



NOTICE OF PRIVACY PRACTICES

Para recibir esta notificación en español por favor llame al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.

This Notice of Privacy Practices applies to Solstice's insured health benefits plans. It does not apply to any plans that are self-funded by an employer. If you receive benefits through a group health insurance plan, the group will be able to tell you if your plan is insured or self-funded. If your plan is self-funded, you may want to ask for a copy of the group's privacy notice.

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.

Effective: April 1, 2013

Solstice is required by the federal *Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule* to protect the privacy of your personal health information, or "PHI." We must also give you this notice, which explains how we may use PHI about you and when we can disclose it to others. You also have rights regarding your PHI that are described in this notice. We must honor the terms of this notice. If other laws that apply to us are more stringent regarding the use or disclosures described in this notice, it is our intent to meet those requirements. For more information, please see the attached *Federal and State Amendments* exhibit.

The term "protected health information" is abbreviated as "PHI" throughout this notice. PHI has a special meaning. PHI includes any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health or condition, to the provision of health care to you, or to the past, present, or future payment for such health care.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will send you a revised notice by direct mail or electronically as permitted by law. *In all cases, we will post the revised notice on our website. Our website address is located on your identification (ID) card. We reserve the right to make any revised or changed notice effective for PHI we already have and for PHI that we receive in the future.*

How We Use or Disclose PHI

I. We must use and disclose your PHI for the following purposes:

- A. We may use or disclose your PHI to you, or to someone who has the legal right to act for you (e.g., your personal representative), in order to administer your rights as described in this notice.
- B. We may use or disclose your PHI to the Secretary of the Department of Health and Human Services, if necessary, to ensure we protect your privacy as required by law.

II. We have the right to use and disclose your PHI for the following purposes:

- A. **For Payment.** We may disclose PHI for payment activities, such as to obtain premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a provider whether you are eligible for coverage and what percentage of the bill may be covered.
- B. **For Treatment.** We may disclose PHI to your providers to help them in the delivery of health care to you.
- C. **For Health Care Operations.** We may use or disclose PHI as necessary to operate and manage our business and to help manage your health care coverage. For example, we might talk to your provider to suggest a disease management or wellness program that could help improve your health, or use or disclose your PHI for underwriting purposes. However, we will not use or disclose your genetic information for underwriting purposes.
- D. **For Reminders.** We may use your PHI to provide you with appointment reminders or with information about treatment alternatives or health-related benefits and services that may be of interest to you, subject to limits imposed by law.
- E. **To Plan Sponsors.** If your coverage is through an employer-sponsored group health plan, we may share summary PHI and enrollment and disenrollment information with the plan sponsor. In addition, we may share other PHI with the plan sponsor for plan administration if the plan sponsor agrees to special restriction on its use and disclosure of the PHI in accordance with law.
- F. **Disclosures to Persons Involved in Your Care.** We may disclose your PHI to a person, such as a family member, other relative, close personal friend, or other person identified by you, who is involved in your care or who helps pay for your care, if you are available and capable, and agree or fail to object when given the opportunity. If you are incapacitated, in an emergency situation, or are otherwise unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests.

III. We may use or disclose your PHI for the following purposes under limited circumstances:

- A. **As Required by Law.** We may use or disclose PHI as required by federal, state, or local law (including by statute, regulation, or court order).
- B. **Public Health Activities.** We may use or disclose your PHI for public health activities and purposes as required by law, such as to prevent or control disease outbreaks, or to assist in disaster relief efforts.
- C. **Victims of Abuse, Neglect or Domestic Violence.** In certain circumstances, and only as required by law, or when authorized by you, we may disclose your PHI to government authorities that are authorized to receive such information, such as a social service or protective services agency, when we reasonably believe you to be a victim of abuse, neglect or domestic violence.
- D. **Health Oversight Activities.** We may use or disclose PHI to health oversight agencies for activities authorized by law, such as audits, licensure, and investigations necessary for oversight of the health care system and government benefit programs.
- E. **Judicial and Administrative Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding, such as in response to an order of a court or administrative tribunal. PHI may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to you or a qualified protective order are provided.
- F. **Law Enforcement.** We may disclose your PHI to a law enforcement official for certain law enforcement purposes, such as providing limited PHI to identify or locate a missing person or to report a crime, if certain conditions are met.

