1 Cameron Hill Circle Chattanooga, TN 37402 bcbst.com

<Date>

<First Name> <Last Name> <Address 1> <Address 2> <City>, <State> <Zip>

Dear <First Name>,

We're serious about protecting your personal information. And we want to be open with you when there's a problem. That's why we're reaching out to let you know about a security incident that may result in a privacy risk to you. On November 9, 2020, our vendor, EyeMed, let us know it experienced a cyberattack that affected your information. EyeMed provides vision care for our members, and that's why they had your information.

#### What information was involved?

Someone could have found one or more of these facts about you:

- Name
- Date of birth
- Physical address
- Phone number
- Social security number
- Health plan information
- Member ID
- Treatment information

# What happened?

On July 1, 2020, EyeMed found out someone illegally accessed one of its email mailboxes and used it to send phishing emails to email addresses in the mailbox's address book. After discovering this incident, EyeMed hired a cybersecurity firm to investigate. The investigation showed someone may have accessed or gotten some of your personal information. At this point, we're not aware of any fraud or misuse of any of your personal information as a result of this incident, but we still want to make sure you know about it.

### What we're doing about it

We'll let you know if we learn something more that affects you or your information. EyeMed has already added new security measures, like stronger password requirements and additional training, to better protect the information it has.

To help protect you even more, EyeMed is offering you Kroll identity monitoring services at no cost for two years. Kroll is experienced in helping people whose information has been involved in a data breach or other cybersecurity incident. Your identity monitoring services include credit monitoring, fraud consultation and identity theft restoration.

Visit https://enroll.idheadquarters.com to activate and take advantage of your identity monitoring services. You have until March 1, 2021, to do so. Your EyeMed Member code is <Member Code>.

We've included more details about identity monitoring with this letter.

# Other tips to help you protect your information

The Federal Trade Commission's website, consumer.ftc.gov, lists steps you can take to help protect your information and your privacy. You may also contact the credit reporting companies listed below to order your free annual credit reports, place a 90-day fraud alert on your credit file or place a security freeze on your credit file:

Equifax: 1-800-525-6285
 Experian: 1-888-397-3742
 TransUnion: 1-800-680-7289

We're here to help. If you have any questions about this letter, please call us at **1-888-455-3824** between 8:30 a.m. and 4:30 p.m. ET, Monday through Friday, or email us at Privacy Office@BCBST.com.

Best of Health,

Sharon Saville Privacy Analyst BlueCross BlueShield of Tennessee Privacy Office BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formals.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 of 711).

0298 or 711).

If you believe that BlueCross 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 ('Nondiscrimination Grievance'). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member 1D card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; do Manager, Operations, Member Benefits Administration; I Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination\_OfficeM@bcbst.com (email).

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 Portat, 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 (TOD). Complaint forms are available at http://www.hbs.gov/oc/fice/fielf-fields/suff. http://www.hhs.gov/ocr/office/file/index.ht

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística SI usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o at 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوطة إقا كلت تقحت الكر اللغة، فإن حصات المساعدة اللغوية لتوافر الله بالأمجان. إذا كانت عضواً، فانسل لرفع خدمة الأعساء المموجود على ظهر بعلائة عربة المعشو أر بتارتم 140-565-560 (البيانف النمسي: 848-0298-11.

. · 董:如果您使用繁體中文,您可以免賣獲得需言提助服務。 若您是會員,請撥打會員 ID 卡背面的會員服務部號碼或 I-800-565-9140 ( 聽降專線 (TTY): 1-800-848-0298 )。

CHỦ Ý: Nếu ban nói Tiếng Việt, có các dịch vụ hỗ trơ ngôn ngữ miễn phi dành cho bạn. Nếu quý vị tà hội viên, hãy gọi đến số Dịch vụ Hội viên ở mài sau thẻ 10 Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION: Si yous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si yous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS: 1-800-848-0298).

ໃປດຊະບະ ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍຣິການຊ່ວຍເຫຼືອດູ້ ານພາສາ, ໂດຍບໍ່ເສິງຄ່າ, ແມ່ນມີພ້ອນໃຕ້ທ່ານ. ຖ້າທ່ານເປັນລະມາຊິກ, ໃຫ້ໃຫຫາເປີຂອງບ່າຍບໍລິການລະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງຕັດ 10 ລະມາຊິກຂອງທ່ານ ຫຼື 1:800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ፣ የሚናዘት ዩንዴ አግርኛ ከሆነ የትርንም ክርዳታ ድርጅቶች፣ በነጻ ሊያጣዎት ተከሃጅተዋል። አባል ከሆኑ፣ በአባልነት ማታወደያዎ ድርባ ላይ በሚያነው የአባላት አባልነትት ቀተር ወይም በ 1-800-565-9140 (ማትሃት ስተሳናቸውን TTY: 1-800-848-0298) ይደወሰ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુરતા: જો તમે ગુજરાતી બોલતા હો, તો નિલ્લુક ભાષા સહાથ કેવાઓ તમારા માટે ઉપલગ્ધ છે. જો તમે તૃજ્ય છો, તો તમાગ સભ્ય આઇડી પ્રદેશી પાઇળના સભ્ય સર્વીત નેબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર શંત્ર કર્યો.

