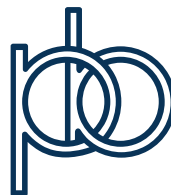


The UCC Medical and Dental Benefits Plan Joint Notice of Privacy Practices



The Pension Boards
United Church of Christ, Inc.



The UCC Medical and Dental Benefits Plan Joint 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.**



UCC MEDICAL AND DENTAL BENEFITS PLAN SUMMARY NOTICE OF PRIVACY PRACTICES

The Pension Boards–United Church of Christ, Inc. (“Pension Boards”) is the Plan sponsor of the UCC Medical and Dental Benefits Plan (“Plan”). The Plan is providing you with the enclosed Notice of Privacy Practices as required by law.

The Notice describes how medical information about you may be used and disclosed by the Plan and how you can get access to your information. Please review it carefully.

How the Plan Will Use Your Information

The UCC Medical and Dental Benefits Plan may use, share or disclose the personal health information it creates, receives, maintains or transmits about you (called your “protected health information” or “PHI”) to pay health care benefits, operate the Plan or for treatment by a health care provider. In addition, the Plan may use or disclose your information in other special circumstances described in the enclosed Notice. For any other purpose, the Plan will require your written authorization for the use or disclosure of your PHI.

Your Individual Rights

You have the right to inspect and copy certain of your protected health information, request an amendment of the information, request restrictions on the use and disclosure of the information, request that communications be made to you through alternative means or at an alternative location, and obtain an accounting of the information that the Plan has disclosed for reasons other than treatment, payment, health care operations, required or authorized disclosures. There are certain limitations on these rights as explained in the Notice.

Questions and Complaints

You may contact the following person for more information about the Plan’s privacy practices, to exercise your rights or to complain about how the Plan is handling your protected health information:

General Counsel and Corporate Secretary
The Pension Boards–United Church of Christ, Inc.
475 Riverside Drive
Room 1020
New York, NY 10115
212.729.2700

The Notice on the following pages describes the Plan’s privacy practices in more detail.



THE UCC MEDICAL AND DENTAL BENEFITS PLAN JOINT 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.


IMPORTANT: Receipt of this Notice does not mean you are eligible or enrolled under any of the Plans. Eligibility and enrollment are determined by the Plan documents and your elections.

1. Why am I receiving this Notice?

The Pension Boards—United Church of Christ, Inc. (“Pension Boards”) sponsors group health plans (the “Plans”) that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). These plans include:

- UCC Medical Benefits Plan (for individuals who are not eligible for Medicare)
- UCC Medical Benefits Plan (for individuals enrolled in Medicare Parts A and B)
- UCC Dental Benefits Plan
- UCC Vision Benefits Plan

To the extent you are enrolled in any insured arrangement or any insured option under a Plan, you may receive a separate privacy notice from your insured plan or option. That notice will apply to the insurer’s privacy practices. This Notice generally describes the Pension Boards’ privacy practices with respect to the Plans.



The privacy of your personal health information that is received, created, maintained, used or disclosed by the Plans is protected by HIPAA. The Plans are required by law to:

- maintain the privacy of your protected health information (“PHI”);
- provide you with this Notice of the Plans’ legal duties and privacy practices with respect to your PHI;
- abide by the terms of this Notice; and
- notify you in the event of a breach of your unsecured PHI.


2. What is Protected Health Information (PHI)?

PHI is health information created, received, maintained or transmitted by a Plan that identifies (or may be used to identify) an individual. The information may appear on paper or in any other form. It does not include employment records held by the Pension Boards in its role as employer.

3. When will the Plans use or disclose my PHI?

The Plans **must**:

- disclose your PHI to you or your personal representative within the legally specified period following a request;
- make your PHI available to the U.S. Department of Health and Human Services when it requests information relating to the privacy of PHI in the Plans; and
- use or disclose your PHI where otherwise required by applicable law.




