

**PACIFIC UNION COLLEGE**  
**Coverage Period July 1, 2009 – June 30, 2010**  
**UNDERSTANDING YOUR HEALTH CARE ASSISTANCE PLAN**

**WHO IS ELIGIBLE?**

You are eligible to participate in the Health Care Assistance Plan if you are currently employed on a full-time basis and have completed your benefits waiting period. Your spouse and dependent children may be covered by the Plan if they meet the eligibility requirements. However, no one can be covered at the same time both as an employee and dependent.

<b>PLAN BENEFITS</b>	
<b>DESIGNATED PROVIDER PROGRAM</b>	
<b>(July 1, 2009 – June 30, 2010)</b>	
Lifetime Maximum	\$5,000,000
<b>Deductible</b>	<b>\$350/individual, \$700/family per Plan year</b> <b>Only Office Visits exempt from Deductible</b>
<b>Cost Contribution</b>	<b>\$50.00/Employee, \$80.00/employee + one, \$110.00 employee + 2 or more</b>
Out-of-Pocket Maximum (OOP)	<ul style="list-style-type: none"> <li>• \$3,000/individual per Plan year</li> <li>• \$6,000/family per Plan year</li> <li>• Out-of-Pocket Maximum (OOP) applies to all medical claims except where noted in plan document</li> </ul>
Primary Care	<ul style="list-style-type: none"> <li>• Office visit \$25 co-pay, then Plan pays 100% only on office visit charge</li> </ul>
Specialist	<ul style="list-style-type: none"> <li>• Office visit \$40 co-pay, then Plan pays 100% only on office visit charge</li> </ul>
Please see footnote	<ul style="list-style-type: none"> <li>• Office visits do not apply to the plan year deductible</li> <li>• Office visit co-pay not included in the OOP</li> <li>• All other charges on the same bill are paid at 80%, including labs, x-rays, in-office procedures</li> </ul>

**\*\* If physician is not covered by the St. Helena physician base, go to [www.bluecrossca.com](http://www.bluecrossca.com) to find a physician with whom Blue Cross of California already has an agreement.**


**Follow the prompts:**

1. Click on **Find a Doctor or Hospital (Provider Finder)**
2. Click on **Large Group**
3. Click on **Prudent Buyer (PPO/EPO)**
4. Then follow the prompts to search by Zip, Provider Name or Speciality

# Applies to the plan year deductible

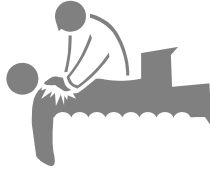
**Out of Network Healthcare Costs**

1. Please note these costs are **reimbursed at 50% only.**
2. **Out of network medical does not apply towards Out-of-Pocket Maximum**

<b>PLAN BENEFITS</b>	
<b>DESIGNATED PROVIDER PROGRAM</b>	
<b>(July 1, 2009 – June 30, 2010)</b>	
Outpatient Services	<ul style="list-style-type: none"> <li>• Paid at 80% of Provider's charges # Services must be received at St. Helena Hospital, unless St. Helena Hospital is unable to provide the service. **</li> </ul>
Inpatient/Outpatient Hospital stays; Office/Ambulatory Surgical Procedures	<ul style="list-style-type: none"> <li>• Paid at 80% of Provider's charges # Services must be received at St. Helena Hospital. Unless St. Helena Hospital is unable to provide the service. **</li> </ul>
Emergency/Urgent Care  Urgent Care Centers	<ul style="list-style-type: none"> <li>• Paid at 80% of Provider's charges:</li> <li>• - Level 1 ER services \$105/visit (includes room and ER Physician fee).</li> <li>• - Level 2 ER services \$165/visit (includes room and ER Physician fee).</li> <li>• - Levels 1 and 2 exclude lab and x-ray services. These are reimbursed at 33% of billed charges.</li> <li>• - Level 3 and up 33% of charges.</li> <li>• Services must be received at St. Helena Hospital, unless St. Helena Hospital is unable to provide the service. **</li> <li>• <b>Plus \$50 deductible per Hospital Emergency Room visit.</b></li> <li>• <b>The plan year deductible does not apply to emergency room charges.</b></li> </ul>
	
Ambulance	<ul style="list-style-type: none"> <li>• Paid at 80% of Provider's charges.</li> </ul>

