

Sanford Health Plan
PO Box 91110
Sioux Falls, SD 57109-1110
(605) 328-6868
(877) 305-5463
sanfordhealthplan.com



Dear Future Member:

Sanford Health Plan welcomes you into our integrated system of care. We know you have a variety of options when it comes to making your health insurance decisions – so thank you for your interest in Sanford Health Plan!

As a health plan accredited with the National Committee for Quality Assurance (NCQA), Sanford Health Plan is required to provide you with additional information as you make decisions regarding your medical benefit plan. In this material, you will find the following:

- Provider Network
- Member Handbook
- Special Notices

Feel free to contact Sanford Health Plan with any questions that you may have at (701) 751-4125 or toll-free at (800) 499-3416.

NDPERS Dakota Plan Retiree Provider Network

When a physician or supplier agrees to accept the charge approved by Medicare as full payment for covered services, he or she is said to accept assignment. All physicians who participate in the Medicare program agree to accept assignment. If you are not sure if your physician participates in the Medicare program, ask, and he or she will tell you.

If a physician does not accept assignment, he or she may collect more than Medicare's approved amount; we will pay this difference for you when this happens. If your provider accepts assignment, we will send our payment directly to that provider. If your provider does not accept assignment, we send our payments to you, or, in the event of your death, to your estate.

Special Communication Needs

In compliance with the Americans with Disabilities Act (ADA), this document can be provided in alternate formats. Anyone with any disability who might need some form of accommodation or assistance concerning the services or information provided, please contact the NDPERS ADA Coordinator at (701) 328-3900. The North Dakota Relay Service (TTY) toll-free number is (800) 366-6888.

Please call Sanford Health Plan Member Services if you need help understanding Plan information at (800) 499-3416 (toll-free). We can read forms to you over the phone and we offer free oral translation in any language through our translation services.

Services for the Deaf and Hearing Impaired

If you are deaf or hearing impaired and need to speak to the Plan, call TTY/TDD: (877) 652-1844 (toll-free).

Services for Visually Impaired

Please contact Member Services toll-free at (800) 499-3416 if you are in need of a large print copy or cassette/CD of this COI or other written materials.

Translation Services

The Plan can arrange for translation services. Free written materials are available in several different languages and free oral translation services are available. Call toll-free (877) 652-1844 for help and to access translation services.

Emergency

If you have a condition that requires immediate surgical or medical attention, call 911 or go to the nearest emergency room for treatment. Sanford Health Plan covers any emergency services necessary to screen and stabilize members when a prudent layperson, acting reasonably, would believe that an emergency medical condition exists.

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Dear Sanford Health Plan NDPERS Member,

We are pleased to have you as a Member and welcome you to our care system! This booklet will help you get to know your benefits. It is made up of tips on how you can reach us and how to use your benefits. We look forward to serving you.

Introduction

This Member Handbook is not a contract. This Handbook is designed to give you the basic facts needed as a Member. It will also serve as a guide when seeking health care services. Your Certificate of Insurance (COI) and the NDPERS Service Agreement are the formal benefit plan documents for this benefit plan as set up by NDPERS.

For details about your coverage, please see your COI, which gives all of the terms and conditions of enrollment. If you have more questions after reading this Handbook and your COI, or need any help, please call us toll-free at (800) 499-3416 | TTY/TDD: (877) 652-1844 (toll-free).

NOTE: This Plan may not cover all your health care costs. Read your Certificate of Insurance with care to find out which costs are covered.

How to Contact Us

If you have more questions after reading the Handbook or your Certificate of Insurance, or need any help, we are open between the hours of 8 a.m. to 5 p.m. Central Time, Monday through Friday.

| | |
|---|---|
| Physical Address Sanford Health Plan ATTN: NDPERS 300 Cherapa Place, Suite 201 Sioux Falls, SD 57103 | Mailing Address Sanford Health Plan ATTN: NDPERS PO Box 91110 Sioux Falls, SD 57109-1110 |
| Member Services (800) 499-3416 (toll-free) or TTY/TDD: 1-877-652-1844 (toll-free) | Website www.sanfordhealthplan.com/ndpers |

