



Remember the Open Enrollment Deadlines!

July 1 - September 10
Online enrollment

July 1 - September 30
Flexible Spending Accounts online
and paper enrollment

If you have not made your Open Enrollment changes, you have until midnight of September 10, 2014, to make them **online through Member Online Services**. After this date, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed.



- ◆ Any paper forms postmarked after August 30, 2014, will not be accepted.
- ◆ If you do not need to make any changes, please do not submit a form to PEEHIP.
- ◆ **Exception:** If you want to enroll or renew your Flexible Spending Accounts or Federal Poverty Level Discount, you must re-enroll EACH YEAR as these programs do not automatically renew. ●



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Get Screened!

PEEHIP's New Team Up for Health Wellness Program

What is a wellness screening?

The wellness screening measures your blood pressure, height, weight, body mass index (BMI), and a quick and painless finger prick measures your total cholesterol (HDL and LDL), triglycerides, and blood glucose. It does NOT test for illicit drugs, HIV/AIDS or hepatitis. All information is kept strictly confidential in compliance with HIPAA requirements.

You must present proof of your PEEHIP coverage so bring your PEEHIP insurance ID card with you!

Who provides the screenings and where can I get one?

The screenings are performed by the Alabama Department of Public Health (ADPH) wellness nurses at the [employees' worksites](#) or at the [ADPH county locations](#) by appointment. Just ask your employer's wellness coordinator or visit the ADPH online calendar at www.adph.org/worksitewellness to find out when and where the screenings will be offered in your area. The screening form will be provided by ADPH at these locations.

If you prefer, you can visit your [personal physician](#) and have your doctor complete the HEALTHCARE PROVIDER SCREENING form, which can be downloaded from the PEEHIP website at www.rsa-al.gov.

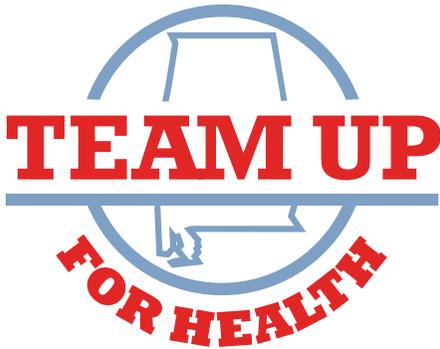
These three convenient options will help you and your spouse obtain your wellness screening by May 31, 2015. You have almost a whole year to get screened, but don't wait until the last minute.

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Get Screened!

Team Up for Health Wellness Program

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Get it done as soon as possible to complete your screening requirement and avoid a premium rate increase!

Why should I have a screening?

Because some health risk conditions have no early warning signs, you may be at risk without even knowing it. You may not feel sick and believe you are healthy. PEEHIP has already heard testimonials from members who while being screened by ADPH nurses, discovered they had extremely high blood sugar or high blood pressure, and others were at high risk for a stroke or heart attack.

These members were immediately referred to a healthcare provider and were very grateful and appreciative because the screening was how they first learned about their serious health issues. Once they received the proper treatment, they knew how to monitor and handle their health risks in the future. So their screening participation was easy, and their benefit was life-saving!

What happens if my screening shows abnormal results? Will I lose my health insurance or pay more for it?

Absolutely not! You will NOT lose your health insurance and you will NOT pay more for it if your screening results are abnormal.

The ADPH wellness nurse will give you an OFFICE VISIT REFERRAL form to take with you to a physician's office to follow up with the abnormal results or risk factors identified during the screening process. No copay is required if you are given one of these referral forms which is good for up to 60 days from the screening date.

You are not required to achieve a certain standard or measurement related to health - you simply have to get screened. The screening and referral, if applicable, give you the information you need to improve your overall well-being.

Take charge of your health and start by getting screened!

The wellness screening will complete the first component of PEEHIP's new *Team Up for Health* Wellness Program requirements. Take charge and take advantage of the expansive wellness program PEEHIP designed to give you the tools and knowledge needed to help you live your healthiest and most enjoyable life!

Remember these important facts:

- All employees and their covered spouses and all retirees and their covered spouses who are NOT covered by Medicare, who are enrolled in PEEHIP's Hospital Medical Plan (group #14000) must get screened by May 31, 2015, to avoid paying the wellness premium that will be effective next year beginning October 1, 2015.
- Any PEEHIP member (age 18 and older) enrolled in any other PEEHIP provided coverage is eligible for a free wellness screening although not required to be screened.
- **Be sure to provide proof of your PEEHIP coverage at the screening. You won't be eligible for a screening without it.**

Stay Tuned!

The Health Risk Assessment (HRA) questionnaire and the Disease Management and Lifestyle Coaching components of the *Team Up for Health* Wellness Program will be available in January 2015. For more information about the Wellness Program, please see the July and August *PEEHIP Advisors*, our wellness web page at www.rsa.al.gov under the PEEHIP link, the ADPH website www.adph.org/worksitewellness, and follow us on Twitter @PEEHIP! ●

Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA)

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.

The Public Education Employees' Health Insurance Plan (the "Plan") considers personal information to be confidential. The Plan protects the privacy of that information in accordance with applicable privacy laws, as well as its own privacy policies.

The Plan is required by law to take reasonable steps to ensure the privacy of your health information and to inform you about:

- ◆ the Plan's uses and disclosures of your health information
- ◆ your privacy rights with respect to your health information
- ◆ the Plan's obligations with respect to your health information
- ◆ a breach of your PHI
- ◆ your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services
- ◆ the person or office to contact for further information about the Plan's privacy practices

Effective Date of Notice: This notice was effective as of September 23, 2013.

