

**MEBA MEDICAL AND BENEFITS PLAN  
PRIVACY POLICY STATEMENT**

**Addendum**

**Protected Health Information Related to Reproductive Health Care**

This Addendum supplements and modifies the Privacy Policy Statement of the MEBA Medical and Benefits Plan, effective December 23, 2024.

**USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (“PHI”) RELATED TO REPRODUCTIVE HEALTH CARE**

Use or Disclosure Prohibited. The Plan does not disclose PHI related to reproductive health care in connection with a criminal, civil or administrative investigation into, or an attempt to impose criminal, civil or administrative liability on, any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care, or to identify any person for such purposes. Reproductive health care means health care, as defined at 45 C.F.R. Part 160.103, that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. Reproductive health care is lawful if it is (1) lawful under the law of the state in which the health care is provided under the circumstances in which it is provided; (2) protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which it is provided, regardless of the state in which it is provided; or (3) presumed lawful under 45 C.F.R. §164.502(a)(5)(iii)(C) as described in the next paragraph.

*Reproductive health care presumed lawful.* Reproductive health care is presumed lawful unless the Plan has either (1) actual knowledge that the reproductive health care was not lawful under the circumstances in which it was provided or (2) factual information supplied by the person requesting the use or disclosure of PHI that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided.

Attestation Required. (45 C.F.R. §164.509) Before using or disclosing protected health information that is potentially related to reproductive health care for health oversight activities required by law, judicial or administrative proceedings, law enforcement purposes, or to a coroner or medical examiner (45 C.F.R. §164.512(d), (e),(f), or (g)(1)), the Plan must obtain an attestation from the requesting party that complies with the requirements of 45 C.F.R. §164.509.

**ACCESS BY PERSONAL REPRESENTATIVES OF PHI RELATED TO REPRODUCTIVE HEALTH CARE**

For purposes of determining whether to grant access to PHI to an individual’s personal representative, a representative of the Plan does not have a reasonable belief that granting said access might endanger the individual or someone else if the basis for the belief is the provision or facilitation of reproductive health care by such personal representative for and at the request of the individual.

## HIPAA NOTICE OF PRIVACY PRACTICE

**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.**

**This Notice of Privacy Practices (“Notice”) also serves as a Summary of Material Modification that the MEBA Medical & Benefits Plan has been modified, as described below, to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Please keep this Summary of Material Modification with your Summary Plan Description.**

The MEBA Medical & Benefits Plan ("Plan") is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about our privacy practices, please contact:

Attn: Privacy Official  
MEBA Medical & Benefits Plan  
1007 Eastern Avenue  
Baltimore, MD 21202-4345  
(800) 811-6322

***Effective Date of This Notice: April 14, 2003***

### I. Information Subject to this Notice

The Plan collects certain information about you that may identify you and that relates to a health care service provided to you, the payment of health care services provided to you, or your physical or mental health or condition in the past, present or future. This information is Protected Health Information or PHI. The Plan collects PHI about you to help provide health benefits to you, as well as to fulfill legal requirements. The Plan collects this information, which identifies you, from applications and other forms that you complete, through conversations you may have with the Plan’s administrative staff and health care providers, and from reports and data provided to the Plan by health care service providers or other employee benefit plans. The PHI that the Plan has about you includes, among other things, your name, address, phone number, birth date, social security number, and medical and health claims information. This is the information that is subject to the privacy practices described in this Notice. For purposes of this Notice, “you” and “yours” refers to participants and dependents who are eligible for benefits described under the Plan.

This Notice does not apply to health information collected or maintained on behalf of non-health employee benefits, including disability benefits, life insurance, accidental death and dismemberment insurance, and workers’ compensation insurance. This Notice also does not apply to health information maintained about you for employment purposes, such as employment testing, or determining your eligibility for medical leave benefits under the Family and Medical Leave Act or disability accommodations under the Americans With Disabilities Act.

## II. The Plan's Use and Disclosures

Except as described in this section, as provided for by federal, state or local law, or as you have otherwise authorized, the Plan only uses and discloses your PHI for the administration of the Plan and for processing claims. The uses and disclosures that do not require your written authorization are described below.

- a. Treatment Functions. The Plan may use and disclose your PHI to a health care provider, such as a hospital or physician, to assist the provider in treating you. For example, if the Plan maintains information about interactions between your prescription medications, the Plan may disclose this information to your health care provider for your treatment purposes.
- b. Payment Functions. The Plan may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under the Plan.
- c. Health Care Operations. The Plan may use or disclose health information about you to carry out necessary insurance related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.
- d. Information provided to you. The Plan may use your health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- e. Notification and communication with family and friends. The Plan may disclose your health information to notify or assist in notifying a family member, friend, your personal representative, or another person responsible for your care about your location, your general condition or in the event of your death. Similarly, the Plan may tell a family member or friend about the status of a claim or what benefits you are eligible to receive. If you are able and available to agree or object, the Plan will give you an opportunity to object prior to communicating with your family and others. If you are unable or unavailable to agree or object, the Plan will use its best judgment in communicating with your family and others.
- f. Required by law. As required by law, the Plan may use and disclose your health information. This includes disclosing your health information to a government health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure. For example, the Plan may be required to disclose your medical information pursuant to a court order or other judicial or administrative process.
- g. Public Health. As required by law, the Plan may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence;

- reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- h. Health oversight activities. The Plan may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
  - i. Judicial and administrative proceedings. The Plan may disclose your health information in the course of any administrative or judicial proceedings.
  - j. Law Enforcement. The Plan may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
  - k. Deceased person information. The Plan may disclose your health information to coroners, medical examiners, and funeral directors.
  - l. Research. The Plan may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.
  - m. Public Safety. The Plan may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
  - n. Specialized government functions. The Plan may disclose your health information for military, national security, prisoner, and government benefits purposes.
  - o. Worker's compensation. The Plan may disclose your health information as necessary to comply with worker's compensation laws.
  - p. Health plan. The Plan may disclose your health information to the sponsor Trustees of the MEBA Medical & Benefits Plan or their designees to carry out certain functions that the Trustees or their designees perform upon certification by the Trustees that they will take steps to protect the privacy of such information.
  - q. Business Associates. The Plan may disclose your PHI to third parties that assist the Plan in its operations. For example, the Plan may share your PHI with its business associates if the business associate is responsible for paying medical claims for the Plan. The Plan's business associates have the same obligation to keep your PHI confidential as the Plan does. The Plan must require its business associates to ensure that your PHI is protected from unauthorized use or disclosure.

### III. When the Plan May Not Use or Disclose Your Health Information

The Plan does not use your PHI for fundraising purposes.

The Plan is prohibited from using or disclosing your genetic information for underwriting purposes.

Most uses or disclosures of psychotherapy notes (where applicable), uses and disclosures of PHI for marketing purposes and disclosures that constitute the same of PHI require an authorization. Uses and disclosures of your PHI *other than* those described above will be made only with your express written authorization. If you do authorize the Plan to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time. You may not revoke an authorization for the Plan to use and disclose your health information to the extent that the Plan has already taken action in reliance on the authorization.

Once your PHI has been disclosed pursuant to your authorization, HIPAA protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or the Plan's knowledge or authorization.

#### IV. Your Health Information Rights

- a. You have the right to request restrictions on certain uses and disclosures of your health information. The Plan will consider your request, however, the Plan is not required to agree to the restriction that you requested. The Plan cannot agree to restrict disclosures that are required by law.
- b. If our normal communication channels could endanger you, you have the right to receive your health information through a reasonable alternative means or at an alternative location. The Plan will ask you the reason for your request, and the Plan will accommodate all reasonable requests to the extent the request specifies an alternative location and allows us to continue to pay claims.
- c. You have a right to inspect and copy the health information the Plan maintains about you in our records. This right is limited to information about you that the Plan uses to make coverage decisions, such as claims, enrollment records, and payment documentation. If your health record is maintained electronically, you have the right to receive such electronic PHI in the electronic form and format you request if it is readily producible or, if not, in a readable electronic form and format agreed to by you and the Plan. The Plan may charge you for the cost of any electronic method (other than email) used to provide your electronic PHI. The Plan cannot give you access to certain information pertaining to your mental health or to information about your health status that the Plan has compiled in reasonable anticipation of litigation, administrative action, or administrative proceedings. The Plan requires that you make these requests in writing and reserve the right to charge a reasonable fee to cover processing and copying costs. The Plan may deny you access to certain information if it would reasonably endanger the life or physical safety of you or another person. If you are denied access to information about your health, the Plan will explain how you may disagree with the denial.
- d. You have a right to request that the Plan amend your health information for so long as the Plan maintains such information, if you believe that it is incorrect or incomplete. This right is limited to information about you that the Plan uses to make coverage decisions, such as claims, enrollment records, and payment documentation. The Plan is not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
- e. You have a right to receive an accounting of disclosures of your health information made by us in the six years prior to the date of the request (or shorter period as requested). The Plan does not have to account for disclosures made for the following purposes: (1) to carry out treatment, payment and health care operations; (2) to communicate with you; (3) to communicate with family members, friends or others acting as your personal representative; (4) pursuant to an authorization you provided; (5) for national security or intelligence purposes; or (6) to communicate with correctional institutions or law enforcement officials if you are in custody. The Plan does not have to provide an accounting of any disclosure made before April 14, 2003, regardless of the purpose of the disclosure.

- f. You have the right to, and will receive, notification if a breach of your unsecured PHI requiring notification occurs.
- g. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Attn: Privacy Official  
MEBA Medical & Benefits Plan  
1007 Eastern Avenue  
Baltimore, MD 21202-4345  
(800) 811-6322

#### IV. Changes to this Notice of Privacy Practices

The Plan reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that the Plan maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the Plan is required by law to comply with the terms of this Notice currently in effect. Amended Notices of Privacy Practices will be mailed to each participant's home of record as well as posted on the Plan's website [www.mebaplans.org](http://www.mebaplans.org).

#### V. Complaints

You have the right to complain if you believe your privacy rights have been violated. Complaints about this Notice of Privacy Practices or how the Plan handles your health information should be directed to:

Attn: Privacy Official  
MEBA Medical & Benefits Plan  
1007 Eastern Avenue  
Baltimore, MD 21202-4345  
(800) 811-6322

Alternatively, you may submit a formal complaint to the Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

The Plan respects your right to file a complaint and will not retaliate against anyone who chooses to exercise this right.