

# MISSISSIPPI HEALTH CARE ASSOCIATION EMPLOYEE BENEFIT PLAN

## NOTICE OF PRIVACY PRACTICES

(Revised February 24, 2026)

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully!**

**This notice is provided to you by the Mississippi Health Care Association Employee Benefit Plan (the “Plan”) to describe how we, our Business Associates and their subcontractors may use and/or disclose your Protected Health Information (“PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice will also inform you of your rights regarding your Protected Health Information, including but not limited to gaining access to your health information, placing restrictions on the use of your health information and learning with whom we have shared your health information.**

**If you have any questions about this Notice, your rights or our use of your health information, please contact the Plan’s Privacy Officer, Beckie Griffith, at 282 Commerce Park Drive, Ridgeland, MS 39157, [bgriffith@mhcisc.org](mailto:bgriffith@mhcisc.org), phone 601-707-2471.**

Protected Health Information (“PHI”) is information about the Participant, including demographic information, which may identify the Participant and which relates to past, present or future physical or mental health conditions related to health care as well as billing and payment for services. *PHI specifically includes the Participant’s genetic information as defined by the Genetic Information Nondiscrimination Act of 2008.* The term “Participant” as used throughout this notice includes not only the Employee/Participant, but also any spouse or other dependents receiving coverage through the Employee/Participant.

**Federal law requires the Plan to maintain the privacy of your protected health information, to provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.**

We may change the terms of this Notice at any time and the new Notice will be effective for all PHI we maintain at the time of the revision. You are entitled to receive a copy of any revised version of this notice at any time.

In order to provide you with insurance coverage, it is necessary for the Plan to collect personal information about you from many different sources. These sources might include, among others, you, your employer, the Plan Sponsor, other insurers, third party administrators and health care providers. The law regulates how we may and may not use the Participant’s medical information.

**HOW WE MAY USE OR DISCLOSE THE PARTICIPANT'S HEALTH INFORMATION:** We may use electronic record systems to manage your benefits and care. These electronic systems have safeguards to protect the Participant's information. We also have privacy policies and train our employees to limit the use of the Participant's information to those who need it to do their jobs. Following are ways the Plan may use the Participant's medical information:

- **To provide care and treatment.** We will use and disclose the Participant's PHI as allowed to provide, coordinate and manage the Participant's health care, benefits and related services. Doctors, hospitals, nurse practitioners and other people who are not employed by the Plan may share information they have about the Participant with the Plan to enable the Plan to provide and manage benefits for the Participant. Likewise, the Plan may share the Participant's PHI with healthcare providers such as doctors, hospitals, clinics, pharmacies, labs and therapists to assure the healthcare provider has the necessary information to diagnose and treat the Participant and to see that benefits are provided under the Plan. We may also communicate with healthcare providers for other treatment-related reasons.
- **For billing and payment.** We may use and share the Participant's information so that those who have provided care and services to the Participant can bill and collect payment for those services. For example, we may, among other things, give or receive your information to or from a healthcare provider in order to give approval before a procedure is performed or to make sure the provider has been paid the correct amount for its services; to determine if a procedure is medically necessary; to obtain payment for any mail order pharmacy services provided to you; to conduct utilization reviews; to coordinate care; to determine eligibility; to determine formulary compliance; to collect premiums; to calculate cost-sharing amounts; and to respond to complaints and appeals
- **For business reasons and for health care operations.** We may use and share your information for business reasons and to operate the Plan's health care operations. When we do this, we may, when possible, remove information that identifies the Participant. Some of the business reasons for which we may use or share the Participant's information include: to follow laws and regulations applicable to the Plan; to train and educate our staff; for Plan administration; for credentialing, licensure, certification and accreditation; to improve the services we provide; to prepare budgets and business planning; to perform audits; to maintain our computer systems; to evaluate the Plan's staff; to decide any additional services or benefits we should offer; to provide disease management for participant's with specific diseases or conditions; to provide preventative care, case management and care coordination; to administer re-insurance and stop-loss insurance; to perform underwriting; to detect and investigate fraud; to implement data and information systems management; to provide customer service; and to find out how satisfied our Participants and their families are. Anyone we share the Participant's information with in order to perform any of these tasks on our behalf must also protect the use of the Participant's medical information. When required, the Plan enters into written agreements with such people or organizations to assure the Participant's information is protected by them and their subcontractors.

