

PRIVACY PRACTICES NOTICE

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 PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Medicare Health Plans Covered by this Notice

This notice applies to privacy practices of MedicareBlue PPO (including Group MedicareBlue PPO), a Medicare regional preferred provider organization, and to MedicareBlue Rx (including Group MedicareBlue Rx), a Medicare regional prescription drug plan, each with a Medicare contract. The privacy practices apply to medical and other personal information

(“personal information”) MedicareBlue PPO and MedicareBlue Rx use and disclose.

MedicareBlue PPO and MedicareBlue Rx are offered by one of the following Blue Cross and Blue Shield Plans, depending on whether you reside in (or in the case of group coverage, whether your employer purchased coverage in) the State of Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, or Wyoming:

- Wellmark Blue Cross and Blue Shield of Iowa*
- Blue Cross and Blue Shield of Minnesota*
- Blue Cross and Blue Shield of Montana*
- Blue Cross and Blue Shield of Nebraska*
- Blue Cross Blue Shield of North Dakota*
- Wellmark Blue Cross and Blue Shield of South Dakota*
- Blue Cross Blue Shield of Wyoming*

*Each an Independent licensee of the Blue Cross and Blue Shield Association

These Blue Cross and Blue Shield Plans are referred to as “the Plans” in this notice. The Plans may share your personal

information with each other as needed for the payment activities and health care operations of MedicareBlue PPO and MedicareBlue Rx.

The Plans’ Legal Duty

By law, the Plans must protect the privacy of your personal information. The Plans give you this notice to tell you how they may use and disclose your personal information.

The Plans must follow the privacy practices described in this notice. This notice takes effect October 1, 2005, and will remain in effect until the Plans replace it.

The Plans can change their privacy practices, as long as the changes comply with

law. Before the Plans make a significant change in their privacy practices, they will replace this notice with a new notice reflecting the change and send the new notice to the Medicare beneficiaries then enrolled in MedicareBlue PPO and MedicareBlue Rx.

The Plans can apply changes to their privacy practices to all personal information that they maintain, including personal information they created or received before they made the changes.

Uses and Disclosures of Your Personal Information

Uses and Disclosures the Plans are required to make: The Plans must use and disclose your personal information to furnish it to:

- You or to a person who has the legal right to act on your behalf (your personal representative); and
- The U.S. Department of Health and Human Services to see that the Plans are complying with federal personal information privacy requirements.

Uses and Disclosures the Plans have the right to make: The Plans may use and disclose your personal information to pay for your health care and to operate MedicareBlue PPO and MedicareBlue Rx and otherwise conduct health care operations.

For example, the Plans may use and disclose your personal information to process your claims, collect premiums, and coordinate benefit payments with other insurers. The Plans may also use and disclose your personal information to:

- Determine premiums for MedicareBlue PPO and MedicareBlue Rx;
- Ensure that MedicareBlue PPO and MedicareBlue Rx enrollees receive quality care;
- Service MedicareBlue PPO and MedicareBlue Rx enrollees and resolve complaints;
- Conduct medical reviews, legal services, audits, and fraud and abuse detection;
- Supply data required by the Centers for Medicare and Medicaid Services and other government agencies for the Medicare Program; and
- Carry out their business, including creating de-identified data that cannot be connected back to you.

The Plans may also disclose your personal information to health care providers

to assist with your treatment or with their payment activities, to other health plans for their payment activities, and to other health plans and certain health care providers who have or had a relationship with you for their health care quality improvement activities and to detect and prevent fraud and abuse.

Your Authorization: By law, the Plans must have your written authorization to use or disclose your personal information for any purpose not set out in this notice. You may give written authorization for the Plans to use your personal information or to disclose it to anyone for any purpose. You may revoke any authorization you give by notifying the Plans in writing at the contact office listed at the end of this notice. Revoking your authorization will not affect any use or disclosure that was made while your authorization was in effect.

Your Family and Friends: The Plans may, with your oral permission, disclose your personal information to a family member, a friend or another person to the extent necessary to help with your care or with payment for your health care.

If you are not available in an emergency or you are incapacitated, however, the Plans may decide without permission from you whether to use or disclose your personal information based on professional judgment exercised in your best interest.

