health plan to establish the limited uses and disclosures it may make of your PHI.

You may give us written authorization to use your PHI 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 disclosure permitted by your authorization while it was in effect. Some uses and disclosures of your PHI require a signed authorization:

- **For Marketing Communications:** Uses and disclosures of your PHI for marketing communications will not be made without a signed authorization except where permitted by law.
- **Sale of PHI:** We will not sell your PHI without a signed authorization except where permitted by law.
- **Psychotherapy Notes:** To the extent (if any) that we maintain or receive psychotherapy notes about you, disclosure of these notes will not be made without a signed authorization except where permitted by law.

Any other use or disclosure of your protected health information, except as described in this Notice of Privacy Practices, will not be made without your signed authorization.

Disclosures You May Request

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form. **You may obtain any form referred to in this Notice by visiting our Web site, www.messa.org or by calling 800.292.4910 or 800.742.2328.**

Individual Rights

You have the following rights. To exercise these rights, you must make a written request on our standard forms.

❖ **Access**

With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. You may request that these materials be provided to you in written form or, in certain circumstances, electronic form. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.

❖ **Disclosure Accounting**

You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law, except that we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.

❖ **Restriction Requests**

You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.

❖ **Amendment**

You have the right to request that we amend your PHI in the set of records we described above under Access. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, in the amendment.

❖ **Confidential Communication**

We communicate decisions related to payment and benefits, which may contain PHI, to the member. Individual dependents who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual dependent may request that we send an Explanation of Benefits to a post office box instead of the member's address. To request confidential communications, please complete the form found at www.messa.org or call the MESSA Legal and Compliance Department Privacy Officer at 800.742.2328.

❖ **Breach Notification**

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

Questions and Complaints

If you want more information about our privacy practices or a written copy of this notice please contact us at:

Privacy Officer
MESSA
1475 Kendale Boulevard, P.O. Box 2560
East Lansing, MI 48826-2560
800.292.4910 or 800.742.2328

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at www.messa.org.

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, call the MESSA Legal and Compliance Privacy Officer at 800.292.4910 or 800.742.2328. Or complete our form online at www.messa.org.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not retaliate in any way if you file a complaint with us or with the U.S. Department of Health and Human Services.



1475 Kendale Blvd. • P.O. Box 2560 • East Lansing, Michigan 48826-2560

517.332.2581 • 800.292.4910 • TTY 888.445.5614

www.messa.org



Notice of Privacy Practices

Effective July 2013

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Exercising Your Rights: You may exercise any of your below rights by visiting the [Patient Rights page](#) or completing the [Member Complaint/Grievance Form](#), or calling Member Services at **800.877.7195**.

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| Get a copy of your health and claims records | <ul style="list-style-type: none"> • You can ask to see or get a copy of your health and claims records and other health information we have about you. • We will provide a copy of your health and claims records, usually 10 business days from receipt of your request. |
| Ask us to correct health and claims records | <ul style="list-style-type: none"> • You can ask us to correct your health and claims records if you think they are incorrect or incomplete. • We may say "no" to your request, but we'll tell you why in writing 10 business days from receipt of your request. |
| Request confidential communications | <ul style="list-style-type: none"> • You can ask us to send your protected health information directly to you at an alternative address. • We will consider all reasonable requests, and must say "yes" if you submit legal documentation that shows us you would be in danger if we do not. |
| Ask us to limit what we use or share | <ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect payment or your health care services. |
| Get a copy of this privacy Notice | <ul style="list-style-type: none"> • You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. • We will provide you with a paper copy promptly. |

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years (non-electronic PHI) or three years (electronic PHI) prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by submitting a written complaint using the contact information included in this Notice or by completing the [Member Complaint/Grievance Form](#).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877.696.6775, or visiting [Filing a Complaint](#).
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, we may share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

<p>Help manage the health care treatment you receive</p>	<p>We can use your health information and share it with professionals who are treating you.</p>	<p>Example: We authorize your care, so your doctor can provide services to you.</p>
<p>Run our organization</p>	<p>We can use and disclose your information to run our organization and contact you when necessary. VSP does not collect genetic information.</p>	<p>Example: We use health information about you to conduct audits and review claims payment activity to ensure claims are paid correctly and to develop better services for you.</p>
<p>Pay for your health services</p>	<p>We can use and disclose your health information as we pay for your health services.</p>	<p>Example: We share information about you with your health plan to coordinate payment for your vision care services.</p>
<p>Administer your plan</p>	<p>We may disclose your information to your health plan sponsor for plan administration.</p>	<p>Example: Your company contracts with us to provide vision care services insurance, and we provide your company with certain statistics to explain the premiums we charge.</p>

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as for public health and research purposes. We have to meet many conditions in the law before we can share your information for these purposes. For more information visit the Department of Health & Human Services [Your Rights Under HIPAA](#).

