



YOUR RESCARE 2016
VOLUNTARY BENEFITS ENROLLMENT GUIDE FOR PART-TIME EMPLOYEES
OPEN ENROLLMENT: OCTOBER 19 – OCTOBER 30

voluntary benefits



Your Enrollment Checklist

- **Read** this guide for a benefits overview and helpful tips.
- **Visit** www.rescarebenefits.com to learn more about your personal options.
- **Use** the tools and resources on the website to help you make your choices.
- **Action Required** Select your benefits for 2016. If you do not enroll, you will default to your current coverage.

Welcome to Open Enrollment!

We're pleased to offer a variety of benefits for 2016 that offer you flexibility, choice, and a simple shopping experience.

Here's how it works:

- **Visit** www.rescarebenefits.com to access Mercer Marketplace, where you can view your options and learn more about your benefits.
- **Review** the benefits available to you.
- **Choose** the plans that best meet your needs and fit your budget.

YOUR BENEFIT OPTIONS

You'll be able to choose from a wide variety of plans that offer quality coverage with a range of costs. These benefits are offered at competitive group rates, which could save you money compared to purchasing them on your own. We encourage you to take the time to understand all of your options and then make the best decisions for your needs.

If you do not have access to medical benefits, ResCare has arranged for employees to access health insurance on the individual exchange during the federal open enrollment from November 1, 2015 – January 31, 2016. Please see page 5 for more information on this unique solution.

Visit www.rescarebenefits.com to learn more.

NEED ASSISTANCE?

If you have questions or need assistance enrolling in your benefits, call one of our Mercer Marketplace benefits counselors at 1-855-850-2072. Hours they are available:

- **October 19 – October 30, 2015** ... 7 a.m. to 10 p.m. Eastern Time, Monday through Friday, and 10 a.m. to 2 p.m. Eastern Time on Saturday.

After Open Enrollment ends, you can reach a benefits counselor for additional questions during the hours listed below:

- **October 31 – December 5, 2015** ... 7 a.m. to 10 p.m. Eastern Time, Monday through Friday, and 10 a.m. to 2 p.m. Eastern Time on Saturday.
- **December 6 – 31, 2015** ... 7 a.m. to 10 p.m. Eastern Time, Monday through Friday.
- **After January 1, 2016** ... 7 a.m. to 9 p.m. Eastern Time, Monday through Friday.

ACTION REQUIRED

If you do not enroll, you will default to your current coverage.

What's Inside

This guide provides instructions for how to enroll in your benefits, as well as an overview of the benefits available to you and helpful tips to support your decision making.

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Visit Mercer Marketplace to enroll in your benefits beginning October 19!
www.rescarebenefits.com.

How to Enroll

To enroll in your benefits for 2016, visit www.rescarebenefits.com.

LOGGING IN TO MERCER MARKETPLACE

The first time you visit Mercer Marketplace, you'll use your Social Security number, last name, and date of birth to identify yourself. Then, you will be prompted to select a unique username and password that you will use going forward.

If you enrolled in benefits during the last ResCare Open Enrollment, you created a username and password. You will need to have this information to access the Mercer Marketplace website and elect benefits for the upcoming year. If you have forgotten your username, please contact Mercer Marketplace at 1-855-850-2072. If you have forgotten your password, you will be able to click on "Can't access my account" on www.rescarebenefit.com and answer a series of questions that will allow you to reset your password.

ENROLLING IN YOUR BENEFITS

Once you've logged in, click on the "Get started" button and follow these simple steps:

1. Profile

- Review your personal information. If updates are needed, contact your ResCare HR Specialist or Resource Center.
- Enter information for any dependents you wish to cover.

2. Open Enrollment

- Compare plan features and costs.
- Use the educational resources to learn more.
- Select the benefits you want to enroll in.

3. Confirmation

- Review the summary of your enrollment selections. You can make changes up until the enrollment period ends.
- If you'd like, you can print a copy of your enrollment confirmation for future reference.

Mercer Marketplace brings you many advantages — a wide variety of benefit choices, built-in shopping guidance, and a new way to pay for your benefits. As a ResCare employee, you are responsible for reviewing your paycheck and notifying Human Resources if deductions do not start timely.

