



Dear Member,

As you know, the Medical Trust is the plan sponsor of your health benefits. One of the requirements for health plan sponsors is to communicate required compliance notices and disclosures to members.

Enclosed are four notices:

1. Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice
2. HIPAA Special Enrollment Notice
3. Children's Health Insurance Program Reauthorization Act (CHIPRA)
4. Women's Health and Cancer Rights Act (WHCRA) Notice

Copies of these notices can also be found on our website and in each of the Medical Trust's plan handbooks at www.cpg.org/mtdocs

Sincerely,

The Episcopal Church Medical Trust Team



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY YOUR GROUP HEALTH PLAN AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Church Pension Group Services Corporation, doing business as the Episcopal Church Medical Trust ("ECMT"), is the plan sponsor of certain group health plans (the "Plans") that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

Some of the Plans provide benefits through the purchase of insurance. If you are enrolled in an insured Plan, you will also receive a separate notice from that Plan, which applies to your rights under that Plan.

The privacy of your personal health information that is created, 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;
- Provide you with a notice of the Plans' legal duties and privacy practices with respect to your PHI; and
- Abide by the terms of the Notice of Privacy Practices currently in effect.

Protected Health Information (PHI)

PHI is your identifiable health information that is created, received, or maintained by the Plans, regardless of the form of the information. It does not include employment records held by your employer in its role as employer.

Use of Your PHI

Under HIPAA, the Plans must disclose your PHI:

- To you or your legal representative when you ask for this information;
- To the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where otherwise required by 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. Permissible uses and disclosures cover a broad range of activities, including:

- **Treatment.** The Plans may disclose PHI to your providers for treatment, including the provision of care or the management of that care. For example, the Plans might disclose PHI to assist in diagnosing a medical condition or for pre-certification activities.
- **Payment.** The Plans may use and disclose your PHI to pay benefits. For example, the Plans might use or disclose PHI when processing payments, sending explanations of benefits ("EOBs") to the Plan member, reviewing the medical necessity of services rendered, conducting claims appeals, and coordinating the payment of benefits between multiple medical plans.



- **Health care Operations.** The Plans may use and disclose your PHI for Plan operational purposes. For example, the Plans may use or disclose PHI for quality assessment and claim audits.

The Plans may also use and disclose your PHI to provide you with information about disease management programs, treatment alternatives, or other health-related benefits and services that may interest you.

The Plans also contract with other businesses for certain Plan administrative services. The Plans may release your PHI to one or more of their business associates for Plan administration if the business associate agrees in writing to protect the privacy of your information.

ECMT, as the Plan sponsor, will have access to your PHI for Plan administration purposes limited to those people responsible for the Plan's administration. Unless you authorize the Plans otherwise in writing (or your individual identifying data is deleted from the information), your PHI will be available only to the individuals who need the information to conduct these Plan administration activities, and the release of your PHI will be limited to the minimum disclosure required, unless otherwise permitted or required by law.

Other Circumstances for Release of PHI

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;
- For specialized government functions (such as national security and intelligence activities);
- To health oversight agencies for activities authorized by law (such as audits, inspections, investigations and licensure);
- In the course of any judicial or administrative proceeding in response to a court's or administrative tribunal's order, subpoena, discovery request, or other lawful process;
- For a law enforcement purpose to a law enforcement official if certain legal conditions are met (such as providing limited information to locate a missing person);
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avert a serious threat to the health or safety of you or any other person;
- To the extent necessary to comply with laws and regulations related to workers' compensation or similar programs;
- To coroners, medical examiners or funeral directors for purposes of identifying a decedent, determining a cause of death or carrying out their respective duties with respect to a decedent; and
- When otherwise required by law.



Any other use or disclosure of your PHI not identified in this section will be made only with your written authorization.

State Privacy Laws

If your state laws provide more stringent privacy protections than HIPAA, the more stringent state law will still apply to protect your rights. If you have a question about your rights under any particular federal or state law, please contact the Church Pension Group Privacy Officer. Contact information is included at the end of this notice.