- **To contact the Participant about appointments, insurance, billing and other matters.** We may contact the Participant by mail, phone, text or email to discuss a scheduled procedure or treatment; benefits for a procedure or treatment; billing or payment; or to discuss case management. We may leave voice messages at the number provided for such communications. We may also use and disclose medical information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **For fundraising.** Although unlikely, the Plan has the right to use limited information to contact you for fundraising purposes. You have the right to ask not to be contacted for such fundraising purposes. If we contact you, we will tell you how to prevent future contacts if you so desire.
- **To inform family members or friends involved in your care or paying for your care.** The Plan may share the Participant's information with family members and friends who are involved in the Participant's care or who are paying for the Participant's care, but only to the extent the information is directly relevant to such person's involvement with your care or payment for your care. For example, if a family member or caregiver calls us with prior knowledge of a claim, we may confirm whether the claim has been received and paid. When possible, the Plan will allow the Participant to tell us who is involved in the Participant's care. However, in emergency situations or other situations in which it is not possible for the Participant to provide such information, the Plan will use its best judgment and share only information that others need to know in order to see that the Participant gets the care that he or she needs. Unless you tell us not to, we may also share information about the Participant with a public or private agency during a disaster so the agency can help contact the Participant's family or friends to tell them where the Participant is and how the Participant is doing.
- **For research.** Under certain circumstances, the Participant's medical information may be used or disclosed for research to improve public health and develop new knowledge. For example, a research project may involve comparing the health and recovery of patients receiving one medicine for an illness to those who received a different medicine for the same illness. We only use and share your information for research as allowed by federal and state law. Each research project is approved through a special process that balances the research needs with the patient's need for privacy. In most cases, if the research involves your care or the sharing of medical information that can identify you, we will first explain to you how the information will be used and ask for your consent to use your information. The Plan may access the Participant's medical information before the approval process to design the research project and provide the information needed for approval. Health information used to prepare a research project will not leave the Plan.
- **As required by law.** We will disclose the Participant's health information when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the relevant law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such use or disclosure. Disclosure required by law might include responding to a court order, subpoena, warrant, summons or similar process; to identify or find a suspect, fugitive, material witness or missing person; situations in

which the Participant is suspected to be a victim in a crime; disclosure because of a death we believe may have been caused by a crime; disclosure because of suspected criminal conduct; disclosure in an emergency to report a crime, the location of the crime or victims or to identify, describe or give the location of the person believed to have committed the crime; situations in which the Participant is in the custody of the police or other law enforcement officials; and situations in which the law requires us to report abuse, suspected abuse, neglect, suspected neglect, injuries to Participants, or domestic violence.

- **For public health.** We may use and disclose the Participant's information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosures will only be made to someone who may be able to prevent the threat such as public health authorities or other authorities with authority to collect such information. Such disclosures may be made for the purpose of preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or neglect or domestic violence, we will inform the Participant promptly unless, in our best professional judgment, we believe such notification would place the Participant at risk of serious harm or would require informing the party we believe is responsible for the abuse, neglect or harm. We may also share the Participant's information with coroners, medical examiners and funeral directors so they can carry out their duties and federal officials for national security and intelligence activities
- **For health oversight.** We may disclose the Participant's medical information to a health oversight agency for activities authorized by law, such as surveys, audits, investigations and inspections. Oversight agencies seeking this information include governmental agencies that oversee the health care system, government benefits programs, licensure proceedings, other government regulatory programs and civil rights laws.
- **Judicial and Administrative Proceedings.** The Plan may be required by law to disclose the Participant's medical information in the course of an administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about the Participant in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and provide you with a chance to object to disclosure in the appropriate forum, if possible. *(See also sections on records related to reproductive health care and substance use disorders below.)*
- **Organ and tissue donation.** If the Participant is an organ or tissue donor, we may disclose the Participant's medical information to organizations involved in procuring, banking or transplanting organs and tissue.
- **Military Veterans.** If the Participant is or was a member of the armed forces, we may release medical information as required by military command authorities. We may also release information for the purpose of determination of eligibility for veterans' benefits.

