

Notice of Privacy Practices

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 Wisconsin Education Association Insurance Trust and the WEA Insurance Corporation, collectively referred to as the Trust, are affiliated entities. This Notice applies to health, vision, and long term care policies offered by the WEA Insurance Corporation and the associated activities of the Wisconsin Education Association Insurance Trust.

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect.

This Notice is effective July 14, 2016, and will remain in effect until we replace it. It describes the practices we follow in administering our policies. We reserve the right to change our privacy practices and to amend this Notice at any time, as long as such changes are consistent with applicable law. We reserve the right to make changes in our privacy practices and this Notice effective for all health information that we maintain, including health information we created or received before we made the changes. If we make material changes to our practices, we will promptly revise our Notice and make it available to you on our Web site, **WEAtrust.com**. We will also mail a copy of the revised Notice to you at your last known address on file, with our next annual mailing.



How we may use and disclose your health information

We may use and disclose your health information under certain circumstances, without your permission, to perform payment activities and health care operations, or when we are allowed or required by law to do so. Examples of permitted or required uses and disclosures include, but are not limited to, those provided in the following section.

Payment Activities. We may use or disclose your information to pay or reimburse for your covered benefits. For example, we may use your information to:

- Pay claims from physicians, facilities, or other providers of services that are covered by your policy.
- Obtain premiums, determine your eligibility for benefits, and allowable amounts for reimbursement.

- Coordinate benefits with other plans.
- Determine the medical necessity of services you receive.

Health Care Operations. We may use and disclose your health information for a variety of insurance-related activities such as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs, including sharing information with regional or national health information organizations.
- Clinical guideline and protocol development, case management, and care coordination.
- Credentialing activities.
- Enrollment, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health coverage.
- Conducting or arranging for medical review, legal services, and auditing, including fraud and abuse detection programs.
- Business management and general administrative activities, such as customer service and resolution of internal grievances or appeals.

Important note: The Trust underwrites coverage for late enrollees in certain plans. However, we will not use or disclose your genetic information for underwriting purposes.

Public Benefit. We may use and disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law; for example, when required by a court order in medical

malpractice litigation.

- Health oversight activities such as audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system.
- To law enforcement officials; for example, in response to a valid subpoena, to identify a crime victim, or locate a missing person.
- To avert a serious threat to health or safety.
- To researchers for certain projects such as those to improve quality of care or the safe and efficient delivery of health care services.
- As authorized by state worker's compensation or similar laws.

Data Share Agreements. We may share information about you and about others for payment or health care operations activities with other entities, including health care providers, in accordance with executed data share agreements.

Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf. In order to perform these functions, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree with us in writing to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claim for plan benefits or to provide support services such as pharmacy benefit management.

Disclosure To Your Employer If Your Coverage is Provided Under a Group Plan. We may disclose enrollment and dis-enrollment

information to your employer to carry out plan administration functions.

In certain cases, we may need to disclose your health information to your employer for legitimate administrative purposes, such as auditing or monitoring payment of benefits under the plan. Before we may do that, your employer must amend its coverage contract with us to establish the limited uses and disclosures it may make with your health information. Your employer must implement its own privacy policies and procedures consistent with state and federal law and may not use the information for any employment-related decision. We will not disclose your individually identifiable health information to your employer unless you expressly authorize us to do so in writing.

Health-Related Products or Services.

We may use your health information to contact you about other available coverage products that could enhance or replace your existing coverage, or concerning health-related products or services that add value to, but are not part of, your current plan of benefits. We may also use your health information to communicate with you for medical case management or to direct or recommend alternative medical treatments, therapies, health care providers, or health care settings. We will not disclose your health information to other entities for their marketing purposes.

Restrictions on Other Uses or Disclosures Without Your Written Authorization.

Except as described in this Notice and as allowed or required by law, we will not use or disclose your health information without authorization from you. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health

information require authorization.

If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, and we will no longer use or disclose your health information for the purpose you previously authorized. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.



Your Individual Rights With Respect To Your Health Information

Please see the contact information at the end of this Notice about how to exercise these rights.

Access. You have the right to inspect and/or receive a copy of the health information that we have used to make decisions about you. You must make such a request in writing. We have the right to charge you a reasonable fee for expenses associated with your request. We encourage you to contact us to clarify the scope of the information you may be requesting.

Amendment. If you believe that your health information records are inaccurate or incomplete, you may request that we amend those records. Your request must be in writing and must explain why the information should be amended. We may deny your request for certain reasons; for example if the information was not created by us, or if we determine that the information is correct and accurate. If we deny your request, we will provide you with a written explanation and you may respond with a statement of disagreement which will be appended to the information you want amended.

Restrictions. You have the right to request additional restrictions on the uses and disclosures of your health information. Your request must be in writing. We are not required to agree to those restrictions.

Confidential Communication. You have the right to request that we communicate with you about your health information by reasonable alternative means or at an alternative location if our normal means of communication endangers you. We will honor reasonable requests for alternative confidential communications.

Accounting of Disclosures. We are required to keep a record of certain disclosures of your health information, and you have a right to request a list of these disclosures. This list is called an Accounting of Disclosures. This accounting would include, for example, the types of disclosures identified above under the “Public Benefit” section, if any such disclosures have occurred. Your request must be in writing. We will provide one list per 12-month period free of charge; we may charge you for additional lists.

Paper Copy of Notice. You have a right to request and receive a paper copy of this Notice

at any time. You may also obtain a copy of the current version of this Notice at our Web site, **WEAtrust.com.**

Breach Notification. You have the right to receive notifications of breaches of your unsecured protected health information.

Complaints. If you believe we may have violated your privacy rights, or if you disagree with a decision we made about any of the rights described in this Notice, you may file a complaint with us using the contact information available in this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We support your right to have your health information treated in a private fashion. We will not retaliate in any way if you choose to file a complaint.

Contact Information. If you have questions about this Notice, please contact our Customer Service Department at (800) 279-4000, or alternately our Office of General Counsel at the same number. For TrustSecure, please contact our Business Associate Educators Benefit Consultants at (888) 507-6053.