

NOTICE OF PRIVACY PRACTICES

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

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.

I. OVERVIEW

The Southern California IBEW-NECA Administrative Trust Funds Office (“Fund Office”) is required by law to maintain the privacy of your protected health information (“PHI”), give you this Notice that describes its legal duties and privacy practices concerning your PHI and to notify you following a breach of security of your PHI.

II. YOUR PROTECTED HEALTH INFORMATION (“PHI”)

The Fund Office maintains a hands off policy for managing PHI. PHI is limited to names, ages, sex, marital status, eligibility and address information provided through the application and enrollment process. The law specifically limits the permissible use of this information absent your authorization. The Fund Office does not receive nor maintain any identifiable medical claims information. All your medical claim information is maintained solely by the covered entities with whom the Fund has entered into contracts and the third party administrators with whom the Fund has entered into contracts.

III. HOW THE FUND OFFICE MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR PERMISSION

The Fund Office may only use the PHI the Fund Office possesses without your permission for the limited reason set forth in parts (a) and (b) below.

Use or Disclosures Not Requiring Your Permission

- a. Disclosures to Our Employees and Business Associates. The Fund Office may disclose your PHI to its employees and to its business associates when necessary to perform, or to assist the Fund Office in performing its operations. The Fund Office requires employees and business associates to comply with the Policies and Procedures and to take steps to reasonably and appropriately safeguard your PHI.
- b. Disclosures for Management and Administration. The Fund Office may disclose your PHI when necessary for the proper internal management and administration of the Fund Office business, including disclosures to certain advisors and consultants when necessary, subject to legally mandated confidentiality and business associate requirements.

IV. PRIVACY POLICIES OF COVERED ENTITIES

Benefits provided to eligible Participants and Dependents by the below listed Preferred Provider Organizations (“PPO”) and Health Maintenance Organizations (“HMO”), Dental Health Maintenance Organizations (“DHMO”), Anthem Blue Cross Life and Health Insurance Company, Member Assistance Program (“MAP”), and Vision Services Plan are subject to the Privacy Policies established by each of the below listed providers. Contact your insurer directly if you have questions regarding your benefits or the privacy of your health information and to request the *Notice of Privacy Practices* from them. The fully insured health benefit providers include:

--Medical

- Anthem Blue Cross (PPO) (800)543-3037
- UnitedHealthcare (HMO and Retiree Health Plan Out of Area Plans) (800) 624-8822
- Kaiser Permanente (HMO) including the Kaiser vision benefit (800) 464-4000

--Dental

- United Concordia (PPO) (800) 624-8822
- DeltaCare USA (DHMO) (800) 422-4234
- United Concordia (DHMO) (800) 937-6432
- CIGNA Dental (DHMO) (800) 244-6224

--Vision

- Vision Service Plan (VSP) (800) 877-7195

--Life Insurance

- Anthem Blue Cross Life and Health Insurance Company (800) 801-6142

-- Member Assistance Program

- OptumHealth (877) 225-2267

V. PRIVACY POLICIES OF THIRD PARTY ADMINISTRATORS

Coast Benefits, Inc. administers the payment of claims for the Health Reimbursement Arrangement, orthotic benefit, Body Scan International for Kaiser and UnitedHealthcare participants, and the Medicare Supplement Plan. Coast Benefits, Inc. maintains its own privacy policy. If you have questions involving its privacy policy, contact Coast Benefits, Inc. directly at (800) 886-7559.

Citizens Rx administers the processing and payment of claims for the Mandatory Generic Prescription Drug benefit. Citizens Rx maintains its own privacy policy. If you have questions involving its privacy policy, contact Citizens Rx directly at (888) 445-5592.

The Fund Office contracts with an advocacy vendor, MedExpert, to assist eligible participants and their dependents with advocacy and other assistance services. MedExpert maintain its own privacy policy. If you have any questions as to the privacy policy, contact MedExpert directly at (800)999-1999.