Privacy Practices

Our Privacy policies may be found at www.sanfordhealthplan.com/ndpers in the Privacy of Health Information link at the bottom of the page:

- Notice of Privacy Practices
- Confidentiality and Disclosure of Personal Health Information
- Protection of Oral, Written and Electronic Information across Sanford Health Plan

Member Rights & Responsibilities

Member Rights

We are committed to treating you in a way that respects your rights. Each Member (or the Member's parent, legal guardian, or other responsible person, if the Member is a minor or not able to make choices on their own) has the right to the following:

1. You have the right to get access to health care and/or services that are ready or medically indicated, regardless of race; ethnicity; national origin; gender; age; sexual orientation; medical condition, including current or past history of a mental health and substance use disorder; disability; religious beliefs; or sources of payment for care.
2. You have the right to considerate, respectful treatment at all times and under all circumstances with recognition of your personal dignity.
3. You have the right to be questioned and examined in surroundings designed to assure reasonable visual and auditory privacy.

4. You have the right, but are not required, to select a Primary Care Doctor of your choice. If you are not happy for any reason with the main doctor initially chosen, you have the right to choose another doctor.
5. You have the right to expect communications and other records about your care, along with the source of payment for treatment, to be treated as confidential, in line with the guidelines set up in applicable North Dakota law.
6. You have the right to know who someone is and professional status of people supplying services to you, and to know which Doctor and/or Provider is mainly responsible for your care.
7. You have the right to an honest talk with the Doctors and/or Providers responsible for coordinating appropriate or medically necessary treatment choices for your conditions in a way that is clear, regardless of cost or benefit coverage for those treatment choices. You also have the right to join with Doctors and/or Providers in decision making about your treatment plan.
8. You have the right to give informed consent before the start of any procedure or treatment.
9. When you do not speak or understand the main language of the community, we will make reasonable efforts to access an interpreter. We have the duty to make reasonable efforts to access a treatment clinician that is able to communicate with you.
10. You have the right to get printed materials that describe important information about us in a format that is easy to understand and easy to read.
11. You have the right to a clear Grievance and Appeal process for complaints and comments and to have your issues resolved in a timely way.
12. You have the right to end coverage, in line with NDPERS and/or Plan guidelines.
13. You have the right to make recommendations about the organization's Members' rights and responsibilities policies.
14. You have the right to get information about the organization, its services, its Doctors and Providers, and Members' rights and responsibilities.

Member Responsibilities

Each Member (or the Member's parent, legal guardian or other representative if the Member is a minor or not able to make choices on their own) is responsible for cooperating with those supplying Health Care Services to you, and shall have the following responsibilities:

1. You have the responsibility to give, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, Hospitalizations, drugs, and other matters about your health. You have the responsibility to tell your Doctor about unexpected changes in your condition. You are responsible for speaking up if you do not understand a planned course of action and what your role is.
2. You are responsible for carrying your Plan ID cards with you and for having your identification numbers on hand when telephoning or talking with us.
3. You are responsible for following all access and availability procedures.
4. You are responsible for telling us of an Emergency admission as soon as reasonably possible and no later than forty-eight (48) hours after being physically or mentally able to give notice.
5. You are responsible for keeping appointments and, when you are not able to do so for any reason, for telling the responsible Doctor or the Hospital.
6. You are responsible for following your treatment plan as told by the Doctor mainly responsible for your care. You are also responsible for participating in developing mutually agreed-upon treatment goals, and to the degree possible, for understanding your health conditions, including mental health and/or substance use disorders.
7. You are responsible for your actions if you say no to treatment or do not follow the Doctor's orders.
8. You are responsible for telling NDPERS within *thirty-one (31)* days if you change your name, address, or phone number.
9. You are responsible for telling NDPERS of any changes of eligibility that may affect your membership or access to services.

Member Services Department

We believe that good service depends on good communication with you. We encourage you to contact Member Services for help when you need it by calling (800) 499-3416 (*toll-free*) | TTY/TDD: (877) 652-1844 (*toll-free*)

or emailing memberservices@sanfordhealth.org. We are happy to help you with questions about:

- How claims are paid
- Where to find a doctor or facility in your area
- If you have a complaint
- Getting another ID card

We are open and can answer your questions from 8 a.m. to 5 p.m. Central Time, Monday through Friday.

