# 2027 Summary of Benefits Trinity Health Plan New York Glory No RX (HMO)




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PRJ-11341

# 2027 Summary of Benefits

# Trinity Health Plan New York Glory No RX (HMO)

This is a summary of Medicare health care coverage for Trinity Health Plan New York Glory No RX (HMO).

January 1 – December 31, 2027

**Trinity Health Plan New York Glory No RX (HMO)** is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-800-240-3851 (TTY 711) and request the "Evidence of Coverage" or access it online at www.thpmedicare.org/new-york/.

To join **Trinity Health Plan New York Glory No RX (HMO),** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in New York: Albany, Lewis, Madison, Montgomery, Oneida, Onondaga, Rensselaer and Schenectady.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Find a provider at this link www.thpmedicare.org/new-york/find-a-provider.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.)

This document is available in other formats such as large print or audio.

For more information, please call us at 1-800-240-3851 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week, or visit us at www.thpmedicare.org/new-york/.

# Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.thpmedicare.org/new-york/.

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| **Monthly Plan Premium** | You pay $0 each month.<br>You must continue to pay your Medicare Part B premium. |
| **Part B Premium Buy-down** | Our plan will reduce your monthly Medicare Part B premium by $60. |
| **Deductible** | You pay $0 for in-network medical benefits. |
| **Maximum Out-of-Pocket Responsibility** | You pay no more than $6,300 annually.<br>Includes copays and other costs for in-network medical services for the year. |
| **Inpatient Hospital** | For in-network inpatient hospital stays, you pay:<br>$395 copay per day for days 1-5; $0 copay per day for days 6-90.<br>May require prior authorization. |
| **Outpatient Hospital** | For services at an in-network outpatient hospital, you pay $395 copay. |
| **Ambulatory Surgical Center (ASC)** | You pay $395 copay in-network. |
| **Doctor Visits** | |
| • Primary care provider | You pay $0 copay in-network. |
| • Specialists | You pay $25 copay in-network. |
| **Preventive Care**<br>(e.g., flu vaccine, diabetic screenings) | You pay nothing in-network. |

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| **Emergency Care** | You pay $130 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition.<br>$130 copay for each emergency care visit outside of the United States and its territories. Worldwide ER services cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition. |
| **Urgently Needed Services** | You pay $50 copay per visit.<br>$130 copay for each urgently needed care visit outside of the United States and its territories.<br>$200 to $250 copay for each emergency/urgently needed care transportation service outside of the United States and its territories. |
| **Diagnostic Services /Labs /Imaging /Radiology** | |
| • Diagnostic tests and procedures | You pay $25 copay in-network. |
| • Lab services | You pay $0 copay in-network. |
| • MRIs, CAT scans | You pay $295 copay in-network. |
| • X-rays | You pay $35 copay in-network. |
| • Therapeutic radiology services | You pay 20% of the total cost in-network. |
| **Hearing Services** | |
| • Medicare-covered hearing exam | You pay $25 copay in-network. |
| • Routine hearing exam | You pay $0 copay in-network (1 exam every year). |
| • Fitting and evaluation for hearing aids | You pay $0 copay in-network (unlimited visits every year). |

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| • Hearing aids | You pay $399 to $699 copay in-network for prescription hearing aids – all types (2 hearing aids every year).<br>Must use TruHearing® provider to access this benefit. |
| **Dental Services** | |
| • Medicare-covered dental services | You pay $25 copay in-network. |

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| • Preventive dental services<br>  ○ 2 oral exams every year<br>  ○ 2 cleanings every year<br>  ○ 2 fluoride treatments every year<br>  ○ 1 X-ray; x-ray benefit is for bitewing x-rays two to eight per calendar year, vertical bitewing x-rays one per consecutive 36 months, or one full mouth x-ray every 36 consecutive months.<br>  ○ 1 visit for other diagnostic dental services; intraoral tomosynthesis benefit is for two to eight x-rays per calendar year for bitewing and periapical, or 1 per consecutive 36 months for comprehensive series.<br>  ○ 1 visit for other preventive dental services; space maintainer benefit is for 1 per consecutive 60 months, re-cement or re-bond of space maintainer is for 1 per consecutive 6 months, or removal of fixed space maintainer is unlimited. | $1,000 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.<br>You pay $0 copay in-network for an office visit. Services include exams, X-rays, other diagnostic dental services, cleanings, fluoride treatments, other preventive dental services.<br>You must use the Dental Benefit Providers, Inc. provider network to access this benefit. |

