Customer Care 100 N. Academy Ave. Danville, PA 17822-3240 GeisingerHealthPlan.com



«First\_Name» «Last\_Name»
«Address\_Line\_1»
«Address\_Line\_2»
«Address\_City», «Address\_State» «Address\_Zip»

<<Today's Date>>

#### RE: Important notification regarding your Protected Health Information (PHI)

#### Dear «First Name»:

We are writing to notify you of a security incident involving a Geisinger Health Plan (GHP) vendor (Magellan) and your Protected Health Information (PHI). From July 1, 2016 until December 31, 2019, Magellan Health Inc. ("Magellan") was GHP's vendor to manage behavioral health benefits. We are writing to let you know how this incident may have affected your information and, as a precaution, to provide steps you can take to help protect your information. Geisinger takes the privacy and security of your health information very seriously and we sincerely regret any concern this incident may cause you.

#### What happened

On April 12, 2020, Magellan discovered it was targeted by a ransomware attack. The unauthorized actor gained access to Magellan's systems after sending a phishing email on April 6, 2020 that impersonated a Magellan client. Once the incident was discovered, Magellan immediately hired a leading cybersecurity forensics firm, Mandiant, to help conduct a thorough investigation of the incident. The investigation revealed that this incident may have affected your personal information. At this point, we are not aware of any fraud or misuse of any of your personal information as a result of this incident, but we are notifying you out of an abundance of caution.

#### What information was involved

The personal information accessed by the unauthorized actor included one or more of the following: health insurance account information, payments regarding provision of healthcare, treatment information, date of treatment, date of birth, name, address, phone number and email address.

#### What was done in response to the incident

Magellan immediately reported the incident to, and is working closely with, the appropriate law enforcement authorities, including the FBI. Additionally, to help prevent a similar type of incident from occurring in the future, they implemented additional security protocols designed to further protect their network, email environment, systems, and personal information.

In addition, Geisinger Health Plan will be managing all behavioral health services directly for health plan members in the future in order to prevent similar incidents.

#### What you can do to protect yourself

We recommend you carefully review your medical bills and explanation of benefits statements for any unknown or unexpected charges. Additionally, out of an abundance of caution, we are offering you a complimentary two-year membership with Experian. This service helps detect Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

possible misuse of your personal information and provides identity protection focused on immediate identification and resolution of identity theft. We are providing this two-year extra protection service to you completely free of charge and enrolling in the program will not hurt your credit score. Please refer to the additional information enclosed with this letter for instructions on how to activate your complimentary two-year membership. You have until September 8, 2020 to enroll.

#### For More Information

Should you have any questions or concerns, please reference privacy case number 4318 and contact GHP Customer Care at 800-269-5947. Hours of operation include Monday through Friday from 7:00 AM until 7:00 PM and Saturday from 8:00 AM to 2:00 PM.

If you still believe that your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201; via phone at 877-696-6775; or on the Department's website at hhs.gov/ocr/privacy/hipaa/complaints.

Sincerely,

Kurt Wrobel

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Interim CEO, Geisinger Health Plan

#### Information About Identity Theft Protection Guide

Contact information for the three nationwide credit reporting companies is as follows:

Equifax	Experian	TransUnion
Phone: 800-685-1111 P.O. Box 740256 Atlanta, Georgia 30348 Equifax.com	Phone: 888-397-3742 P.O. Box 9554 Allen, Texas 75013 Experian.com	Phone: 888-909-8872 P.O. Box 105281 Atlanta, GA 30348-5281 Transunion.com

Free Credit Report. We remind you to be vigilant for incidents of fraud or identity theft by reviewing your account statements and free credit reports for any unauthorized activity. You may obtain a copy of your credit report, free of charge, once every 12 months from each of the three nationwide credit reporting companies. To order your annual free credit report, please visit www.annualcreditreport.com or call toll free at 877-322-8228. You can also order your annual free credit report by mailing a completed Annual Credit Report Request Form (available from the U.S. Federal Trade Commission's ("FTC") website at www.consumer.ftc.gov) to: Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348-5281.

For Colorado, Georgia, Maine, Maryland, Massachusetts, New Jersey, Puerto Rico, and Vermont residents:

You may obtain one or more (depending on the state) additional copies of your credit report, free of charge. You must contact each of the credit reporting agencies directly to obtain such additional report(s).

**Security Freeze**. Security freezes, also known as credit freezes, restrict access to your credit file, making it harder for identity thieves to open new accounts in your name. You can freeze and unfreeze your credit file for free. You also can get a free freeze for your children who are under 16. And if you are someone's guardian, conservator or have a valid power of attorney, you can get a free freeze for that person, too.

How will these freezes work? Contact all three of the nationwide credit reporting agencies — Equifax, Experian, and TransUnion. If you request a freeze online or by phone, the agency must place the freeze within one business day. If you request a lift of the freeze, the agency must lift it within one hour. If you make your request by mail, the agency must place or lift the freeze within three business days after it gets your request. You also can lift the freeze temporarily without a fee.

Don't confuse freezes with locks. They work in a similar way, but locks may have monthly fees. If you want a free freeze guaranteed by federal law, then opt for a freeze, not a lock.