Special Communication Services

In compliance with the Americans with Disabilities Act (ADA), this document can be provided in alternate formats. Anyone with any disability who might need some form of accommodation or assistance concerning the services or information provided, please contact the NDPERS ADA Coordinator at 701-328-3900. The North Dakota Relay Service (TTY) toll-free number is (800) 366-6888.

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Translation Services

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English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-652-1844 (*toll-free*). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-652-1844 (*toll-free*). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-652-1844 (*toll-free*)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-652-1844 (*toll-free*)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-652-1844 (*toll-free*). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-652-1844 (*toll-free*). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-652-1844 (toll-free) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-652-1844 (toll-free). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-652-1844 (toll-free) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-652-1844 (toll-free). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك بمساعدتك. هذه خدمة مجانية سوى الاتصال بنا على 1-877-652-1844. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-652-1844 (toll-free) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-652-1844 (toll-free). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-652-1844 (toll-free). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-652-1844 (toll-free). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-652-1844 (toll-free). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-652-1844 (toll-free) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Member Benefits

As a Plan Member, your benefits package is one of the most comprehensive available today. Basic primary care and preventive benefits are available through your Primary Care Doctor. Please see your Outline of Covered Services and your Certificate of Insurance (COI) for a description of covered services, as well as those that are not covered.

Emergency and Urgent Care Situations

An Emergency Medical Condition or Emergency Care is the sudden and unexpected onset of a health condition that would lead a Prudent Layperson acting reasonably and possessing the average knowledge of health and medicine to believe that the absence of that requires immediate medical attention, if failure to provide medical attention would could result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

A Prudent Layperson is a person who is without medical training and who possess an average knowledge of health and medicine and who draws on his or her practical experience when making a decision regarding the need to seek emergency medical treatment.

An Urgent Care Situation is a degree of illness or injury which is less severe than an Emergency Condition, but requires prompt medical attention within twenty-four (24) hours, such as stitches for a cut finger.

An Urgent Care Requests is a request for a health care service or course of treatment with respect to which the time periods for making a non-Urgent Care Request determination:

- a) Could seriously jeopardize the life or health of the Certificate holder or the ability of the Certificate holder to regain maximum function, based on a prudent layperson's judgment; or
- b) In the opinion of a Practitioner and/or Provider with knowledge of the Certificate holder's medical condition, would subject the Certificate holder to severe pain that cannot be adequately managed without the health care service or treatment that is the subject of the request.

Benefits for Emergency Care in a Foreign Country

Your policy covers 80% of certain medically necessary emergency care outside the U.S. during the first 60 days of each trip after you meet a \$250 deductible for the year and if Medicare doesn't otherwise cover the care. This benefit has a lifetime maximum of \$50,000.

Levels of Coverage

Your Medicare supplement health care coverage was developed to help you pay for some of your health care expenses not paid in full by Medicare. *This coverage only pays for those services accepted and approved by Medicare with the exception of benefits for Medically Necessary Emergency Care in a foreign country.*

To understand your supplemental benefits, you must first understand your Medicare benefits. Therefore, it is very important that you read your *Medicare Handbook* carefully. If you do not have a Medicare Handbook, you may order one by calling your Social Security office.

Medicare benefits are divided into two categories: Medicare Part A and Medicare Part B.

- **Medicare Part A**

Medicare Part A helps pay for inpatient hospital care, care in a skilled nursing facility, home health care, and hospice services. We offer you supplemental benefits in all of these categories.

- **Medicare Part B**

Medicare Part B helps pay for physician services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by Medicare Part A. We offer you supplemental benefits in all these categories as stated in your Certificate of Insurance, *SECTION III: Schedule of Benefits*, with the addition of benefits for Medically Necessary Emergency Care in a foreign country.

Wellness Principles

It is better for you to be seen in your Primary Care Doctor's office when you are healthy, so that he or she can work with you to keep you in good health instead of trying to treat you when you are already sick. That is why we encourage you to select a Primary Care Doctor to arrange your care and to offer you such services as yearly physical exams, maternity care, yearly gynecological exams, and immunizations. We have a commitment not only to treating you when you are ill, but also to helping you stay well. We will give you educational and wellness materials to teach you how to stay fit and live a healthy life: physically and mentally.