As a ResCare employee, you are responsible for paying your portion of the premium through payroll deduction. If two premiums are missed, your benefits will be ended and you will not be able to reenroll until the next Open Enrollment period.

Changing Your Benefit Selections

You can change any of your benefit selections before the Open Enrollment deadline. Simply return to the Mercer Marketplace website to make changes.

After the enrollment deadline, you may be able to make changes to some of your benefits in certain situations. You can learn more about which situations allow you to change your benefits and how to make changes by visiting the Mercer Marketplace website or calling a benefits counselor at 1-855-850-2072.

Individual Insurance Solution

One of the many solutions ResCare is offering through Mercer Marketplace is the Individual Insurance Solution, which provides access to individual health insurance and short term medical plans.

INDIVIDUAL HEALTH INSURANCE PLANS

Through the Individual Insurance Solution, you will have the option of obtaining an individual health insurance plan through the individual market for you and your family. This unique offering, powered by GetInsured, allows you to review and make the best decision possible regarding your health insurance needs.

Beginning in 2014, the federal health care reform law requires most Americans have a minimum level of medical coverage. It is important to obtain coverage, either through an individual insurance program or through another option available to you, such as your spouse's employer benefits or a government program like Medicaid or Medicare.

With all of these changes, you may not understand what health insurance choices are available to you and your family, and what costs are associated with each plan. Additionally, you may not know that you may qualify for tax credits, which will reduce the cost of your monthly premiums.

UNDERSTAND YOUR OPTIONS

Visit www.insurance.mercermarketplace.com or call 1-800-713-2859 to research and find a health insurance plan that is best for you. The Mercer Marketplace individual insurance solution, powered by GetInsured, features both online and phone-based customer service options to help you:

- Find out if you qualify for tax credits to help pay for your health insurance.
- Understand what plans are available.
- Enroll quickly and easily in the plan of your choice.

ENROLLMENT PERIOD: NOVEMBER 1 – JANUARY 31

Enrolling in health insurance through www.insurance.mercermarketplace.com or by calling 1-800-713-2859 provides:

- **Affordability:** It's less expensive than you may think.
- **Peace-of-mind:** Enrolling may help minimize future healthcare costs for you and any family members.
- **Assistance:** You will have access to GetInsured's licensed customer service agents to answer any questions and enroll you in plans over the phone.
- **Options:** You select the plan, the provider and the amount of coverage.
- **Coverage:** You can't be denied coverage for health reasons.
- **Comprehensive:** All of the plans cover prescription drugs, doctor and preventive care visits, emergency care and more.

Supplemental Medical Insurance

Supplemental medical insurance can help protect you from significant or unexpected out-of-pocket expenses. Keep in mind that these plans are intended to supplement a medical plan, and they do not on their own provide the minimum level of medical coverage needed to meet the Affordable Care Act requirement for medical insurance.

Consider your anticipated medical needs for 2016, along with the cost of the insurance plans available to you. Adding a supplemental plan to a lower cost medical plan may help you save money while providing important coverage.

The following three supplemental medical plans available through MetLife may be available to you for 2016. Complete details about coverage and cost can be found on www.rescarebenefits.com.

ACCIDENT

Accident insurance supplements your medical plan by providing cash benefit in cases of accidental injuries. Benefits include hospital stays, fractures, dislocations, physical therapy, and more. The cash benefits can be used to help offset out-of-pocket medical expenses (deductibles, co-pays, etc.), or other expenses (lost income, household bills, etc.) arising from a covered accident. Accident insurance pays in addition to your medical plan and benefits are payable regardless of any other insurance programs. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history.

HOSPITAL INDEMNITY

When hospitalized, you may not realize that most primary health insurance plans do not cover all hospital costs. Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization due to accident or illness. Coverage is available for employees, spouses and families. Benefits are paid directly to employees unless otherwise specified and regardless of any other insurance. Offering Hospital Indemnity insurance helps prevent stress caused by paying for out-of-pocket medical expenses such as deductibles and copays. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history.