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| • Comprehensive dental services:<br><br>• Restorative Services: 1 visit; frequencies include unlimited, one per consecutive 6 months, one per consecutive 12 months, or one per consecutive 60 months depending on service code.<br>• Endodontics: 1 visit; frequencies include one per tooth per lifetime, two per tooth per lifetime, or unlimited depending on service code.<br>• Periodontics: 1 visit; frequencies include unlimited, two per calendar year, two per consecutive 12 months, one per consecutive 36 months, or one per quadrant per consecutive 24 or 36 months depending on service code.<br>• Oral and Maxillofacial Surgery: 1 visit; frequency includes unlimited, 1 per site per visit, consecutive 36 months, or lifetime, 1 per tooth per lifetime, 1 per consecutive 36 months, or 1 biopsy per site per visit depending on service code.<br>• Adjunctive General Services: 1 visit; frequency is unlimited, 1 per consecutive 6 months, or 2 | $1,000 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the diagnostic and preventive dental services benefit.<br>You pay 50% of the total cost in-network for restorative services.<br>You pay 70% of the total cost in-network for endodontics services.<br>You pay 70% of the total cost in-network for periodontics services.<br>You pay 50% of the total cost in-network for oral and maxillofacial surgery services.<br>You pay $0 copay in-network for adjunctive general services.<br>You must use the Dental Benefit Providers, Inc. provider network to access this benefit. |

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| per calendar year depending on the service code. | |
| **Vision Services** | |
| • Medicare-covered benefits | You pay $25 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye.<br>You pay $0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery. |
| • Routine eye exams | You pay $0 copay in-network (1 exam every year). |
| • Routine eyewear | $225 maximum plan coverage amount every year for all non-Medicare-covered eyewear. Must use a Spectera, Inc. provider to access this benefit. |
| **Mental Health Services** | |
| • Outpatient therapy with a psychiatrist | You pay $25 copay in-network for individual sessions.<br>You pay $25 copay in-network for group sessions. |
| • Outpatient therapy with a mental health care professional (non-psychiatrist) | You pay $25 copay in-network for individual sessions.<br>You pay $25 copay in-network for group sessions. |
| **Skilled Nursing Facility (SNF)** | For in-network SNF stays, you pay:<br>$0 copay per day for days 1-20; $221 copay per day for days 21-65; $0 copay per day for days 66-100. |
| **Physical Therapy** | You pay $25 copay in-network. |
| **Ambulance** | You pay $200 copay in-network for ground ambulance services.<br>You pay $250 copay in-network for air ambulance services.<br>May require prior authorization. |
| **Transportation** | Not covered. |

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| **Medicare Part B Drugs** | You pay a $35 copay in-network for Medicare Part B insulin drugs.<br>You pay 20% of the total cost in-network for Medicare Part B chemotherapy and radiation drugs.*<br>You pay 20% of the total cost in-network for other Medicare Part B drugs.*<br>May require prior authorization or step therapy.<br>*You may pay less than a 20% coinsurance for certain Part B rebatable drugs. If the drug price has increased at a rate faster than the rate of inflation, the amount you pay will be based on a lower, inflation-adjusted price. |
| **Podiatry Services** | You pay $25 copay in-network for Medicare podiatry services. |
| **Durable Medical Equipment** | You pay 20% of the total cost in-network durable medical equipment.<br>May require prior authorization. |
| **Prosthetic Devices (braces, artificial limbs, etc.)** | Prosthetic devices: You pay 20% of the total cost for in-network devices.<br>Related medical supplies: You pay 20% of the total cost for in-network supplies.<br>May require prior authorization. |
| **Diabetic Supplies and Services** | Diabetic supplies: You pay $0 copay for in-network supplies.<br>Diabetes self-management training: You pay $0 copay for in-network training.<br>Therapeutic shoes or inserts: You pay 20% of the total cost for in-network shoes.<br>May require prior authorization. |
| **Fitness Benefit** | You pay $0 copay for the fitness benefit. One Pass® network must be used for this benefit. |

| Premiums and Benefits | Trinity Health Plan New York Glory No RX (HMO) |
|---|---|
| **Meal Benefit** | You pay $0 copay for the meal benefit.<br>The benefit consists of 2 meals per day for 7 days, immediately following a qualifying discharge. There is no annual limit on occurrences.<br>You must use GA Foods to access this benefit. |

# Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/new-york/.

| Additional Benefits | |
|---|---|
| **Over the Counter (OTC) Allowance** | $0 copay.<br>$50 maximum plan coverage amount every 3 months for OTC items.<br>Unused portion does not carry over to the next period.<br>You must use CVS Flex Benefits (formerly known as Over-the-Counter Health Solutions) to access this benefit. |
| **24 Hour Nurse Advice Line + Virtual Care Visits** | $0 copay.<br>You must call 1-855-638-5842 to access this benefit. |
| **Visitor Travel Allowance** | $3,000<br>This benefit allowance does not carry over to the next plan year.<br>May require prior authorization. |
| **Acupuncture** | $20 copay, 12 visits every year, for in-network services.<br>May require prior authorization. |

# Optional Supplemental Benefits

This plan offers some extra benefits that are not covered by Original Medicare and not included in its benefits package. These extra benefits are called **Optional Supplemental Benefits**. If you want these optional supplemental benefits, you must sign up for them and you may have to pay an additional premium for them. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/new-york/.

| Optional Supplemental Benefits | |
|---|---|
| **Optional Dental Silver** | The premium for the Dental Silver benefit is $21 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable).<br>• There is an annual maximum benefit limit of $1,500.<br>• $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays.<br>• 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery.<br>• 0% - 50% coinsurance for restorative services. |
| **Optional Dental Gold** | The premium for the Dental Gold benefit is $47 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable).<br>• There is an annual maximum benefit limit of $2,000.<br>• $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays.<br>• 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery.<br>• 0% - 50% coinsurance for restorative services.<br>• 50% coinsurance for crowns, bridges and dentures. |

Trinity Health Plan New York Glory No RX (HMO) is a HMO plan with a Medicare contract. Enrollment in plan(s) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Trinity Health Plan New York members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services. Health coverage is offered by Mount Carmel Health Plan Of New York, Inc..

Trinity Health Plan New York is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. Speak with a licensed sales agent during call center hours: April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week. To file a grievance, call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. Trinity Health Plan New York is an affiliate of Trinity Health. In select counties, Trinity Health Plan New York offers Medicare Advantage plans in partnership with Trinity Health's regional health ministry. Most operational and administrative functions for the plan are performed through the plan's headquarters in Columbus, Ohio. Trinity Health Plan New York has the right and responsibility to collect for covered Medicare services for which Medicare is not the primary payer.

According to CMS regulations at 42 CFR sections 422.108 and 423.462, Trinity Health Plan New York, as a Medicare Advantage organization, will exercise the same rights of recovery that the Secretary exercises under CMS regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws. Out-of-network care is only considered when services are not accessible in-network (does not apply for PPO). Out-of-network or non-contracted providers are under no obligation to treat Mount Carmel MediGold (HMO/PPO) members, except in emergency situations. Mount Carmel MediGold encourages members or their provider to contact Member Services for a pre-service organization determination before you receive a service. Please call Member Services at 800-240-3851 (TTY: 711) or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. To file a grievance, call 800-240-3851 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week, or call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. You can also fax 833-802-2495 or write to: Trinity Health Plan New York, (HMO), Attn: Appeals and Grievances Department, 5955 E Broad Street, Health Plan - Second Floor, Columbus OH 43213. One Pass® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. The One

Pass program varies by plan/area. Equipment, classes, personalized fitness plans and events may vary by location. One Pass is not responsible for the services or information provided by third parties. Employers should consult an appropriate tax professional to determine if individuals have any tax obligations. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-240-3851 (TTY: 711). ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-964- 4525 (TTY: 711).

800-240-3851 (TTY: 711).

**NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION, AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS, AND ACCESSIBILITY SERVICES**

Trinity Health understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Trinity Health Plan New York welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Trinity Health Plan New York provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact

**Language Assistance Services** at **1-800-240-3851**
**Telecommunications Relay Service (TRS): 7-1-1**

Trinity Health Plan New York allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:

**ATTN: Member Services Manager**
5955 E Broad Street
Health Plan - Second Floor
Columbus OH 43213
**Phone:**
1-800-240-3851 (TTY 711)

**Fax:**
1-833-802-2495

**Email:**
medigoldappeals@mchs.com

If you believe that Trinity Health Plan New York has failed to provide these services or discriminated in another way, you can file a grievance with:

**Member Services**
5955 E Broad Street
Health Plan - Second Floor
Columbus OH 43213
**1-800-240-3851**
medigoldappeals@mchs.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at the Trinity Health Plan New York website: www.thpmedicare.org/new-york/

This policy pertains to the privacy practices of Mount Carmel Health Plan Of New York, Inc., DBA Trinity Health Plan New York ("Company"). When this policy says "we," "us," "our," it means Mount Carmel Health Plan Of New York, Inc., / Trinity Health Plan New York.

Trinity Health Plan New York **NOTICE OF PRIVACY PRACTICES**

*Policy last revised February 16, 2026*

## Protection of Information

Company understands that your information is highly personal and is committed to safeguarding your protected health information ("PHI"). Please read this Notice of Privacy Practices thoroughly. Company is required by law to maintain the privacy of PHI. We are required to provide you with notice of our legal duties and privacy practices with respect to PHI. We will only use or disclose your PHI as permitted or required by applicable state or federal law. We can help you understand our privacy practices and your rights.

### Permitted Uses and Disclosures

### Treatment

We may use and disclose PHI to doctors, hospitals, pharmacies and/or other health care providers who are involved in your care and treatment.

For example, doctors may request PHI from us for coordination of care purposes or doctors may send Company information about your diagnosis and treatment plan so we can arrange additional services. Company may also disclose your PHI to health care providers in connection with preventive health, early detection and disease and case management programs.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

### Payment

To help pay for your covered services, we may use and disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility and coverage; determining prescription drug compliance; collecting premiums; calculating cost-sharing amounts and coordination of benefits; and responding to complaints, appeals and requests for external review.

For example, we may use your medical history and other health information about you to decide whether a treatment is a covered benefit and what the payment should be – and during the process we may disclose information to your provider. We also use PHI to obtain payment for any mail-order pharmacy services provided to you or to obtain payment for premiums.

### Health Care Operations

Company may use and disclose PHI about you to develop better services for you. Other routine operations requiring use and disclosure of PHI include population health and wellness; underwriting and premium rating; administration of pharmacy benefit programs; coordination of benefits; and other general administrative activities including information resources and data management. Company is specifically prohibited from using or disclosing PHI that is genetic information of an

individual for underwriting purposes as required by the Genetic Information and Nondiscrimination Act (“GINA").

**Other Uses and Disclosures**

**Information and Health Promotion Activities**

Company may use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you newsletters or general communications. Company may also send you information based on your own health concerns. We may send you this information if it has determined that a product or service may help you. These communications will explain how the products or services relate to your well-being and can improve your health.

**Research**

Under certain circumstances, Company may use and disclose your PHI for research purposes. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Researchers are required to safeguard all PHI they receive. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must first be cleared through this special approval process.

**More Stringent State and Federal Laws**

There may be times where certain areas of state law is more stringent than the Health Insurance Portability and Accountability Act and associated regulations ("HIPAA"). Certain federal laws also are more stringent than HIPAA. Company will continue to abide by these more stringent state and federal laws.

The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. For example, Ohio law may require that we obtain your authorization before releasing records containing HIV/AIDs diagnosis or before disclosing information regarding treatment you received at an Ohio licensed behavioral health facility. And in Idaho, electronic medical records must be provided by hospitals within three (3) days of the request being received.

**Permitted Uses or Disclosures With an Opportunity for You to Agree or Object**

**Family/Friends**

Company may disclose PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps you pay for your care. You have a right to request that your PHI not be shared with some or all of your family or friends.