We may disclose such information to a foreign military authority if the Participant is or was a member of that foreign military service for the same purposes.

- **Workers' Compensation.** We may disclose the Participant's medical information as authorized to comply with workers' compensation laws and other similar legally-established programs. We may make periodic reports to your employer about your condition to the extent your care is covered by workers' compensation laws. We may also be required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
- **Inmates or individuals in custody.** If the Participant is an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release medical information to the correctional institution or law enforcement official. This disclosure would be if necessary: (1) for the institution to provide the Participant with health care; (2) to protect the Participant's health and safety or the health and safety of others; or (3) to protect the safety and security of the correctional institution.
- **Breach notification.** In the case of a breach of unsecured protected health information of the Participant, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate with you related to the breach. In some cases, our business associate may provide the notification. We may also provide notification by other appropriate methods. We may also use the Participant's medical information to provide legally required notices of unauthorized access to or disclosure of the Participant's health information to appropriate government officials as required by law.
- **Business Associates.** We may disclose the Participant's health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such function or services. All of our business associates are obligated by contract and by law to protect the privacy of the Participant's health information and are not allowed to use or disclose any information other than as specified in this Notice.
- **To other covered entities such as other health plans.** We may in certain situations disclose your information to other covered entities, such as other health care plans which provide you benefits, to coordinate your care and benefits with such other entities as allowed by law.
- **To the Plan Sponsor.** In certain circumstances as allowed by law, we may provide certain parts of your information to the Plan's Sponsor, but only as expressly allowed.

**PERMITTED AND REQUIRED USES AND DISCLOSURES THAT REQUIRE THE PLAN TO PROVIDE YOU WITH AN OPPORTUNITY TO OBJECT TO THE USE OR DISCLOSURE**

As discussed above, there are certain situations in which the Plan is allowed or required to use or disclose the Participant's health information, but in which the Plan must give the Participant an opportunity to object to such use or disclosure. Those include:

- **Individuals involved in the Participant's care or payment for the Participant's care.** Unless the Participant objects, the Plan may disclose to a family member or close friend or any other person the Participant identifies information directly related to that person's involvement in the Participant's care and payment for said care. If the Participant is unable to agree or object to such disclosure, we may disclose such information as necessary if we determine it is in the Participant's best interest based on our professional judgment.
- **Disaster Relief.** We may provide protected health information to disaster relief organizations that seek such information to coordinate the Participant's care or to notify family members and friends of the Participant's location or condition during or after a disaster. The Participant will be given an opportunity to object to such disclosure whenever we can practically do so.
- **Disclosure of protected health information in response to legal process, subpoena or discovery in a legal proceeding.** When practical for us to do so, we will notify the Participant or authorized representative when a Participant's protected health information is sought by a third party through legal process such as a subpoena or discovery requests. If we are informed the Participant has taken timely steps to object to such disclosure and are provided written evidence of such objection filed in the appropriate forum, we will refrain from disclosing such information until otherwise ordered by the Court or other tribunal to disclose said information notwithstanding the Participant's objection. We may also inquire from the requesting party what steps, if any, have been taken to notify the Participant of the request or to protect or limit use of the Participant's health information. *(See also sections on records related to reproductive health care and substance use disorders below.)*
- **For fundraising purposes.** You will be given an opportunity to inform us you do not wish for your health information to be used for fundraising purposes.

