

# State specific and regulatory information

As part of your Humana plan, please see the following state specific and regulatory information we're required to share with you.

## **Annual notice for the Women's Health and Cancer Rights Act**

Regardless of your gender, it's important to tell members of your household that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Please call the number on the back of your Humana member ID card for more information.

## **California: Timely Access to Care**

For Dental Services, providers in our network are required to have appointment availability within specified time frames:

- Urgent appointments: within 72 hours when consistent with your individual needs and required by generally accepted standards.
- Non-urgent appointments: within 36 business days of request for appointment.
- Preventive care appointments: within 40 business days of request for appointment.

If you call the number on the back your Humana member ID card, a Customer Care representative will answer the phone within 10 minutes during normal business hours.

If you are having trouble communicating with your provider at your appointment, we will arrange interpretation services to help via telephone or in-person, at no cost. For assistance, please call the number on the back of your Humana member ID card.

## **Illinois: Breast screening notice**

Your coverage includes low dose mammography screenings for women aged 35 and older for the presence of occult breast cancer and a screening MRI, when medically necessary, as determined by a physician.

## **Illinois: Cardiovascular Disease**

Cardiovascular disease is a leading cause of death. Knowing your factors – such as family history, gender, and age is important to prevention. And don't forget to get regular health screenings, such as blood pressure, cholesterol, and diabetes tests. Early detection and treatment of cardiovascular disease will help you make important lifestyle changes that can lead to a longer, more enjoyable life.

## **Louisiana: Balance billing disclosure notice**

Health care services may be provided to you at a network health care facility by facility-based physicians who are not

in your health plan. You may be responsible for payments of all or part of the fees for those out-of-network services, in addition to applicable amounts due for co-payments, coinsurance, deductibles, and non-covered services. Specific information about in-network and out-of-network facility-based physicians can be found at the website address of your health plan or by calling the customer service telephone number of your health plan.

## **Louisiana: Preventative cancer screening following bilateral mastectomy notice**

Your coverage includes preventive cancer screening, on no less than an annual basis, for a covered person who was previously diagnosed with breast cancer, completed treatment for breast cancer, underwent a bilateral mastectomy, and was subsequently determined to be clear of cancer.

## **Missouri: American Cancer Society guidelines for early cancer detection**

Many cancers can be treated more easily with early detection. The American Cancer Society's guidelines for early cancer detection are now available at **Cancer.org/cancer/screening.html**. To have a copy sent by mail or to get more information about how these guidelines relate to what's covered under your Humana health plan, please call the number on the back of your Humana member ID card.

## **Ohio: Electronic insurance transmission notice**

You can view your Certificate of Insurance/Certificate of Coverage (Certificate) anytime by going to **Humana.com**. You can also request a written copy of your certificate without charge by calling our Customer Care department at **866-427-7478**.

## **Texas: Annual notice of access to network physician and provider listing**

Humana is required by Texas law to inform you how to find a Humana network provider listing (sometimes referred to as a provider directory). You can use our online searchable directory – **Finder.Humana.com** – for quick access to locate a Humana contracted provider, dentist, vision care provider, specialist, or pharmacy. Our online searchable directory is updated daily. Using Humana contracted providers is one way you can save money on out-of-pocket costs. For help or to request a printed provider listing be mailed to you, call the Customer Care number on the back of your Humana member ID card, **800-448-6262 (TTY: 711)** if your plan is through your employer, or **866-537-0232 (TTY: 711)** if you purchased an individual or family plan from Humana. If you purchased a Humana Extend individual or family plan which includes hearing benefits, call TruHearing at **855-636-7973 (TTY: 711)** for assistance in locating a hearing provider.

If you have any questions, please visit **Humana.com** or call the number on the back of your member ID card.

# Insurance ACE 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 privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.**

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA.

A complete list of the members of the ACE is available at <https://humana.com/insuranceace>.

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

## **What is nonpublic personal or health information?**

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

## **How do we collect information about you?**

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

## **What information do we receive about you?**

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

## **How do we protect your information?**

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

## **How do we use and disclose your information?**

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment, and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.

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If you have any questions, please visit [Humana.com](https://humana.com) or call the number on the back of your member ID card.

# Insurance ACE Notice of Privacy Practices — continued

- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their 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 if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

## Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing. The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

## What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

## What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner.

- **Access:** You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make, this personal information available to you or to your designated representative.
- **Adverse Underwriting Decision:** If we decline your application for insurance, you have the right to be provided a reason for the denial.
- **Alternate Communications:** To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- **Amendment:** You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.\*
- **Disclosure:** You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- **Notice:** You have the right to request and receive a written copy of this notice any time.
- **Restriction:** You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

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If you have any questions, please visit **Humana.com** or call the number on the back of your member ID card.

# Insurance ACE Notice of Privacy Practices — continued

## **If I believe that my privacy has been violated, what should I do?**

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **1-866-861-2762** any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

## **Our responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this notice, and the changes will apply to all information we have about you.
- The new notice will be available upon request, in our office, and on our web site.

## **How do I exercise my rights or obtain a copy of this notice?**

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at **1-866-861-2762**
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:  
Humana Inc. Privacy Office 003/10911  
101 E. Main Street  
Louisville, KY 40202

\*This right applies only to our Massachusetts residents in accordance with state regulations.



If you have any questions, please visit **Humana.com** or call the number on the back of your member ID card.



## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or 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 <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog - Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í beésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721