**Other Permitted Uses and Disclosures**

Company may also disclose your PHI as follows.

**Administer Your Plan**

We may disclose PHI to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

**Business Associates**

To organizations that provide services to us and assure us in writing that they will protect the information. We will give out as little information as possible to allow our business associates to complete these tasks and Company requires these business associates to appropriately safeguard the privacy of your information.

**Membership in Trinity Health**

Members of Trinity Health (including Company) participate together in an organized health care arrangement for utilization review and quality assessment activities with respect to this information. Members of Trinity Health may also use your PHI for treatment, payment and/or health care operations permitted by HIPAA with respect to operations of the organized health care arrangement.

**Uses and Disclosures Permitted by Public Policy or Law Without Your Authorization**

**Law Enforcement**

Company will use and disclose PHI to federal, state, and local law enforcement officials as required by applicable law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

**Legal Proceedings**

Company will use and disclose PHI in response to a court order or other lawful purpose.

**Required by Law**

Company will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. We may also make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order. Company will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. We will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. Company will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

**Public Health Oversight or Safety**

Company will use and disclose PHI to avert a serious threat to health and safety of a person or the public. We will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. Company will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post-marketing surveillance.

**Health Information Exchange (HIE)**

Your PHI may be disclosed to an approved health information exchange ("HIE") to facilitate the provision of health care to you. The HIE has a duty under the law to maintain appropriate administrative, physical and technical safeguards to protect the privacy and security of PHI. Only authorized individuals may access and use PHI from the HIE. You or your personal representative have the right to request in writing that Company do either or both of the following: (i) not disclose any of your PHI to the HIE; and (ii) not disclose specific categories of your PHI to the HIE.

Any restrictions on the disclosure of PHI you request as described in the prior sentence may result in a health care provider not having access to information that is necessary for the provider to render appropriate care to you. Company will honor all requests for restrictions on disclosure of PHI to health information exchange(s) as required by law.

For more information or to request restrictions, please contact Company, either by mail or by calling Member Services.

**Mail**

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

**Phone**

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

**Use or Disclosure Requiring Your Authorization**

**Marketing**

Company is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than certain Plan products or services unless you have signed an authorization. If Company receives direct or indirect payment from or on behalf of a third party to make a communication that encourages you to purchase or use that third party's product or service, we will obtain your authorization.

**Psychotherapy Notes, Sale of PHI, and Other Uses**

In addition to marketing and research, the following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes (if recorded by a mental health professional); and (ii) disclosures that constitute a sale of PHI. Company does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies, unless you have signed an authorization.

Other uses and disclosures of your medical information not described in this Notice will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time. If you have questions regarding authorizations, please call Member Services.

**Individual Rights**

Under federal privacy regulations, you have the following rights regarding your personal health information. You can exercise these rights as described below by contacting Company, either by mail or by calling Member Services.

**Mail**

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

**Member Services**

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

**Right to Confidential Communications.** You have the right to request in writing to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Company only contact you at work or by mail.

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. Company will consider your request, but is not required to agree to your requested restrictions.

**Right to Inspect and Copy.** With some exceptions, you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain limited circumstances, Company may be required to deny your request.

**Right to Amend.** With some exceptions, you have the right to request in writing an amendment of your PHI for as long as Company maintains the information.

**Right to an Accounting.** With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI that Company has made.

**Right to Receive a Copy of this Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

**Right to Notification of Breach.** You will receive notification of any breach of your unsecured PHI.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Company. You may submit complaints directly to Company by mail or by calling Member Services.

**Mail**

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

**Member Services**

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Company assures you that filing a complaint will in no way affect your covered services or membership in our plan – we will not retaliate against you for filing a complaint.

Complaints may also be filed with the Department of Health and Human Services, Office for Civil Rights, by:

- Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,
- Calling 1-877-696-6775
- Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

**Further Information**

To obtain additional information, please contact Member Services at 1-800- 240-3851 (TTY: 711). Member Services is available 8 a.m. to 8 p.m., seven days a week.

**Changes to This Notice**

Company will abide by the terms of the notice currently in effect. We reserve the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. We will notify you in writing of any substantial changes to the notice. Our current Notice of Privacy Practices is always available on our website.