The Plans, and the individuals who administer them, **may** use, receive or disclose your PHI for treatment, payment or health care operations without obtaining a written authorization from you. These activities cover a broad range of functions, including:

- **Treatment.** The Plans may use or disclose your PHI to facilitate medical treatment or services by a health care provider. Examples: The Plans may provide PHI to a physician to help him or her recommend a course of treatment to you.
- **Payment of Benefits.** The Plans may use and disclose PHI to pay benefits. Examples: One of the Plans receives bills from your health care providers, processes payments, sends explanations of benefits (“EOBs”), reviews a claim appeal, or coordinates benefit payments under the Plan.
- **Health Care Operations.** The Plans may use and disclose your PHI for certain operational purposes. Examples: Enrollment verifications or claims audits. PHI may also be used for purposes of case management or to provide you with the opportunity to participate in certain activities under a disease management program to the extent these features are available now or in the future under the Plans.

If applicable to your circumstances, and to the extent provided now or in the future, the Plans may use and disclose your PHI to provide you with appointment (or treatment) reminders, information about treatment alternatives or information about other health-related benefits and services that may be relevant to your situation.

The Plans contract with other businesses and individuals for certain plan administrative services. Each of these “business associates” may create, receive, maintain and transmit your health information for purposes of performing services for or on behalf of the Plans as long as the business associate agrees in writing to protect the privacy of your information and meet certain other specified requirements.



Certain business associates may also use and disclose PHI for their own management, administration and legal responsibilities (and for purposes of aggregating data with data obtained from other clients for evaluation of Plan design issues and other appropriate Plan purposes). Business associates maintain most of the PHI under the Plans and conduct most of the activities that involve PHI.

Under certain terms and conditions, the Plans (and the organizations offering benefits under the Plans) may disclose PHI to the Pension Boards, as the Plan sponsor. Ordinarily these disclosures are limited to enrollment information and information necessary for administration of the Plans.

A Plan may disclose PHI to other health plans, health care providers, and health care clearinghouses (which translate electronic health information from one format to another) for purposes of their own provision of treatment, payment or certain health care operation services (such as quality assurance, case management, care coordination, licensing, credentialing and the detection of fraud and abuse). Where the disclosure is to another Plan covered by this Notice, disclosure is permitted for additional services related to that Plan's operations (such as enrollment, auditing, legal services, business planning and development, management and administrative activities, and customer service).

In all situations, the Plans will limit PHI use, disclosure or request to the minimum necessary to accomplish the intended purpose.

4. Under what other circumstances will my PHI be used or disclosed?

The Plans are also permitted to use or disclose your PHI, without obtaining a written authorization from you, in the following circumstances:

- For certain required public health activities (such as reporting disease outbreaks);



- To prevent serious harm to you or other potential victims, where abuse, neglect or domestic violence is involved;
- To a governmental agency for the purpose of conducting health oversight activities authorized by law;
- In the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request or other lawful process;
- For a law enforcement purpose (such as providing limited information to locate a missing person) to a law enforcement official if certain legal conditions are met;
- To a coroner, medical examiner, or funeral director for purposes of carrying out his or her duties;
- For certain organ, eye, or tissue donations;
- For research studies (such as research related to the prevention of disease or disability) that meet other requirements designed to protect your privacy;
- To avert a serious threat to the health or safety of you or any other person;
- For specified government functions, such as intelligence activities and your care if you are imprisoned;
- To the extent necessary to comply with laws and regulations related to workers' compensation or similar programs; and
- When otherwise required by law.

5. What if the circumstances described in items 3 and 4 do not apply?

If items 3 and 4 do not apply, the Plans may not use or disclose your PHI unless you authorize the use or disclosure in writing. As a result, uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI will be made only with your express written authorization. Please note that the Plans do not use your PHI for marketing or fundraising purposes. However, if the data that identifies you in the PHI is appropriately removed, this non-identifiable information may then be used or disclosed without your authorization.

Please remember, if you have questions or a problem relating to a claim, a network provider or other matter pertaining to a particular benefit option, you will typically be directed to an appropriate contact person with the relevant business associate or other vendor to resolve the matter. If it is necessary for the Pension Boards to assist you directly in resolving the issue, you will usually be required to complete an authorization form.

Also keep in mind that your family members will not automatically be provided with access to your PHI on their request. However, on request, the Plan will provide your PHI to any family member or other person who demonstrates that he or she is your personal representative or whom you appropriately authorize to have access to your PHI. In addition, Explanations of Benefits (“EOBs”) and other claim denials will continue to be sent to the employee or former employee who enrolls in a Plan.

