

GROUP HEALTH PLAN
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 THIS CAREFULLY.

Your Employer is committed to protecting the privacy of personal protected health information (as defined below) maintained by the Group Health Plans it sponsors for the benefit of its employees and the employees of its affiliates and subsidiaries (collectively referred to as the "Plan").

Protected health information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how PHI may be used and disclosed. It also describes your rights to access and control your PHI.

The Plan is required by law to protect the privacy of PHI and to provide you with a copy of this notice which describes the Plan's PHI privacy practices. If you have any questions about this notice or would like further information, please contact your Employer's Privacy Officer.

SUMMARY OF PERMISSIBLE USES AND DISCLOSURES AND YOUR RIGHTS REGARDING YOUR PHI

Confidential Communications. You have the right to request in writing that the Plan contact you in a way that is more confidential for you, such as at work instead of at home, if receiving such information at home poses a threat to you. The Plan will try to accommodate all reasonable requests.

4. To Have Someone Act on Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your PHI.

5. Special Protections for HIV, Substance Abuse, and Mental Health Information. Special privacy protections may apply to HIV-related information, substance abuse information, and mental health information, and to you if you are a minor. Some parts of this general Notice of Privacy Practices may not apply to these types of information.

6. Copies of Notice. If you have received this notice electronically, you have the right to a paper copy of this notice if you have not already received one. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. The Plan will be required by law to abide by its terms that are currently in effect. However, the Plan also may change its privacy practices from time to time, without advance written notice. If there is a material revision, the Plan will revise this notice and provide it to you. The revised notice will apply to all of your PHI. The effective date of the notice will always appear in the Notice.

7. Summary Health Information. The Plan may use or disclose health information if the Plan has removed any information that might reveal who you are, or for limited purposes if the Plan has removed most information revealing who you are and obtained a Business Associate Agreement from the person or organization receiving the information.

8. Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, please contact your Employer's Privacy Officer. The Employer will not retaliate or take action against you for filing a complaint.

9. Privacy Contact. If you have any questions about this Notice, or would like to request a form to make requests under Section 3 or if you have an inquiry or would like to make inquiries of a Business Associate, please contact your Employer's Privacy Officer.

Tracking the Ways Your PHI Has Been Shared with Others. You have the right to receive a list from the Plan, called an "accounting list," which provides information about when and how the Plan has disclosed your PHI to outside persons or organizations. Many routine disclosures the Plan makes, including disclosures to your Employer for the purposes of administering the Plan, and disclosures related to treatment, payment and operation of the Plan, will not be included on this list. Also, an accounting list will not include:

Disclosures the Plan made to you;
Disclosures the Plan made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations;
Disclosures to the Employer for purposes related to administration of the Plan;
Disclosures made to your friends and family involved in your care;
Disclosures made to federal officials for national security and intelligence activities;
Disclosures made before April 14, 2004;
Disclosures made as part of a limited data set; and
Disclosures made pursuant to an authorization.

To request this list, please write to your Employer's Privacy Officer. Your request must state a time period within the past six years for the disclosures you want the Plan to include. You have a right to one list within every 12 month period for free. However, the Plan may charge you for the cost of providing any additional lists in that same 12 month period. The Plan will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily the Plan will respond to your request for an accounting list within 60 days. If the Plan needs additional time to prepare the accounting list you have requested, the Plan will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, the Plan may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked the Plan to do so. The list will identify only non-routine disclosures of your information.

Additional Privacy Protections. You have the right to request further restrictions on the way the Plan uses your PHI or shares it with others. The Plan is not required to agree to the restriction you request, but if the Plan does, the Plan will be bound by the agreement.

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1. Requirement of Written Authorization. The Plan will generally obtain your written authorization before using your PHI or sharing it with others outside the Plan, except as otherwise described in this notice. If you provide the Plan with written authorization, you may revoke that authorization at any time, except to the extent that the Plan has already relied on it. To revoke an authorization, please write to your Employer's Privacy Officer.

2. Exception to Written Authorization. There are some situations when the Plan will not require your written authorization before using your PHI or sharing it with others. They are:

(a) Treatment, Payment and Operations.

The Plan may use and disclose your PHI without your authorization in connection with treatment, payment and operation.

Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. The Plan does not provide treatment. On occasion, the Plan may be required to provide information about you to your providers in order to facilitate treatment.