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<p><b>Preventive Health Examinations for your Wellness needs provided by Health Services \$\$\$</b></p> <p><b>Non-screening procedures covered under the standard Health Plan. See Human Resources regarding refund of contributions bi-yearly for wellness participation. Maximums will apply.</b></p> <p><b>See Wellness Plan Document for full details.</b></p>	<p>1. Annual Physicals: Physician co-pay reimbursed at 100% (limit 1 per plan year). Physician ordered lab tests 80% coverage only.</p> <p>2. Flu Shot at 100% (must be taken at Health Services)</p> <p>3. Well Woman Screening Exams at 100%. Pathology fees paid at 80%.</p> <p>4. Mammograms age 40+ at 100%, radiology reading at 80%.</p> <p>5. PSA test age 40+ paid at 100% when provided at Health Services.</p> <p>6. Colonoscopy Screening age 50+ payable by Delta: 20% co pay reimbursable through HR.</p> <p>7. Wellness Program mandatory screening tests (PUC Wellness Program)</p> <ul style="list-style-type: none"> <li>- blood draw</li> <li>- personal wellness profile</li> <li>- body fat test/ BP/ Ht &amp; Wt</li> </ul>
<p><b>Therapeutic Services</b></p> <p>Physical Therapy <i>(Prior Authorization Required)</i></p> <p>Occupational Therapy <i>(Prior Authorization Required)</i></p> <p>Speech Therapy <i>(Prior Authorization Required)</i></p>	<ul style="list-style-type: none"> <li>• Services paid at 80%#</li> <li>• 30 visits per Plan year for each category of therapy.</li> </ul> <p><i>Appropriate billing codes (CPT) must be included for each charge.</i></p> <p><i>No prescription required for service.</i></p>
<p><b>Massage Therapy</b></p>	<p>Services paid at 80%#</p> <p>\$1,080 individual annual maximum submitted. (\$864 max payable)</p> <p>\$90 per visit - this does not apply to out of pocket maximum.</p> <p><i>Appropriate billing codes (CPT) must be included for each charge.</i></p>

<b>PLAN BENEFITS</b>	
<b>DESIGNATED PROVIDER PROGRAM</b>	
<b>(July 1, 2009 – June 30, 2010)</b>	
<p><b>Vision Therapy</b> <i>(Prior Authorization Required)</i></p>	<ul style="list-style-type: none"> <li>• Services paid at 80%#</li> </ul> <p><i>Appropriate billing codes (CPT) must be included for each charge.</i></p>
<p><b>Alternative Therapies</b></p> <p>Chiropractic Treatment</p>  <p>Acupuncture Therapy</p>	<ul style="list-style-type: none"> <li>• Services paid at 80%#</li> <li>• 30 visits per Plan year for Chiropractic Treatment</li> <li>• Limited to spinal manipulation only</li> </ul> <p><i>Appropriate billing codes must be included for each charge.</i></p> <ul style="list-style-type: none"> <li>• Services paid at 80%#</li> <li>• 18 visits per Plan year for Acupuncture Therapy</li> </ul> <p><i>Appropriate billing codes must be included for each charge.</i></p>

# Applies to the plan year deductible

**Out of Network Healthcare Costs**


- 1. Please note these costs are reimbursed at 50% only.**
- 2. Out of network medical does not apply towards Out-of-Pocket Maximum.**

**\$\$\$** Good reasons why you should see PUC Healthcare Services for your Wellness needs. Covered at 100%.

1. Convenience – it's right here on campus
2. Price – Healthcare Services gets a bulk rate price deal on these products that in turn save our self-insured HCAP, which in turn saves PUC and you.
3. Coverage – This is at 100% there is less paperwork to deal with, and no reimbursements to file for.