注意事項:日本語を話される場合、無料の宮語支援をご利用いただけます。 会員のお客様は、会員(nカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalila ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng lulong sa wika nang

Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-948-0298).

त्यात दें: यदि आप हिंदी बोर्सन हैं तो आपके निम्मुस्त में भाषा महायदा मेशाएं उपराट्य हैं। अगर आफ बतस्य हैं तो अपने सदस्य आईटी कार्ड के पीछ दिग गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर मदस्य मेवा नंबर पर फोत करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указаиному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-585-9140 (TTY: 1-800-848-0298).

ئوجة اگر به زبان فارسی گذاگر می کنید نسپیلات زبانی بصورت رایگان نیران شما فراهم می باشد. مرصور نیکه عصر هستید با ندماره خدمات اعتما در بینت کارث نشامالی عصر خرد یا 1400-850-0580 (2088-848-0088) (TTY:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon mann, rele nimewo Sèvis Manm ki sou do kat IO Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA; Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-648-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Dií baa akó ninizin: Dií saad bee yánilti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí

ná hóló. Naaltsoos bee ná ha'dit'eego, Naaltsoos Bá, Hada'dit'éhígií ninaaltsoos nitl'ízi bee nééhozinígií bina'déé' Naaltsoos Bá Hada'dit'éhígií Bee Áka'anida'awo'i bibéésh bee hane'i biká'ígií bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóógo o TTY: 1-800-848-0298) bee hodílnih.



September 28, 2020

Thora A. Johnson
T 410,244,7747
F 410,244,7742
TAJohnson@Venable,com

### **VIA ONLINE FORM**

Office of Consumer Affairs and Business Regulation Attn: Undersecretary Edward A. Palleschi 501 Boylston Street, Suite 5100 Boston, MA 02116

Re: EyeMed Security Incident

To Whom It May Concern:

We are writing on behalf of our client, EyeMed Vision Care LLC ("EyeMed"), to notify you of a security incident currently known to involve residents of Massachusetts. EyeMed's address is 4000 Luxottica Place, Mason, OH 45040. The security incident affected individuals who currently or formerly received vision benefits from their employer. EyeMed manages vision benefits on behalf of covered entities subject to the Health Insurance Portability and Accountability Act ("HIPAA").

On July 1, 2020, EyeMed discovered that an unauthorized individual gained access to an EyeMed email mailbox and sent phishing emails to email addresses contained in the mailbox's address book. On the same day, EyeMed took immediate action to block the unauthorized individual's access to the mailbox and secured the mailbox. EyeMed immediately launched an investigation into the incident and engaged a cybersecurity firm to assist in its efforts. It was determined that the unauthorized individual first gained access to the mailbox on June 24, 2020, and that access terminated on July 1, 2020.

Following a detailed analysis and review of all compromised emails and files, EyeMed determined that personal information that may have been accessed could include the following types of information: full name, address, date of birth, phone number, email address, and vision insurance account/identification number. For a relatively small subset of individuals, partial or full social security numbers were implicated, and in a few cases, medical diagnoses and conditions, and treatment information were implicated. While the review of the information is complete with respect to one covered entity, the assessment of the remaining information in the mailbox is ongoing with respect to other HIPAA covered entities.

EyeMed has taken immediate steps to enhance the protections in place before the incident. In addition to the investigation, EyeMed made changes to how authorized individuals access the

# VENABLE

September 28, 2020 Page 2

EyeMed network and required immediate complex password changes to all employee accounts. EyeMed is also reinforcing and providing additional mandatory security awareness training.

Beginning on September 28, 2020, EyeMed will mail notification letters via United States Postal Service First Class mail to affected individuals. We will provide these individuals with 2 years of complimentary identity monitoring services, including credit monitoring, fraud consultation, identity theft restoration, and SSN Trace for minors.

The information submitted herein is proprietary and confidential and should be afforded confidential treatment. If you have any questions, please contact me at (410) 244-7747 or TAJohnson@Venable.com.