We can share health information about you for certain situations such as:

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| <p>Help with public health and safety issues</p> | <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety |
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<p>Do research</p>	<p>VSP does not use or collect protected health information for research purposes.</p>
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<p>Comply with the law</p>	<p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</p>
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| <p>Respond to organ and tissue donation requests and work with medical examiner or funeral director</p> | <ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
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We can use or share health information about you:

Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

ADDITIONAL APPLICABLE LAW REQUIREMENTS:

VSP will abide by more stringent state and federal laws where applicable.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- Breach Notification: We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- Right to Revoke: If you tell us we can share your information other than as described in this Notice, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see Department of Health & Human Services Notice of Privacy Practices.

SPECIAL NOTES

VSP does not collect genetic information and is prohibited from using or disclosing genetic information for underwriting purposes.

VSP does not collect substance abuse treatment records and will never share any substance abuse treatment records without your written permission.

Nondiscrimination Statement: VSP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Notice Revisions: We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our website, and we will notify you by mail or email.

CONTACT INFORMATION

Contact VSP if you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us at the following address, telephone number, or email:

VSP Global

Contact Attention: Privacy Specialist

VSP 3333 Quality Drive

MS-163

Rancho Cordova CA 95670

916-858-7432

HIPAA@vsp.com

NOTICE OF PRIVACY PRACTICES

Date of This Notice: July 20, 2021

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 Notice describes the privacy practices of Delta Dental Plan of Michigan, Inc., Delta Dental Plan of Ohio, Inc., Delta Dental Plan of Indiana, Inc., Delta Dental Plan of Arkansas, Inc., Delta Dental of Kentucky, Inc., Delta Dental Plan of New Mexico, Inc., Delta Dental of North Carolina, Delta Dental of Tennessee, Renaissance Life & Health Insurance Company of America, Renaissance Life & Health Insurance Company of New York (collectively, "we" or "us" or the "Plan"). These entities have designated themselves as a single affiliated covered entity for purposes of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and each has agreed to abide by the terms of this Notice and may share protected health information with each other as necessary for treatment, payment or to carry out health care operations, or as otherwise permitted by law.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information" ("PHI"). Generally, PHI is individually identifiable health information, including demographic information, collected from you or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information.

We comply with the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. We maintain a breach reporting policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. We will notify you promptly in the event a breach occurs that may have compromised the security or privacy of your PHI. In addition, we comply with the "Minimum Necessary" requirements of HIPAA and the HITECH amendments. We also comply with all applicable laws relating to retention and destruction of your PHI.

For more information concerning this Notice please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose your PHI.

For Treatment We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose PHI about you to providers, including dentists, doctors, nurses, or technicians, who are involved in taking care of you. For example, we might disclose information about your prior dental X-ray to a dentist to determine if the prior X-ray affects your current treatment.

For Payment We may use or disclose PHI about you to obtain payment for your treatment and to conduct other payment related activities, such as determining eligibility for Plan benefits, obtaining customer payment for benefits, processing your claims, making coverage decisions, administering Plan benefits, and coordinating benefits.

For Health Care Operations We may use and disclose PHI about you for other Plan operations, including setting rates, conducting quality assessment and improvement activities, reviewing your treatment, obtaining legal and audit services, detecting fraud and abuse, business planning and other general administration activities. In accordance with the Genetic Information and Nondiscrimination Act of 2008, we are prohibited from using your genetic

information for underwriting purposes.

To Business Associates We may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on the Plan's behalf. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the Plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a Business Associate to administer claims or provide support services, such as utilization management, quality assessment, billing and collection or audit services, but only after the Business Associate enters into a Business Associate Agreement with the Plan.

Health-Related Benefits and Services We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health-related benefits and services that add value to, but are not part of, your health plan.

