

**MICHIGAN BAC HEALTH CARE PLAN
NOTICE OF HEALTH PLAN'S PRIVACY POLICY**

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!

The Department of Health and Human Services (HHS) released final rules on the protection of the privacy of non-public personally identifiable health information August 14, 2002. This Privacy Notice is to help you understand how the Michigan BAC Health Care Fund protects your nonpublic personal financial and group health plan information.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations:

Effective April 14, 2003, all covered entities, which includes self funded group health plans like the Fund, and the Fund's vendors, must be compliant with the HIPAA Privacy Regulations. This law refers to the nonpublic information of the employee and their dependents (if applicable), with regard to your group health plan benefits, and can only be disclosed by the Fund and its vendors, and your health care provider/s, for payment of claims, treatment of your illness, and for health care operations – administration of your health benefits, as permitted by law and defined in the HIPAA regulations.

Disclosure for treatment includes sharing information with treating physicians upon request. Disclosure for payment includes sharing claims information with other funds and insurance companies with which the Fund coordinates payment of your health care benefits. Disclosure for health care operations includes case management and contacting health care providers about treatment alternatives.

Other disclosure must either have the individual's authorization or give the individual the opportunity to object to disclosure. **Separate authorization may be required for separately maintained notes involving psychiatric and substance abuse treatment.** Authorization may be revoked using a form provided by the Fund.

The Fund is committed to protecting the confidentiality and the security of the information we collect about you, including your health information (Protected Health Information, PHI). When we talk about the Fund, we mean both the trust fund that pays benefits and "sponsors" a program of benefits (which is often referred to separately as the "Plan.") The Fund and the Plan are treated as the same entity for privacy purposes.

Because we respect the individual's right to privacy, we have always placed high priority on the personal information you provide us. The Fund ensures you that the protection of your nonpublic information is of paramount importance to us. Any violation of the provisions in this notice by any Fund Trustee, Fund agent or Fund vendor, including Blue Cross Blue Shield of Michigan and the Fund's administrative manager, TIC International Corporation will result in prompt investigation and appropriate action to fix the problem, and any deliberate violation may result in termination of a vendor's services and, where appropriate, possible referral for criminal prosecution. This notice describes the Fund's privacy policy and how your personally identifiable health information may be used and disclosed, and your rights with regard to protection and access to this information as defined by federal regulations. This policy remains in full effect until superseded. Please review carefully.

The HIPAA Privacy Rules requires group health plans to provide adequate notice of the uses and disclosures of protected health information. Additional authorization / documentation is required for any disclosure outside the use of payment, treatment and health care operations.

The Fund maintains appropriate physical, electronic and procedural safeguards to maintain the confidentiality and security of your PHI contained in our records. The Fund's policy and vendor contracts restrict access to your PHI only to those on "a need to know basis" to provided products or services to you and for reinsurance purposes. Only the minimum necessary information is disclosed to accomplish the required service. Personally identifying information about you will be confidentially maintained during and after your Fund participation for the required time thereafter that such records are required to be maintained by federal and state securities laws, the Internal Revenue Service and consistent with sound business practices.

Minimum Necessary disclosure of your PHI.

The Fund's policy is to limit the use or disclosure of, and requests for, the individuals PHI by defined Fund Trustees and vendors on a "need to know basis". Vendors are required to use this same policy for handling PHI in performing service for the Fund. Only the minimum necessary information is disclosed to accomplish the intended purpose of the use, or request. It is the Fund's responsibility in these policy and procedures to identify the classes of persons who need access to your information to carry out their job duties. This is done on a broader level through Fund contracts with its vendors, including BCBSM and TIC International Corporation.

Categories of Information collected:

The Fund collects nonpublic information about you from the following sources:

- Primarily, the Fund collects information directly from you.
- Information that the Fund receives from you on applications and other forms.
- Information about your transactions with others or the Fund.

- Information about your health benefits from the Fund's administrative manager and claims administrators, which helps the Fund to manage your benefits, provide appropriate education, and allows us to direct wellness and preventions programs.
- Information you provide the Fund when questioning your transaction with other entities.

The minimum necessary information is only used for each function as required by law.

Categories or parties to whom we may disclose information:

- The Fund may disclose information, in addition to the categories below, that has been provided by a participant or beneficiary with their written authorization.
- The Fund also may disclose nonpublic personal information about you to non-affiliated third parties, such as our third party administrator and benefits administrators, and for reinsurance purposes, as permitted by law.
- The Fund also may disclose nonpublic personal information about you to national, state, and local law enforcement agencies, as requested and permitted by law.
- The Fund also may disclose nonpublic personal information about you to the Fund's sponsoring parties if needed to carry out administrative functions delegated to is by the Fund, information about you general eligibility for Fund benefits, summary information needed to obtain bids for alternative health care delivery options without your authorization and at other times with your authorization.
- A more detailed list of disclosures that can be made without your authorization is [attached](#) to this policy.

Accounting for disclosures:

The Fund's policy is to provide an accounting of all disclosures of protected health information, other than information with regard to payment of claims, treatment, and health care operations (which includes the disclosures identified on the list [attached](#) to this notice) whenever a participant or beneficiary requests such an accounting. Fund contracts with its vendors, such as the Fund's claims administrator and the Fund's administrative manager require them to account for such disclosures that they make in providing services for the Fund.

