

September 1, 2011 – August 31, 2012

Benefit Summary



Medical

Dental

Vision

**403(b)(7) -
Teacher
Retirement Plan**

Life/AD&D

Supplemental

***Southwest Schools (SW) is the
official sponsor of your benefits
program.***

At SW, our employees are the foundation of our success. To reward you and reflect our commitment to you, SW provides a comprehensive benefits program as an important part of your total compensation package.

Your benefit needs are unique – and those needs may change over time. So, our benefits program is designed to be flexible to fit your personal situation.

Our 2011 - 2012 benefits program gives you the opportunity to select the coverage you need.

This 2011 - 2012 Benefit Summary:

- Gives an **overview** of your benefits as an employee of SW;
- Helps you **choose** the coverage that is right for you and your family.

Please consider your benefits carefully before choosing. Your choices will remain in effect for the entire Plan year, unless you have a qualified family status change.

This Benefit Summary does not provide all of the details about all of the benefit programs. Additional information is available in each program's Certificate of Coverage (COC). The COCs are available by request from the Human Resources Department.

If you have any questions, please contact:

Helen Tejada, Human Resources

Phone: 713-784-6345

htejada@swschools.org

— Contact Information —

Refer to this list when you need to contact one of your benefit vendors.

MEDICAL AND RX: _____ **PG 4**

UnitedHealthcare (Medical)
Member Services
866-633-2446
www.myuhc.com

Medco (RX)
Member Services
877-842-6048
www.myuhc.com

DENTAL: _____ **PG 5**

UnitedHealthcare (Dental)
Member Services
877-816-3596
www.myuhcdental.com

VISION: _____ **PG 5**

Vision Services Plan (VSP)
Customer Service Provider Locator
800-877-7195 800-877-7195
www.vsp.com

TEACHER RETIREMENT: _____ **PG 6**

Dearborn & Creggs
Jana W. Ullman
Phone: 281-277-6400 Fax: 281-277-1616
www.dearborncreggs.com

LIFE AND AD&D: _____ **PG 6**

UnitedHealthCare (Life/AD&D)
Member Services
Claims: 1-888-299-2070

SUPPLEMENTAL INSURANCE: _____ **PG 7**

Allstate
Critical Illness/Accident
Customer Service
877-286-5484
www.allstateatwork.com/mybenefits

Boston Mutual
Voluntary Term/Whole Life
Customer Service
877-286-5484

RATES: _____ **PG 8**

HOW TO ENROLL FOR BENEFITS: _____ **PG 14**

— Who Is Eligible? —

This brochure summarizes the coverage that is available during the upcoming 9/1/2011 to 8/31/2012 plan year. You may sign up during the Annual Enrollment period – August 9, 2011 through August 24, 2011. You are not eligible to make changes outside of Annual Enrollment unless:

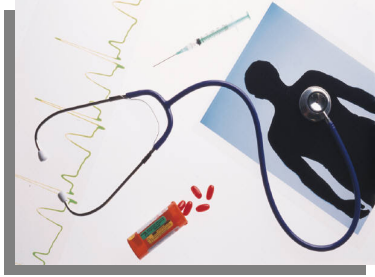
- a) You are a new employee and have completed 30 days of continuous service.
- b) You have a qualified family status change as outlined below.

Qualified Family Status Changes include:

- Marriage or divorce;
- You or your spouse give birth or adopt a child;
- A covered dependent no longer meets the plan's definition of eligibility;
- You become disabled;
- You or a dependent dies;
- You end your employment with SW;
- You or a covered dependent loses coverage through another plan; or
- There is a significant change in the health coverage of you or your spouse attributable to your spouse's employment.

Who is Eligible?	
Family Member	Requirements
You	Must be a regular, full-time active employee that consistently works 30 hours per week and has completed 30 days of continuous service.
Your Spouse	Must be your legal spouse
Your Dependent Children	Medical: Must be your legal dependent under the age of 26 (regardless of student status) Dental and Vision: same as medical, but must be under age of 25 Other Plans: please refer to product brochure for dependent eligibility guidelines

— Medical and RX Insurance —



UnitedHealthcare

SW is committed to providing you with comprehensive medical benefits to meet your needs. For the 9/1/2011 to 8/31/2012 plan year, we are offering the following medical program.

You pay the cost of your coverage through pre-tax payroll deductions. By paying on a pre-tax basis, your cost for coverage is lower because the earnings you use to pay premiums are not subject to federal tax withholding or Social Security (FICA) taxes.