- G. **Decedents.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. We may also disclose PHI to funeral directors as necessary to carry out their duties.
- H. **Organ and Tissue Donation.** We may disclose PHI to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.
- I. **Research.** We may use or disclose PHI for research purposes, such as research related to the evaluation of certain treatments or the prevention of disease or disability, provided certain documentation or representation requirements are met.
- J. **To Avert a Serious Threat to Health or Safety.** We may disclose PHI to someone reasonably able to prevent or lessen a threat, if we, in good faith, believe the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- K. **Essential Government Functions.** We may disclose PHI for certain essential government functions, such as assuring proper execution of a military mission, conducting national security and intelligence activities, and providing protective services to the President.
- L. **Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- M. **To Correctional Institutions or Law Enforcement Officials.** We may use or disclose your PHI if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- N. **Business Associates.** We may use or disclose your PHI to entities that perform certain functions or activities on our behalf, or provide us with certain services if the PHI is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your PHI consistent with law, and are not allowed to use or disclose any PHI other than as specified in our contract.
- O. **Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.

IV. We may not, without your written authorization, use or disclose your PHI for the purposes listed below. Note that once you give us authorization to release your PHI, we cannot guarantee that the person(s) to whom the PHI is provided will not disclose the PHI.

- A. **Marketing and Sale.** We may not use or disclose your PHI for most marketing purposes, or make disclosures that constitute the sale of your PHI, without your authorization.
- B. **Highly Confidential Information.** Certain federal and state laws may require special privacy protections for certain "highly confidential information" about you, that often includes information relating to (1) HIV/AIDS; (2) mental health; (3) genetic tests; (4) alcohol and drug abuse; (5) sexually transmitted diseases and reproductive health information; and (6) child or adult abuse or neglect, including sexual assault. Generally, we must obtain your authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.
- C. **Other Reasons.** We may not use or disclose your PHI without your written authorization for any reason other than those described and limited as set forth in this notice and in applicable law.

What Are Your Rights?

The following are your rights with respect to your PHI:

- A. **Right to Request Restrictions.** You have the right to ask us to restrict uses or disclosures of your PHI for treatment, payment, or health care operations. You also have the right to ask us to restrict uses or disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.
- B. **Right to Request Confidential Communications.** You have the right to ask to receive confidential communications of PHI in a different manner or at a different place (for example, by sending communications to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your PHI otherwise could endanger you. We will accept verbal requests to receive confidential communications, but requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed on your ID card.
- C. **Right to Inspect and Copy.** You have the right to inspect and to obtain a copy of your PHI that may be used to make decisions about you, such as claims and case or health care management records. In some cases, you may also receive a summary of this PHI. You must make a written request to inspect and copy your PHI. Mail your request to the address listed on your ID card. We may charge a reasonable fee for any copies and postage costs. In certain limited circumstances, and as mandated by law, we may deny your request to inspect and copy portions your PHI. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your PHI, when and if we are required by law, you will have the right to request that we send a copy of your PHI in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your PHI.
- D. **Right to Amend.** You have the right to ask to us to amend your PHI if you believe it is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed on your ID Card. If we deny your request, you may have a statement of your disagreement added to your PHI.
- E. **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI made by us during the six (6) years prior to your request. This accounting will not include certain disclosures of PHI, including those made (1) prior to April 14, 2003; (2) to carry out treatment, payment, and health care operations; (3) to you or pursuant to your authorization; (4) to correctional institutions or law enforcement officials; and (5) for purposes of which federal law does not require us to provide an accounting.
- F. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy, contact the toll-free number on your ID card. You also may obtain a copy of this notice at our website. See your ID card for the website address.
- G. **Right to Notification of Breaches.** You have the right to, or will receive, notifications of breaches of your unsecured PHI.
- H. **Right to Revoke Your Authorization.** You may revoke your written authorization at anytime, as long as you make your revocation in writing, unless we have already acted in reliance thereon. We will maintain a copy of your authorization in your record. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on the back of your ID card.

