



GENERAL NOTICE OF PRIVACY PRACTICES

This notice is for informational purposes only – no action is required on your part.

Staff Benefits Management and Administrators (SBMA) is committed to protecting your privacy. It is important for you to understand how SBMA collects, uses, maintains and discloses personal information and data collected from its members.

This notice provides an overview of SBMA's privacy policies, your rights under those policies and the legal guidelines that govern the policies.

What Information is Collected

SBMA collects the following information from all members and associated dependents:

- Full name of member which may include a middle name or middle initial
- Date of birth
- Social security number or other applicable tax identification numbers
- Mailing address
- Gender
- Date of hire (preferred but not required)
- Associated dependents' names, dates of birth and social security numbers or other applicable tax identification number

How Information is Collected

SBMA receives member information in the following ways:

- Directly from members either via application or online portal
- From plan sponsors
- From associated contractors of plan sponsors

What Information is Disclosed and with Whom is it Disclosed

SBMA discloses any combination of the information listed above, as well as certificate numbers generated by SBMA at the time of enrollment, to affiliated and/or non-affiliated third parties as necessary to administer, and provide servicing for, products and/or services you have elected.

We do not disclose any information for the purposes of marketing or with any affiliated and/or non-affiliated third parties or business associates for products and/or services you have not elected.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

SBMA is required by law to adhere to The Health Insurance Portability and Accountability ACT (HIPAA) in protecting your medical information, how this information can be used and how you can get access to this information.

We are further required to disclose our privacy practices and notify any affected members in the event of a breach in the protection of your private information.

SBMA maintains HIPAA compliancy and requires HIPAA certification of all employees and officers of the company with access to your personal and medical information.

SBMA only contracts with agencies and business associates who maintain at least the same level of HIPAA compliance to ensure your information is protected.

We do not disclose any of your medical information, to anyone, unless authorized by you in writing, or as permitted or required by law, or under any of the following circumstances:

1. **MEDICAL TREATMENT** We may disclose information about your medical coverage to physicians, hospitals or any other health care provider or facility involved in your care including pharmacies and may include information disclosed for the purposes of explaining coverage type, providing preauthorization or determining the medical necessity of a service or treatment plan and to process any pay claims covered under your plan.
2. **PLAN ADMINISTRATION** We may disclose information as necessary, and as permitted by law, to provide administration, servicing and general operations for your plan. This includes enrollment, fulfillment, government reporting, compliance, commission payments to agents, reinsurance, fraud prevention, auditing, customer service, premium collection and other operations related to the administration of your health plan.
3. **THIRD PARTY AND BUSINESS ASSOCIATIONS** We may disclose information to affiliated and/or non-affiliated third parties, business associates or agencies for the purposes of assisting us with the operation and administration of your health plan. SBMA contracts with outside associates and organizations for the purposes of fulfillment, auditing, compliance, reinsurance, legal services, claims administration and adjudication, government reporting, information technology and security vendors, ancillary products and services vendors and other governmental or legal agencies as required by law.

4. **PLAN SPONSORS** We may disclose information to the plan sponsor of your group health plan for the purposes of premium collection, claims funding, enrollment verification, customer service, government reporting and other operations related to the administration of your plan. Please note, SBMA may not disclose medical information to the plan sponsor that may be used for employment related decisions, benefit eligibility determinations or in any manner not permitted by state or federal law.
5. **CONTRACTING CHANGES, MERGERS AND ACQUISITIONS** We may disclose your information as part of a potential change in contracting for example with network providers or pharmacy benefit managers for the general servicing and administration of your plan. We may also disclose your information as part of a potential sale, merger or acquisition of our business.
6. **LEGAL AND GOVERNMENTAL** We may disclose information for any purpose when required by law or for law enforcement activities including criminal investigations or proceedings; public health services including medical support orders, child abuse, elder abuse, domestic abuse, neglect or other criminal activities. Information may also be disclosed by administrative order or subpoena, governmental requirements for military branches or correctional facilities, law enforcement or workers compensation agencies for the purposes of fraud investigations or by request from the Department of Labor.

YOUR RIGHTS UNDER THIS PRIVACY POLICY

Your rights under this policy are as follows:

1. **MEDICAL INFORMATION SHARING** You have the right to authorize the sharing of your protected health information with anyone you so choose by completing the HIPAA Privacy Authorization Form. This form may be requested via phone or by mail at the phone number/address at the bottom of this page. Authorizations may be enacted or revoked at your request at any time. SBMA is not responsible for the misuse of your protected information by parties designated by your authorization.
2. **REQUESTS FOR INFORMATION** You have the right to request any information SBMA retains on your behalf which includes member certificate number, effective date of coverage, plan information including policy documents, summaries of benefits and services and marketing materials, member and dependent demographic information, claim status and information including copies of explanation of benefit documents and fulfillment materials including copies of member identification cards, welcome letter and additional fulfillment inserts. Requests for copies of policy documents are available at no charge. Anyone may request a copy of this privacy notice, at any time, for any reason.
3. **ALTERNATIVE COMMUNICATIONS** You the have the right to request that SBMA send communications including your information by alternative means which may include contact by an alternative phone number, email address or mailing address. We will make every effort to accommodate reasonable requests. You may request alternative communication options via phone or by mail at the phone number/address listed at the bottom of this page.
4. **CHANGE OF INFORMATION** You have the right to request changes or provide updates to your personal information which may include demographic information. You may not however request changes to your benefit plan including cancelation of coverage. SBMA prefers all change of information requests be directed to your plan sponsor prior to being communicated to us. SBMA reserves the right to share any change of information requests with the plan sponsor.
5. **APPEALS AND COMPLAINTS** You have the right to appeal or file a complaint for any situation involving your personal information including claim status, denied requests, or any misuse of your private information. If you believe your privacy rights have been violated, you may submit a written complaint to our Member Compliance Department at the address below. All complaints will be investigated by SBMA within 90 days of post-marked date on the complaint letter. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services within 180 days of the violation of your rights. SBMA may not take any adverse action against you as a result of filing a complaint.

CONTACTING SBMA

For any request or complaint detailed in the section above titled "Your Rights Under This Privacy Policy," please contact SBMA by phone at:

(888) 505-7724 option 2 (members will be required to verify their identity by providing specific policy information) calls are recorded for quality purposes

or by mail at:

**Staff Benefits Management and Administrators
Member Compliance Department
2307 Fenton Pkwy # 107-126
San Diego, CA 92108**

Please include your full name, social security number or certificate number, phone number and the nature of your request or complaint.

**THIS NOTICE IS REQUIRED BY FEDERAL LAW. IT IS AVAILABLE TO POLICY MEMBERS, PLAN SPONSORS AND THE GENERAL PUBLIC.
RECEIPT OF THIS NOTICE IS NOT EVIDENCE OF COVERAGE.**