



Notice of Privacy Practices

Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) a 1-800-250-2005.

This Notice of Privacy Practices applies to Envision Insurance Company's Medicare Part D Prescription Drug Plans ("EnvisionRx Plus").

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

EnvisionRx Plus considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies. This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information. When we use the term personal information, we mean information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is non-public, and that we obtain so we can provide you with insurance coverage. By health information, we mean information that identifies you and relates to your medical history, the health care you receive, or the amounts paid for health care services.

How Envision Uses and Discloses Personal Information

In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources, including Medicare. In administering your pharmacy benefits, we may use and disclose personal information about you in various ways, including:

The use and disclosure of personal information during the course of conducting business activities related to the provision of your benefits. This would include: service quality assessment and improvement; company licensing and accreditation; service performance measurement and outcomes assessment; determining formulary compliance, and care management. For example, we may use the information to provide medication therapy management programs for members with specific medical conditions, such as diabetes. We may also use and disclose personal information for the administration of reinsurance; underwriting and rating; detection and investigation of fraud, waste, and abuse; administration of pharmaceutical services and payments; and other general administrative activities. Examples of general administrative activities include collecting premiums; calculating cost-sharing amounts; and responding to complaints and appeals. We may also disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, the pharmacies where you receive covered medications.

Disclosure to Others Involved in Your Health Care

We may disclose health information about you to a relative, a close friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Member Services number on your ID card.

Disclosure Required by Law

We may disclose health information about you when required to do so by law. For example, we may disclose the information in response to a court or administrative order or a subpoena.

Uses and Disclosures Requiring Your Written Authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free Member Services number on your ID card.

Your Legal Rights

Federal regulations concerning the privacy and security of personal health information give you the right to make certain requests regarding health information about you.

- You have the right to obtain a copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative and we may charge a reasonable fee.
- You have the right to request in writing that personal health information we maintain about you be amended. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction requests.
- You have the right to receive an accounting of certain disclosures made by us of your personal health information. Requests must be made in writing and signed by you or your representative. You may be charged a fee if you request more than one accounting within the same 12-month period.
- You have the right to request in writing restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request and we retain the right to terminate an agreed to restriction if we believe such termination is appropriate. You also have the right to terminate, in writing, any agreed-to restriction.

You may make any of the requests described above, or may request a paper copy of this notice, by calling the toll-free Member Services number on your ID card. You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address: EnvisionRx Plus, P.O. Box 1298, Twinsburg, OH 44087, Attn: Privacy Officer. You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Envision's Legal Obligations

Federal privacy and security regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect. We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal laws pertaining to the security and confidentiality of personal information. Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

If you have questions regarding this notice, please contact: EnvisionRx Plus, Legal Department, P.O. Box 1298, Twinsburg, OH 44087. Please include your name, phone and fax number.

This notice is effective as of September 10, 2009.