Case Management

Case management is a collaborative process that: assesses; plans; carries out; arranges; checks-in; and evaluates the choices and services required to meet your health needs. We use available communication and supports to encourage quality, effective outcomes.

Cases are detected for possible case management, based on requests for review, or a combination of things like:

- a. admissions that go beyond the recommended or approved length of stay;
- b. utilization of health care services that causes constant and/or extremely high costs; and
- c. conditions that are known to need broad and/or long-term treatment or continuous care.

Our case management process allows professional case managers to assist you with certain complex and/or chronic health issues by coordinating complicated treatment plans and other types of complex patient care plans.

More information is available at www.sanfordhealthplan.com/ndpers or by calling our Care Management Department at (877) 652-1847.

Care Coordinator Program

Sanford Health Plan recognizes the key to you and your family's overall wellness is made up of more than just physical health. That's why we created our *Care Coordinator Program*. We believe that by helping connect you to community support and resources, we empower you to achieve and maintain your optimal wellness. For example, your Care Coordinator may collaborate with other professionals who are invested in your wellbeing, such as case managers or your doctor. Your Care Coordinator may also connect you to programs and services that will help you manage family, financial and social needs, such as housing, or support groups.

mySanfordNurse

mySanfordNurse is a 24-hour health information resource that provides answers to health-related questions that arise outside of your healthcare visits. You may call (888) 315-0886 to visit with a nurse, or register/login to your account at visit www.sanfordhealthplan.com/memberlogin and submit a question online.

Claim Payment Procedures

When You May Need to File a Claim

By law, physicians or other suppliers must fill out claim forms for you and send them to Medicare, even if they do not accept assignment. We will accept notice from Medicare Carriers on claims submitted on your behalf by physicians and suppliers or you may submit the Medicare Summary Notice (MSN). Notice of claims should include your name and Certificate number.

You should always make sure your providers know that you have supplemental coverage with us. When you receive health services in North Dakota, Medicare will automatically send your claim to us.

The only time you will need to file a claim is if you receive services outside of North Dakota and your Medicare Summary Notice (MSN) does not say your private insurer is receiving the information in the Notes section of the MSN.

Out-of-State Services and How to File a Claim

If you receive health services outside of North Dakota, the provider will submit your claim to the Medicare office in that state. After the office processes the claim, you will receive a Medicare Summary Notice (MSN). If the *Notes* section of the MSN says that the information is being sent to your private insurer, we will automatically receive the MSN.

If the MSN does not say your private insurer is receiving the information, you need to send the MSN to us so we can process your Medicare supplement benefits. Be sure your identification number and mailing address are shown accurately on the MSN form. You do not need to complete a claim form, just send the MSN, and keep a copy for your own records.

Send your MSN to:
Sanford Health Plan
NDPERS/Medicare Supplement Claims
PO Box 91110
Sioux Falls, SD 57109-1110

Coordination of Benefits

In some cases, you may be covered by another insurance plan, in addition to your coverage with us. If so, we will work with the other insurer to be sure you get full benefits without paying for services twice. If you are covered by another insurance plan, please tell Member Services so that we can find out whether another insurer may be responsible for paying for some of your care.

If your eligibility shifts to another insurer, please notify us as soon as possible so that we may coordinate your benefits appropriately.

Important Information about the Complaint Process

Sanford Health Plan has a process to resolve complaints. You can call or write us with your complaint. We will send a complaint form to you upon request. If you need assistance, we will complete the written complaint form and mail it to you for your signature. We will work to resolve your complaint as soon as possible.

If your complaint involves a dispute relating to the payment of services covered by Medicare, you may file a Medicare appeal through Medicare. The steps to follow in filing a Medicare appeal are explained in the Explanation of Medicare Benefits (EOMB) or Medicare Summary Notice (MSN) forms which can be obtained from the Medicare intermediary or carrier. You may contact your local Social Security office.