<b>PLAN BENEFITS</b>
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	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> <li>• \$3,200 payment limit per Plan year</li> </ul>
Durable Medical Equipment	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> <li>• \$8,000 payment limit per Plan year</li> </ul>
Home Health Care	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> <li>• Maximum of 52 Visits per Plan year</li> <li>• (0-4 Hrs = 1 Visit)</li> <li>• Service must be provided by Adventist Health-Home Care Service unless Adventist Health-Home Care Service is not available</li> </ul>
Hospice Care	<ul style="list-style-type: none"> <li>• Paid at 100% of charges #</li> </ul>

Counseling Services	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> <li>• Maximum of 30 Visits per Plan year</li> <li>• Counselor must be on <b>PUC HRD</b> approved list or belong to Blue Cross network</li> </ul>
Outpatient Mental Health Services	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> <li>• Maximum of 30 Visits per Plan year</li> </ul>
Inpatient Mental Health Services	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> </ul>
Mental Health Acute Partial Hospitalization	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> </ul>
Substance Abuse/Chemical Dependency Outpatient Treatment	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> <li>• 30 Visits per Plan year</li> </ul>
Substance Abuse/Chemical Dependency Inpatient Treatment	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> </ul>
Substance Abuse Chemical Dependency Partial Hospitalization	<ul style="list-style-type: none"> <li>• Paid at 80% of charges #</li> </ul>

# Applies to the plan year deductible

**Out of Network Healthcare Costs**

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**WHAT ELSE SHOULD I KNOW?**

PLEASE NOTE THAT THIS IS A SUMMARY OF THE BENEFITS AS COVERED UNDER THE HEALTH CARE ASSISTANCE PLAN (Effective July 1, 2009 – June 30, 2010). THIS BULLETIN SHOULD ANSWER MOST OF YOUR QUESTIONS ABOUT THE PLAN. However, this bulletin does not fully describe all of the benefits of the PUC health plan, limitations, and exclusions. For more specific details or to obtain further information, contact your plan administrator – PUC Human Resources Ext: 6231 to examine the current Plan document or visit PUC internet website at [www.puc.edu](http://www.puc.edu) to download a copy of the entire Health Care Assistance Plan Document.

**PLAN BENEFITS**  
**DESIGNATED PROVIDER PROGRAM**  
**(July 1, 2009 – June 30, 2010)**

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<b>PLAN BENEFITS</b>	
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Organ /Tissue Transplants	<ul style="list-style-type: none"> <li>• Covered at 80%# same as other medical benefits</li> <li>• Pre-authorization required to receive Plan benefits</li> <li>• Organ donor charges are only covered if the donor is a plan participant.</li> </ul>
Infertility Treatments	<ul style="list-style-type: none"> <li>• Covered at 80% of Provider's charges with prior approval #</li> <li>• Lifetime maximum payable benefit of \$16,000</li> <li>• Services do not apply to the OOP maximum</li> <li>• Pre-authorization required to receive Plan benefits</li> </ul>
Refractive Eye Surgery 	<ul style="list-style-type: none"> <li>• Paid at 80% of Provider's charges #</li> <li>• \$2,400 maximum payable lifetime</li> <li>• Services do not apply to the OOP maximum</li> </ul>
Vision Care 	<ul style="list-style-type: none"> <li>• Paid at 80% of Provider's charges</li> <li>• \$560 Maximum Payable per Plan year</li> <li>• The Plan year deductible and the OOP do not apply</li> <li>• Refer to Vision Care Provider list %%</li> </ul>

**Vision Care Recommended Providers**

Lens Crafters  
 Costco  
 Sears Optical  
 JC Penney Optical  
 Pearl Vision  
 \*Any Chain Group Facility  
 Charles H. Bailey, O.D. St. Helena 963-7923  
 Matthew R. Hileman, O.D. St. Helena 963-7923  
 Delmar D. Fjarli, M.D. Deer Park 963-6333  
 Jean A. Nelly, O.D. Calistoga 942-4674  
 Julie M. Perry, M.D. St. Helena 963-1775  
 Bicais Optical, 1075 Trancas, Napa 224-9444  
 Site for Sore Eyes, 1237 Napa Town Center 224-7483

**NOTE: If your vision provider is a Blue Cross PPO Participant, the Vision payable is based on the Blue Cross contract which overrides the PUC maximum payable per plan year.**


