

Privacy Notice Statement

Health Advantage respects your right to privacy. You can visit this website without sharing information about yourself or revealing any information about who you are. Health Advantage will not collect or retain any information about you personally, such as your address, Social Security number, telephone number or medical information, unless you choose to provide it to us.

This statement describes our practices in connection with Personally Identifiable Information (“PII”) that we may collect from you. The Centers for Medicare & Medicaid Services (“CMS”), requires that prior to collecting PII, we must provide a Privacy Notice Statement that is prominently and conspicuously displayed on a public-facing website. PII is information that can be used to distinguish or trace an individual’s identity, alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. Examples of PII include name, address, email, date of birth, Social Security Number, etc.

Legal Authority to Collect PII

Section 1312(e) of the Affordable Care Act (“ACA”) provides that the Secretary of the U.S. Department of Health and Human Services shall establish procedures under which Agents or Brokers may participate in an Exchange. 45 CFR 155.220 provides that Agents and Brokers may enroll individuals in a Qualified Health Plan (“QHP”) as soon as the QHP is offered through an Exchange in the State; and may also assist individuals in applying for enrollment in a QHP through the Exchange, Advance Payments of the Premium Tax Credits (“APTCs”) and/or Cost-Sharing Reductions (“CSRs”), to the extent that Agents and Brokers are permitted to do so by the State in which they operate.

45 CFR 155.220(d) requires all Agents or Brokers enrolling Qualified Individuals in QHPs in a manner that constitutes enrollment through the Exchange, or assisting Qualified Individuals in applying for QHPs, APTCs and CSRs, to comply with the terms of an agreement (Footnote the full name of agreement and web address where it can be located) between the Agent or Broker and the Exchange.

Pursuant to section 155.220(d) and subject to State law, this Agreement establishes the standards and requirements for Agents and Brokers to:

- (a) assist Consumers, Applicants, Qualified Individuals, and Enrollees in applying for eligibility for QHPs, APTCs, and/or CSRs; and
- (b) enroll Qualified Individuals in a QHP through the individual market FFE in a manner that constitutes enrollment through an Exchange.

Purpose of the Information Collection

With your consent Health Advantage may gather PII on you and or your family in order to determine eligibility and suitability of insurance products and to quote insurance products to you.

To whom PII Might be Disclosed and for What Purposes

PII might be disclosed to the US Federal Government through healthcare.gov, and discussions with staff within the Department of Health and Human Services; the Arkansas Insurance Department, Arkansas Department of Human services, and Arkansas Health Insurance Marketplace; insurance companies through insurance company web site quote engines, and discussions with Insurance broker support personnel; insurance marketing organization through insurance marketing organization web site quote engines, and discussions with insurance marketing organization broker support personnel. The purpose of disclosure is to quote insurance products, determine suitability of insurance products and determine eligibility for insurance products for you and or your family.

Authorized Uses and Disclosure of any Collected Information

A. Individual Health Insurance

1. Assisting with applications for (QHP) eligibility
2. Supporting QHP selection and enrollment by assisting with plan selection and plan comparisons
3. Assisting with applications for the receipt of advance payment of the premium tax credit (APTC) or cost-sharing reduction (CSR), and selecting an APTC amount
4. Facilitating the collection of standardized attestations acknowledging the receipt of the APTC or CSR determination, if applicable
5. Assisting with the application for and determination of certificates of exemption
6. Assisting with filing appeals of eligibility determinations in connection with the Federally-facilitated Marketplaces
7. Transmitting information about the consumer's decisions regarding QHP enrollment and/or CSR and APTC information to the Federally-facilitated Marketplaces
8. Facilitating payment of the initial premium amount to the appropriate QHP
9. Facilitating an enrollee's ability to disenroll from a QHP
10. Educating consumers, applicants, or enrollees on insurance affordability programs, and if applicable, informing such individuals of eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
11. Assisting an enrollee's ability to report changes in eligibility status to the Federally-facilitated Marketplaces throughout the plan year, including changes that may impact eligibility (e.g., adding a dependent)
12. Correcting errors in the application for QHP enrollment
13. Informing or reminding enrollees when QHP coverage should be renewed, when enrollees may no longer be eligible to maintain their current QHP coverage because of age, or to inform enrollees of coverage QHP options at renewal