To Avert a Serious Threat to Health or Safety We may use and disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Military and Veterans If you are a member of the armed forces, we may release PHI about you if required by military command authorities.

Worker's Compensation We may release PHI about you as necessary to comply with worker's compensation or similar programs.

Public Health Risks We may release PHI about you for public health activities, such as to prevent or control disease, injury or disability, or to report child abuse, domestic violence, or disease or infection exposure.

Health Oversight Activities We may release PHI to help health agencies during audits, investigations or inspections.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We also may disclose PHI 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 information requested.

Law Enforcement We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

To Plan Sponsor We may disclose your PHI to certain employees of the Plan Sponsor (i.e., the Company) for the purpose of administering the Plan. These employees will only use or disclose your PHI as necessary to perform Plan administrative functions or as otherwise required by HIPAA.

Disclosure to Others We may use or disclose your PHI to your family members and friends who are involved in your care or the payment for your care. We may also disclose PHI to an individual who has legal authority to make health care decisions on your behalf.

REQUIRED DISCLOSURES

The following is a description of disclosures of your PHI the Plan is required to make:

As Required By Law We will disclose PHI about you when required to do so by federal, state or local law. For example, we may disclose PHI when required by a court order in a litigation proceeding, such as a malpractice action.

Government Audits The Plan is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with HIPAA.

Disclosures to You Upon your request, the Plan is required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

WRITTEN AUTHORIZATION

We will use or disclose your PHI only as described in this Notice. **It is not necessary for you to do anything to allow us to disclose your PHI as described here.** If you want us to use or disclose your PHI for another purpose, you must authorize us in writing to do so. For example, we may use your PHI for research purposes if you provide us with written authorization to do so. You may revoke your authorization in writing at any time. When we receive your revocation, it will be effective only for future uses and disclosures. It will not be effective for any PHI that we may have used or disclosed in reliance upon your written authorization. We will never sell your PHI or use it for marketing purposes without your express written authorization. We cannot condition treatment, payment, enrollment in a Health Plan, or eligibility for benefits on your agreement to sign an authorization.

ADDITIONAL INFORMATION REGARDING USES OR DISCLOSURES OF YOUR PHI

For additional information regarding the ways in which we are allowed or required to use or disclose your PHI, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

YOUR RIGHTS REGARDING PHI THAT WE MAINTAIN

You have the following rights regarding PHI we maintain about you:

Your Right to Inspect and Copy Your PHI You have the right to inspect and copy your PHI. You must submit your request in writing and if you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. A copy will be provided within 30 days of your request.

The Plan may deny your request to inspect and copy PHI in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Contact Person listed below.

Your Right to Amend Incorrect or Incomplete Information If you believe that the PHI the Plan has about you is incorrect or incomplete, you may request that we change your PHI by submitting a written request. You also must provide a reason for your request. We are not required to amend your PHI but if we deny your request, we will provide you with information about our denial and how you can disagree with the denial within 60 days of your request.

Your Right to Request Restrictions on Disclosures to Health Plans. Where applicable, you may request that restrictions be placed on disclosures of your PHI.

Your Right to an Accounting of Disclosures We Have Made You may request an accounting of disclosures of your PHI that we have made, except for disclosures we made to you or pursuant to your written authorization, or that were made for treatment, payment or health care operations. You must submit your request in writing. Your request may specify a time period of up to six years prior to the date of your request. We will provide one list of disclosures to you per 12-month period free of charge; we may charge you for additional lists.

Your Right to Request Restrictions on Uses and Disclosures You have the right to request restrictions or limitations on the way that we use or disclose PHI. You must submit a request for such restrictions in writing, including the information you wish to limit, the scope of the limitation and the persons to whom the limits apply. We may deny your request.

Your Right to Request Confidential Communications Through a Reasonable Alternative Means or at an Alternative Location You may request that we direct confidential communications to you in an alternative manner (i.e., by facsimile or e-mail). You must submit your request in writing. We are not required to agree to your request, however we will accommodate your request if doing otherwise would place you in any danger.

Your Right to a Paper Copy of This Notice

To obtain a paper copy of this Notice or a more detailed explanation of these rights, send us a written request at the address listed below. You may also obtain a copy of this Notice at one of our websites:

www.deltadentalmi.com,
www.deltadentaloh.com,
www.deltadentalin.com,
www.deltadentalar.com,
www.deltadentalky.com,
www.deltadentalnc.com,
www.deltadentalnm.com,
www.deltadentaltn.com, or
www.renaissancedental.com.