Get help & more information

- **Sanford Health Plan:** (800) 499-3416 | TTY/TDD users call toll-free: (877) 652-1844. We are open Monday through Friday, 8 am to 5 pm, Central Time.
- **Medicare:** 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY: 1-877-486-2048
- **Medicare Rights Center:** 1-888-HMO-9050
- **Elder Care Locator:** 1-800-677-1116
- **North Dakota Insurance Department:** (800) 247-0560
- **NDPERS:** (701) 328-3900

If you require accommodation or assistance concerning the services or information provided, please contact the NDPERS ADA Coordinator at (701) 328-3900.

Termination of Membership

If you are not able to continue coverage under an NDPERS benefit plan, please see your Certificate of Insurance, "*Cancellation of this or Previous Benefit Plans*".

If you have any questions after reading your Medicare Handbook, your Certificate of Insurance, or this handbook, please call Member Services toll-free at (800) 499-3416 | TTY/TDD: (877) 652-1844 (toll-free).

Special Notices

for NDPERS Retiree Medicare
Supplement Dakota Plan



North Dakota
Public Employees
Retirement System
Dakota Plan Health Benefits

SANFORD[®]
HEALTH PLAN

Notice of Privacy Practices

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

This Notice applies to Sanford Health Plan. If you have questions about this Notice, please contact our Member Services Department at (800) 499-3416 (toll-free) | TTY/TDD (877) 652-1844 (toll-free). You may also email your questions to memberservices@sanfordhealth.org. This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by Sanford Health Plan, whether recorded in our business records, your medical record, billing invoices, paper forms, or in other ways.

How We Use and Disclose Your Health Information

We use or disclose your health information as follows (In Minnesota we will obtain your prior consent):

- **Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.
- **Pay for your health services:** We can use and disclose your health information as we pay for your health services. For example, we share information about you with your primary care physician to coordinate payment for those services.
- **For our healthcare operations:** We may use and share your health information for our day-to-day operations, to improve our services, and contact you when necessary. For example, we use health information about you to develop better services for you. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Friends and Family:** We may disclose to your family and close personal friends any health information directly related to that person's involvement in payment for your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency.

We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if state or federal law require it, including with the Department of Health and Human services if it wants to see that we're complying with federal privacy law.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation and other government requests:** We can share information to employers for workers' compensation claims. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.

- **Law enforcement:** We may share information for law enforcement purposes. This includes sharing information to help locate a suspect, fugitive, missing person or witness.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a patient’s need for privacy.

We may contact you in the following situations:

- **Treatment options:** To provide information about treatment alternatives or other health related benefits or Sanford Health Plan services that may be of interest to you.
- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

Your Rights That Apply To Your Health Information

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claims records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we’ll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved. We must say “yes” if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- **Get a list of those with whom we’ve shared information:** You can ask for a list (accounting) of the times we’ve shared your health information for six (6) years prior, who we’ve shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one (1) accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within twelve (12) months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

Contact Information

Sanford Health Plan/ATTN: NDPERS
 PO Box 91110, Sioux Falls, SD 57109-1110
 (800) 499-3416 (*toll-free*) | TTY/TDD (877) 652-1844 (*toll-free*)

Our Responsibilities Regarding Your Health Information

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.

- We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

Changes to This Notice

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice is available upon request and on our website www.sanfordhealthplan.com.

Effective Date

This Notice of Privacy Practices was effective September 23, 2013.

Notice of Organized Health Care Arrangement for Sanford Health Plan

Sanford Health Plan and Sanford Health Plan of Minnesota have agreed, as permitted by law, to share your health information among themselves for the purposes of treatment, payment, or healthcare operations. This notice is being provided to you as a supplement to the above Notice of Privacy Practices.

Advance Directives

We are required to tell our members about advance directive laws. An advance directive is a written instruction, such as a living will or health care power of attorney. It is law regarding the instructions you can write to tell your doctors and family what kind of care you want if you are too sick to make health care decisions on your own (i.e., a person who has suffered a head injury, is in a coma, a patient with advanced Alzheimer's disease, or a person in the last stages of cancer). The instructions are written and witnessed in advance of the possible need for the directives. Advance directives can provide peace of mind now and will protect your right to health care the way you want it.