



Paramount Insurance Company 2007

The following is our Annual Statement to Covered Persons, a yearly update that describes our services, privacy practices, Web site, and the Women's Health and Cancer Rights Act of 1998 Annual Notice.

Paramount Insurance Company, licensed in the state of Ohio, is a community-based insurance company offering a variety of health insurance products located in Maumee, Ohio. Paramount is a for-profit entity and is wholly owned by ProMedica Health System, a nonprofit entity. The ProMedica Health System includes:

- ▶ Hospitals in northwest Ohio and southeast Michigan
- ▶ Continuing Care Corporation
- ▶ Health, Education and Research Corporation
- ▶ ProMedica Physician Group

Insurance Fraud

Insurance fraud significantly increases the cost of health care. Paramount encourages you to let us know if you have any questions or concerns about Paramount providers and/or the services you receive. Please call the Paramount Member Service Department for confidential handling at **1-419-887-2531** or toll-free at **1-866-452-6128**. TTY services for the hearing impaired are available at **1-419-887-2526** or toll-free at **1-888-740-5670**. You can also call the ProMedica Health System Compliance Hotline for confidential investigation. That hotline number is **1-419-824-1815** or toll-free **1-800-807-2693**.

Paramount Notice of Privacy Practices

- I. **THIS NOTICE DESCRIBES HOW YOUR NON-PUBLIC PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE COLLECTED, USED AND DISCLOSED BY US, AND HOW YOU CAN GET ACCESS TO THE INFORMATION WE HAVE ABOUT YOU; PLEASE REVIEW IT CAREFULLY.**

The terms of this Notice of Privacy Practices apply to the following affiliated covered entities: Paramount Health Care; Paramount Care of Michigan, Inc.; Paramount *Advantage*[™]; and Paramount Insurance Company (collectively Paramount) operating as health plans to carry out payment and health care operations as permitted by law.

- II. **WE HAVE A LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION.**

We are required by law to protect the privacy of your health information. This includes all non-public personal information about you, such as whether you are enrolled in a Paramount health benefits plan, your premium information and your claims information. We are required to provide you with this notice about our privacy practices. We are required to comply with all of the terms described in the current version of our Notice of Privacy Practices. You can request a copy of this notice from the contact office listed in Section X at any time and can view a copy of this notice on our Web site at www.paramountinsurancecompany.com.



III. HOW WE COLLECT INFORMATION

We collect information about you that is related to your participation in a Paramount health benefits plan. We receive information from you on applications and other forms that you submit to us, and from your transactions with us, our affiliates in the ProMedica Health System or others.

IV. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

A. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Paramount collects health information from you and stores it in a paper file and on computer. Except as outlined below, we will not use or give out information about you for any purpose unless you have signed an authorization form.

1. **To carry out payment.** When you enroll with Paramount, we may disclose information about you to carry out payment functions. For example, we may use information about you for the purpose of:
 - ▶ Claims payment
 - ▶ Collection of premiums
 - ▶ Coordination of benefits
 - ▶ Subrogation of health benefit claims
2. **For regular health plan operations.** When you enroll with Paramount, we may disclose information about you to operate this health plan. For example, we may use information about you for the purpose of:
 - ▶ Referrals, precertification and case management
 - ▶ Distribution of disease management educational notices and preventive care reminders
 - ▶ Quality assessment and improvement activities
 - ▶ Medical review and auditing functions, including fraud and abuse detection
 - ▶ Underwriting and premium rating
 - ▶ Customer service and requests for internal reviews
 - ▶ Accreditation activities and program licensure

In addition, we give your information to our business associates, such as a pharmacy benefit manager and others, that process our claims. We may also provide information about you to our accountants, attorneys, consultants and others in order to make sure that we are complying with the laws that affect us.

3. **When required by federal, state or local law; judicial or administrative proceedings; or law enforcement.** For example, we give out your information when the law requires that we report information to government agencies and law enforcement personnel in response to a subpoena, when ordered by the court or in response to a discovery request.
4. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or audit to determine beneficiary eligibility and compliance with program standards.
5. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may give your information to law enforcement personnel or persons able to prevent or lessen such harm.
6. **For specific government functions.** We may give out information on military personnel and veterans in certain situations. We may give your information to correctional institutions and law enforcement in custodial situations. We may also give out your information for national security or intelligence activities.
7. **For workers' compensation purposes.** We may give out your information in order to comply with workers' compensation laws.
8. **To family and friends involved in your care.** If you are unavailable, incapacitated or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with family, friends or others who are involved in your care or in payment for your care.

B. DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Before we use or disclose your personal health information for any reason other than those reasons listed in Section IV.A, we will need to get your written authorization. If you authorize us to use or disclose your information, you can revoke your authorization by notifying the office listed in Section X in writing.