Your Right to Appoint a Personal Representative

Upon receipt of appropriate documentation appointing an individual as your personal representative, medical power of attorney or legal guardian, that individual will be permitted to act on your behalf and make decisions regarding your healthcare.

CHANGES TO THIS NOTICE

We may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI that we maintain. We will advise you of any significant changes to the Notice. We are required by law to comply with the current version of this Notice.

COMPLAINTS

If you believe your privacy rights or rights to notification in the event of a breach of your PHI have been violated, you may file a complaint with us or with the Office of Civil Rights. Complaints about this Notice or about how we handle your PHI should be submitted in writing to the Contact Person listed below.

A complaint to the Office of Civil Rights should be sent to Office of Civil Rights, U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, 1-877-696-6775. You also may visit OCR's website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> for more information.

You will not be penalized, or in any other way retaliated against for filing a complaint with us or the Office of Civil Rights.

SEND ALL WRITTEN REQUESTS REGARDING THIS PRIVACY NOTICE TO:

**Chief Privacy Officer
P.O. Box 30416
Lansing, MI 48909-7916
517-347-5451 (TTY users call 711)**

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CUSTOMER PRIVACY NOTICE

Collection, use and protection of your personal information

Privacy Notice of Cigna Corporation and its Affiliates (referred to in this notice as “we, our and us”). This privacy notice applies to our United States Operations.

We value your trust. We are committed to acting responsibly when we collect, use and protect your personal information.

Please read this privacy notice carefully. It explains the rules we at Cigna follow when we collect personal information. This notice applies to all personal information we collect about you.

Financial companies, including insurers, choose how they share your personal information. Federal and state laws say that we must tell you how we collect, share and protect your personal information.

What personal information we collect

The types of information we collect, use and share depend on the product or service you have from us. It may include your:

- › Name
- › Telephone number
- › Occupation
- › Social Security number
- › Address
- › Date of birth
- › Financial and health history
- › Insurance claims information

When we collect it

We collect your personal information when you:

- › Apply for insurance
- › File a claim
- › Obtain services from us
- › Pay premiums
- › Give us your contact information

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Other sources we use

We also collect personal information about you from others such as:

- › Affiliates (Affiliates are companies related by common ownership or control.)
- › Other insurers
- › Health Care Professionals
- › Service providers
- › Insurance support organizations

We may also get information from consumer reporting agencies. This might include the following records:

- › Driving record
- › Credit report
- › Claims history with other insurers

Consumer reporting agencies may keep your information. They may disclose it to others.

What personal information we use and share

For everyday business purposes

We may share all of the personal information about you that we collect with Affiliates and nonaffiliated companies (companies that are not under common ownership with us, such as our service providers), for any purpose the law allows. For example, we may use your personal information and share it with others to:

- › Help us run our business
- › Report to credit bureaus
- › Do research for us
- › Process your transactions
- › Support or improve our programs or services, including our care management and wellness programs
- › Audit our business
- › Maintain your account(s)
- › Offer you our other products and services
- › Help us prevent fraud, money laundering, terrorism and other crimes by verifying what we know about you; and
- › Administer your benefit plan
- › Respond to court orders and legal or regulatory investigations or exams
- › Sell all or any part of our business or merge with another company.

We may also share your personal information with:

- › Medical health care professionals
- › Successor insurers or claim administrators who administer your benefit plan; and
- › Companies that help us recover overpayments, pay claims or do coverage reviews
- › Insurers, including reinsurers

For our marketing purposes

We may share information with our agents and service providers to offer our products and services to you.

For joint marketing with other financial companies

We may share your personal information with other financial companies for the purpose of joint marketing. Joint marketing is when there is a formal agreement between nonaffiliated financial companies that jointly endorse, sponsor or market financial products or services to you.

We may also share personal information about former customers in the way described above.

Federal laws don't allow you to limit the sharing of personal information as described above.

Protection of your personal information

How do we protect your personal information?

To protect personal information from unauthorized access and use, we:

- ▶ Use reasonable security measures, including secured files, user authentication, encryption, firewall technology, and detection software.
- ▶ Review the data security practices of companies we share your personal information with.
- ▶ Grant access to personal information to people who must use it to do their jobs.