Disaster Relief: The Plans may use your personal information with and disclose it to a public or private organization, such as the Red Cross, authorized to assist in disaster relief efforts.

Health Related Products and Services: The Plans may use your personal information to contact you with information about health-related products and services or about treatment alternatives that may be of interest to you.

Your Employer: This section does not apply unless you receive your MedicareBlue PPO or MedicareBlue Rx through your employer, former employer, or other plan sponsor. For purposes of this section, we call the MedicareBlue PPO or MedicareBlue Rx that your employer makes available to you “the health plan.”

The Plans may inform your employer whether you are enrolled or have disenrolled from the health plan.

The Plans may furnish summary health information to your employer to use to obtain premium bids for or to modify or discontinue the health plan. Summary health information is aggregated data taken from the claims of persons enrolled in the health plan. The enrollees’ names and other identifiers are removed before the data are furnished to your employer. Still, it may be possible to identify personal information contained in that data as yours.

The Plans may disclose the personal information of you and others enrolled in the health plan to your employer for administration of the health benefits. Before doing that, the Plans must receive assurance that your employer has amended the plan document of the health plan to restrict the uses and disclosures that your employer may make of the personal information.

Public Benefit Purposes: The Plans may use or disclose your personal information as required by law and for the following purposes authorized by law:

- For public health purposes, such as reporting disease, vital statistics, or adverse drug events;
- To report abuse, neglect, or domestic violence;
- For government oversight of health care, such as fraud and abuse investigations;
- For court and administrative proceedings and other lawful process;
- For law enforcement, intelligence and national security purposes, such as reporting crimes, locating missing persons, and identifying or locating suspects;
- To coroners, medical examiners, and funeral directors;
- To avert a serious and imminent threat to health or safety; and
- In connection with certain research activities.

State Privacy Laws: You may have additional privacy protection under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

Your Privacy Rights

By law, you have the right to:

- See and get a copy of your personal information, with limited exceptions;
- Have your personal information amended if you believe it is wrong or missing information and the Plans agree to make the amendment; the Plans will tell you in writing if they disagree;
- Get a listing of disclosures of your personal information that the Plans may have made for public benefit and certain other reasons;
- Ask the Plans to use a different method or address to communicate with you, as for example through a post office box rather than your home address; the Plans do not have to agree to your request unless it is reasonable and the current means of communicating with you may endanger you; and
- Ask the Plans to restrict how they use or disclose your personal information, but the Plans are not required to agree to your request.

To find out how to exercise any of these rights, please call, write or send an email to the Privacy Office listed at the end of this

notice. Please note that there may be charges associated with fulfilling certain of the requests you may make.

Questions and Complaints

You may request a copy of this notice at any time. If you receive this notice on the Plans' web site or by email, you may request the notice in written form. To obtain the notice and for more information about the Plans' privacy practices, please call, write or send an email to the Privacy Office listed below.

If you believe that the Plans may have violated your privacy rights, or you disagree with a decision the Plans made with respect to your privacy rights, you may complain to the Plans through the Privacy Office listed below. You also may submit a written

complaint to the U.S. Department of Health and Human Services Office for Civil Rights. You may obtain detailed information on how to file a complaint with the Office for Civil Rights by visiting the web site www.hhs.gov/ocr/privacyhowtofile.htm or calling toll free 1-866-627-7748 (TTY/TDD users should call 1-800-537-7697).

The Plans support your right to the privacy of your personal information. The Plans will not retaliate in any way if you choose to file a complaint with them or with the U.S. Department of Health and Human Services Office for Civil Rights.

PRIVACY OFFICE:

For MedicareBlue PPO Products

Mailing Address:

MedicareBlue PPO

P.O. Box 41762

Philadelphia, PA 19101-1762

Fax 1-888-678-7006

Telephone:

1-888-678-7005

TTY/TDD 1-888-457-3005

Email:

[Contact Us](#)

For MedicareBlue Rx Products

Mailing Address:

MedicareBlue Rx

1020 Discovery Road,

Ste 100, Eagan, MN 55121

Fax 1-651-286-4400

Telephone:

1-800-858-0723, ext. 8360

TTY/TDD 1-800-693-3819

Email:

[Contact Us](#)