

Exhibit I-9: Enrollee Notices

[Disclosure Language – Website Posting & General Member Notices]

Your Right to Request Confidential Communications of Medical Information (“CCMI”) and Our Obligation to Protect the Confidentiality of Sensitive Services Information For a Protected Individual

California law says subscribers and enrollees (“members”) of a healthcare service plan¹ (“plan”) can choose how they would like the Plan to communicate with them. They can provide the address, email, or telephone number they would like the plan to use. That is how the Plan will contact them about medical details, healthcare providers, and other plan information.

A subscriber is the person who is responsible for plan payments or is eligible for the plan based on their job or other qualifications. An enrollee is a person covered by the plan or who receives services from it.

California also has special communication rules for protected individuals. They are covered adults or minors who can consent to care without permission from a parent or legal guardian. Protected individuals must be able to give informed consent for healthcare services.

Under California law, healthcare service plans cannot disclose to the primary policyholder that a protected individual received sensitive services unless the recipient provides permission. Sensitive services are all healthcare services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, intimate partner violence or other care outlined by law.

Protected individuals can ask a Plan to contact them about sensitive services at a different address, email, or phone number. If they do not provide one, the Plan will contact them by name using the method on file.

Members will be given details about the confidential communication request process when they enroll in or renew a plan. **They can also submit a CCMI request by calling the Member Services toll free number on their Member ID card.** The Plan will honor their request until the member asks for it to be changed. The Plan will send a confirmation letter to the member to let them

¹ “Healthcare service plan” means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

know their confidential communications request was received. The member can also ask for the status of their request by contacting the Member Services toll free number on their Member ID card.

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