HIPAA PRIVACY POLICY - FULLY INSURED GROUP HEALTH PLANS

The Board of Education provides coverage to eligible employees under fully-insured group health plans. The Board has established the following fully insured group health plans:

- Medical Plan
- Prescription Drug Plan
- Vision Plan
- Dental Plan

The Board acknowledges that these group health plans are required to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Fully insured group health plans generally are exempt from many of the requirements imposed upon self-funded group health plans.

The fully-insured group health plans established by the Board shall:

- A. Refrain from taking any retaliatory action against any individual from exercising any right under the plan, filing a complaint with Health and Human Services, participating in any proceeding under Part C of Title XI of the Social Security Act or opposing any act or practice made unlawful by the Privacy Rule provided that the individual has a good faith belief that the practice opposed is unlawful.
- B. Not impose a requirement that participants waive their rights under the Privacy Rule as a condition of the provision of payment, enrollment in a health plan or eligibility of benefits.
- C. If the plan document is amended in accordance with the Privacy Rule, the plan must retain a copy of the plan document as amended for six (6) years from the date of its amendment or the date when it last was in effect, whichever is later.

Fully-insured group health plans established by the Board shall not create or receive protected health information, except for:

- A. Summary health information. Summary health information is de-identified information that summarizes claims history, claims expenses or type of claims experienced by health plan participants.
- B. Not impose a requirement that participants waive their rights under the Privacy Rule as a condition of the provision of payment, enrollment in a health plan or eligibility of benefits.

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