



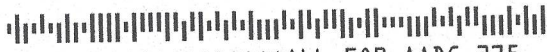
**BlueCross BlueShield  
of North Carolina**



[DR-]

PO Box 2291  
Durham NC 27702

**FORWARDING SERVICE REQUESTED**



\*\*\*\*\*ALL FOR AADC 275  
PB-DSM-25-ENV 15533 61  
MICHAEL T HARBUCK  
130 ANDERSON RD  
ROXBORO NC 27573-4556

Welcome to your  
2021 health  
plan.

Your coverage  
starts on  
08/01/2021

07/28/2021

Welcome to your 2021 health plan! Your coverage starts on 08/01/2021.

**Show your member ID card when you receive care**

- + Use the customer service number on the back of the ID card to make card changes.
- + Your ID card is for identification purposes only. It doesn't guarantee eligibility or payment of your claims.
- + If you are an existing Blue Cross and Blue Shield of North Carolina (Blue Cross NC) member and have selected a new plan under your current application, your prior ID and Blue Cross NC plan will end the day before the start of this new plan.

**Register your account at [BlueConnectNC.com](http://BlueConnectNC.com)**

- + Make sure your contact information is complete and up-to-date.
- + Find doctors in your network and select your primary care provider (PCP).
- + Sign up for AutoPay to easily pay your monthly bill.
- + Download our [Blue Connect Mobile App](#) for access no matter where you are.
- + Review your claims and Explanation of Benefits.
- + Access your Benefit Booklet and Summary of Benefits and Coverage for plan details.

**Protect Your Identity**

If you become the victim of identity theft, Experian® IdentityWorks™ is available to you. Experian can help recover your financial losses and restore your credit file for free.

- + Call the Experian Customer Support team at 1-888-451-6554. Use engagement number DB14219.
- + Or visit [experianidworks.com/bcbsnc](http://experianidworks.com/bcbsnc) to enroll.

Please review the back of this page for a summary of the information that is included with this letter. We look forward to serving you well.

Tunde Sotunde MD, MBA, FAAP  
President and Chief Executive Officer  
Blue Cross and Blue Shield of North Carolina  
[BlueCrossNC.com](http://BlueCrossNC.com)

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield symbols, and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. U20399D, 4/19

Experian is an independent company providing identity protection services on behalf of Blue Cross NC. Experian does not offer Blue Cross or Blue Shield products or services.

July 28, 2021

MICHAEL HARBUCK  
130 ANDERSON RD  
ROXBORO, NC 27573

Dear MICHAEL HARBUCK,

Here is some important information about your **Blue Home Silver Enhanced Zero (local network with UNC Health Alliance)** plan. The start date for your coverage is **August 01, 2021**. If you decide to change this plan, you may need to make an initial payment before the new plan can start. You will get a bill in the mail for that initial payment, if it is required. Note that failure to make that initial payment by the due date listed on the bill will cancel your plan.

#### Learn More About Your Plan

You can go to [bluecrossnc.com/shopping](https://bluecrossnc.com/shopping) and click on **Find a Doctor** to see if your doctors and hospitals are in your plan's network. You can do this before you make your first payment. Use the **Find a Drug** tool to see what medications are available on your plan. The **Find a Pharmacy** option can help you find in-network pharmacies in your area.

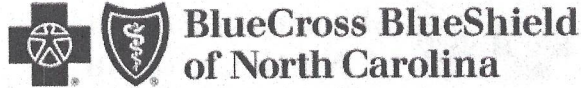
#### Download ID Cards

You can print your Verification of Coverage (VOC) form at [bluecrossnc.com/voc](https://bluecrossnc.com/voc). This can be used in place of an ID card until yours is available. You will need to enter your Exchange ID, **0005342585**, for access. You may get your ID cards after your coverage start date if you submitted an application less than 15 days before your coverage starts.

Sincerely,

Blue Cross NC Sales Department

U12671, 10/17



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## Adverse Underwriting Decisions

Members or applicants have 90 business days from the date of the mailing of notice or other communication of an adverse underwriting decision to write Blue Cross and Blue Shield of North Carolina (Blue Cross NC) for a written explanation of the adverse underwriting decision. This written request should be mailed to:

Blue Cross NC Customer Service  
PO Box 30016  
Durham, NC 27702-3016

or faxed to: (919) 765-7149.

Within 21 business days from the date of receipt of such written request, Blue Cross NC will provide the member or applicant with the following:

- The specific reason(s) for the adverse underwriting decision unless previously provided in the original notice; and
- The specific items of personal and privileged information that support the reason(s) provided; and
- Reference to the specific Plan provisions on which the determination is based.

If the member or applicant feels that the information used for the adverse underwriting decision was incomplete or they wish to have the decision reconsidered, they may submit a written request outlining their concerns along with any supporting documentation. The request, along with this information, should be mailed to:

**Blue Cross NC**  
Individual Risk Assessment Department  
P.O. Box 2291  
Durham, NC 27702-2291



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## NOTICE OF PRIVACY PRACTICES

of

### BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

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**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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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#### Our Responsibilities

We are committed to protecting the privacy of the medical information and other personal information we keep regarding our members. We call this information **Protected Health Information** or "**PHI**" throughout this notice. We are required by law to maintain the privacy of your Protected Health Information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. **This notice is effective as of July 1, 2013** and will remain in place until we replace it.