CRITICAL ILLNESS

Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, stroke, cancer and more. A lump-sum payment is paid directly to you and can be used to help offset out-of-pocket medical expenses (deductibles, co-pays, etc.), or other expenses (lost income, household bills, etc.) arising from the critical illness. Critical illness pays in addition to your medical plan and benefits are payable regardless of any other insurance programs. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history.

Dental and Vision Insurance

DENTAL

The following dental plan is available to those employees averaging 20 - 30 hours per week. This plan is offered through Delta Dental and MetLife. You'll find complete details about coverage and cost on www.rescarebenefits.com.

DENTAL PLAN SUMMARY

	ENHANCED DENTAL PLAN WITH ORTHODONTIA
Annual Maximum Benefit	\$2,000
IN-NETWORK	
Individual/Family Deductible (waived for preventive services)	\$50/\$150
Preventive Services	Plan pays 100%*
Basic Services	Plan pays 80%
Major Services	Plan pays 50%
Orthodontia Services	Plan pays 50%
Orthodontia Maximum Lifetime (in-network and out-of-network)	\$1,500 (children up to age 19 only)

*Deductible does not apply.

Learn More Online

For additional plan details, including any out-of-network benefits, visit www.rescarebenefits.com.

Key Words to Know:

Deductible: The amount you pay before the plan begins to pay.

Preventive Services: Services designed to prevent or diagnose dental conditions; including oral evaluations, routine cleanings, X-rays, fluoride treatments, and sealants.

Basic Services: Services such as basic restorations, some oral surgery, endodontics, and periodontics.

Major Services: Services such as crowns, dentures, implants, and some oral surgery.

Orthodontia: Services such as straightening or moving misaligned teeth and/or jaws with braces and/or surgery.

VISION

Employees averaging 20-30 hours per week can enroll in an Anthem vision plan to help you save money on eligible vision care expenses, such as eye exams, glasses, and contact lenses. Complete details are available on www.rescarebenefits.com.

VISION PLAN SUMMARY

	STANDARD PLAN	
IN-NETWORK	COPAY	FREQUENCY
Exam	\$10	1 per 12 months
Lenses	\$25	1 per 12 months
Contact Lens Fitting	Not to exceed \$60	1 per 12 months
	RETAIL ALLOWANCE	FREQUENCY
Frames	\$130; 20% off any amount over	1 per 24 months
Contact Lenses (in lieu of Frames & Lenses)	Up to \$130	1 per 12 months

Learn More Online

For additional details, including any out-of-network benefits and possible discounts on costs that exceed the retail allowance, visit www.rescarebenefits.com.

Key Words to Know:

Copay: An amount you pay for a covered service each time you use that service.

Retail Allowance: Maximum allowance paid toward the cost of vision materials. Amounts in excess of the retail allowance are the financial responsibility of the participant.

Permanent Life Insurance

Employee Permanent Life – You also have the option to purchase permanent life insurance. With a permanent life insurance policy, you could be the policy owner and can maintain the coverage through Transamerica, whether or not you leave the company, for as long as you choose to continue to pay the premium cost. This option offers you the ability to provide lasting protection for your family. With the purchase of an employee permanent life policy, you may also purchase additional life insurance for your eligible dependents.

Select a Beneficiary

With any life insurance policy, it's important to choose a beneficiary or beneficiaries to receive the policy's benefit payment in the event of the insured person's death. You should designate your beneficiary(ies) on www.rescarebenefits.com. For Spouse and Child Term Life policies, you (the employee) are automatically listed as the beneficiary.

Disability Insurance

SHORT-TERM DISABILITY

This plan is offered through Liberty Mutual and can benefit you when you need to miss work for an extended time due to an illness or accident. Short-term disability insurance can replace a percentage of your lost income (up to a maximum weekly benefit) for a certain number of weeks. **Please consider your income level and/or statutory benefit amount when reviewing this option.** Employees who work 20 or more hours per week and are not classified as full-time are eligible for the voluntary STD plan. Visit www.rescarebenefits.com for coverage and cost information.