**WHEN THE PLAN MAY NOT USE OR DISCLOSE THE PARTICIPANT'S PROTECTED HEALTH INFORMATION**

- **Without your written authorization.** Except for the permitted uses and disclosures set forth above, the Plan will not use or share the Participant's protected health information unless the Participant or authorized representative agrees to such use or disclosure in writing. Any such authorization by the Participant or authorized representative may be revoked in writing at any time. If the Plan receives such a written revocation of authorization, it will no longer use or disclose the protected health information for reasons

covered by the written authorization. You should understand that the Plan is unable to take back any disclosures already made with your authorization prior to your revocation.

- **Marketing.** Without your written authorization, we are expressly prohibited from using or disclosing your protected health information for marketing purposes.
- **Selling your information.** We may not sell your health information without your written authorization.
- **Genetic information.** We will not use or disclose any of your protected health information that contains genetic information for underwriting purposes or any other purposes prohibited by law.
- **Psychotherapy notes.** We may not generally use or disclose the Participant's psychotherapy notes without written authorization.
- **Medical records related to treatment of a substance use disorder (SUD).** We will not share substance use disorder treatment records unless we have your consent, or disclosure is permitted by 42 C.F.R. Part 2 (42 U.S.C. 290dd-2) rules. A separate patient consent is required for the disclosure of counseling notes related to SUD treatment. If we receive your Part 2 records from someone else, such as your SUD provider, we may disclose the records if allowed by HIPAA. However, we will not disclose SUD records for civil, criminal, administrative, and legislative proceedings against you, unless you consent in writing, or in response to a court order as provided in applicable regulations. A court order authorizing disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure. SUD treatment records which have been de-identified according to the standards established in the HIPAA Privacy Rule may be disclosed.

You will have the right to opt out of fundraising uses of your Part 2 information if the Plan notifies you that it intends to use such information for fundraising purposes.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- **Right to review and get a copy of your medical information.** You have the right to look at and get a copy of your medical information, including billing records, in paper or electronic format. This information will generally be contained in a "designated record set"—medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. Your request to do so must be made in writing by forwarding your request to the Privacy Officer identified in this Notice. We will act on your request no later than 30 days following receipt of your request. If we need more time, we will inform of that need and provide a reason why we need the additional time. The Plan may charge a fee to cover copying, mailing and other costs and supplies as allowed by law. You may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or used in, a civil, criminal or administrative action or proceeding; protected health information restricted by law; information that is related to medical research in which you have agreed to participate;

information the disclosure of which may result in harm or injury to you or another person; or information that was obtained under a promise of confidentiality. In certain cases, we may deny your request and in those cases we will give you the reason for our denial in writing. Under certain circumstances you may have a right to have our decision not to allow you to inspect or obtain a copy of certain health information reviewed. Please contact the Privacy Officer identified in this notice to ask questions about such situations.

- **Right to ask for a change in your medical information.** If you think our information about you is not correct or complete, you may ask us to correct your record by writing to the Privacy Officer identified in this notice. Your written request must say why you are asking for the correction. We will respond within 60 days of our receipt of your request. If we need additional time to respond, we will notify you of that need and provide a reason why the extension is needed. If we agree, we will tell you and correct or amend your record. The Plan is unable to remove anything from your record, but can only add new information to correct or complete the existing information. With your help, we will notify others who have the incorrect or incomplete medical information. If your request is denied, we will tell you why in writing. You will have a right to submit a written statement up to 250 words that tells us why you believe your information is incorrect or missing and we will add your written statement to your record and include it whenever we share the part of your record the written statement applies to. If we prepare a rebuttal to your written statement, we will provide you with a copy and may also include our rebuttal when your information is shared.
- **Right to a list or accounting of when your medical information was shared.** You have a right to ask for a list of when your health information was shared without your written consent. The Plan does not have to account for disclosures provided with your written authorization; for your treatment, payment or for the Plan's business operations; for notification and communication with family; related to specialized government functions or for purposes of research or public health which exclude direct patient identifiers or which are incidental to a use or disclosure otherwise permitted or authorized by law; to a health oversight agency or law enforcement official to the extent the Plan has received notice from that agency or official that providing the accounting would be reasonably likely to impede its activities; or disclosures made before April 14, 2003. You must request the accounting of disclosures in writing to the Privacy Officer identified in this notice. Your request must state the time period for which you want the list. That time period may not be longer than 6 years back from the date of your request. The first list you ask for within a 12 month period will be free, but you may be charged a fee if you request another accounting of disclosures in that same 12-month period. We will respond to your request within 60 days of our receipt of the request. If we need more than 60 days, we will inform you of the need for an extension and provide a reason why the extension is needed.
- **Right to notice in case of a breach.** You have a right to be notified if there is any breach of your unsecured protected health information. If such a breach occurs, we will notify you of such breach in accordance with applicable federal law. We will also follow applicable laws in notifying governmental entities of the breach if required.

