

## Your Mastectomy-Related Benefits

The Women's Health and Cancer Rights Act of 1998 requires coverage for breast reconstruction following a mastectomy when patients receive mastectomy benefits under their health plan. It also requires that we notify you of those benefits annually. This is a reminder that your PacificSource health plan provides benefits for medically necessary mastectomies and services related to breast reconstruction following a medically necessary mastectomy.

Coverage will be determined in consultation with the attending physician and patient for:

- All stages of reconstruction of the breast on which the mastectomy was done
- Surgery on the other breast to achieve symmetry between the breasts
- Prostheses, such as implants and special bras
- Treatment of physical complications, including lymphedema

Benefits for reconstructive surgery are subject to the same deductibles, coinsurance, and limitations that apply to similar services covered by the plan. Your benefit handbook or insurance policy contains more specific information about mastectomy-related benefits.

## Manley Services Now Open for Business in New Springfield Location

Our Manley office in Coburg, Oregon has moved to a new Springfield location. The new location gives our growing staff more space than in the Coburg office, and allows us to streamline operations. Manley Customer Services Representatives are available to assist walk-in clients in the PacificSource Health Plans headquarters building at 110 International Way in Springfield. Manley phone and fax numbers, as well as PO Box addresses, remain the same.

For current contact information, visit [ManleyPlan.com](http://ManleyPlan.com) and click Contact Us.

## Need Assistance?

Contact us with questions about your benefits, providers, or claims. Our Customer Service staff can help you:

- Find out if a service is covered and how it is paid
- Find out about participating providers for your plan
- Get information on a claim or Explanation of Benefits statement

Email [cs@pacificsource.com](mailto:cs@pacificsource.com)

Idaho  
(208) 333-1596 or (800) 688-5008  
(8:00 A.M. to 5:00 P.M. Mountain Time)

Oregon  
(541) 684-5582 or (888) 977-9299  
(7:00 A.M. to 5:00 P.M. Pacific Time)

En Español  
(541) 684-5456 or (800) 624-6052 ext. 1009

## PacificSource Health Plans Notice of Privacy Practices

***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 privacy of your medical information is important to PacificSource. Although we are required by law to maintain the privacy of your protected health information and provide you with this notice, we are sincere in our pledge to ensure the confidentiality of your nonpublic personal information, including your medical records. This information pertains to you and any covered dependents, so please be sure to share it with any family members covered under your plan.

### **How We May Use and Disclose Medical Information About You**

We may share a member's personal information for the purpose of claims processing and payment. By signing an application for enrollment, the member acknowledges that personal information can be shared for that express purpose.

### ***We may use and disclose medical information as follows:***

**Treatment.** We may share your information with doctors or hospitals to help them provide medical care to you. For example, we might create a treatment plan with your doctor to help improve your health.

**Payment.** We may use and disclose medical information to process your medical claims or coordinate your benefits with other health plans. For example, we may need to disclose medical information to determine your eligibility for benefits, or to examine medical necessity.

**Healthcare operations.** We may use and disclose medical information for regular health plan operations. For example, we may disclose medical information to underwrite your policies, ensure proper billing, engage in case coordination or case management, protect you against fraud, and provide you with excellent customer service. Please note that we are prohibited from using or disclosing protected health information that is genetic information about you for underwriting purposes.

**Business associates.** Business associates provide necessary services to our organization through contracts. Some examples of business associates are prescription drug benefit administrators, utilization management organizations, and entities that perform quality assurance or peer review on our behalf. We may disclose the minimum necessary medical information to our business associates so they can perform the job we have asked them to do. To protect your medical information, we require our business associates to appropriately safeguard your information. We will not share your information with these outside groups unless there is a business need to do so and they agree to keep it protected. We require our business partners to treat your private information with the same high degree of confidentiality that we do.

**Plan administration.** We may share enrollment information with your employer to verify your coverage and your family's coverage for benefits. We may share summary data that cannot be individually identified. We do not share any other information with employers unless we have your written authorization.

**Marketing.** We will never sell information about you to any third party for marketing or any other purpose not described in this notice. Further, we do not use personal information for investigative consumer research or reporting.

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## ***Privacy Policy, continued***

**Individuals involved in your care or payment for your care.** We may disclose your medical information to a family member, friend, or other person who you indicate is involved in your care or payment for your care. This only pertains to your medical information that is directly relevant to their involvement. We will only make this disclosure if you agree or when required or authorized by law. In the event of your incapacity or in an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

**As required by law and for law enforcement.** We may use or disclose your medical information when required or permitted by federal, state, or local law, or by a court order.