HOW THE PLAN USES AND DISCLOSES HEALTH INFORMATION

This section of the notice describes uses and disclosures that the Plan may make of your health information for certain purposes without first obtaining your permission as well as instances in which we may request your written permission to use or disclose your health information. The Plan also requires their business associates to protect the privacy of your health information through written agreements.

Uses and disclosures related to payment, health care operations and treatment. The Plan and its business associates may use your health information without your permission to carry out payment or health care operations. The Plan may also disclose health information to the Plan Sponsor, PEEHIP, for purposes related to payment or health care operations.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, the Plan may tell an insurer what percentage of a bill will be paid by the Plan.

Health care operations include but are not limited to underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts, disease management, case management, conducting or arrangement for medical review, legal services and auditing functions, including fraud and abuse programs, business planning and development, business management and general administrative activities. It also includes quality assessment and improvement and reviewing competence or qualifications of health care professionals. For example, the Plan may use medical benefit claims information to conduct a review of the accuracy of how benefit claims are being paid. However, in no event will Benefit Staff use PHI that is genetic information for underwriting purposes.

The Plan will only disclose the minimum information necessary with respect to the amount of health information used or disclosed for these purposes. In other words, only information relating to the task being performed will be used or disclosed. Information not required for the task will not be used or disclosed.

The Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other uses and disclosures that do not require your written authorization. The Plan may disclose your health information to persons and entities that provide services to the Plan and assure the Plan they will protect the information or if it:

- ◆ Constitutes summary health information and is used only for modifying, amending or terminating a group health plan or obtaining premium bids from health plans providing coverage under the group health plan
- ◆ Constitutes de-identified information
- ◆ Relates to workers' compensation programs
- ◆ Is for judicial and administrative proceedings
- ◆ Is about decedents
- ◆ Is for law enforcement purposes
- ◆ Is for public health activities
- ◆ Is for health oversight activities

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- ◆ Is about victims of abuse, neglect or domestic violence
- ◆ Is for cadaveric organ, eye or tissue donation purposes
- ◆ Is for certain limited research purposes
- ◆ Is to avert a serious threat to health or safety
- ◆ Is for specialized government functions
- ◆ Is for limited marketing activities

Additional disclosures to others without your written authorization. The Plan may disclose your health information to a relative, a friend or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, the Plan may confirm whether or not a claim has been received and paid. You have the right to request that this kind of disclosure be limited or stopped by contacting the Plan's Privacy Official.

Uses and Disclosures Requiring Your Written Authorization. In all situations other than those described above, the Plan will ask for your written authorization before using or disclosing your health information. If you have given the Plan an authorization, you may revoke it at any time, if the Plan has not already acted on it. If you have questions regarding authorizations, contact the Plan's Privacy Official.

YOUR PRIVACY RIGHTS

This section of the notice describes your rights with respect to your health information and a brief description of how you may exercise these rights. To exercise your rights, you must contact the Plan's Privacy Official at 877-517-0020.

Restrict Uses and Disclosures. You have the right to request that the Plan restricts uses and disclosure of your health information for activities related to payment, health care operations and treatment. The Plan will consider, but may not agree to, such requests.

Alternative Communication. The Plan will accommodate reasonable requests to communicate with you at a certain location or in a certain way. For example, if you are covered as an adult dependent, you may want the Plan to send health information to a different address than that of the Employee. The Plan must accommodate your reasonable request to receive communication of PHI by alternative means or at alternative locations, if you clearly state that the disclosure of all or part of the information through normal processes could endanger you in some way.

Copy of Health Information. You have a right to obtain a copy of health information that is contained in a "designated record set" - records used in making enrollment, payment, claims adjudication, and other decisions. The Plan may provide you with a summary of the

health information if you agree in advance to the summary. You may also be asked to pay a fee of \$1.00 per page based on the Plan's copying, mailing, and other preparation costs.

Amend Health Information. You have the right to request an amendment to health information that is in a "designated record set." The Plan may deny your request to amend your health information if the Plan did not create the health information, if the information is not part of the Plan's records, if the information was not available for inspection, or the information is not accurate and complete.

Right to access electronic records. You may request access to electronic copies of your PHI, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

List of Certain Disclosures. You have the right to receive a list of certain disclosures of your health information. The Plan or its business associates will provide you with one free accounting each year. For subsequent requests, you may be charged a reasonable fee.

Right to A Copy of Privacy Notice. You have the right to receive a paper copy of this notice upon request, even if you agreed to receive the notice electronically.

Complaints. You may complain to the Plan or the Secretary of HHS if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

THE PLAN'S RESPONSIBILITIES

The Plan is required by a federal law to keep your health information private, to give you notice of the Plan's legal duties and privacy practices, and to follow the terms of the notice currently in effect.

THIS NOTICE IS SUBJECT TO CHANGE

The terms of this notice and the Plan's privacy policies may be changed at any time. If changes are made, the new terms and policies will then apply to all health information maintained by the Plan. If any material changes are made, the Plan will distribute a new notice to participants and beneficiaries.

YOUR QUESTIONS AND COMMENTS

If you have questions regarding this notice, please contact PEEHIP's Privacy Official at 877.517.0020. ●