



MISSISSIPPI STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

Health Insurance Portability and Accountability Act (HIPAA), Notice of Privacy Practices

State and School Employees' Health Insurance Plan

This Health Insurance Portability and Accountability Act, Notice of Privacy Practices (HIPAA) Notice describes how medical information about you may be used and disclosed and how you can get access to this information. This Notice is effective January 1, 2021.

Please review this Notice carefully.

This Notice relates to the State and School Employees' Health Insurance Plan only. This Notice does not apply to other covered programs offered by your employer such as dental, vision and flexible spending accounts. This Notice does not apply to non-covered programs such as life insurance and workers' compensation.

This Notice describes how the State and School Employees' Health Insurance Plan (Plan) may use and disclose Protected Health Information (PHI) and also explains your legal rights regarding this information. PHI is individually identifiable information about your past, present or future health or condition, health care services provided to you, or payment for health services.

The Plan is required by law to maintain the privacy of your PHI and to provide you with this Notice of the Plan's legal duties and privacy practices. The Plan is required to follow the privacy practices described in this Notice. This Notice is posted on the Plan's website at <http://KnowYourBenefits.dfa.ms.gov>. The Plan reserves the right to change its privacy practices and the terms of this Notice at any time. If a change is made to this Notice, a revised Notice will be mailed to those individuals defined as "enrollees" in the *Plan Document*. The revised Notice will be posted on the Plan's website. You have the right to receive a printed copy of this Notice upon request. Contact information is included at the end of this notice.

PERMITTED USES AND DISCLOSURES

The examples of permitted uses and disclosures listed below are not provided as an all-inclusive list of the situations in which PHI may be used and disclosed by the Plan. However, the Plan will only use or disclose your PHI, without your written authorization in situations falling into one of these categories.

Uses and Disclosures for Purposes of Treatment, Payment or Health Care Operations

The Plan may use and disclose your PHI for the purposes of treatment, payment and health care operations. Examples of the uses and disclosures that the Plan may make under each purpose are listed below.

Treatment: Refers to the provision of health care by a doctor, hospital or other health care provider. The Plan generally does not use or disclose your PHI for treatment, but is permitted to do so if necessary. For example, the Plan may disclose to your treating specialty provider the name of your treating general medical provider so that the specialty provider may have the necessary medical records to evaluate your medical condition.

Payment: Refers to the activities that the Plan undertakes in the payment of claims for covered services received by Plan participants. Examples of uses and disclosures under this section include determination of medical necessity of a treatment or service, and what the allowable charge should be; determining if a treatment or

service is covered by the Plan; and sharing PHI with insurers in order to settle subrogation claims, and to perform coordination of benefits.

Health Care Operations: Refers to the basic functions necessary to operate the Plan. Examples of uses and disclosures under this section include the use of PHI to evaluate the performance of the Plan's vendors; the disclosure of PHI to provide disease management programs to participants with specific health conditions; the disclosure of PHI to vendors under contract with the Plan who provide consulting, actuarial, claims review and legal services to the Plan; the use and disclosure of PHI for general administrative functions such as responding to complaints or appeals; the use and disclosure of PHI for data and information management; and the use and disclosure of PHI for general data analysis used for planning, managing and evaluation purposes.

Disclosures to the Plan's Business Associates

The Plan may disclose your PHI to its business associates as part of contracted agreements to perform services for the Plan provided that the business associate agrees to protect the information.

Disclosure for Health Related Products and Services

The Plan or its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, the Plan's utilization management vendor may contact you regarding a disease management program.

Disclosures to Other Covered Entities

The Plan may disclose your PHI to other covered entities or business associates of those covered entities for the purposes of treatment, payment and certain health care operations. For example, the Plan may disclose PHI to another health plan in order to perform coordination of benefits.

Other Uses and Disclosures Allowed Without Authorization

The Plan may use and disclose PHI without your authorization in the following ways:

- To you as the covered individual;
- To a personal representative designated by you to receive PHI or a personal representative designated by law, such as the guardian ad litem for a minor or a person with power of attorney for health care;
- To the Secretary of Health and Human Services (HHS) or a duly designated employee of HHS as part of an investigation to determine the Plan's compliance with HIPAA;
- In response to a court order, subpoena, discovery request, or other lawful judicial or administrative proceeding or process;
- As required for federal, state and local law enforcement purposes;
- As required to comply with workers' compensation or other similar programs established by law;
- To a health oversight agency for activities authorized by law such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee benefit programs, other governmental regulatory programs and civil rights laws;
- As required to address certain matters of public interest as required or permitted by law. Examples include threats to the public health or national security matters; and

- To the State and School Employees Health Insurance Management Board, the Plan Sponsor, provided the appropriate language is included in the *Plan Document*, to carry out the payment and health care operations functions discussed above.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. If you have provided an authorization to the Plan, you may revoke your authorization at any time by providing written notice to the Plan. The Plan will honor a request to revoke as of the day it is received and to the extent that the Plan has not already used or disclosed your PHI.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

The federal privacy regulations give you the right to make certain requests regarding your PHI.

Right to be Notified of a Breach

You have the right to be notified in the event that we (or a business associate) discover a breach of unsecured protected health information.

Right to Request Restrictions

You have the right to request that the Plan restrict its uses and disclosures of PHI in relation to treatment, payment and health care operations. Any such request must be made in writing and must state the specific restriction requested and to whom that restriction would apply. The Plan is not required to agree to a restriction that you request.