Medical Benefit Summary –Choice Plus 9TR

Plan Features	In-Network	Out-of-Network
Calendar Year Deductible	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance (Plan Pays)	80%	60%
Out-of-Pocket Maximum (includes deductible)	\$3,000 Individual \$6,000 Family	\$10,000 Individual \$20,000 Family
Lifetime Maximum	Unlimited	Unlimited
Primary Physician Office Visit	100% after \$35 copay	60% after deductible
Specialist Physician Office Visit	100% after \$50 copay	60% after deductible
Preventive Care Services	100%; deductible waived	60% after deductible
Hospital and Other Charges		
Inpatient	80% after deductible	60% after deductible; pre-certification required
Outpatient	80% after deductible	60% after deductible
Emergency Room Charges	\$250 copay per visit if not admitted to Hospital; copay waived if admitted; Notification is required if results in an inpatient stay.	Same as network benefits. Notification is required if results in an inpatient stay.
Urgent Care Center	\$50 copay; deductible and coinsurance will apply when these services are done: CT, PET, MRI, Nuclear Medicine; Scopic Procedures; surgery; therapeutic treatments.	60% after deductible; deductible and coinsurance will apply when these services are done: CT, PET, MRI, Nuclear Medicine; Scopic Procedures; surgery; therapeutic treatments.
Mental Health/Substance Abuse Services		
Inpatient/Intermediate	80% after deductible	60% after deductible; pre-certification required
Outpatient	\$35 copay per visit	60% after deductible; pre-certification required
Pharmacy		
Retail (up to a 31 day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$50	\$10 / \$30 / \$50
Mail Order (up to 90 day supply) Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$125	n/a

— Voluntary Dental Insurance —

UnitedHealthcare Voluntary Dental Plan

The Dental Plan helps you with the cost of many dental services. Preventive care, such as routine checkups and cleanings, is covered at 100% with no deductible. You must first meet an annual deductible for basic and major services, and then the Plan pays a percentage of the cost for your dental care. It's always a good idea to ask for a pre-determination of costs for services over \$500. The dental plan includes a roll-over maximum benefit that increases your annual maximum next year if your claims are less than \$500 during the year. Please refer to your dental benefit summary for additional information.

Type of Dental Service	
Annual Deductible (waived for Preventive)	\$25 individual / \$75 family
Calendar Year Maximum	\$1,000 per person
Preventive Services	100%
Basic Services	80%
Major Services	50%
Rollover Benefit	\$250/yr. up to \$1,000

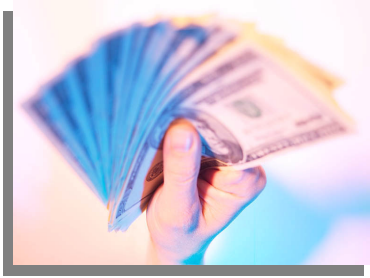
— Voluntary Vision —

VSP – Voluntary Vision Plan

The Vision Plan offers you and your family an optional vision program that reduces the cost of eye exams, eyeglasses and contact lenses. To receive the highest level of benefits, you must use a vision care provider in the VSP network. If you use an out-of-network provider, you will pay full fees to the provider, and you will be reimbursed for services rendered up to a maximum allowance.

Major features of the Vision Plan Include:

- **Eye Exams** – The plan covers a yearly eye exam at 100% after a \$10 copayment.
- **Eyeglasses** – The plan offers frames every 2 years (lenses every year) at 100% after a \$25 materials copayment. You will receive a \$140 allowance for frames of your choice and 20% off the amount over your allowance.
- **Contact Lens Benefits (in lieu of eyeglasses)** –\$135 allowance for contacts and the contact lens exam (fitting and evaluation).
- **Additional Discounts and Savings** – please see your benefit summary for information regarding Laser Vision Correction discounts.



— 403(b)(7) Teacher Retirement Plan —

You may contribute to a 403 (b)(7) pretax retirement plan. The 403 (b)(7) is a voluntary program that allows you to contribute an amount that you choose from your paycheck before taxes are deducted. There are many investment options available. The earnings from your investment continue to grow tax deferred until you withdraw money from the plan. You are allowed to begin withdrawals from the plan when you are 59 ½ years old.

If you would like to participate in this retirement plan, please contact the financial planner below to make an appointment with her to help you set up your plan.