Sincerely,

/s/
Thora A. Johnson

From: Data Breaches <noreply+63308160d0553ecb@formstack.com>

Sent: Monday, September 28, 2020 3:30 PM

To: Johnson, Thora A. < TAJohnson@Venable.com>

Subject: Security Breach Notifications

Caution: Externat Email

Thank you for using the Security Breach Online Notifications Form. The following information has been submitted

Submission Time: Sep 28, 2020 3:30 PM

Section 1: Organization and Contact Information

**Business Name:** EyeMed Vision Care LLC

**Business Address:** 

Company Type: Commercial

Your Name: Thora Johnson

Last Name: Johnson

Title: Partner, Venable LLP

Contact Address: 750 E. Pratt Street

Suite 900

Baltimore, MD 21202

Telephone Number: (410) 244-7747

.

Email Address: TAJohnson@Venable.com

Relationship to Org: Other

Section 2 Breach Information

**Breach Type:** Electronic

Date Data Breach Was Discovered: 07/01/2020

Number of Massachusetts Residents Affected:



Person in custody of personal information when breach occurred. If multiple persons were in custody of personal information, select the relationship of the primary person: Unknown

Please give a detailed explanation of how personal information was protected at the time of the breach, and state the means used (for example, locks/encryption methods): Please see attached letter.

Please select the types of personal information that was included in the data breach: Social Security numbers = Selection(s)

Please check all of the boxes that apply to your breach: The breach was a result of a malicious/criminal act. = Selection(s)

**Section 3 Security Environment** 

For breaches involving paper: A lock or security mechanism was used to physically protect the data: N/A

Date of last review of written security program:

Physical access to systems containing personal information was restricted to authorized personnel only: N/A

Network configuration of breached system: Internet Access Available

**Section 4 Remediation** 

The company has notified all Massachusetts residents affected by the breach: Yes

Method(s) used to notify Massachusetts residents affected by the breach (check all that apply): Option2 | US Mail

Please explain your answer of other above:

Date notices were first sent to Massachusetts residents: 09/28/2020

Your company offered complimentary credit monitoring services to Massachusetts residents affected by the

breach: Yes

Law enforcement has been notified of this data breach: No

Please describe how your company responded to the breach. Include what changes were made or may be made to prevent another similar breach from occurring: EyeMed immediately launched an investigation into the incident and engaged a cybersecurity firm to assist in its efforts. In addition to the investigation, EyeMed has taken immediate steps to enhance the protections already in place before the incident. EyeMed made changes to how authorized individuals access the EyeMed network and required immediate complex password changes to all employee accounts. EyeMed is also reinforcing and providing additional mandatory security awareness training. EyeMed also significantly shortened the data retention period for this mailbox. EyeMed is also launching an updated security risk assessment.

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https://s3.amazonaws.com/files.formstack.com/uploads/3269138/71421777/668246281/71421777 eyemed regulator notice letter ma office of consumer affairs.pdf

### Attached file 2:

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Attached file 3:

Attached file 4:



# Coronavirus Updates and Information

Get notified by text, email, or phone in your preferred language. Sign-up for COVID-19 alerts. Nov. 29th, 2020, 5:00 pm Read more

For the latest information on COVID-19 Cases, Travel, & Reopening. Nov. 30th, 2020, 5:00 pm Read more

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📤 State Organizations

Log In to...



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SEARCH Q

PART OF Identity Theft, Data Privacy and Cyber Security

OFFERED BY Office of Consumer Affairs and Business Regulation

# Data Breach Notification Submission

MGL Chapter 93H requires that data breaches be reported to the Office of Consumer Affairs and Business Regulation

Instructions: Please complete the form below to submit a data breach notification to the Office of Consumer Affairs and Business Regulation. Keep a copy of this submission for your own records. Please note a separate notification or follow-up to a previous notification must be sent to the Attorney General's Office.

Are you aware that Massachusetts General Laws Chapter 93H, the Data Breach Notification Law, has changed? Please read our Frequently Asked Questions regarding data breach notifications and the changes to M.G.L. Chapter 93H.

If you're mailing your submission, please send to: Office of Consumer Affairs and Business Regulation, 501 Boylston St., Suite 5100, Boston, MA 02116 Attention: Undersecretary Edward A. Palleschi

- Individual breaches affecting multiple debit/credit card holders of your organization can be reported on a monthly basis.
- · Please do not include any personally identifiable information for Massachusetts residents in any of the fields.
- · Please do not submit your notification more than once (send either by email or mail - not both).