Seeing and correcting your personal information

How can you see and correct your personal information?

Generally, you have the right to review the personal information we collect to provide you with insurance products and services if you:

- ▶ Ask us in writing.
- ▶ Send the letter to the address below.

When you write to us, please include your full name, address, telephone number and policy number in your letter.

If the information you ask for includes health information, we may provide the information to you through your health care provider. Due to its legal sensitivity, we won't send you anything that we've collected in connection with a claim or legal proceeding.

If you believe the personal information we have is incorrect, please write to us and explain why you believe it is incorrect. If we agree with you, we will correct our records. If we disagree with you, you may send us a statement and we will include it when we give your personal information to anyone outside of Cigna.

Additional rights under other privacy laws

You may have additional rights under state or other applicable laws. Further, you have the right, with very narrow exceptions, not to be subjected to pretext interviews.

Who we are

This privacy notice is provided by Cigna Corporation and its Affiliates:

- ▶ American Retirement Life Insurance Company
- ▶ Central Reserve Life Insurance Company
- ▶ Cigna Behavioral Health, Inc.
- ▶ Cigna Benefits Financing, Inc.
- ▶ Cigna Dental Health of California, Inc.
- ▶ Cigna Dental Health of Colorado, Inc.
- ▶ Cigna Dental Health of Connecticut, Inc.
- ▶ Cigna Dental Health of Delaware, Inc.
- ▶ Cigna Dental Health of Florida, Inc.
- ▶ Cigna Dental Health of Kansas, Inc.
- ▶ Cigna Dental Health of Kentucky, Inc.
- ▶ Cigna Dental Health of Maryland, Inc.
- ▶ Cigna Dental Health of Missouri, Inc.
- ▶ Cigna Dental Health of New Jersey, Inc.
- ▶ Cigna Dental Health of North Carolina, Inc.
- ▶ Cigna Dental Health of Ohio, Inc.
- ▶ Cigna Dental Health of Pennsylvania, Inc.
- ▶ Cigna Dental Health of Texas, Inc.
- ▶ Cigna Dental Health of Virginia, Inc.
- ▶ Cigna Dental Health Plan of Arizona, Inc.
- ▶ Cigna Dental Health, Inc.
- ▶ Cigna Health and Life Insurance Company
- ▶ Cigna Health Care of North Carolina, Inc.
- ▶ Cigna Health Corporation
- ▶ Cigna HealthCare Connecticut, Inc.
- ▶ Cigna HealthCare of Arizona, Inc.
- ▶ Cigna HealthCare of California, Inc.
- ▶ Cigna HealthCare of Colorado, Inc.
- ▶ Cigna HealthCare of Florida, Inc.
- ▶ Cigna HealthCare of Georgia, Inc.
- ▶ Cigna HealthCare of Illinois, Inc.
- ▶ Cigna HealthCare of Indiana, Inc.
- ▶ Cigna HealthCare of New Jersey, Inc.
- ▶ Cigna HealthCare of South Carolina, Inc.
- ▶ Cigna HealthCare of St. Louis, Inc.
- ▶ Cigna HealthCare of Tennessee, Inc.
- ▶ Cigna HealthCare of Texas, Inc.
- ▶ Cigna Life Insurance Company of New York
- ▶ Connecticut General Life Insurance Company
- ▶ Life Insurance Company of North America
- ▶ Loyal American Life Insurance Company
- ▶ Provident American Life & Health Insurance Company
- ▶ Sterling Life Insurance Company
- ▶ United Benefit Life Insurance Company

Questions or concerns about this privacy notice

Generally, you have the right to review the personal information we collect to provide you with insurance products and services if you:

Write to us at: Cigna Corporation
Enterprise Privacy Office
P.O. Box 188014
Chattanooga, TN 37422



Securities are offered through Cigna Benefits Financing, Inc., Member FINRA, 900 Cottage Grove Rd., A4COL, Bloomfield, CT 06002.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Life Insurance Company of North America, Cigna Life Insurance Company of New York, American Retirement Life Insurance Company, Central Reserve Life Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, Sterling Life Insurance Company, United Benefit Life Insurance Company, Cigna Benefits Financing, Inc., Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.