



Privacy Practices
Effective Date 02/16/2026

Important Privacy Information

This notice describes how information we have about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Legal obligations

The law requires BlueCross BlueShield of Tennessee, Inc. Employee Group Insurance Plan (“we,” “us,” “our”) to give this notice of privacy practices to all our members. This notice lets you know about our legal duties and your rights when it comes to your information and privacy. This notice only applies to information we have about you in connection with your health plan.

The law requires us to keep private all of the information we have about you, including your name, address, claims information, and other information that can identify you (your “information”). The law requires us to follow all the privacy practices in this notice from the date on the cover until we change or replace it. BlueCross BlueShield of Tennessee, Inc., the employer sponsor, will not use your health plan information for any adverse employment decisions.

We have the right to make changes to our privacy practices and this notice at any time, but we will send you a new notice any time we do or tell you about the changes and where you can find the notice. Any changes we make to this notice will apply to all

information we keep, including information created or received before we made changes.

Please review this notice carefully and keep it on file for reference. You may ask us for a copy of this notice at any time. To get one, please contact us at:

Privacy Office
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
Phone: (888) 455-3824
Fax: (423) 535-1976
E-mail: privacy_office@bcbst.com

You may reach out to us at this address or phone number to ask questions or make a complaint about this notice or how we’ve handled your privacy rights. You may also submit a written complaint to the U.S. Department of Health and Human Services (HHS). Just ask us for their address, and we will give it to you. We support your right to protect the privacy of the information we have about you. We won’t retaliate against you if you file a complaint with HHS or us.

Organizations This Notice Covers

This notice applies to BlueCross BlueShield of Tennessee, Inc. Employee Group Insurance Plan. We may share your information with BlueCross BlueShield of Tennessee, Inc., and any of the following subsidiaries and affiliates of BlueCross BlueShield of Tennessee, Inc. set out in this notice and as permitted by law: Shared Health Inc., Group Insurance Services, Inc., Volunteer State Health Plan, Inc., Golden Security Insurance Co., SecurityCare of Tennessee Inc., Shared Health Mississippi, Inc. and Shared Health Insurance Company. These entities support us in providing health insurance and related products and services. If we or BlueCross BlueShield of Tennessee, Inc. buys or creates new affiliates or subsidiaries, they may also be required to follow the privacy practices outlined in this notice.

For additional information, including TTY/TDD users, please call the Privacy Office at **1-888-455-3824**. Para obtener ayuda en español, llame al **1-888-455-3824**.

How We May Use and Share Your Information

We typically use your information for treatment, payment or health care operations. Sometimes we are allowed, and sometimes we are required, to use or share your information in other ways. This is usually to contribute to the public good, such as public health and research. Information that has been shared may be shared again and no longer protected by federal or state law.

Some states may have more stringent laws. When those laws apply to your information, we follow the more stringent law. Specifically, Tennessee law and other state and federal laws require us to obtain your consent for most uses and disclosures of behavioral health information, alcohol and other substance use disorder information, and genetic information. Information about members and former members may be used and shared for treatment, payment and health care operations.

We restrict access to information about you to those employees or contractors who need to know

that information to run our business. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your information.

Sources of Information We Collect and Share

We collect health plan information about you from the following sources:

1. Information we receive from you: We collect information directly from you. For example, we collect information like your name, address, and social security number when you apply for insurance or complete other forms, and we collect information like your name and contact information when you contact us for customer service requests.
2. Information about your transactions with us and our affiliates: We collect information about your relationship with us and with our affiliates. For example, we collect information about the claims we process like when you received health care, what services are covered, and how much we've paid. We sometimes use affiliates and related entities to provide administrative services to process those claims, and they provide us with the same type of health plan information about you.
3. Information about your transactions with nonaffiliated third-parties: We collect information about your relationship with nonaffiliated third-parties such as healthcare providers. For example, when your healthcare provider submits claims to us, it includes health plan information about your encounter like diagnostic information, procedures you've had, and the date of service.

As permitted by law and this notice, we may use and share all of the information we have about you as described above.

Ways We May Use and Share Your Information

We may use and share any of the information we have about you, including to non-affiliated third-parties, in accordance with federal and state laws. The following are examples of how we may use or share your information – and the types of third-parties to whom we may share your information.

For your treatment: We may use or share your information with health care professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional care for you from other health care providers.

To make payments: We may use or share your information to pay claims for your care or to coordinate benefits covered under your health care coverage. For example, we may share your information with your dental provider to coordinate payment for dental services.

For health care operations: We may use or share your information to run our organization. For example, we may use or share it to measure quality, provide you with care management or wellness programs, and to conduct audit and other oversight activities.