**Your co-pay does not apply toward your Out-of-Pocket Maximum (OOPM).**

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Prescription Drug – Retail	<ul style="list-style-type: none"> <li>• \$10 generic/\$30 brand/ \$45 non-formulary.</li> </ul>
Prescription Drug – Home Delivery – Retail	<ul style="list-style-type: none"> <li>• For a 90-day supply \$15 generic/\$40 brand/ \$50 non-formulary.</li> </ul>
Prescription Drug Out-of-Pocket Maximum	 <p>Your Prescription Drug Plan has an Out-of-Pocket Maximum of \$500/employee or \$1,000/employee + 1 or more.</p>
<p><i>The OOP for Rx will be tracked by Healthtrans. Your pharmacy will be notified if you reach your yearly out-of-pocket limit.</i></p>	<p>The portion of the cost that you pay for prescription drugs applies toward your Rx Out-of-Pocket Maximum of \$500 per employee or \$1,000 per employee + 1 or more.</p> <p><b>Please note: Effective July 1, 2009 the prescription plan is mandatory Generic. If the employee requests Brand name the employee will have to pay the difference between brand and generic.</b></p>


**Pharmacy Benefit**  
**Health Trans Help Desk - 877-839-8119**  
**Prior Authorization - 866-805-1690**

**FOR MORE INFORMATION ABOUT YOUR PLAN**

If you have any questions regarding eligibility to participate in the Health Care Assistance Plan, or need more details about the plan benefits, please feel free to contact your Plan Administrator – PUC Human Resources Ext: 6231 or the Customer Service Department at Delta Health Systems: 800-556-7830.

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<p>Dental Care</p> 	<ul style="list-style-type: none"> <li>• \$75 employee, \$150 employee + 1 or more plan year deductible.</li> <li>• \$2,500 Maximum Payable for single coverage per Plan year</li> <li>• \$5,520 Maximum Payable for family coverage per Plan year</li> <li>• Type A – Preventive Care covered at 100% of Provider's charges</li> <li>• Type B – Basic Restorative and Type C – Major Restorative covered at 80% of Provider's charges #</li> </ul>
<p>Orthodontic Care</p>	<ul style="list-style-type: none"> <li>• Paid at 50% of Provider's charges #</li> <li>• \$2,300 Maximum Payable /Lifetime Benefit</li> <li>• Maximum calculated at time of banding</li> <li>• Eligible up to age 24</li> </ul>

**FOR MORE INFORMATION ABOUT YOUR PLAN**

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If you have any questions regarding eligibility to participate in the Health Care Assistance Plan, or need more details about the plan benefits, please feel free to contact your Plan Administrator – PUC Human Resources Ext: 6231 or the Customer Service Department at Delta Health Systems: 800-556-7830.

# Applies to the plan year deductible

**Out of Network Healthcare Costs**

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**Please Note:**

- 1. Oral Surgery is covered under the Medical Plan and should not be billed as Dental.**
- 2. All payments are based on usual and customary charges. If the billed amount is greater than the usual and customary, then the difference is the responsibility of the insured.**

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**Quick Reference Guide to prior authorization requirements:**

Certain health care services require prior authorization before services will be covered. The following list can be used as a guide to those services that require prior approval.

Please call the **Utilization Staff at Blue Cross (800 274 -7767)** for approvals or guidance on the following health care matters:

- Inpatient hospital admissions (Outpatient hospital stays do not require pre-certification)
- Organ and Tissue transplant procedures such as: Cornea, Heart, Heart & Lung, Lung, Liver, Kidney, Pancreas, Bone Marrow/Stem Cell Transfer
- Skilled Nursing Facility Admissions
- Mental Health inpatient and partial hospital treatment programs
- Substance Abuse inpatient and partial hospital treatment programs
- Gastric By-pass surgery
- Large Case Management



**Blue Cross Pre-Authorizations**  
**800-274-7767**

Please call **Pacific Union College (707-965-6231)** for approvals or guidance on the following healthcare matters:

- Home Health Care Services
- Hospice Care
- Occupational and Speech Therapy Benefits
- High Cost Durable Medical Equip (costing \$1,000 or more)
- C-PAP Machine
- Infertility treatment programs
- Cosmetic, Plastic or Reconstructive procedures i.e., eye, nasal, and venous
- Surgically placed devices such as cochlear implants
- Cardiac Rehabilitation treatment programs
- Vocal Nodule Treatment
- Non-Emergency Ambulance / Air Ambulance

**PUC Pre-Authorizations**  
**707-965-6231**

**PRIOR AUTHORIZATION FOR CERTAIN PRESCRIPTION DRUGS**

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When obtaining prescription medication through your retail pharmacist or home delivery program, the following categories of medications are a sampling subject to review and/or restrictions by Express Scripts:

- |  |  |
|--|--|
| <input type="checkbox"/> Anti-Emetics            | <input type="checkbox"/> Anti-Narcoleptic Agents |
| <input type="checkbox"/> Erythroid Stimulants    | <input type="checkbox"/> COX 2 Inhibitors        |
| <input type="checkbox"/> Growth Hormones         | <input type="checkbox"/> Migraine Therapy        |
| <input type="checkbox"/> Fertility Agents        | <input type="checkbox"/> Immunomodulatory Agents |
| <input type="checkbox"/> Biotechnological Agents | <input type="checkbox"/> Erectile Dysfunction    |
| <input type="checkbox"/> Dermatologicals         |  |

**For further information call Express Scripts at (800) 447-9638.**

**PRIOR AUTHORIZATION FOR CERTAIN DENTAL SERVICES**

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The following procedures require a written proposal from dental providers for review and approval by Delta Health Systems.

- Temporomandibular Disorders
- Jaw Surgery
- Dental Implants
- Orthodontic Procedures

Please forward all dental proposals to:

Delta Health Systems  
P.O. Box 391  
Stockton, CA 95201  
800-556-7830 (Customer Service)

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**IMPORTANT NOTICE**

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By selecting a Participating PPO Provider you and your eligible family members can receive a higher level of benefits, and also reduce your out-of-pocket expenses. If you reside in a PPO area, but you elect **not** to participate in the Participating Provider Program your covered benefits will be reduced in three major ways:

- There is no Out of Pocket Maximum (OOPM) for Non-Par Provider charges.
- After required deductibles have been met, charges for hospitals and facilities, outpatient services, office visits, and urgent care centers will be paid at 50% of the Provider's charges. The patient's co-payment is 50%.
- Office Visits to Non-Par Providers are only paid at 50% of charges. The \$15 office visit co-pay does not apply to Non-Par Providers.
- All other charges are paid at 50% to Non-Par Providers.



**YOUR RESPONSIBILITY TO REPORT FAMILY CHANGES**

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It is *your* responsibility to report changes in eligibility, or general family status to your *employer*, (not the Plan Administrator), within 30 days, since your employer may be unaware of family changes that might affect you or your family member's ability to fully participate in the Plan. Failure to do so may hamper your Plan Administrator's ability to effectively administer benefits under the Plan. Examples of the type of changes that you must report are: marital status change, attainment of new health coverage under a dependent spouse's employer group plan, address/telephone changes, new children, divorce or legal separation from a spouse, and child custody changes.

**YOUR CLAIMS OFFICE**

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If you have any questions regarding payment of a claim you may contact your Plan Administrator at PUC HR Office. The Plan Administrator is Delta Health Systems. Please call Delta Health System's Customer Service Department at the telephone numbers listed below:

**Delta Health Systems**  
**800-556-7830 Customer Service**

PUC/HR-2009-2010 7-page Summary.doc Last updated April 10, 2008

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A list of St. Helena Hospital physicians is available at the HR office, or at [www.sthelena.org](http://www.sthelena.org).

### **HIPAA PRIVACY AMENDMENT**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") protects the privacy of certain types of individual health information and regulates the use of such information by the Plan. The Department of Health and Human Services has issued regulations on this subject that can be found at 45 CFR part 164 ("Privacy Regulations"). The individual health information that is protected ("Protected Health Information" or "PHI") is any information created or received by the Plan that relates to:

- your past, present or future physical or mental health condition,
- the provision of health care to you, or
- the past, present, or future payment for health care.

However, HIPAA allows medical information, including PHI, to be disclosed by the Plan to the Plan Sponsor and to be used by the Plan Sponsor (the General Conference of the Seventh-day Adventist Church, North American Division). The permitted disclosures to and uses by the Plan Sponsor of medical information are as follows:

- The Plan may disclose summary health information to the Plan Sponsor if the Plan Sponsor requests the summary information for the purpose of (1) obtaining premium bids for providing insurance coverage; or (2) modifying, amending, or terminating the Plan. The Plan Sponsor may use summary information so received from the Plan only for these two listed purposes.
- The Plan may disclose to the Plan Sponsor, and the Plan Sponsor may use, information on whether an individual is participating in the Plan or is enrolling or disenrolling in the Plan.

