Notice of Health Privacy Practices

Congregational Employee Plan for Mennonite Church USA, Mennonite Church USA Dental Plan, Mennonite Church USA FlexChoice Plan, and Mennonite Church USA Health Reimbursement Arrangement

This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Providing the details of your health information is one area you probably want to control. Your health plan(s) are legally required to maintain the confidentiality of your personal health information.

This notice defines the term "protected health information," describes the standards for how the health plans use and disclose this information and explains your rights. Please review it carefully.

The terms of this *Notice of Health Privacy Practices* apply to the health plans listed above which are provided by your employer and administered by Everence Association, Inc., a fraternal benefit society. The terms "we", "us", and "our" refer to the health plans.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this notice so long as it remains in effect.

We reserve the right to change the terms of this *Notice of Health Privacy Practices* as necessary and to make the new notice effective for all protected health information maintained by us. Copies of revised notices will be provided to all members then covered by the health plan(s).

Definition of protected health information

The term "protected health information" includes all individually identifiable health information transmitted or maintained by us, regardless of whether or not that information is maintained in an oral, written or electronic format. Is created or received by a health care provider, health plan, employer, or health care clearinghouse. Is related to the past, present, or future physical or mental health or condition of the individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any particular individual.

Uses and disclosures of your protected health information

We may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan.

- An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
- Examples of "payment" activities include billing, claims management, and medical necessity reviews.
- Examples of "health care operations" include disease management and case management activities.

We may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.

Disclosure for Underwriting Purposes. We are generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.

Uses and Disclosures Requiring Written Authorization. Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, we may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, we may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms are available by contacting Everence using contact information found below.

Special Rule for Mental Health Information. Your written authorization generally will be obtained before we will use or disclose psychotherapy notes (if any) about you.

Uses and Disclosures for which Authorization or Opportunity to Object is not Required. We may use and disclose your protected health information without your authorization under the following circumstances:

- When required by law;
- When permitted for purposes of public health activities;
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
- When authorized by law to a public health oversight agency for oversight activities;
- When required for judicial or administrative proceedings;
- When required for law enforcement purposes;
- When required to be given to a coroner or medical examiner or funeral director;
- When disclosed to an organ procurement organization;
- When used for research, subject to certain conditions;
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat; and
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Minimum Necessary Standard. When using or disclosing protected health information or when requesting protected health information from another covered entity, we must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.

Disclosures of Summary Health Information. We may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.

Disclosures of Enrollment Information. We may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.

Disclosure to the Department of Health and Human Services. We may use and disclose your protected health information to the Department of Health and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.

Disclosures to Family Members, other Relations and Close Personal Friends. We may disclose protected health information to your family members, other relatives, close personal friends and anyone else you

(over)

choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure.

For example, if you are married, the plan will share your protected health information with your spouse if he or she reasonably demonstrates to the plan and its representatives that he or she is acting on your behalf and with your consent. Your spouse might to do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.

Appointment of a Personal Representative. You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). We retain discretion to deny access to your protected health information to a personal representative.

Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information. You may request that we restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, we are not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than us) must agree to the request of an individual to restrict disclosure of protected health information about the individual to us, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other than us on behalf of the individual) has paid the covered entity in full.

Individual Right to Request Alternative Communications. We will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or at alternative locations for reasons other than your endangerment unless special circumstances warrant an exception.

Individual Right to Inspect and Copy Protected Health Information. You have a right to inspect and obtain a copy of your protected health information contained in a "designated record set," for as long as we maintain the protected health information. A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health to make decisions about individuals.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if we are unable to comply with the deadline. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.

All requests for access must be made in writing and signed by you or your authorized representative. We will charge you $.25 per page if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. This right extends to your right to receive electronic copies of your protected health information if such information is maintained as an electronic record. You may obtain an access request form from us at the address set forth below.

Individual Right to Amend Protected Health Information. You have the right to request us to amend your protected health information for as long as the protected health information is maintained in the designated record set. We have 60 days after the request is made to act on the request. A single 30-day extension is allowed if we are unable to comply with the deadline. If the request is denied in whole or part, we must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.

Right to Receive an Accounting of Protected Health Information Disclosures. You have the right to request an accounting of all disclosures of your protected health information by us during the six years prior to the date of your request. However, such accounting need not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to the compliance date; or (4) pursuant to an individual's authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. Requests must be made in writing and signed by you or your authorized representative. Such request forms are available from us at the address set forth below. The first accounting in any 12-month period is free; you will be charged a fee of $15 for each subsequent accounting you request within the same 12-month period.

The Right to Receive a Paper Copy of This Notice Upon Request. If you are receiving this Notice in an electronic format, then you have the right to receive a written copy of this Notice free of charge by contacting Everence using contact information found below.

Changes in the Privacy Practice. We reserve the right to change the terms of this Notice of Health Privacy Practices as necessary and to make the new notice effective for all protected health information maintained by us. Copies of revised notices will be provided to all members then covered by the health plan(s). You will be provided with an advance notice of any material change in the plan's privacy practices.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you can file a complaint with Everence Insurance Products Operations at the address set forth below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint..

For further information

If you have questions or need further assistance regarding this notice, you may contact: Everence Insurance Products Operations Manager, P.O. Box 483, Goshen, IN 46527, telephone: (800) 348-7468 or (574) 533-9511. As a member of the health plan, you retain the right to obtain a paper copy of this *Notice of Health Privacy Practices*, even if you have requested such copy by email or other electronic means.

Notices and requests

All requests or communications under this notice shall be addressed to Everence at Everence Insurance Products Operations, P.O. Box 483, Goshen, IN 46527, telephone: (800) 348-7468 or (574) 533-9511.

Effective date

This *Notice of Health Privacy Practices* is effective April 14, 2004; revised Jan. 1, 2011; second revision Sept. 23, 2013; third revision Jan. 1, 2026.