



The Benefits of Better Health



CONNECTION VISION PLAN POWERED BY EYEMED VISION CARE

Effective September 23, 2013

Government Employees Health Association, Inc.

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.

PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is about individual privacy, and throughout this document, "you" means each individual person in your family who is insured by Connection Vision Plan Powered by EyeMed (The Vision Plan). Every member of your family should read this document carefully and understand that "you" applies to them as a covered individual under the plan. It describes how we may use and disclose your protected health information for purposes of payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services, or payment for health care services. A copy of this Notice of Privacy Practices is available at our website, www.geha.com, or by calling our Customer Service Department at 1-800-821-6136 and requesting that a copy be sent to you in the mail.

OUR LEGAL DUTIES REGARDING PROTECTED HEALTH INFORMATION

We are required to follow the terms of this Notice of Privacy Practices. We understand that medical information about you and your health is personal. We are committed to protecting health information about you. We create a record of the health care claims processed for administration purposes, and this notice applies to all of the records we maintain. Your personal doctor, health care provider, or hospital may have different policies or notices regarding their use and disclosure of your protected health information created at their location.

We are required by law to:

- Ensure protected health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices regarding your protected health information;
- Follow the terms of the notice that is currently in effect; and
- Notify affected individuals following a breach of unsecured protected health information as provided in the HIPAA regulations.

REVISION OF THE NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time, including information created or received prior to the effective date of the notice revision.

We are required to promptly revise and distribute a revised Notice of Privacy Practices to you whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of this notice will be implemented upon the effective date of the notice in which the material change is reflected. When the Notice of Privacy Practices has been revised, the revision will also be available at our website, www.geha.com, or by calling our Customer Service Department at 1-800-821-6136 and requesting that a revised copy be sent to you

in the mail.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways we may use and disclose your health information without your authorization. For each use or disclosure, an explanation follows to explain what we mean and to present some examples. Not every use or disclosure will be listed.

Payment: We may use and disclose protected health information about you to determine and provide eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility, to coordinate coverage, or to obtain premiums. For example, we may use health information in the form of your medical history from your health care provider to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether a treatment is covered. We may disclose information to another entity to assist with the subrogation of claims or to another health plan to coordinate benefit payments.

Health Care Operations: We may use or disclose your protected health information for other Vision Plan operations as needed. These uses and disclosures are necessary to administer The Vision Plan, including quality assessment, customer service, legal and auditing functions, business planning and development, and general administrative activities. We may share your protected health information as necessary with third party "business associates" that assist us in performing these various activities. For example, we may share your health information with a third party to help detect potential fraud or abuse. Whenever an arrangement between The Vision Plan and a business associate involves the use or disclosure of your protected health information, we will have a written contract with the business associate that contains terms to ensure that the business associate protects the privacy of your health information to the same extent as is set forth in this Notice of Privacy Practices.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address will be used to send you a newsletter about the services we offer, health resources, and other information related to your health.

To Plan Sponsors: We may disclose your protected health information to the plan sponsor to permit it to perform plan administration functions. Please refer to your brochure for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in performing plan administration functions. Additionally, summary health information may be shared for the purpose of making decisions regarding modifying, amending or terminating the group health plan. Information may also be disclosed to the plan sponsor on whether you are participating in the group health plan.

Personal Representatives: A person is your personal representative only if they have authority by law to act on your behalf in making decisions related to health care. They then must be given the same consideration as you and we may disclose your protected health information to them. We may require your personal representative to produce evidence of his/her authority to act on your behalf. We may not recognize him/her if we have a reasonable belief that treating such person as your

personal representative could endanger you and we decide that it is not in your best interest to treat them as your personal representative. In addition, in the event of your death, an executor, administrator, or other person authorized under the law to act on behalf of you or your estate will be treated as your personal representative.

You may also be a personal representative by law for another individual in your family, such as a minor child or an incapacitated adult. Minor children may have some rights as specified in state consent laws that relate directly to minors.

Individuals Involved in Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment related to your health care. If you are not present, we may disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. In the same way, we may also disclose your medical information in the event of your incapacity or in an emergency. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may also use and disclose your protected health information in the following situations without your authorization. These situations include the following:

Required By Law: We may use or disclose your protected health information to the extent that federal, state, or local law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes as follows:

- To a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability, including, but not limited to, reporting of vital statistics, the conduct of public health surveillance, public health investigations, and public health interventions, and if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority;
- To a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect; or
- If authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or

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neglect. In addition, we may disclose your protected health information to a governmental authority or agency authorized to receive such information, if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Legal Proceedings: We may disclose protected health information during any judicial or administrative proceeding, in response to an order of a court, or administrative tribunal, if such disclosure is expressly authorized by order. We may disclose protected health information in response to a subpoena, discovery request or other lawful process, if the party seeking the information satisfactorily assures us that reasonable efforts have been made to either notify you of the request or obtain a protective order.