- **Right to request restrictions or limitations on the use and sharing of your medical information.** You have the right to request a restriction or limitation on the health information that we use for treatment, payment or health care operations. You also have the right to ask that we limit the health information we disclose to someone involved in your care or payment for your care, such as a family member or friend. For example, you may request that we not share information about a particular diagnosis or procedure with your spouse, family member or friend. To request such a restriction, you should make the request in writing to the Privacy Officer identified in this notice. Your request should specifically identify the information you wish to have restricted and the person(s) to which the restriction should apply. In certain circumstances, we may not agree to your request except for those cases in which you ask us not to disclose protected health information to another health plan when you have paid for the particular service in full out-of-pocket and are not looking to the other health plan to pay for the particular service, as set forth in the next section. Otherwise, if we agree to your request, we will comply with the request unless the disclosure is necessary to provide you with emergency treatment.
- **Right to limit sharing of information with health plans.** If you paid for a particular service in full out-of-pocket (in other words, you requested that the medical provider not bill us for the service), you have the right to ask that your protected health information related to that item or service not be shared or disclosed to the Plan for purposes of payment or health care operations. Your request must be honored by the medical provider. You should notify the provider of your desire to limit such information before the service is received since pre-authorization from the Plan might require the provider to share information with the Plan before the actual service is provided. We cannot prevent such information from being provided before a procedure if the provider has not received such instructions from you at that time.
- **Right to request confidential communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular address or email account. We will comply with all reasonable requests sent in writing to the Privacy Officer identified in this notice. We will not ask you why you have requested that your communications be delivered in a specific way or to a specific location.
- **Right to get a paper copy of this notice.** You have a right to get a paper copy of this notice even if you have already agreed to receive it electronically. You may obtain a paper copy by contacting the Privacy Officer identified in this notice.
- **Underwriting decisions.** You have the right to know the reasons for an unfavorable underwriting decision. Previous underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts. Your genetic information cannot be used for underwriting purposes or other purposes expressly prohibited by law.

- **Right not to be subjected to pretext interviews.** You have the right with very limited exceptions not to be subjected to pretext interviews. This Plan does not engage in pretext interviews.
- **Right to file a complaint.** You have the right to file a complaint regarding the use or disclosure of your protected health information. If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Officer identified in this Notice. You may also file a complaint with the Office of Civil Rights at the following address:

Office of Civil Rights, Region IV  
U.S. Department of Health & Human Services  
Sam Nunn Atlanta Federal Center  
Suite 16T70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909

The form of the Complaint to submit to the Office of Civil Rights can be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf).

You may not be retaliated against for filing a complaint.

### **CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

The Plan reserves the right to amend its privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required to comply with this notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted at the Plan Office and you have a right to receive a copy of the most current policy upon request from the Privacy Officer. Revisions to our Notice of Privacy Practices may also be posted on the Plan's website.

Please note that we do not destroy personal information about you when you terminate coverage with the Plan. It may be necessary to use and disclose this information for the purposes described in this Notice even after your coverage terminates; however, policies and procedures will remain in place to protect against inappropriate use or disclosure.