Authorizing Release of Your PHI

To authorize release of your PHI, you must complete a medical information authorization form. An authorization form is available on our website at www.cpg.org or by calling (800) 480-9967 (active plans) or (866) 273-4545 (retiree plans). You have the right to limit the type of information that you authorize the Plans to disclose and the persons to whom it should be disclosed. You may revoke your written authorization at any time. The revocation will be followed to the extent action on the authorization has not yet been taken.

Your Rights With Respect to Your PHI

You have the right to:

- Request the Plan 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 generally not required to agree to a requested restriction, but may in certain circumstances. However, effective February 17, 2010, the Plan is required upon request to restrict disclosures made for purposes of payment or health care operations where you have paid for a health care item or service entirely out of pocket. To request a restriction, please write to the Church Pension Group Privacy Officer and provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plan will respond in writing.
- Request that the Plan's confidential communications of your PHI be sent to another location or by alternative communicative means. For example, you may ask that we send all EOBs to your office rather than your home address. The Plan is not required to accommodate your request unless your request is reasonable and you state that the Plan's ordinary communication process could endanger you. To request confidential communications, please submit a written request to the Church Pension Group Privacy Officer.
- Inspect and obtain a copy of the PHI held by the Plan. However, access to psychotherapy notes, information compiled in reasonable anticipation of or for use in legal proceedings, and under certain other, relatively unusual circumstances, may be denied. Your request should be made in writing to the Church Pension Group Privacy Officer. A reasonable fee may be imposed for copying and mailing the requested information. You may contact Andrea Still at astill@cp.org or Tricia Roberts at troberts@cp.org for a full explanation of our fee structure.



- Request that the Plan amend your PHI or record if you believe the information is incorrect or incomplete. To request an amendment, you must submit a written request to the Church Pension Group Privacy Officer. Your request must list the specific PHI you want amended and explain why it is incorrect or incomplete and be signed by you or your authorized representative. All amendment requests will be considered carefully. However, your request may be denied if the PHI or record that is subject to the request:
 - is not part of the medical information kept by or for the Plan;
 - was not created by or on behalf of the Plan or its third party administrators, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the information that you are permitted to inspect and copy; or
 - is accurate and complete.
- Receive information about when your PHI has been disclosed to others. Certain exceptions apply to this rule. For example, the Plan does not need to account for disclosures made to you or with your written authorization, or for disclosures that occurred more than six years before your request. To request an accounting of disclosures, you must submit your request in writing to the Church Pension Group Privacy Officer and indicate in what form you want the accounting (e.g., paper or electronic). Your request must state a time period of no longer than six years and may not include dates before your coverage became effective. The Plan will provide you with the date on which a disclosure was made, the name of the person or entity to whom PHI was disclosed, a description of the PHI that was disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, you may be charged a reasonable, cost-based fee for responding to these additional requests. You may contact Andrea Still at astill@cpg.org or Tricia Roberts at troberts@cpg.org for a full explanation of our fee structure.
- Get a paper copy of this notice at any time, even if you have agreed to receive it electronically. To obtain a paper copy of this notice, please contact the Church Pension Group Privacy Officer.

If You Believe Your Privacy Rights Have Been Violated

If you believe your privacy rights have been violated by any Plan, you may file a complaint with the Plan's Privacy Officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be filed in writing. You will not be retaliated against for filing a complaint.

To contact the Church Pension Group Privacy Officer:

Privacy Officer
CPG Legal Department
445 Fifth Avenue
New York, NY 10016
privacy@cpg.org
(212) 592-8365



To contact the Secretary of the U.S. Department of Health and Human Services:

U.S. Department of Health and Human Services

Office of Civil Rights

200 Independence Avenue, SW

Washington, DC 20201

(202) 619-0257

(877) 696-6775 (toll-free)

www.hhs.gov/contacts

Effective Date

This amended and restated privacy information is effective as of February 7, 2013.