14. Providing appropriate information, materials, and programs to inform and educate consumers about the use and management of their health information and services and options offered through the selected QHP and among the available QHP options
15. Contacting consumers to assess their satisfaction or resolve complaints with services provided by the agent or broker in connection with the Federally-facilitated Marketplaces or QHPs
16. Providing assistance i n communicating with QHP Issuers
17. Carrying out the agent's or broker's legal responsibilities related to QHP issuer functions in the Federally-facilitated Marketplaces, as permitted or required by the agent's or broker's contractual relationships with QHP issuers
18. Other functions substantially similar to those enumerated above and such other functions that may be approved in writing by CMS

B. Small Group Health Insurance

1. Assisting with application, eligibility, and enrollment processes for QHPs offered through the Federally Facilitated Small Business Health Options Program (FF-SHOP)
2. Supporting FF-SHOP QHP selection and enrollment by assisting with plan comparisons and plan selection
3. Facilitating employer premium contribution amount selections through the FF-SHOP
4. Facilitating payment of the i nitial and subsequent group premium amount for FF-SHOP coverage
5. Facilitating employee and dependent enrollment and disenrollment in QHPs offered through the FF-SHOP
6. Handling FF-SHOP coverage changes throughout the plan year that may impact eligibility, including adding a new hire, removing an employee no longer employed at a company, removing an employee no longer employed full-time, and adding a child or spouse during a special enrollment period
7. Assisting with filing appeals of FF-SHOP eligibility determinations
8. Providing customer service activities related to FF-SHOP coverage i f permitted under state and federal law, including correction of errors on FF-SHOP applications and policies, handling complaints and appeals regarding FF-SHOP coverage, responding to questions about FF-SHOP insurance policies, assisting in communicating with FF-SHOP issuers, assisting with communicating with state regulatory authorities regarding FF-SHOP issues, and assistance i n communicating with CMS and FF-SHOP Workforces
9. Conducting quality assurance activities, including assessment of consumer satisfaction related to the agent's or broker's assistance with FF-SHOP coverage
10. Providing information, materials, and programs to educate consumers about the use and maintenance of their FF-SHOP health insurance coverage and policies



11. Carrying out the agent's or broker's legal responsibilities related to QHP issuer functions in the Federally-facilitated Marketplaces, as permitted or required by the agent's or broker's contractual relationships with QHP issuers
12. Other functions substantially similar to those enumerated above and such other functions that may be approved in writing by CMS

PII – Is Your Disclosure Voluntary or Mandatory Under the Applicable Law

Disclosure of your PII is voluntary. You are under no obligation to provide this information.

PII – The Effects of Nondisclosure

While you are under no obligation to disclose your PII, nondisclosure of PII to us will hinder our ability to determine the suitability of insurance products and your eligibility for insurance products, and to quote insurance products.

Your Rights

You have a right to know what PII we have collected, maintained, and stored about you and or your family. We have thirty (30) days from your written notification to provide you with the PII you requested.

You have the right to an opportunity to request amendment, correction, substitution, or deletion of PII maintained and or stored by us if you believe that the PII is not accurate, timely, complete, relevant, or necessary to accomplish a function listed above, except where the information in question originated from other sources, in which case you should contact the originating source. Such requests must be granted or denied within no more than ten (10) working days of receipt, and if applicable, the PII should be corrected, amended, substituted, or deleted in accordance with applicable law.

Secretary of the U.S. Department of Health and Human Services

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Washington, D.C. 20201

Call (202) 619- 0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights,

<https://www.hhs.gov/ocr/complaints/index.html>.