6. How do I authorize a release of my PHI from a Plan?

You will need to complete a prescribed written authorization form. An authorization form is available on the Pension Boards’ website (www.pbucc.org) or by calling Member Services toll-free at **1.800.642.6543, Option 6**. You may revoke your authorization, in writing, at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken.

7. Do state privacy laws also apply to PHI?

A federal law referred to as “ERISA” often preempts state law from applying to the Plans, particularly where benefits are self-insured. If state law is not preempted, state laws may impose stricter privacy protections or furnish you with greater rights with respect to your own PHI. If you have a question about your rights under any particular federal or state law, please contact the person identified below as the Information Contact (see item 11).


8. Can my genetic information be used for the Plans’ underwriting purposes?

No, the Plans are prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

9. What are my individual rights with respect to my PHI?

You have the right to:

- Inspect and obtain a copy of certain of your own PHI held by a Plan. Where you request PHI that the Plan holds electronically, the Plan will provide PHI to you in the form you request if it can readily produce the information in that form. If you wish the Plan to send PHI to another person, the Plan will do so if you submit a clear designation in a signed, written statement that includes appropriate identification and contact information for the designated person. For certain types of PHI and in certain situations, your request may be denied. For example, you may not obtain access to information compiled in reasonable anticipation of a trial or administrative proceeding.
- Request that a Plan amend certain of your records if you believe the information is incorrect or incomplete. Your request must specify the reasons for the amendment.
- Receive a list of instances in which your PHI has been disclosed to other individuals or entities for reasons other




than treatment, payment or health care operations. Certain other exceptions apply. For example, a Plan does not need to account for disclosures that were made to you, that you have authorized in writing, or that occurred either before the effective date of this Notice or more than six years before your request.

- Request a paper copy of this Notice at any time, even if you have previously received it electronically.
- Request a Plan to restrict its uses and disclosures of your PHI. You will be required to provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plan is not required to agree to a requested restriction unless the disclosure is to a health plan for purposes of carrying out payment or health care operations (not treatment) and the PHI pertains solely to a health care item or service for which you have paid the health care provider entirely out of your own pocket.
- Request that a Plan's confidential communications of your PHI be sent to another location or by alternative means. The Plan is not required to accommodate your request unless your request is reasonable and you state clearly that the Plan's ordinary communication process could endanger you. You will need to renew this request upon a change in your Plan options or administrators.

Certain administrative rules may apply to these individual rights. For example, you may be required to submit a request in writing or on a prescribed form, and you may be charged the cost of copying and postage. Your right to make a request does not necessarily mean that your request will be approved. Where a response to your request is appropriate, it will ordinarily be provided to you in writing.

To exercise your individual rights with respect to information held by the Plan administrator, you should write the Information Contact identified in item 11.



Because most of your PHI under the Plans, particularly claims information, is held by your claims administrator, it will often make sense for you to contact that entity directly to obtain access to, amend, or receive an accounting of disclosures of your PHI.

10. How do I make a complaint if I think my rights have been violated?

You may file a complaint with the Plans' Information Contact, identified below (see item 11), and with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by any plan. Their contact information is available below. All complaints must be filed in writing. Federal law prohibits retaliation against any employee for filing a complaint.

11. Who is the Plans' Information Contact?

If you have any questions about this Notice or a complaint relating to how your PHI is handled, please contact the Information Contact:

General Counsel and Corporate Secretary
The Pension Boards—United Church of Christ, Inc.
475 Riverside Drive
Room 1020
New York, NY 10115
212.729.2700

12. How do I contact the federal government if I want to make a complaint or inquiry?

To contact the Secretary of the U.S. Department of Health and Human Services, you may write to the regional office of the U.S. Department of Health and Human Services.



13. What is the effective date of this Notice?

The effective date of this version of the Notice is
September 23, 2017

14. Can this Notice be changed?

Each Plan reserves the right to change the terms of this Notice with respect to its privacy and information practices and to make the new provisions effective for all PHI it maintains, consistent with legal requirements. You will be informed of any material revisions to this Notice.

The Pension Boards

United Church of Christ, Inc.

475 Riverside Drive

Room 1020

New York, NY 10115-0059