Law Enforcement: We may disclose protected health information for law enforcement purposes. These law enforcement purposes include:

- Legal orders, warrants, subpoenas, or summons;
- Information for identifying and locating a suspect, fugitive, material witness, or missing person;
- Circumstances pertaining to victims of a crime;
- Suspicion that death occurred as a result of criminal conduct; or
- Crime occurring on a GEHA premise;

Decedents: Protected health information may be disclosed to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

Threats to Health or Safety: Under applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel as follows:

- For activities deemed necessary by appropriate military command authorities; or
- To foreign military authorities if you are a member of that foreign military services

We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose health information to comply with laws relating to worker's compensation or other similar programs established by law.

Inmates or Those in Lawful Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, your protected health information may be disclosed to the correctional institution or to the law enforcement official. This is required for:

- The provision of health care to you;
- The health and safety of you, other inmates, and officers and employees of the correctional institution;
- The health and safety of any person responsible for transporting inmates, or transferring inmates between facilities; or
- The enforcement of law on the premises of the correctional institution, and the administration and maintenance of safety, security, and order of the correctional institution.

Required Uses and Disclosures: Under the law, we must make disclosures to you or your personal

representative upon request. We also must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the law.

AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Uses and disclosures other than those described in this notice will be made only with your written authorization. These include:

- Uses and disclosures for marketing purposes; and
 - Uses and disclosures that constitute the sale of PHI.
- You may revoke an authorization at any time in writing. If you revoke an authorization, it will not affect any action taken or any information released by us prior to receiving and processing your request to revoke the authorization. Please make these requests in writing to our Privacy Officer. Forms are available on our website at www.geha.com or may be requested through our Customer Service Department at 1-800-821-6136.

YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Right to Request Restrictions: You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The Vision Plan is not required to agree to a restriction that you may request. If The Vision Plan does agree to the requested restriction, we will advise you in writing, and from that time forward we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment to you or as defined by law. You may revoke a restriction at any time in writing. If you revoke a restriction, it will not affect any action taken toward an individual you previously restricted or any information we refused to release prior to receiving and processing your request to revoke the restriction. If GEHA agrees to a restriction, we may also terminate our agreement to the restriction and would contact you if this situation should occur. Please make these requests in writing to our Privacy Officer. Forms are available on our website at www.geha.com or may be requested through our Customer Service Department at 1-800-821-6136.

Right to Receive Confidential Communications: We will accommodate written reasonable requests to receive communication of protected health information by alternative means or at alternative locations if you provide a clear statement that the disclosure of all or part of that information could endanger you. We will ask you to provide an alternative method of contact or address. We will advise you in writing, and from that time forward, we will contact you by alternative means or location as agreed to in our response. You may revoke a confidential communication at any time in writing. If you revoke a confidential communication, it will not affect any action taken toward an individual you previously restricted or any information we refused to release prior to receiving and processing your request to revoke the confidential communication. Please make these requests in writing to our Privacy Officer. Forms are available on our website at www.geha.com or may be requested through our Customer Service Department at 1-800-821-6136.

Right of Access to Inspect and Copy: You may have access upon written request to inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A fee may be charged for copying, postage, and for preparing an explanation or summary of your protected health information upon your request. A "designated record set" contains medical and payment records and any other records that The Vision Plan uses for making decisions about you. You may request an electronic copy of the protected health information and GEHA will provide in the electronic form and format

requested if it is readily producible in that form and format, or, if not, will provide in a readable electronic form and format as agreed to by you and GEHA. You may direct GEHA to send the protected health information directly to another person by clearly identifying the designated person and where to send the information. You may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In most cases, we will provide the requested information within 30 days. If GEHA is unable to meet the 30 days, we may extend the time for up to an additional 30 days by providing a written statement of the reasons for the delay within the initial 30 days and the date by which the request will be completed. When a decision to deny access has been made, you may have a right to have this decision reviewed in some circumstances. Please make this request in writing to our Privacy Officer. Forms are available on our website at www.geha.com or may be requested through our Customer Service Department at 1-800-821-6136.

Right to Amend: You may request in writing an amendment of protected health information about yourself in a designated record set for as long as we maintain this information. A request for amendment may be denied if it is determined that the protected health information or record that is the subject of the request meets any of the following criteria:

- Was not created by The Vision Plan;
- Is not part of the designated record set;
- Would not be available for inspection under access guidelines; or
- Is accurate and complete.

In most cases, we will act upon your request within 60 days. If we deny your request to amend, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please make this request in writing to our Privacy Officer. Forms are available on our website at www.geha.com or may be requested through our Customer Service Department at 1-800-821-6136.

Right to Receive an Accounting of Disclosures: You may request in writing to obtain an accounting of disclosures. This right applies to disclosures we (or our business associates) have made for purposes not related to treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, to a personal representative, or to any disclosures you have specifically authorized. You have the right to receive an accounting of disclosures that occur after April 14, 2003, and for a specified period of time up to six years. You may request a shorter specific timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to additional requests. Please make this request in writing to our Privacy Officer. Forms are available on our website at www.geha.com or may be requested through our Customer Service Department at 1-800-821-6136.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this notice upon request or view and print a copy electronically at www.geha.com.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with GEHA's Privacy Officer, or the Secretary of the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT

You may contact GEHA's Privacy Officer for further information about the complaint process, or for further explanation of this document by mail at GEHA, Attention: Privacy Officer, P.O. Box 438, Independence, MO, 64051-0438, or by phone at 1-800-821-6136.