Right to Request Confidential Communications

You have the right to request that communications involving your PHI be provided to you at a certain location or in a certain way. Any such request must be made in writing. The Plan will accommodate any reasonable request if the normal method of communication would place you in danger and that danger is stated in your request.

Right to Access Your Protected Health Information

You have the right to inspect and copy your PHI maintained in a “designated record set” by the Plan. The designated record set consists of records used in making payment, claims adjudication, medical management and other operations. The Plan may ask that such requests be made in writing and may charge reasonable fees for producing and mailing the copies. The Plan may deny such requests in certain cases.

Right to Request Amendment

You have the right to request that your PHI created by the Plan and maintained in a designated record set be amended. Any such request must be made in writing and must include the reason for the request. If the Plan denies your request for amendment, you may file a written statement of disagreement. The Plan has the right to issue a rebuttal to your statement in which case a copy will be provided to you.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of all disclosures of your PHI that the Plan has made if any. This accounting does not include disclosures for payment or health care operations or certain other purposes, or

disclosures to you or with your permission. Any such request must be made in writing and must include a time period, not to exceed six years. The Plan is only required to provide an accounting of disclosures made on or after April 14, 2003. If you request an accounting more than once in a 12-month period, the Plan may charge you a reasonable fee.

All requests should be submitted in writing to the Department of Finance and Administration (DFA), Office of Insurance.

COMPLAINTS

You have the right to file a complaint if you think your privacy rights have been violated. You may file a complaint with the Plan by writing to the DFA, Office of Insurance, Attention: Privacy Officer at the address listed in this Notice. You may also file a complaint by writing to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

PRIVACY CONTACT

If you have any questions regarding this Notice, please contact:

Department of Finance and Administration
Office of Insurance
P.O. Box 24208
Jackson, MS 39225-4208
Phone 601-359-3411
Toll-free 866-586-2781

State and School Employees' Health Insurance Plan Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under the State and School Employees' Health Insurance Plan (Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact Blue Cross & Blue Shield of Mississippi.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Blue Cross & Blue Shield of Mississippi has been notified that a qualifying event has occurred. The employer must notify Blue Cross & Blue Shield of Mississippi of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify your employer within 60 days after the qualifying event occurs. This requires you to notify your employer by completing an *Application for Coverage* form. This form can be obtained from your employer or at the Plan's website, <http://knowyourbenefits.dfa.ms.gov>.

How is COBRA continuation coverage provided?

Once Blue Cross & Blue Shield of Mississippi receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify Blue Cross & Blue Shield of Mississippi in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must make sure that Blue Cross & Blue Shield of Mississippi is provided with a copy of the Social Security Administration's determination letter within 60 days of the

date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to Blue Cross & Blue Shield of Mississippi, 3545 Lakeland Drive, Jackson, MS 39232.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Patient Protection and Affordable Care Act or the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let Blue Cross & Blue Shield of Mississippi know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to Blue Cross & Blue Shield of Mississippi.

Plan Contact Information

The Plan Administrator is the State and School Employees Health Insurance Management Board, P. O. Box 24208, Jackson, MS 39225, (601) 359-3411 or (866) 586-2781. COBRA continuation coverage for the Plan is administered by the Claims Administrator, Blue Cross & Blue Shield of Mississippi, 3545 Lakeland Drive, Jackson, MS 39232, (800) 709-7881.

State and School Employees' Health Insurance Plan

NOTICE OF ENROLLMENT RIGHTS

If you have declined health insurance coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you will be eligible to enroll yourself or your dependents in the State and School Employees' Health Insurance Plan (Plan) during an annual open enrollment period. A dependent may be enrolled only if you are enrolling yourself or you are already enrolled in the Plan. Open enrollment periods will be in October of each year for a January 1 coverage effective date.

You may also be eligible to enroll yourself or your dependents if one of the following special events occur:

Special Enrollment Following Loss of Other Coverage - If you declined coverage for yourself or your dependent(s) because you have other health insurance coverage through your spouse's employer, under an individual health insurance policy, or under COBRA or other continuation coverage through a former employer, you will be eligible to enroll if your coverage under that plan is terminated. You must apply for coverage for yourself/your dependent(s) within 60 days of losing other coverage. Loss of coverage must be due to one of the following events:

- You or your dependent becomes ineligible for coverage under another group health plan or health insurance coverage. Loss of coverage due to non-payment of premiums does not qualify for this special enrollment period.
- The employer contribution for the other group health plan was terminated.
- When you declined coverage for yourself and/or your dependent, you or your dependent had COBRA continuation under another group health plan and the COBRA continuation coverage has been exhausted.

Special Enrollment Upon Marriage, Birth, or Adoption of Dependent - If you declined coverage for yourself, you will be eligible to enroll in this Plan if you apply for coverage within 60 days of marriage, birth, adoption, placement in anticipation of adoption, legal guardianship, or a Qualified Medical Child Support Order (Qualifying Events). You must apply for coverage for yourself **and** the newly-acquired dependent within 60 days of the Qualifying Event. You may also apply for coverage for any other eligible dependent at this time.

The *Plan Document* contains more specific details on your enrollment rights.

I acknowledge I have received, read and understand the following three (3) documents from the State and School Employees' Health Insurance Plan.

- HIPAA, Notice of Privacy Practices _____initial
- COBRA, Continuation Coverage Rights _____initial
- Notice of Enrollment Rights _____initial

Print Name: _____

Date: _____