Changes

Each Plan sponsored by ECMT reserves the right to change its terms and information practices and to make the new provisions effective for all PHI it maintains, including any PHI it may receive or hold in the future, as permitted by applicable law. Any amended information will be provided to you via mail.

HIPAA Notice of Special Enrollment Rights

This notice informs you of your right to enroll in a group health plan sponsored by the Episcopal Church Medical Trust (a "Medical Trust Plan") under the special enrollment provisions of the Health Insurance Portability and Accountability Act (HIPAA) if you (1) decline coverage* under a Medical Trust Plan for yourself or an eligible dependent (including your spouse) while other coverage is in effect and later lose that coverage; or (2) acquire a new dependent. Please read this document carefully and keep it for future reference.

Individuals Who Lose Coverage

If you decline enrollment in a Medical Trust Plan for yourself or an eligible dependent because of other group health plan coverage or health insurance coverage, you may be able to enroll yourself or your dependents in a Medical Trust Plan upon the loss of such coverage. Loss of other coverage must be caused by one of the following events:

- If the other coverage was under COBRA, the entire COBRA coverage period was exhausted.
- If the other coverage was not under COBRA, employer contributions toward coverage for you or your dependents were terminated.
- If the other coverage was not under COBRA, coverage was terminated as a result of a loss of eligibility through the occurrence of certain events, including:
 - legal separation, divorce, or death;
 - termination of employment; or
 - reduction in the hours of employment.

Loss of other coverage, whether under COBRA or otherwise, does not include a loss due to an individual's failure to pay premiums on a timely basis, or termination of such coverage for cause (*e.g.*, making a fraudulent claim). Please note that if you do not elect COBRA under a prior plan, it will be treated as a loss of coverage for HIPAA special enrollment purposes.

If coverage is lost for any of the above reasons and you want to take advantage of the HIPAA special enrollment provision, you must request enrollment into a Medical Trust Plan within 30 days after the other coverage ends. If a timely request is made, coverage under a Medical Trust Plan would then become effective the first day of the month following the month in which the loss of coverage event occurred.

Special Rules Relating to Medicaid or a State Children's Health Insurance Program (CHIP)

If you decline enrollment in a Medical Trust Plan for yourself or an eligible dependent because you or your dependent have coverage under Medicaid or CHIP, you may be able to enroll yourself or your dependents in a Medical Trust Plan if your or your dependent's coverage under Medicaid or CHIP is terminated pursuant to a loss of eligibility for such coverage.

Also, if you become eligible for a premium assistance subsidy from Medicaid or CHIP with respect to coverage under a Medical Trust Plan, you may be able to enroll yourself or your dependents in a Medical Trust Plan.

If you are impacted by Medicaid or CHIP (as described above) and want to take advantage of the HIPAA special enrollment provision, you must request enrollment into a Medical Trust Plan within 60 days of (1) termination of Medicaid or CHIP coverage; or (2) becoming eligible for premium assistance under Medicaid or CHIP. Your coverage under a Medical Trust Plan would then become effective the first day of the month following the month in which the event occurred.

Individuals Who Acquire a New Dependent

If you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible dependents in a Medical Trust Plan, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If a timely request is made, the effective date of coverage under a Medical Trust Plan for you and your eligible dependents will be:

- In the case of marriage, the first day of the month following the month in which the marriage occurs
- In the case of a dependent's birth, the date of such birth
- In the case of a dependent's adoption or placement for adoption, the date of such adoption or placement for adoption

Special Enrollment Requests

You must submit your request for special enrollment to the Episcopal Church Medical Trust at the following address:

**Episcopal Church Medical Trust
445 Fifth Avenue
New York, NY 10016**

Questions

If you have any questions about this notice, you may contact your Plan Administrator at (800) 480-9967.

**Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2012. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Website: http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx Phone: 1-877-255-3092
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-572-3839	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid and CHIP
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565



Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Acts of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis and;
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your Plan Administrator, Episcopal Medical Trust at (800) 480-9967.