VI. PROHIBITED USES OF PHI WITHOUT YOUR AUTHORIZATION

The following are examples of uses or disclosures of your PHI which cannot occur without your specific authorization:

- a. **Marketing.** The Fund Office is not permitted to provide your PHI to any other person or company for marketing to you of any products or services. The Fund Office is not permitted to receive payment in exchange for making such marketing communications available to you.
- b. **Sale of PHI.** The Fund Office is not permitted to sell or receive payment for the sale of your PHI.
- c. **All Other Uses.** Except as otherwise permitted or required, as described in this Notice, the Fund Office may not use or disclose your PHI without a written authorization from you. Further, the Fund Office is required to use or disclose your PHI consistent with the terms of your authorization.

VII. YOUR RIGHTS WITH RESPECT TO YOUR PHI

Right to Request Restrictions on Use or Disclosures. You have the right to request restrictions on certain uses and disclosures of your PHI. The Fund Office is not required to agree to every restriction that you request. If you would like to make a request for restrictions, submit your request to the Privacy Officer listed in Section IX of this Notice. You cannot request to restrict uses or disclosures that are otherwise required by law.

Right to Receive Confidential Communications. The Fund Office maintains a “hands off” PHI policy and does not create confidential communications.

Right to Inspect and Copy Your PHI. The Fund Office maintains your designated record, which includes enrollment and eligibility data. You have the right of access to inspect and obtain a copy of your limited PHI contained in your records, with the exception of information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You must submit your request in writing to the Privacy Officer listed in Section IX of this Notice. The Fund Office may charge you a reasonable fee to cover the expenses associated with your request.

Right to Amend your PHI. You have the right to request the Fund Office to correct, clarify or amend your PHI. To request a correction, clarification or amendment, submit your request to the Privacy Officer listed in Section IX of this Notice. The Fund Office may require that you submit written requests and provide a reason to support the requested amendment. The Fund Office has the right to deny your request.

Right to Receive an Accounting of Disclosure of PHI. You have the right to receive an accounting of the disclosures of your PHI made by the Fund Office, including disclosures made by the Fund Office’s Business Associates. You must contact the service providers directly at the numbers listed on Section IV to

obtain the accounting of their disclosures. Your request for an accounting of disclosures must be in writing and include the time period of the disclosure.

Rights to Receive Notification of Unauthorized Disclosure of PHI (Breach Notification). The Fund Office is required to notify you upon a breach of any unsecured PHI. The notice must be made without unreasonable delay, but no later than 60 days from when the breach is discovered. The Fund Office must notify you in writing by first class mail. However, if the Fund Office has insufficient information to contact you, a reasonable alternative notice method (posting on website, broadcast media, etc.) may be used.

VIII. COMPLAINTS

If you believe that the Fund Office may have violated your privacy rights, or you disagree with a decision about your PHI, you may file a complaint with the Fund Office by contacting the Privacy Officer, by mail or fax, at the address listed in Section IX of this Notice. You must file a complaint within 180 days after the occurrence of the event or violation.

IX. CHANGES AND ACCESS TO THIS NOTICE OF PRIVACY PRACTICES

The Fund Office reserves the right to change the terms of this Notice, or replace this Notice, at any time and make the changes effective for all PHI the Fund Office maintains, including PHI existing prior to the date the changes take effect. If the Fund Office changes this Notice, the revised Notice will be posted on the website and available at the Fund Office upon your request. You may receive a copy of the current Notice at any time, without charge, by contacting the Privacy Officer at the contact information listed below. You may be asked to acknowledge that you have received a copy of this Notice.

Joanne M. Keller
Southern California IBEW-NECA Trust Funds
6023 Garfield Avenue
City of Commerce, CA 90040

Tel.: (323) 221-5861 or (800) 824-6935
Fax: (323) 726-3520

X. EFFECTIVE DATE

This notice is effective September 1, 2017.