Accuracy and access of your nonpublic personal information that we process and your right to amend that information:

The Fund tries to maintain the accuracy of your information. To help the Fund maintain accuracy, you have the right to reasonable access to your information. You also have the right to amend your PHI. If you believe any of your information in the possession of the Fund or its vendors such as Blue Cross Blue

Cross Blue Shield of Michigan and TIC International Corporation is inaccurate the individual may request in writing that the information believed to be inaccurate be amended, corrected or deleted. If the Fund or the vendors that provides services to the Fund agree with you, the Fund or its vendors we will amend, correct or delete the information in question. If not, you may submit a short statement of dispute, which will be included in any future disclosure of your information. Only the person to whom the nonpublic information relates or, in the case of a minor beneficiary, deceased person or disabled person, their legal representative may request access and change to their PHI. Any corrected information will be given to any organization with which the corrected information has been shared.

Access to Protected Health Information (PHI) by the subject individual:

The Fund's policy is that access to PHI must be granted only to the person who is the subject of such information when such access is requested. But, the Fund, under certain circumstances will refuse a person access to PHI, such as when the PHI also incorporates PHI of other persons or when it is provided to the Fund conditioned upon the Fund keeping the information confidential. But, you generally have the right to appeal such a refusal. Participant and beneficiaries generally may inspect and copy PHI that the Fund maintains about them if they make a written request to the Fund.

Changes to our notice of privacy and insurance information practices:

The Fund reserves the right to change these privacy policies and health benefit information practices. If the Fund makes changes to these policies or practices, the Fund will provide you with a copy of a revised notice as required by applicable law.

Restriction Requests:

You have the right to request a restriction on the uses and disclosures of your PHI. The Fund's policy is to give serious consideration to all such requests. The Fund's vendors, such as Blue Cross Blue Shield of Michigan also maintain privacy policies that require similar consideration. Nevertheless, neither the Fund nor its vendors typically agree to such requests. But, it is the Fund's policy to comply with a restriction request once it or its vendors agree to particular restriction until the restriction is terminated either by the Fund and its vendors or you.

Vendors and the sharing of information:

The transfer of PHI and other personally identifiable information between us and our health plan vendors, who are called "Business Associates", is allowed so that the Fund can pay claims and provide services. The release of this information from you to the Fund's administrative manager and claims administrator is allowed. The Fund also is allowed to release this information to the other vendors we Fund uses. Some examples are: prescription distribution vendors, reinsurance carriers, accountants and lawyers. Business Associates, such as Blue Cross Blue Shield of Michigan, the Fund's Claims Administrator, and TIC International Corporation, the Fund's Administrative Manager, are held to the

same HIPAA Privacy rules as the Fund, and they must continue to respect the privacy of your PHI even if the Fund's formal relationship with them ends. They must only allow your PHI to be seen "on a need to know basis" and then only the minimum necessary information for them to complete their job duties. These restrictions and limitations are set forth in "Business Associate" contracts between the Fund and its vendors who are given access to PHI.

Vendor Security:

Fund vendors diligently maintain physical, electronic and procedural safeguards and try hard to comply with applicable federal standards that guard your private personal information. They use manual and electronic security procedures to maintain the confidentiality and integrity of personally identifiable information in their possession and guard against its unauthorized access. Vendors limit employee and third-party access to information only to those who have a business or professional reason for access. For example, they may share the minimum necessary information with insurance carriers and other third-parties to obtain proposals on the Fund's behalf and to administer your health benefits. The categories of nonpublic personal information that Blue Cross Blue Shield of Michigan, the Fund's Claims Administrator, and TIC International Corporation, the Fund's Administrative Manager, collect from a third-party depends upon the scope of the third-party engagement. It will include information about your health to the extent that it is needed for the underwriting process, information about your transactions between you and healthcare providers and other third parties, and may include information from consumer reporting agencies.

Verification of Identity:

The Fund's policy is that the identity of all persons who request access to protected health information be checked or certified before such access is granted.

Privacy Officer:

The Fund's policy places the responsibility for designing and implementing procedures to implement this policy on the Fund's Privacy Officer. Any complaint with regard to the protection of your information should be in writing and sent to the Privacy Officer. All complaints will be resolved in a timely manner.

Oversight Organizations:

The Fund's policy is to fully support and cooperate with oversight agencies such as the Office of Civil Rights of the Department of Health and Human Services in their efforts to ensure the protection of Fund health information. The Fund's policy is that all personnel must cooperate fully with all privacy compliance reviews and investigations. If you believe that your privacy right have been violated, you can file a complaint with the Fund and/or the Secretary of Health and Human Services. Your complaint should be in writing and should describe briefly how you believe that your rights have been violated. No one will discriminate against you or retaliate against you if you file a complaint.

Federal, State and other laws:

Federal and state regulations may also review our records as permitted under law. You also may have other additional rights under applicable laws, such as State privacy regulations, ADA and FMLA. If you would like to discuss the confidentiality and privacy of your nonpublic personal information in detail, the dispute of benefit claims, or if ever you have any concerns, please feel free to contact our Privacy Officer at:

Michigan BAC Health Care Fund
6525 Centurion Drive
Lansing, Michigan 48917-9275
517-321-7502

If you need an additional copy of this privacy notice or if you agreed to have this privacy notice delivered to you electronically, you may obtain a written copy of this notice by making a written request to the Fund's privacy officer.

Please rest assured that the Fund will assure that your personal nonpublic information is kept in confidence as required by law. Your information will still be kept in confidence if you no longer are a participant or beneficiary in the Fund.

if you have any questions or need further information regarding this notice, please call the Medical Claims Department and you will be directed to the person responsible for answering your privacy questions.

Sincerely,

BOARD OF TRUSTEES
MICHIGAN BAC HEALTH CARE FUND