If you live in a state that requires your employer to offer statutory disability benefits, your disability will be coordinated between your employer and the state. This applies to employees in California, New York, New Jersey, Rhode Island, Hawaii, and Puerto Rico.

Additional Benefits

LEGAL BENEFITS

The MetLife® Hyatt Legal offers you economical access to attorneys for common legal services, such as will preparation, estate planning, family law, and more. You, your spouse, and dependents will have access to a nationwide network of 13,500 experienced attorneys. You also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

Legal advice will be just a phone call away. A knowledgeable client service representative can help you locate a plan attorney in your area. You'll also have convenient online access to resources that will assist with court appearances, document review and preparation, or real estate matters.

IDENTITY THEFT PROTECTION

Identity theft protection services are offered by InfoArmor®. InfoArmor contains PrivacyArmor, CreditArmor, WalletArmor, and Digital Identity to safeguard your identity, finances, reputation, and credit. PrivacyArmor will monitor all participants' identity to uncover fraud quickly. CreditArmor aids in monitoring your credit. WalletArmor is an online vault for securely storing documents, credit cards, and online accounts, plus a lost wallet replacement service.

InfoArmor offers privacy advocates that are certified and trained in identity restoration. If they detect suspicious activity, a privacy advocate will act as a dedicated case manager on your behalf and resolve the issue.

AUTO & HOME INSURANCE

Purchasing auto and home insurance through Mercer Marketplace could provide you with savings of up to 15%. MetLife gives you access to a variety of personal insurance policies, including home*, landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat, and personal excess liability.

There is a quote phone line that you can use to get a no-obligation comparison from MetLife Auto & Home[®], one of the nation's leading auto insurance companies. If you select this benefit, premiums would be directly billed to you through MetLife.

*Home insurance is not part of MetLife Auto & Home's benefit offering in MA & FL.

Contact Information

You'll find many details about the ResCare benefit plans on the Mercer Marketplace website. Refer to the chart below for contact information.

BENEFIT	ADMINISTRATOR	PHONE NUMBER
Individual Health Insurance through GetInsured	GetInsured	1-800-713-2859
Supplemental Medical	MetLife	1-800-438-6388
Dental	Delta Dental MetLife	1-800-955-2030 1-800-438-6388
Vision	Anthem	1-866-723-0515
Permanent Life	Transamerica	1-888-763-7474
Legal	MetLife Hyatt	1-800-821-6400
Identity Theft	InfoArmor	1-800-789-2720
Auto & Home	MetLife	1-800-438-6381

Legal Notices

ResCare reserves the right to change, amend, or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.

The Voluntary Benefits Enrollment Guide, combined with these legal notices, provides an overview of the benefits available to you and your family. In the event of a discrepancy between the information presented in the Voluntary Benefits Enrollment Guide and official plan documents, the official plan documents will govern.

STATEMENT OF MATERIAL MODIFICATIONS (ERISA PLANS)

This enrollment guide constitutes a summary of modifications to the employer's group health plan. It is meant to supplement and/or replace certain information in the existing plan descriptions. Please share these materials with your covered family members.

RESCARE HIPAA PRIVACY NOTICE

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by ResCare health plans. This information, known as protected health information (PHI), includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Critical Illness, Dental, and Vision. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not ResCare as an employer — that's the way the HIPAA rules work. Different policies may apply to other ResCare programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.

- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with ResCare

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to ResCare for plan administration purposes. ResCare may need your health information to administer benefits under the Plan. ResCare agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Benefits, payroll, and/or finance staff are the only ResCare employees who will have access to your health information for plan administration functions.

Here’s how additional information may be shared between the Plan and ResCare, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to ResCare, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to ResCare information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan. In addition, you should know that ResCare cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by ResCare from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death

Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are armed forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested.
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint.
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested.
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint.
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations.
- To you about your own health information.
- Incidental to other permitted or required disclosures.
- Where authorization was provided.
- To family members or friends involved in your care (where disclosure is permitted without authorization).
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on January 1, 2016. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice via mail and/or email.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, please reach out to the Privacy Officer with ResCare, Inc. at 502-394-2100

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact ResCare, Inc. at 502-394-2100.