The following information must be included when requesting a security freeze (note that if you are requesting a credit report for your spouse, this information must be provided for him/her as well): (1) full name, with middle initial and any suffixes; (2) Social Security number; (3) date of birth; (4) current address and any previous addresses for the past five years; and (5) any applicable incident report or complaint with a law enforcement agency or the Registry of Motor Vehicles. The request must also include a copy of a government-issued identification card and a copy of a recent utility bill or bank or insurance statement. It is essential that each copy be legible, display your name and current mailing address, and the date of issue.

**Fraud Alerts.** A fraud alert tells businesses that check your credit that they should check with you before opening a new account. As of September 18, 2018, when you place a fraud alert, it will last one year, instead of 90 days. Fraud alerts will still be free and identity theft victims can still get an extended fraud alert for seven years.

Federal Trade Commission and State Attorneys General Offices. If you believe you are the victim of identity theft or have reason to believe your personal information has been misused, you should immediately contact the Federal Trade Commission and/or the Attorney General's office in your home state. You may also contact these agencies for information on how to prevent or avoid identity theft. You may contact the Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue, NW, Washington, DC 20580, www.ftc.gov/bcp/edu/microsites/idtheft/, 1-877-IDTHEFT (438-4338).

**For Maryland Residents:** You may contact the Maryland Office of the Attorney General, Consumer Protection Division, 200 St. Paul Place, Baltimore, MD 21202, www.oag.state.md.us, 1-888-743-0023.

**For North Carolina residents:** You may contact the North Carolina Office of the Attorney General, Consumer Protection Division, 9001 Mail Service Center, Raleigh, NC 27699-9001, www.ncdoj.gov, 1-877-566-7226.

#### Reporting of identity theft and obtaining a police report.

You have the right to obtain any police report filed in the United States in regard to this incident. If you are the victim of fraud or identity theft, you also have the right to file a police report.

For Massachusetts residents: You have the right to obtain a police report if you are a victim of identity theft. You also have a right to file a police report and obtain a copy of it.

To help protect your identity, we are offering a **complimentary** two-year membership of Experian IdentityWorks<sup>SM</sup> Credit 3B. This product helps detect possible misuse of your personal information and provides you with superior identity protection support focused on immediate identification and resolution of identity theft.

### Activate IdentityWorks Credit 3B Now in Three Easy Steps

- 1. ENROLL by: 9.8.2020 (Your code will not work after this date.)
- 2. VISIT the Experian IdentityWorks website to enroll: https://www.experianidworks.com/3bcredit
- PROVIDE the Activation Code: «Activation\_Code»

If you have questions about the product, need assistance with identity restoration or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian's customer care team at 877-288-8057. Be prepared to provide engagement number **DB20556** as proof of eligibility for the identity restoration services by Experian.

# ADDITIONAL DETAILS REGARDING YOUR 24-MONTH EXPERIAN IDENTITYWORKS CREDIT 3B MEMBERSHIP:

A credit card is **not** required for enrollment in Experian IdentityWorks Credit 3B.

You can contact Experian **immediately without needing to enroll in the product** regarding any fraud issues. Identity Restoration specialists are available to help you address credit and non-credit related fraud.

Once you enroll in Experian IdentityWorks, you will have access to the following additional features:

- Experian credit report at signup: See what information is associated with your credit file. Daily credit reports are available for online members only.\*
- Credit Monitoring: Actively monitors Experian, Equifax and Transunion files for indicators of fraud.
- Experian IdentityWorks ExtendCARE™: You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- \$1 Million Identity Theft Insurance\*\*: Provides coverage for certain costs and unauthorized electronic fund transfers.

Activate your membership today at https://www.experianidworks.com/3bcredit or call 877-288-8057 to register with the activation code above.

What you can do to protect your information: There are additional actions you can consider taking to reduce the chances of identity theft or fraud on your account(s). Please refer to www.ExperianIDWorks.com/restoration for this information. If you have any questions about IdentityWorks, need help understanding something on your credit report or suspect that an item on your credit report may be fraudulent, please contact Experian's customer care team at 877-288-8057.

<sup>\*</sup> Offline members will be eligible to call for additional reports quarterly after enrolling.

<sup>\*\*</sup> Identity theft insurance is underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. (AIG). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

## Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters

Written information in other formats (large print, audio, accessible electronic formats, other formats)

Geisinger Health Plan 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 Geisinger Health Plan at 800-447-4000.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator Geisinger Health Plan Appeals Department 100 North Academy Avenue Danville, PA 17822-3220 Phone: (866) 577-7733 PA Relay 711

Phone: (866) 577-7733, PA Relay 711

Fax: (570) 271-7225, or

Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity Room 223, Health and Welfare Building, P.O. Box 2675 Harrisburg, PA 17105-2675 Phone: (717) 787-1127, PA Relay 711

Fax: (717) 772-4366, or Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are 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, DC 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

# ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).

注意:如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-447-4000 (PA RELAY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1- 807-447-4000 (رقم هاتف الصم والبكم: 711: PA RELAY).

ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 800-447-4000 (PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711), 번으로 전화해 주십시오.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិកឈ្នល់ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ် ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃথরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711)