**Public health and safety.** We may disclose medical information about you to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

**State and federal agencies.** We may be required to report information to state and federal agencies that regulate us, such as the United States Department of Health and Human Services.

**Lawsuits and disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Military and national security.** Under certain circumstances, we may disclose to military authorities the medical information of armed forces personnel. To authorized federal officials, we may disclose medical information required for lawful intelligence, counterintelligence, and other national security activities.

**Workers' compensation.** We may disclose medical information to coordinate benefits with workers' compensation insurance carriers.

**Information about health-related benefits.** We or our business associates may communicate to you about other services or health-related benefits that may be of interest to you.

**Other uses and disclosures.** If we use or disclose your information for any reason other than those listed above, we will first obtain your written authorization. State laws may prohibit us from disclosing the following types of sensitive personal information without your authorization: chemical dependency, mental health, psychotherapy, genetic, or HIV/AIDS records. If you give us written authorization, you may revoke it at any time. This will not affect information that has already been shared.

### **Your Rights Regarding Your Medical Information**

*You have these rights regarding protected health information we maintain about you:*

**Right to inspect and copy.** You have the right to inspect and obtain a copy of most information we maintain about you. To do so, request and complete a form we will provide. You may be charged a fee for the cost of copying your records.

**Right to request a correction.** If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change or amend the information. To do so, request and complete a correction form available from us.

**Right to an accounting of disclosures.** You have the right to request a list of disclosures we have made of your medical information for purposes other than treatment, payment, healthcare operations, and other limited activities. To do so, request and complete a form available from us. Your request may

not be for a record of more than six years and may not include dates before April 14, 2003.

**Right to request restrictions.** You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or healthcare operations. You also have the right to ask us to restrict information we may give to those involved in your care, such as a family member or friend. You must make this request using a form we will provide. While we may honor your request for restrictions, we are not required to agree to these restrictions. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment or comply with a legal requirement.

**Right to request confidential communications.** You have the right to ask that we communicate with you about health matters in a certain way or at a certain location. We will attempt to accommodate all reasonable requests and may require that you make your request in writing.

**Right to receive a paper copy of this notice.** You have the right to ask for a paper copy of this notice at any time. This notice also available on our Web site at [pacificsource.com/privacy.aspx](http://pacificsource.com/privacy.aspx).

If you wish to exercise any of these rights, please contact PacificSource. You will find our contact information at the end of this notice.

### **How to Report a Problem or File a Complaint**

You may contact any of the people listed below to report a problem or file a complaint. You must do so in writing. Your benefits will not be affected by any complaints you make. We will not take any action against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe is unlawful.

### **Changes to this Notice of Privacy Practices**

This Notice of Privacy Practices takes effect on April 14, 2003, and will remain in effect until we update or replace it. In the future, we may change our Notice of Privacy Practices. Any changes will apply to medical information we already have about you as well as any information we receive in the future. Before we make a significant change to our privacy practices, we will change this notice and supply a copy to you within 60 days.

You may request a copy of this notice be mailed to you at any time. It is also available on our Web site at [PacificSource.com/privacy.aspx](http://PacificSource.com/privacy.aspx).

### **Contact Information**

If you have any questions about this notice or want more information, you're welcome to contact us.

#### **PacificSource Health Plans**

Contact: PacificSource Customer Service Dept.  
Office Hours: Monday - Friday, 7:00 A.M. to 5:00 P.M. PacificTime  
Address: PO Box 7068, Eugene, OR 97401  
Telephone: (541) 684-5582 or toll-free (888) 977-9299  
Fax: (541) 684-5264  
Email: [cs@pacificsource.com](mailto:cs@pacificsource.com)  
Website: [PacificSource.com](http://PacificSource.com)

#### **Health and Human Services**

Contact: Office for Civil Rights, U.S. DHHS  
Address: 2201 Sixth Ave - Mail Stop RX-11  
Seattle, WA 98121  
Telephone: (206) 615-2290  
TDD: (206) 615-2296  
Fax: (206) 615-2297  
Email: [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov)

*Para asistirse en Español, por favor llame el número (800) 624-6052, extensión 1009, de lunes a viernes, 8:00 A.M. hasta 5:00 P.M.*

**MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)  
OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan — as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2011. You should contact your state for further information on eligibility.**

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**ALABAMA – Medicaid**

Website: <http://www.medicaid.alabama.gov>  
Phone: 1-800-362-1504

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**ALASKA – Medicaid**

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

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**ARIZONA – CHIP**

Website: <http://www.azahcccs.gov/applicants/default.aspx>  
Phone (Outside of Maricopa County): 1-877-764-5437  
Phone (Maricopa County): 602-417-5437

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**CALIFORNIA – Medicaid**

Website: [http://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_cont.aspx](http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)  
Phone: 1-866-298-8443

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**COLORADO – Medicaid and CHIP**

Medicaid Website: <http://www.colorado.gov/>  
Medicaid Phone (In state): 1-800-866-3513  
Medicaid Phone (Out of state): 1-800-221-3943  
CHIP Website: <http://www.CHPlus.org>  
CHIP Phone: 303-866-3243

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**FLORIDA – Medicaid**

Website: <https://www.flmedicaidtprecovery.com/>  
Phone: 1-877-357-3268

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**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/>  
Click on Programs, then Medicaid  
Phone: 1-800-869-1150

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**IDAHO – Medicaid and CHIP**

Medicaid Website: [www.accesstohealthinsurance.idaho.gov](http://www.accesstohealthinsurance.idaho.gov)  
Medicaid Phone: 1-800-926-2588  
CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)  
CHIP Phone: 1-800-926-2588

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**INDIANA – Medicaid**

Website: <http://www.in.gov/fssa>  
Phone: 1-800-889-9948

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**IOWA – Medicaid**

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
Phone: 1-888-346-9562

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**KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-800-792-4884

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**KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

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**LOUISIANA – Medicaid**

Website: <http://www.lahipp.dhh.louisiana.gov>  
Phone: 1-888-695-2447

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**MAINE – Medicaid**

Website: <http://www.maine.gov/dhhs/OIAS/public-assistance/index.html>  
Phone: 1-800-572-3839

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**MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

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**MINNESOTA – Medicaid**

Website: <http://www.dhs.state.mn.us/>

Click on Health Care, then Medical Assistance

Phone (Outside of Twin City area): 800-657-3739

Phone (Twin City area): 651-431-2670

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**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

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**MONTANA – Medicaid**

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>

Phone: 1-800-694-3084

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**NEBRASKA – Medicaid**

Website: <http://www.dhhs.ne.gov/med/medindex.htm>

Phone: 1-877-255-3092

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**NEVADA – Medicaid**

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

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**NEW HAMPSHIRE – Medicaid**

Website: [www.dhhs.nh.gov/ombp/index.htm](http://www.dhhs.nh.gov/ombp/index.htm)

Phone: 603-271-8183

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**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-800-356-1561

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

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**NEW YORK – Medicaid**

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

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**NORTH CAROLINA – Medicaid**

Website: <http://www.nc.gov>

Phone: 919-855-4100

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**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-800-755-2604

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**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

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**OREGON – Medicaid and CHIP**

Website: <http://www.oregon.gov/OHA/OPHP/FHIAP/index.shtml>

Phone: 1-888-564-9669

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**PENNSYLVANIA – Medicaid**

Website: <http://www.dpw.state.pa.us/hipp>

Phone: 1-800-692-7462

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**RHODE ISLAND – Medicaid**

Website: [www.dhs.ri.gov](http://www.dhs.ri.gov)

Phone: 401-462-5300

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**SOUTH CAROLINA – Medicaid**

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

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**TEXAS – Medicaid**

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

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**UTAH – Medicaid and CHIP**

Website: <http://health.utah.gov/upp>

Phone: 1-866-435-7414

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**VERMONT – Medicaid**

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

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**VIRGINIA – Medicaid and CHIP**

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>

Medicaid Phone: 1-800-432-5924

CHIP Website: <http://www.famis.org/>

CHIP Phone: 1-866-873-2647

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**WASHINGTON – Medicaid**

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>

Phone: 1-800-562-3022 ext. 15473

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**WEST VIRGINIA – Medicaid**

Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)

Phone: 304-558-1700

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**WISCONSIN – Medicaid**

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>

Phone: 1-800-362-3002

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**WYOMING – Medicaid**

Website: <http://www.health.wyo.gov/healthcarefin/index.html>

Phone: 307-777-7531

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To see if any more States have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

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