**IF YOU HAVE ANY QUESTIONS, WANT TO MAKE A REQUEST, OR WANT TO FILE A COMPLAINT,** please contact our Privacy Officer, Beckie Griffith at 282 Commerce Park Drive, Ridgeland, MS 39157, (601) 707-2471 or [bgriffith@mhcisc.org](mailto:bgriffith@mhcisc.org).

**NOTICE OF NON-DISCRIMINATION  
SECTION 1557 OF THE AFFORDABLE CARE ACT**

**Discrimination is Against the Law**

**MISSISSIPPI HEALTH CARE ASSOCIATION EMPLOYEE BENEFIT PLAN** (the “Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (as described at 45 CFR § 92.101(a)(2)). This Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Plan’s Civil Rights Coordinator, Amelia Roberts.

If you believe that the Plan 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: Amelia Roberts, 282 Commerce Park Drive, Ridgeland, Mississippi 39157, PH: (601)707-2471 or (888)927-9227, FAX: (601)707-2482, Email: [aroberts@mhcisc.org](mailto:aroberts@mhcisc.org). If you need help filing a grievance, Amelia Roberts 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 Independent 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 is available at the Plan’s website: [www.mhcisc.org/group-health-ebp](http://www.mhcisc.org/group-health-ebp).

**NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES  
AND AUXILIARY AIDS AND SERVICES**

**ATTENTION:** If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-601-707-2471 (TTY: 1-888-927-9227) or speak to your provider.

**Español**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-601-707-2471 (TTY: 1-888-927-9227) o hable con su proveedor.

**Việt**

**LƯU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-601-707-2471 (Người khuyết tật: 1-888-927-9227) hoặc trao đổi với người cung cấp dịch vụ của bạn.”

**中文**

**注意：**如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-601-707-2471 (文本电话:1-888-927-9227) 或咨询您的服务提供商。”

**Français**

**ATTENTION :** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-601-707-2471 (TTY : 1-888-927-9227) ou parlez à votre fournisseur. »

**العربية**

كما تتوفر وسائل مساعدة وخدمات مناسبة إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: 1-601-707-2471 (TTY 1-888-927-9227) اتصل على الرقم لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا.

**Choctaw**

**ANOMPA PA PISAH:** [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-601-707-2471 (TTY 1-888-927-9227).

**Tagalog**

**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-601-707-2471 (TTY: 1-888-927-9227) o makipag-usap sa iyong provider.”

## Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-601-707-2471 (TTY: 1-888-927-9227) an oder sprechen Sie mit Ihrem Provider.“

## 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-601-707-2471(TTY: 1-888-927-9227)번으로 전화하거나 서비스 제공업체에 문의하십시오."

## ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્ટોલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-601-707-2471(TTY: 1-888-927-9227) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.”

## 日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-601-707-2471（TTY：1-888-927-9227）までお電話ください。または、ご利用の事業者にご相談ください。

## РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-601-707-2471 (TTY: 1-888-927-9227) или обратитесь к своему поставщику услуг.

## ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-601-707-2471 (TTY: 1-888-927-9227) ‘ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।”

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-601-707-2471 (tty: 1-888-927-9227) o parla con il tuo fornitore."

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-601-707-2471 (TTY: 1-888-927-9227) पर कॉल करें या अपने प्रदाता से बात करें।”

**IMPORTANT NOTICE REGARDING PLAN'S GRANDFATHERED STATUS**  
***(APPLIES TO COVERAGE OPTION A ONLY!)***

The Mississippi Health Care Association Employee Benefit Plan (Coverage Option A) is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (“PPACA”). As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in PPACA, for example, the elimination of lifetime and annual limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan at MHCAEBP, 282 Commerce Park Drive, Ridgeland, Mississippi 39157; Phone (601)707-2471 or (888)927-9227; Fax (601)707-2482. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. **Note: Coverage Option B is not grandfathered under the Affordable Care Act.**