

## Notice of Privacy Practices

This Notice of Privacy Practices applies to Envision Insurance Company's Medicare Part D Prescription Drug Plans ("EnvisionRxPlus"). **EnvisionRxPlus** is a PDP with a Medicare contract. Enrollment in **EnvisionRxPlus** depends on contract renewal.

Para recibir esta notificación en español por favor llamar al número gratuito de Servicios a Miembros a 1-866-250-2005 (Los usuarios de TTY/TDD deben llamar al 711). El horario es 24 horas del día, 7 días a la semana.

**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 how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information. When we use the term personal health information, we mean information that identifies you as an individual, such as your name, date of birth, or Social Security number and relates to your medical history, the health care you receive, or payment for health care services.

### **How EnvisionRxPlus Uses and Discloses Personal Information.**

In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources, including Medicare. In administering your pharmacy benefits, we may use and disclose your personal information in various ways, including:

**Treatment.** We may use and disclose your personal health information to doctors, dentists, pharmacies, hospitals and health care providers in furtherance of your care. For example, we may disclose information to the pharmacies where you receive covered medications.

**Payment.** We may use and disclose your personal health information to manage your pharmacy benefits, such as collecting premiums and calculating cost-sharing amounts. For example, we may use your health information to pay the pharmacies that fill your prescriptions.

**Operations.** We may use and disclose your personal health information to assess and improve quality, license and accredit companies, measure service performance and assess outcomes, determine formulary compliance, provide care management, and respond to complaints and appeals. For example, we may use the information to provide medication therapy management programs for members with specific medical conditions, such as diabetes. We may use and disclose information for the administration of reinsurance, underwriting and rating, detection and investigation of fraud, waste, and abuse, administration of pharmaceutical services and payments, and other general administrative activities. We may use your information, with the exception of genetic information, for underwriting purposes.

**To Others Involved in Your Health Care.** We may disclose your personal health information to a relative, a close friend, or any other person involved in your care, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling Member Services toll-free at 1-866-250-2005 (TTY/TDD users should call 711). Hours are 24 hours a day, 7 days a week.

**Business Associates.** We enter into contracts with third parties known as business associates. These business associates provide services to us or perform functions on our behalf, e.g., accountants, consultants and attorneys. We may disclose your health information to our business associates once they have agreed in writing to safeguard your health information. Business associates are also required by law to secure and protect the privacy of your health information.

**Special Circumstances.** We may use or disclose your personal health information without your authorization in the following circumstances: for any purpose when required by law; for public health activities; to certain government authorities if we reasonably believe you are a victim of abuse, neglect or domestic violence; for health oversight activities; to avert a serious threat to your health and safety or the health and safety of the public or another person; for investigations or civil proceedings; if required by a court or administrative tribunal or in response to a subpoena, discovery request or other lawful process under certain circumstances; to law enforcement in limited circumstances; to coroners, medical examiners, and funeral directors or to organizations that handle organ and tissue donation or transplantation consistent with law; for certain specially-approved research projects; for specialized government functions (such as military, national security or intelligence activities or to correctional institutions); for disaster relief efforts; or to workers' compensation agencies if necessary to make a benefit determination.

### **Uses and Disclosures Requiring Your Written Authorization.**

In all situations other than those described above, we will ask for your written authorization before using or disclosing your personal health information. For example, we will seek your authorization for (i) most uses or disclosures of psychotherapy notes (ii) uses or disclosures of your personal health information for marketing purposes (iii) disclosures of your personal health information that constitute the sale of your health information. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

### **Your Legal Rights.**

Federal regulations concerning the privacy and security of personal health information give you the right to make certain requests regarding your personal health information. By law, you have the right to:

- **See and get a copy of your personal health information held by EnvisionRxPlus.** If we maintain an electronic health record containing your personal health information, you have the right to ask to get the information in an electronic format. If we are not able to provide your personal health information in the electronic format you request, we will provide it in a mutually agreed upon electronic format. You may ask us to send a copy of your information to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed.
- **Request an amendment of your information.** If you feel that the personal health information we maintain about you is incomplete or incorrect, you may request that we amend it. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.
- **Get a list of those who received your personal health information from EnvisionRxPlus.** Except for certain disclosures, you have a right to receive a list of the disclosures we have made of your personal health information in the six years prior to the date of your request. The list will not include disclosures of your personal health information to you or your personal representative or for treatment, payment or operations reasons.
- **Ask EnvisionRxPlus to communicate confidential information with you in a different manner or at a different place** (for example, you may ask us to send materials to a P.O. Box instead of your home address).
- **Ask EnvisionRxPlus to restrict or limit how we use or disclose your personal health information.** You have the right to request restrictions on our use or disclosure of your information. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.
- **Receive a notice of a breach of certain health information.** We are required to notify you of any breach that involves your unsecure personal health information.

- **Get a separate paper copy of this notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

You may make any of the requests described above, or may request a paper copy of this notice, by calling Member Services toll-free at 1-866-250-2005 (TTY/TDD users should call 711). Hours are 24 hours a day, 7 days a week.

### **How to File a Complaint.**

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address: EnvisionRxPlus, 8957 Canyon Falls Blvd., Twinsburg, OH 44087, Attn: Privacy Officer. You also may write to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave. S.W., Room 509F HHH Bldg., Washington DC 20201 (OCRComplaint@hhs.gov). You will not be retaliated against for filing a complaint and your benefits under the Plan will not be adversely affected by doing so.

### **Legal Obligations of EnvisionRxPlus.**

Federal privacy regulations require us to keep your personal health information private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect. Please note that we do not destroy your personal health information when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

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

**State Privacy Laws.** Some state privacy laws may give you greater protection than those described in this notice. Depending on the state in which you live, there may be additional laws regarding the use and disclosure of health information such as that related to genetics, HIV/AIDS, mental health, sexually transmitted diseases, and substance abuse. For more information, please contact the **EnvisionRxPlus** Privacy Officer:

EnvisionRxPlus  
8957 Canyon Falls Blvd.  
Twinsburg, OH 44087  
Attn: Privacy Officer

### **This Notice is Subject to Change.**

This notice is being provided to you herein and is also posted on our website. We may change the terms of this notice and our privacy policies at any time. If we do change the terms of this notice, the revised notice will be available upon request and posted to our website. The new terms will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

If you have questions regarding this notice, please contact Member Services toll-free at 1-866-250-2005 (TTY/TDD users should call 711). Hours are 24 hours a day, 7 days a week. Please include your name, phone number, and fax number.

The original version of this notice went into effect on September 10, 2009. The effective date of this notice is August 9, 2018.