- The Plan may disclose PHI to the Plan Sponsor and/or the Plan Sponsor may use such PHI if you have specifically authorized in writing such disclosure and/or use.
- The Plan may disclose PHI to the Plan Sponsor, and the Plan Sponsor may use PHI, to carry out plan administration functions, such as activities relating to:
  - obtaining premiums or to determining or fulfilling responsibility for coverage and provision of benefits under the Plan,
  - payment for or obtaining or providing reimbursement for health care services. Payments under this Plan generally are made either to the health care provider or to the employee. All Participants should be aware that the Plan and the Plan Sponsor will be providing PHI concerning all dependents of an employee to the employee as part of the Explanation of Benefits and when reimbursing the employee for covered services under the Plan. If there is some reason why a dependent (spouse or child) of an employee does not want the employee to receive PHI, the dependent should so inform his or her health care provider and should also contact the Plan Administrator.
  - determining eligibility for the Plan or eligibility for one or more types of coverage or benefits provided under the Plan,
  - coordination of benefits or determinations of co-payments or other cost sharing mechanisms,

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- adjudication and subrogation of claims, billing, claims management, collection activities and related health care data processing,
- payment under a contract for reinsurance,
- review of health care services with respect to medical necessity, coverage under the health plan, appropriateness of care, or justification of charges,
- utilization review activities, including precertification and preauthorization of services and concurrent and retrospective review of services,
- disclosure to consumer reporting agencies of any of the following PHI regarding collection of premiums or reimbursement: name and address, date of birth, Social Security Number, payment history, account number and name and address of the health plan.
- medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs,
- business planning and development, such as conducting cost-management and planning-related analyses relating to managing and operating the Plan, including formulary development and administration and/or the development or improvement of methods of payment,
- resolution of internal grievances,
- prosecution or defense of administrative claims or lawsuits involving the Plan or Plan Sponsor,
- conducting quality assurance and improvement activities, case management and care coordination,
- evaluating health care provider performance or Plan performance,
- securing or placing a contract for reinsurance of risk relating to health care claims, other activities relating to the renewal or replacement of stop-loss or excess of loss insurance,
- contacting health care providers and patients with information about treatment alternatives.

These uses and disclosures are consistent with the Privacy Regulations.

The Plan Sponsor has agreed to (and the Plan has received a certification from the Plan Sponsor evidencing such agreement) the following restrictions:

1. The Plan Sponsor will not use or further disclose the PHI except (1) as described above or (2) as otherwise required by law.
2. Any agents or subcontractors of the Plan Sponsor to whom the Plan Sponsor provides PHI will agree to the same restrictions and conditions on the use and disclosure of PHI that apply to the Plan Sponsor.
3. The Plan Sponsor will not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.
4. The Plan Sponsor will report to the Plan any use or disclosure of the PHI that is inconsistent with the permitted uses and disclosures of which the Plan Sponsor becomes aware.

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5. The Plan Sponsor will give you access and provide copies to you of your PHI in accordance with the HIPAA Privacy Regulations.

6. The Plan Sponsor will allow you to amend your PHI in accordance with the HIPAA Privacy Regulations.

7. The Plan Sponsor will make available PHI to you in order to make an accounting of PHI in accordance with the HIPAA Privacy Regulations.

8. The Plan Sponsor will make available its internal practices, books and records relating to the use and disclosure of PHI received from the Plan to the Secretary of Health and Human Services (or the Secretary's designee) for determining compliance by the Plan with the HIPAA Privacy Regulations.

9. The Plan Sponsor will, if feasible, return or destroy all protected PHI received from the Plan and retain no copies of the PHI when no longer needed for the purpose for which the disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible.

10. The Plan Sponsor will ensure that adequate separation between the Plan and Plan Sponsor is established. Only the following employees or classes of employees or other persons under the control of the Plan Sponsor will be given access to the PHI to be disclosed.

The access to and use by the employees described above is limited to the plan administration functions that the Plan Sponsor performs for the Plan. Employees who violate this section are subject to disciplinary action by the Plan Sponsor, including, but not limited to, reprimands and termination.

The Plan has issued a Privacy Notice, which explains the Plan's privacy practices and your rights under HIPAA. This Privacy Notice is available by contacting the Plan's Privacy Officer at the following address:

**Pacific Union College**  
**One Angwin Avenue**  
**Angwin, CA 94508-9646**  
**707 965-6231**

The Privacy Notice is also available at  
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