Payment. Payment refers to the activities of a group health plan in collecting premiums and paying claims under the Plan for services received by participants. Examples of uses and disclosures under this section include the sending of protected PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; sharing PHI with other insurers to determine coordination of benefits or settle subrogation claims; providing PHI to the Plan's utilization review company for precertification or case management services; providing PHI in the billing, collection and payment of premiums and fees to plan vendors; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the Plan. The Plan also pays claims submitted to it.

Operation. Operations refers to the basic business functions necessary to operate a group health plan. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the Plan's performance or the performance of a particular network or vendor; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the Plan; the disclosure of PHI to stop-loss or reinsurance carriers to obtain claim reimbursements to the group health plan; disclosure of PHI to plan consultants or brokers who provide legal, actuarial and auditing services to the Plan; and

use of PHI in general data analysis used in the long term management and planning for the Plan.

Payment and health care operations include the Plan's disclosures to "business associates" who perform certain services for the Plan, or act on behalf of, the Plan. Prior to any disclosure to a business associate, the Plan will obtain a confidentiality agreement with that business associate that will obligate the business associate to observe all privacy laws and restrict further disclosure. These agreements are referred to in this Notice as "Business Associate Agreements."

(b) Disclosures to the Employer. The Plan may disclose certain portions of your PHI to the Employer as the sponsor of the Plan, for purposes related solely to the Plan's administration. The Employer shall not use any Plan-related information for any purposes unrelated to Plan administration, including without limitation for employment-related actions or decisions. The Employer may only disclose your information to third parties, such as to consultants or advisors, if the Employer has first obtained a Business Associate Agreement from the person or organization receiving your PHI.

(c) Disclosures to You or Your Personal Representative. The Plan will share information about your plan health care coverage with you and/or to a personal representative you have designated (such as a friend or family member involved in your care or payment for your care). For example, the Plan may share information about its benefits available or your Plan identification number with a spouse or close personal friend who wishes to provide this information to a medical health care professional administering your care.

(d) Emergencies or Public Need. The Plan may use or disclose your PHI in an emergency or for important public needs. For example, the Plan may share your information with public health officials authorized to investigate and control the spread of diseases. Other examples of emergency or public need are as follows:

As Required By Law. The Plan may use or disclose your PHI if the Plan is required by law to do so. The Plan also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. The Plan may disclose your PHI to authorized public health officials so they may carry out their public health activities. For example, the Plan may disclose your PHI to government officials that are responsible for controlling disease, injury or disability. The Plan may

also disclose your PHI to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits the Plan to do so.

Victims of Abuse, Neglect or Domestic Violence. The Plan may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, the Plan may report your information to government officials if the Plan reasonably believes that you have been a victim of abuse, neglect or domestic violence. The Plan will make every effort to obtain your permission before releasing this information, but in some cases the Plan may be required or authorized to act without your permission.

Health Oversight Activities. The Plan may disclose your PHI to government agencies authorized to conduct audits or investigations of the Plan.

Lawsuits and Disputes. The Plan may disclose your PHI if the Plan is ordered to do so by a court that is handling a lawsuit or other dispute.

Law Enforcement. The Plan may disclose your PHI to law enforcement officials for the following reasons:

To comply with court orders, subpoenas, or laws that the Plan is required to follow;

To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;

If you have been the victim of a crime and the Plan determines that: (1) the Plan has been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in the Plan's professional judgment disclosure to these officers is in your best interest;

If the Plan suspects that your death resulted from criminal conduct; or

If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert a Serious Threat to Health or Safety. The Plan may use your PHI or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, the

Plan will only share your information with someone able to help prevent the threat. The Plan may also disclose your PHI to law enforcement officers if you tell the Plan that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if the Plan determines that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services. The Plan may disclose your PHI to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, the Plan may disclose PHI about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. The Plan may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. The Plan may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors. In the unfortunate event of your death, the Plan may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. The Plan may also release this information to funeral directors as necessary to carry out their duties.

3. Access and Control of Your PHI. The Plan must provide you certain rights with respect to access and control of your PHI. To the extent that the Plan has provided all of your information to a Business Associate (e.g., a third party administrator of your health benefits) you must request access directly from such Business Associate. Please contact the Privacy Contact identified in Section 9 for assistance with a request from a Business Associate.

You have the following rights to access and control your PHI:

Access. You generally have the right to inspect and copy your PHI.

Amendments. You have the right to request that the Plan amend your PHI if you believe it is inaccurate or incomplete.