V. YOUR HEALTH INFORMATION RIGHTS

A. THE RIGHT TO REQUEST LIMITS ON HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

You have the right to ask that we limit how we use and give out your information. We will carefully consider your request but are not



required to accept it. If we accept your request, we will put it in writing and abide by it.

B. THE RIGHT TO CHOOSE HOW WE SEND YOUR INFORMATION TO YOU

You have the right to ask that we send information to you at an alternate address. For example, you may ask us to send information to your work address rather than your home address. You can also ask that it be sent by alternate means. For example, you can ask that we send information by fax instead of regular mail. We will agree to your request if we can easily provide it in the format you request.

C. THE RIGHT TO SEE AND GET COPIES OF YOUR HEALTH INFORMATION

Most of the time, you have the right to look at or get copies of your health information that we have. Your request must be on the appropriate form and signed by you or your legally authorized representative. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons why and explain how you can have the denial reviewed.

D. THE RIGHT TO GET A LIST OF WHOM WE HAVE GIVEN YOUR INFORMATION TO

You have the right to get a list of certain instances in which we have given out your health information after April 14, 2003.

E. THE RIGHT TO CORRECT OR UPDATE YOUR HEALTH INFORMATION

If you believe that there is a mistake in your information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request and your reason for the request must be submitted on the appropriate form. Each request will be carefully considered. If we approve your request, we will make the change to your information, tell you that we have done it and tell others who need to know about the change.

F. HOW TO MAKE REQUESTS

To make requests under Sections V.A through V.E, complete the appropriate form available from the contact office listed in Section X and send it to the address indicated.

G. THE RIGHT TO GET THIS NOTICE

You have the right to get a copy of this notice by e-mail. You also have the right to request a paper copy of this notice.

VI. PROCEDURES TO MAINTAIN CONFIDENTIALITY AND SECURITY

Paramount restricts access to health information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with applicable law.

VII. CHANGES TO THE POLICY

If our privacy policy should change at any time in the future, we will promptly change, post and distribute the new notice. We will also distribute this Notice of Privacy Practices annually. We reserve the right to apply any changes to our privacy policy or this notice to all of the personal health information that we maintain, including information collected before the date of the change.

VIII. COMPLAINTS

If you think that we may have violated your privacy rights or you disagree with a decision we made about your health information, you may file a complaint with the office listed in Section X. You may also send a written complaint to the Secretary of the Department of Health and Human Services in Washington, D.C. We will take no action against you if you file a complaint about our privacy practices.

IX. PROTECTIONS APPLY TO FORMER MEMBERS

Paramount does not destroy information about you when you terminate your coverage with us. However, the policies and procedures outlined in this notice continue to apply to protect the information of former members.

X. OFFICE TO CONTACT FOR INFORMATION ABOUT THIS NOTICE

If you have any questions about this notice or any complaints about our privacy practices, please contact:

Paramount Member Service Department
1901 Indian Wood Circle
Maumee, OH 43537
Mailing Address:
P.O. Box 928
Toledo, OH 43697-0928
Telephone: 1-419-887-2531
Toll-free: 1-866-452-6128

XI. EFFECTIVE DATE OF THIS NOTICE

This notice goes into effect on April 14, 2003.

To the extent state privacy laws apply, these state laws (rather than the terms of this notice) might impose the privacy standard under which Paramount is required to operate.

Paramount Web Site

Visit our Web site at www.paramountinsurancecompany.com. Through the Web site, you can access your health plan information, the Provider Directory, Frequently Asked Questions (FAQs), health tips, news articles, Preferred Drug List and more. You can also e-mail Paramount with your questions. Check us out!

Go to www.paramountbra.staywellsolutionsonline.com, click on "My Place" and complete the interactive Health Risk Assessment. Visit Paramount's online health information resource today for access to 3,000 health topics!

Important Women's Health and Cancer Rights Act of 1998 Annual Notice for 2007

This notice is being sent to you in accordance with H.R. 4328, the Women's Health and Cancer Rights Act of 1998, passed by Congress and signed by President Clinton on October 21, 1998.

The act amends the Employee Retirement Income Security Act of 1974 to require group health insurers that provide "medical and surgical benefits with respect to a mastectomy" to also cover the following:

A member who will be receiving or has received a mastectomy and who elects breast reconstruction in consultation with her physician will have coverage for:

- ▶ Reconstruction of the breast on which the mastectomy has been performed,
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance and
- ▶ Prostheses and treatment for physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be subject to the same office visit copayments and/or coinsurance (if any) described in your Summary of Benefits as are applicable to other covered services.

Paramount is proud of the fact that we provided the above coverage to our members before it was required by legislation. However, this annual notice is required as part of the law. If you have any questions, please call the Member Service Department at **1-419-887-2531** or toll-free at **1-866-452-6128**.



www.paramountinsurancecompany.com