# CONTACT

# Office of Consumer Affairs and Business Regulation

## Address

501 Boylston St, Suite 5100, Boston, MA 02116 Directions :

# Phone

#### Consumer hotline

:617) 973-8787 Open M-F 9:00am-4:30pm.

Section I: Organization & Contact Information

Business Name \*

# Is the business located in the United States?\* ∑e () No Business Address\* 4000 Luxettica Pl Addicas Line I a dishada Lade T Mason Cau Ohio Seare 45040 ZZP Code Reporting Company Type\* Commercial Reporting on behalf of another company? \* in les () No Your Name \* Thora First Name Johnson Zant Mone Title \* Partner, Venable LLP

Contact Address \*

750 E. Pratt Street

addivid Low I

EyeMed Vision Care LLC



# Section II: Breach Information

Is this a follow-up to a previous notification received by our office?\*

(a) Yes

(b) No

Breach start date \*

Jun v 24 v 2020 v 2020 v

Date Breach was Discovered \*

07 • 01 • 2020

Person responsible for data breach.*	
Unkneva	
Breach Type	
Electronic 😽	
Number of Massachusetts Residents Affected	
108478	
Please give a detailed explanation of how the data breach occur	rred.†
This response was previously provided in the report filed on September 28, 2021	
7681850	
Please select the type of personal information that was included	d in the busenhad does A
Selectionts	a a me wysened data.
Financial Account Number:	
Social Security number:	
Driver': License (	
CrediteDebu Card Number	
Cital Desire Cart Annual Cart	
Please check ALL of the boxes that apply to your breach. *	the text
	dection(z)
The personis) with possession of personal information had authorized access	
The breach way a result of a malicious/criminal act.	
The breach occurred while the data was being transported outside of your premises.	
sikink vi jedi primissi	

<u>(\_)</u>

The breach occurred at the location of a third party service

provider.

# Section III: Security Environment

For breaches involving paper: A lock or security mechanism was used to physically protect the data.*			
☐ Yes			
[] No			
Ø N/A			
Physical access to systems containing person authorized personnel only.*	al information was restricted to		
□ Yes			
∏ No			
Ø N·A			
Network configuration of breached system *			
Internet Access Available 💛			
For breaches involving electronic systems, co			
	Selection(a)		
Breached data was encrypted,	О		
The key to encrypted data was stolen.	a		
•			
Personal information stored on the breached system was password-protected and/or restricted by user permissions.	0		
N/A			
Does your business maintain a Written Information	mation Security Program (WISP)?*		
∑ Yes			
○ No			

# Section IV: Remediation

All Massachusetts residents affected by the breach have been notified of the breach.*
(□t Yes
⊠ No
Method(s) used to notify Massachusetts residents affected by the breach (check all that apply); *
⊕ E-mail
US Mail
(_) Online posting
☐ TV Radio publication
fij Other
Date notices were first sent to Massachusetts residents (MM DD YYYY)*
99 × 28 × 3626 ×
All Massachusetts residents affected by the breach have been offered complimentary credit monitoring services.*
Yes
□No
If the breach of security includes a Social Security number, Massachusetts law requires your credit monitoring comply with Section 3A of Chapter 93H.*
😰 I acknowledge our credit monitoring complies with section 3A of Chapter 93H
( ) Our breach did not include a Social Security number
Law enforcement has been notified of this data breach."
⊕ Yes
❷ No
Discussion for the first control of the first transfer to the first of

Please describe how your company responded to the breach. Include what changes were made or may be made to prevent another similar breach from occurring, including updating your WISP.\*

This response was previously provided in the report filed on September 28, 2020. Nonfication to affected Massachusetts residents is ongoing.

Any documents pertaining to the data breach <u>including the letter being sent to</u>

<u>Massachusetts residents</u> must be submitted in this form or sent via email to data.breaches@mass.gov

Do you have any documents that you wish to attach? NOTE: Up to 4 uploads are allowed.

Yes No "

() Yes

No

Note, Massachusetts General Laws Chapter 93H, the Data Breach Notification Law, has changed. Please read our Frequently Asked Questions regarding data breach notifications and the changes to M.G.L. Chapter 93H.

Please review the information you have entered and click on the "Submit Form" button below.

### SUBMIT FORM

Did you find what you were looking for on this webpage? \*

( )Yes

OM(

SEND FEEDBACK



Living

Site Policies

Working

**Public Records Requests** 

Learning











# visiting & Exploring

% 2020 Commonwealth of Massachusetts

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 $\{\mathcal{C}_{\mathrm{SCAL}}(p), p, e_{1}, e_{2}, f_{3}\}_{p}$ 

Mass.gov Privacy Policy

Your Government

V. 11.55 (1)