Jana W. Ullman
Dearborn & Creggs
jullman@dearborncreggs.com
281-277-6400
281-277-1616 (Fax)
www.dearborncreggs.com

Questions: If you have questions about your account, you can speak with Jana Ullman with Dearborn & Creggs at 281-277-6400. You may also contact SW's Human Resources Department.

— Life & AD&D Insurance —



Life Insurance & AD&D for You through UnitedHealthcare

SW provides Basic Life insurance and Accidental Death & Dismemberment (AD&D) coverage equal to \$10,000. If you die, the beneficiary you have designated will receive the amount of your life insurance. If you have AD&D coverage and suffer a covered injury, such as the loss of a limb or an eye, you would receive a portion of your AD&D benefits. All life premiums are after tax deductions.

— Supplemental Insurance —

Accident Insurance

Under this policy benefits are payable directly to you for medical expenses related to treatment for an accident, such as hospital expenses, intensive care, fractures, burns, etc. For example, for a complete dislocation of a hip joint you could collect up to \$4,000. In addition to paying benefits for medical treatments, the policy also pays a lump sum benefit of up to \$40,000 for accidental death, with additional benefits payable for dismemberment.

Please refer to the Allstate informational flyer for more detailed information about benefits payable under this plan.

Cancer Insurance

If you are diagnosed and treated for cancer, in addition to your deductibles and copays, you will have many non-medical expenses related to your treatment, such as lost wages, travel, parking, and lodging. The Allstate Cancer Policy is designed to complement your medical coverage by providing benefits payable to you to offset those expenses. Additionally \$5,000 is payable to you upon an initial diagnosis of cancer (except skin cancer), and the policy will reimburse you up to \$100 per year for screening tests such as mammographies.

Please refer to the Allstate informational brochure for more detailed information about this coverage.

Short Term Disability Insurance

If you got sick or injured and could not work, would that create a financial hardship? The American Heritage Short term disability plan pays you a weekly benefit to replace up to 60% of your income if you become disabled. Benefits begin on either the 8th or 15th day of disability, depending on which option you select, and are payable for up to six months.

For detailed information about this coverage please refer to the American Heritage Disability brochure.

Whole Life Insurance

Unlike some term insurance, whole life premiums will never increase as long as you remain current on your premiums. This coverage can also be purchased on your spouse and unmarried children and grandchildren, even if you do not purchase coverage on yourself. Please refer to the Boston Mutual Informational flyer for detailed information about coverage features and premiums.

— Monthly Rates —

Medical	Monthly Employee Cost
EE Only	\$132.46
EE & Spouse	\$662.27
EE & Children	\$609.29
EE & Family	\$1,297.94

Dental - Voluntary	Monthly Employee Cost
EE Only	\$30.32
EE & Spouse	\$60.95
EE & Children	\$65.84
EE & Family	\$105.33

Vision - Voluntary	Monthly Employee Cost
EE Only	\$9.71
EE & Spouse	\$15.53
EE & Children	\$15.86
EE & Family	\$25.56

Accident - Voluntary	Monthly Employee Cost
EE Only	\$17.99
EE & Spouse	\$33.86
EE & Children	\$36.84
EE & Family	\$44.89

Cancer - Voluntary	Monthly Employee Cost Low Option	Monthly Employee Cost High Option
EE Only	\$28.52	\$31.60
EE & Spouse	\$44.36	\$50.08
EE & Children	\$40.14	\$44.90
EE & Family	\$55.96	\$63.38

Short Term Disability - Cost per \$100/mo. benefit	Monthly Employee Cost 7 Day Waiting Period	Monthly Employee Cost 14 Day Waiting Period
Age: 18-49	\$3.62	\$2.76
Age: 50-59	\$4.76	\$3.67
Age: 60-64	\$5.42	\$4.61
Age: 65-69	\$5.64	\$4.96
Age: 70+	\$6.41	\$5.46

— Notifications/Disclosures —

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. However, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, please see your location's HR Contact.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

On October 21, 1998 Congress passed the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prosthesis, and
- Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- interfere with a woman's rights under the plan to avoid these requirements, or
- offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF OPPORTUNITY TO ENROLL IN CONNECTION WITH EXTENSION OF DEPENDENT COVERAGE TO AGE 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the SW Group Health Plan. Individuals may request enrollment for such children for 30 days from the date of the notice. Enrollment will be effective retroactively to May 1, 2011. For more information contact Human Resources.

LIFETIME LIMIT NO LONGER APPLIES AND ENROLLMENT OPPORTUNITY

The lifetime limit on the dollar value of benefits under the SW Group Health Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Human Resources.