Exercising Your Rights

- A. **Contacting Your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free member phone number listed on your ID card, or call the Solstice Member Services Department at 1-877-760-2247.
- B. **Submitting a Written Request.** Mail to the Solstice Legal Department your written requests for modifying or cancelling a confidential communication, for copies of your records, or for amendments to your record, at the address listed on your ID Card, or at the following address

Solstice
Legal Department
P.O. Box 19199
Plantation, FL 33318

- C. **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed on your ID card, at the address above, or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

NOTICE OF PRIVACY PRACTICES

Federal and State Amendments

Revised: April 1, 2013

This information is intended to provide an overview of federal and state laws that are more stringent than the federal *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules* with respect to the use or disclosure of health information, as defined in the *Notice of Privacy Practices*, in the categories listed below.

A. Summary of Federal Laws

Alcohol and Drug Abuse Information
We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.

B. Summary of State Laws

General Health Information	
CA, NE, PR, RI, VT, WA, WI	We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.
KY	HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.
NV	You may be able to restrict certain electronic disclosures of such health information.
CA	We are not allowed to use health information for certain purposes.
MO, NJ, SD	We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.
Prescriptions	
ID, NH, NV	We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.
Communicable Diseases	
AZ, IN, KS, MI, NV, OK	We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.
Sexually Transmitted Diseases and Reproductive Health	
CA, FL, HI, IN, KS, MI, MT, NJ, NV, PR, WA, WY	We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.
Alcohol and Drug Abuse	
CT, GA, HI, KY, IL, IN, IA, LA, NC, NH, WA, WI	We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.

WA	Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.
Genetic Information	
CA, CO, HI, IL, KS, KY, LA, NY, RI, TN, WY	We are not allowed to disclose genetic information without your written consent.
AK, AZ, FL, GA, IA, MD, MA, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT	We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.
FL, GA, IA, LA, MD, NM, OH, UT, VA, VT	Restrictions apply to (1) the use, and/or (2) the retention of genetic information.
HIV/AIDS	
AZ, AR, CA, CT, DE, FL, GA, HI, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY	We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.
CT, FL	Certain restrictions apply to oral disclosures of HIV/AIDS-related information.
Mental Health	
CA, CT, DC, HI, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI	We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.
WA	Disclosures may be restricted by the individual who is the subject of the information.
CT	Certain restrictions apply to oral disclosures of mental health information.
ME	Certain restrictions apply to the use of mental health information.
Child or Adult Abuse	
AL, CO, IL, LA, NE, NJ, NM, RI, TN, TX, UT, WI	We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.

FINANCIAL INFORMATION PRIVACY NOTICE

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

Effective: April 1, 2013

Solstice is committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and, is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information We Collect. We collect personal financial information about you from the following sources:

- A. Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- B. Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- C. Information from consumer reports.

Disclosure of Information. We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- A. To our corporate affiliates, which may include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- B. To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- C. To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and Security. We restrict access to personal financial information about you to employees and service providers who are involved in administering your health care coverage and providing services to you. We maintain physical, electronic and procedural safeguards in compliance with state and federal standards to guard your personal financial information. We conduct regular audits to help ensure appropriate and secure handling and processing of our enrollees' information.

Questions about this Notice. If you have any questions about this notice, please call the toll-free member phone number listed on the back of your on your health plan ID card, or contact Solstice Member Services at 877-760-2247.