To work with plan sponsors: We may share your information with your employer-sponsored group health plan (if applicable) for plan administration. For example, we may use or share it to help verify your identity or to give you more information about your health insurance options. Please see your plan documents for all ways a plan sponsor may use this information.

For underwriting: We may use or share your information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a health plan contract. We're not allowed to use or share genetic information for underwriting purposes.

Research: We may use or share your information in connection with lawful research purposes. For example, we may share your information as part of a limited data set given to a researcher for clinical research.

In the event of your death: If you die, we may share your information with a coroner, medical examiner, funeral director or organ procurement organization.

To help with public health and safety issues: We can share information about you in certain situations, such as:

- Preventing disease
- Assisting public health authorities in controlling the spread of disease such as during pandemics
- Helping with product recalls

- Reporting negative reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

As required by law: We may use or share your information as required by state or federal law.

To comply with a court or administrative order: Under certain circumstances, we may share your information in response to a court or administrative order, subpoena, discovery request or other lawful process.

To address workers' compensation, law enforcement and other government requests:

We can use or share information about you:

- For workers' compensation claims
- For law enforcement purposes, or with a law enforcement official
- With health oversight agencies for legal activities
- To comply with requests from the military or other authorized federal officials

With your permission: Some uses and disclosures of information require your written authorization, including certain instances if you want us to share your information with anyone. You may cancel your authorization in writing at any time, but doing so won't affect use or disclosure that happened while your authorization was valid.

For example, we would need your written authorization for:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of your information for marketing
- Sale of your information
- Other uses and disclosures not described in this notice

We cannot use or share information except as described in this notice without your written authorization. We will let you know if any of these circumstances arise.

Certain types of information are treated differently.

Substance Use Disorder Information: We may receive substance use disorder treatment information about you from certain providers that are subject to federal regulations governing the confidentiality of such information. We may not use or share such information in any civil, criminal,

administrative, or legislative proceedings against you unless (1) you consent in writing, or (2) a court order is issued after notice and an opportunity to be heard is provided and is accompanied by a subpoena or similar legal mandate compelling disclosure.

Your Individual Rights

To access your records: You have the right to view and get copies of your information that we maintain, with some exceptions. You must make a written request, using a form available from the Privacy Office, to get access to your information.

If you ask for copies of your information, we may charge you a reasonable, cost-based fee for staff time, and postage if you want us to mail the copies to you. If you ask for this information in another format, this charge will reflect the cost of giving you the information in that format. If you prefer, you may request a summary or explanation of your information, which may also result in a fee. For details about fees we may charge, please contact the Privacy Office.

To see who we've disclosed your information to: You have the right to receive a list of most disclosures we (or a business associate on our behalf) made of your information, other than for the purpose of treatment, payment or health care operations, within the past six years. This list will include the date of the disclosure, what information was shared, the name of the person or entity it was shared to, the reason for the disclosure and some other information.

If you ask for this list of disclosures more than once in a 12-month period, we may charge you based on the cost of responding to those additional requests. Please contact the Privacy Office for a more detailed explanation of these charges.

To ask for restrictions: You have the right to ask for restrictions on how we use or share your health plan information. We're not required to agree to these requests except in limited circumstances. If we agree to a restriction, you and we will agree to the restriction in writing. Please contact the Privacy Office for more information.

To get notified of a breach: We will notify you after an unauthorized acquisition, access, use, or disclosure of your unsecured health information that compromises the security or privacy of the information.

To ask for confidential communications: You have the right to ask us in writing to send your information to you at a different address or by a different method if you believe that sending information to you in the normal manner will put you in danger. We have to grant your request if it's reasonable. We will also need information from you, including how and where to communicate with you. Your request must not interfere with payment of your premiums.

If there's an immediate threat, you may make your request by calling the Member Service number on the back of your Member ID card or the Privacy Office. Please follow up your call with a written request as soon as possible.

To ask for changes to your personal information: You have the right to request in writing that we revise your information. Your request must be in writing and explain why the information should be revised. We may deny your request, for example, if we received (but didn't create) the information you want to amend. If we deny your request, we will write to let you know why. If you disagree with our denial, you may send us a written statement that we will include with your information.

If we grant your request, we will make reasonable efforts to notify people you name about this change. Any future disclosures of that information will be revised.

To request another copy of this notice: You can ask for a paper copy of this notice at any time, even if you got this notice by email or from our website. Please contact the Privacy Office at the address above.

To choose a personal representative: You may choose someone to exercise your rights on your behalf, such as a power of attorney. You may also have a legal guardian exercise your rights. We will work with you if you'd like to make this effective.