We reserve the right to change this notice and our privacy practices at any time, provided such changes are permitted by applicable law. We also reserve the right to make the changes in our privacy practices and the new notice effective for all PHI that we already have about you as well as for PHI that we may receive in the future. Before we make a material change in our privacy practices, we will update this notice and send the new notice to our health plan subscribers at the time of the change or as required by applicable law.

You may request a copy of this notice by calling the customer service number on the back of your identification card. You may also obtain a copy from our Web site, [www.bcbsnc.com](http://www.bcbsnc.com). For more information or questions about our privacy practices, please contact the Privacy Official by writing to P. O. Box 2291, Durham, NC 27702.

#### How We Use and Disclose Your Protected Health Information

We may use and disclose your PHI as permitted by federal and state privacy laws and regulations, including the federal health care privacy regulations known as "HIPAA." If an applicable state privacy law is more protective of your health information or is more stringent than HIPAA, we will follow the state law. For example, some state laws have stricter requirements about disclosing information about certain conditions or treatment for certain conditions such as HIV, AIDS, mental health, substance abuse/chemical dependency, genetic testing or reproductive rights.

If you cease to be a member, we will no longer disclose your PHI, except as permitted or required by law.

#### We may use and disclose your PHI for the following purposes:

**Payment.** We may use and disclose your PHI for payment purposes or to otherwise fulfill our responsibilities for coverage and providing benefits under your policy. For example, we may use or disclose your PHI to pay claims from your health care providers for treating you, issue statements to explain such payments, determine and coordinate eligibility for benefits, make medical necessity determinations for treatment that you received or plan to receive, obtain premiums, and other purposes related to payment.

**Health Care Operations.** We may use and disclose your PHI to support various business functions and activities that enable us to provide services to you. These functions may include, but are not limited to: quality assessment and improvement activities; reviewing the competence or qualifications of the health care providers in our network; and legal, auditing, and general administrative services. For example, we may use or disclose your PHI to: (i) inform you about programs to help you manage a health condition; (ii) provide customer services to you or; (iii) investigate potential or



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PHI for marketing communications unless you authorize us to do so, except as permitted by law. Furthermore, we will not sell your PHI without authorization, except as permitted by law.

**Employer or Organization Sponsoring a Group Health Plan.** We may disclose your PHI to the employer, educational institution or other organization that sponsors your health plan. We may also disclose summary information about the enrollees in your group health plan to the plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

**Death and Organ Donation.** We may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization to assist them in performing their duties.

**Military Activity, National Security, Protective Services.** If you are or were in the armed forces, we may disclose your PHI to military command authorities. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President of the United States, other federal officials or foreign heads of state.

**Correctional Institutions.** If you are an inmate, we may disclose your PHI to a correctional institution or law enforcement official for: (i) providing health care to you; (ii) your health and safety and the health and safety of others, or (iii) the safety and security of the correctional institution.

### Information We Collect About You

In the normal course of our operations, we may collect information from: (i) **You** (through information you give us on your applications for insurance or on other forms, through telephone or in-person interviews with you, and through information you provide to an insurance agent or your employer such as your address, telephone number, health status, or other types of insurance coverage you have; (ii) **Your Transactions** with us, such as your claims history; (iii) **Other Insurance Companies** that currently insure you or that have insured you in the past, such as your claims history; (iv) **Your Employer or Plan Sponsor**, such as information about your eligibility for insurance coverage; (v) **Your Health Care Providers** who currently treat you or have treated you in the past, such as information about your health status; or (vi) **Insurance Support Organizations** that collect information about your past medical transactions.

### Our Policies for Protecting Your Protected Health Information

We protect the PHI that we maintain about you by using physical, electronic, and administrative safeguards that meet or exceed applicable law. When our business activities require us to provide PHI to third parties, they must agree to follow appropriate standards of security and confidentiality regarding the PHI provided. Access to your PHI is also restricted to appropriate business purposes.

We have developed privacy policies to protect your PHI. All employees are trained on these policies when they are hired and thereafter receive annual refresher training. Employees that violate our privacy policies are subject to disciplinary action.

We have developed a variety of other safeguards for protecting your information including: (i) using only aggregate or non-identifiable information when feasible; (ii) requiring confidentiality provisions in our contracts with third parties to protect the confidentiality of your personal information and restrict use and disclosure of this information; (iii) implementing access control procedures such as pass codes to access computer systems; and (iv) using physical security measures in our facilities to restrict access to personal information, including employee badges and escorting guests while in our facilities.

### YOUR RIGHTS

The following is a list of your rights with respect to your PHI.

**Right to Access and Inspect Your PHI.** You may ask to see or get a copy of certain PHI that we maintain about you. Your request must be in writing. You may visit our office to look at the PHI, or you may ask us to mail it to you, or in

## Non-Discrimination and Accessibility Notice

### Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (BCBSNC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:  
BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783**  
**[civilrightscoordinator@bcbsnc.com](mailto:civilrightscoordinator@bcbsnc.com)**
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.