COBRA

If your employment terminates for any reason, other than gross misconduct, you and/or your covered dependents may be able to continue medical and dental coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). You are eligible for COBRA continuation when you terminate employment with SW. Your covered dependents are eligible for COBRA continuation when you terminate employment, divorce, die, or when your dependent children are no longer eligible due to age. Details will be provided if you or your dependents become eligible for COBRA. When you elect COBRA coverage, you pay the entire cost of coverage plus an administrative fee.

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 your 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 September 1, 2010. You should contact your state for further information on eligibility.

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	CALIFORNIA - Medicaid Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
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	COLORADO – Medicaid and CHIP Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 1-877-764-5437	
ARKANSAS – CHIP Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	FLORIDA – Medicaid Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237
GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	MONTANA – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP Medicaid Website: www.accessohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	NEBRASKA – Medicaid Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
INDIANA – Medicaid Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	NEVADA – Medicaid and CHIP Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	
KANSAS – Medicaid Website: https://www.khpa.ks.gov Phone: 800-766-9012	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	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
LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	
MAINE – Medicaid Website: http://www.maine.gov/dhhs/oms/	NEW MEXICO – Medicaid and CHIP Medicaid Website:

Phone: 1-800-321-5578	http://www.hsd.state.nm.us/mad/index.html
MASSACHUSETTS – Medicaid and CHIP	Medicaid Phone: 1-888-997-2583
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MINNESOTA – Medicaid	NEW YORK – 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	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MISSOURI – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944	Website: http://www.nc.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid	UTAH – Medicaid
Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-800-755-2604	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
OKLAHOMA – Medicaid	VERMONT – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427
OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	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
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalsev/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpym/Apply.shtm Phone: 1-877-543-7669
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration	U.S. Department of Health and Human Services Center for Medicare & Medicaid Services
www.dol.gov/ebsa 1-866-444-EBSA (3272)	www.cms.hhs.gov 1-877-267-2323, Ext. 61565

HIPAA Privacy Notice

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 GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of SWs Group Health Plan (the "Plan") to protect the privacy of your medical information. The Plan provides health, and dental benefits to you as described in your summary plan description and/or certificate of coverage for benefits. The Plan receives and maintains your medical information in the course of providing these benefits to you. The plan hires business associates (for example, insurance brokers and claims administrators) to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plan. The Plan is sponsored by SW (the "Plan Sponsor"). THE EFFECTIVE DATE OF THIS NOTICE IS FEBRUARY 17, 2010. The Plan is required to

follow the terms of this Notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes changes to this notice, the Plan will revise it and send a new Notice to all employees and COBRA beneficiaries covered by the Plan at that time. The Plan and the Plan Sponsor reserve the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new Notice.

Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Consent or Authorization

The Plan may use and disclose your medical information for the following purposes and to the following people or businesses:

Health Care Providers' For Treatment: The Plan may disclose your medical information to your doctor or other health care treatment provider, at the provider's request, for your treatment by the provider.

For Payment: The Plan may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your health care provider when you receive treatment.

For Health Care Operations: The Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan's business.

For Health Services: The Plan may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.

As required by law: The Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.

To Business Associates: The Plan may disclose your medical information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Plan Sponsor: The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor the fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor for Plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

For Other Local Reasons: The Plan may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.

Uses and Disclosures with Your Permission

The Plan will not use or disclose your medical information for any other purpose than those stated above unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in this Notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plan maintains, unless the Plan has already taken action in reliance on your prior authorization.

Your Rights

You may make a written request to the Plan to do one or more of the following concerning your medical information that the Plan maintains:

- To put additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request.
- To communicate with you in confidence about your medical information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you request that we communicate with you in confidence, the Plan may give its subscribers cost information.
- To see and get copies of your medical information.
- To correct your medical information. In some cases, the Plan does not have to agree to your request.
- To receive a list of disclosures of your medical information that the Plan and its business associates made for certain purposes for the last six (6) years (but not for any disclosures before February 17, 2010).
- To send you a paper copy of this notice if you received this notice by e-mail or on the internet.

If you want to exercise any of these rights described in this notice, please contact the Privacy Officer at the address given below. The Plan will give you the necessary information and forms for you to complete and return to the Privacy Officer. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

Complaints

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan at the address listed below. We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Contact Privacy Officer

If you need additional copies of this Notice, want to report a violation of this Notice, or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Human Resources: Human Resource Specialist

Telephone: 713-784-6345

Address: 3333 Bering Houston, Texas 77057