



## Notice of Privacy Policy and Practices

This Notice describes the privacy practices of Parent Company Homestead Strategic Holdings, Inc., and includes the following legal entities: Claim Watcher, LLC; Homestead Insurance Company; Homestead Smart Health Plans, LLC; and INDECS Corporation, a Third Party Administrator (TPA) for self-funded benefit plans (collectively, "Homestead.")

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***This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

**Homestead** is required by law to maintain the privacy and security of your protected health information (PHI) and provide you with Notice of our legal duties and privacy practices with respect to your PHI. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company's privacy policies.

This notice describes how we collect, use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information. We are required to notify you if your information has been affected by a breach of unsecured protected health information. **Homestead** will abide by the terms of this Notice currently in effect.

Protected Health Information (PHI) is information which identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care). PHI can be further described as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with health coverage under your Plan.

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### How Homestead Uses and Discloses your PHI

In order to provide TPA services for your health Plan, **Homestead** will need private information about you, and we obtain that information from many different sources – particularly your Plan Sponsor, other insurers, HMOs or third-party administrators (TPAs), and health care providers. We may use and disclose PHI about you in various ways in providing TPA services for your Plan, including:

**Health Care Operations:** We may use and disclose PHI during the course of running our TPA business – that is, during operations such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operations requiring use and

disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, billing, and customer service.

**Payment:** To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums or Plan payments; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the Plan Member or other covered dependent(s). In addition, claims information contained about Plan Members and their covered dependents is available on our secure **Homestead** web portal and through our customer service line.

**Treatment:** We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who may provide you their services. For example, doctors may request medical information from us to supplement their own records. We also may use PHI in providing pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

**Disclosures to Other Covered Entities:** We may disclose PHI to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose PHI to other health plans offered by your Plan Sponsor or employer if they have arranged for us to do so to have certain expenses reimbursed.

**Health and Wellness Information:** We may use or disclose PHI in order to provide you with information regarding treatment alternatives, treatment reminders, or other health-related benefits and services.

**Plan Administration:** We may disclose your PHI to your employer, or the Plan Sponsor of your benefit program.

**Research; Death, Organ Donation:** We may disclose your PHI to researchers, provided that certain measures (like de-identification) are taken to protect your privacy. We may disclose PHI, in certain instances, to coroners, medical examiners and in connection with organ donation.

**Business Associates:** We may disclose your PHI to third parties who provide services to **Homestead**, your employer or Plan Sponsor and others who assure us they will protect the information through a written Business Associate Agreement.

**Public Health and Safety; Health Oversight** – We may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would be to someone able to help prevent the threat. Examples of this include: preventing disease; helping with product recalls; reporting adverse reactions to medication; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

**Legal Process; Law Enforcement; Specialized Government Activities:** We may disclose your PHI to federal, state and local law enforcement officials for such purpose as responding to a warrant or subpoena; in the course of legal proceedings; discovery request, or other lawful process.

**Workers Compensation:** We may disclose your PHI when authorized by workers' compensation laws.

**Family and Friends:** We may disclose PHI about you to a relative, a friend, the subscriber of your health benefits 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, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the **Homestead** toll-free number on your ID card. If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the **Homestead** toll-free number on your ID card – or have your provider contact us.

**Personal Representatives:** Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an un-emancipated minor are personal representatives.

**Comply with the law:** We may use or disclose your PHI when we are required to do so by law. For example, we may disclose your health information to the representatives of the Office for Civil Rights of the U.S. Department of Health and Human Services so that they may ensure that we are appropriately protecting the privacy of your health information.

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## Your Individual Rights

The following is a summary of your rights with respect to your PHI. You may ask us, in writing to:

**Right to Request Confidential Communications:** You have the right to request that your health information is received by an alternative means of communication, or at alternative locations. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber. We will accommodate reasonable requests.

**Right to Request Restrictions:** You have the right to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.

**Right to Access to PHI:** You have the right to inspect and copy medical information that may be used to make claim decisions. You can obtain a copy of health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.

**Right to Request an Amendment of PHI:** You have the right to have us amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.

**Right to Receive an Accounting of Disclosures:** You have the right to request that we provide a list of disclosures we have made about you. Your request must be in writing. If your request such an accounting, we may charge a reasonable fee.

**Right to Receive a Privacy Breach Notice:** You have the right to receive written notification if we discover a breach of your unsecured PHI.

**Right to a Paper Copy of this Notice:**

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## Complaints

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please file the complaint in writing to **INDECS** Corporation, Attn: HIPAA Privacy Officer, 1099 Wall Street West, PO Box 668, Lyndhurst, NJ 07071 or by email to [INDECS@indecscorp.com](mailto:INDECS@indecscorp.com). You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

## Homestead’s Legal Obligations

The federal privacy regulations require your Plan Sponsor to keep personal information about you private and secure, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect. As a TPA providing services to your Plan Sponsor, this notice is an extension of the Plan Sponsor’s obligation. The Plan may use information differently than as described in this notice and may have its own Privacy

Practices.

## Other Uses of Medical Information

Except as set forth above, we will not use or disclose information about you that is private but not considered to be PHI without first obtaining your written permission. If you give us written permission to use or disclose PHI of other private information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain in connection with claims paid on your behalf.

**Effective Date of Notice:** The effective date of this notice is **April 13, 2003**. The revised effective date of this notice is **October 28, 2019**. We must follow the privacy practices described in this Notice while it is in effect. This notice will remain in effect until we change it and replaces any other information you have previously received from us with respect to the privacy of your protected health information. We will publish the updated Notice on our website/web portal.

## This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy PHI or other private information about you when your Plan coverage terminates. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.