

CITY OF LOWELL



FY2026 EMPLOYEE AND RETIREE BENEFIT NEWSLETTER

Human Relations Office March 2025

Open Enrollment Period: Wednesday, April 2nd – Thursday, May 1st, 2025
New Deductions Begin: June 2025
New Coverage Begins: July 1, 2025

During this time our employees and retirees can review the benefit options and enroll in or update coverage for benefits effective July 1, 2025. If members do not want to change their current medical or dental plans during the open enrollment period, no further action is needed to remain in their current plans.

OPEN ENROLLMENT NEWS

For fiscal year 2026, unfortunately, the medical premiums are increasing. There are some pleasant surprises as well. Like dependents being covered under our dental plan till age 26 and no student certifications required! Also-get ready for it- A VISION BENEFIT! Another update the medical FSA increased the max to \$3300, and the rollover is now \$660. More details on each update below.



GROUP INSURANCE COMMISSION

Since our medical plans are administered by the GIC (Group Insurance Commission), each upcoming fiscal year we eagerly await the new monthly rate. Regretfully, the rates have increased. This is due to the rising cost of the prices charged by doctors, hospitals, and prescription drug manufacturers. FY2026 rates are attached.

All active employees and retirees with a valid email address with the GIC and currently covered by one of the GIC medical plans have access to the Member Benefits Portal. Here you can view and make changes to your GIC medical coverage online. If this is your first time using the portal, register on the web at

www.mass.gov/guides/mygiclink-member-benefits-portal-resources

Additional detailed information on all the plans is located on the GIC website:

www.mass.gov/municipal-employeeetiree-benefits

GIC enrollment and changes done through the GIC portal or through our office are due no later than Thursday May 1, 2025. Enrollment and changes are effective July 1, 2025.

If you are happy with your current plan, no action is needed

DELTA DENTAL

No benefit changes with the current dental plans, **BUT there is an enhancement. Dependents will now be covered with our dental plan till age 26! No need to be a full-time student.** Add your dependent, age 19-26, during this open enrollment period to be effective 7/1/2025. Those dependents currently on COBRA will be reenrolled in the parent's current dental plan effective July 1, 2025.



EyeMed



Effective July 1, 2025, the City of Lowell now provides a vision benefit through Eyemed for all benefit eligible employees and retirees. In addition to offering annual discounts on eyeglasses and contact lenses, EyeMed insurance covers yearly eye exams. If interested, employees and retirees must enroll into this new benefit during the open enrollment period. Single and family plans are offered, and dependents are covered until age 26.

You may check out the EyeMed website at www.eyemed.com
Attached is a summary of benefits and cost.

All enrollment forms and City benefit information is located on our website: www.lowellma.gov/168/Human-Relations or you may visit the Human Relations office- City Hall,
375 Merrimack St, Lowell, MA 01852

8:00AM TO 5:00PM – MONDAY, WEDNESDAY, THURSDAY
8:00AM TO 8:00PM TUESDAY, 8:00AM TO 12:00PM FRIDAY
Questions? Contact the Human Relations Office:

Phone: 978-674-4105

Email: hrbenefits@lowellma.gov

CAFETERIA PLAN ADVISORS/FSA

(for active employees)

Flexible spending accounts allow you to set aside a portion of your pay - BEFORE TAXES - to cover out of pocket health care and dependent expenses. New enrollees: Complete the enrollment form and submit to CPA no later than May 1, 2025 via email (info@cpa125.com) or by fax 781-848-8477. **Those employees currently enrolled must re-enroll directly with CPA no later than May 1, 2025. *Re-enrollment is not automatic!*** For more information contact Cafeteria Plan Advisors (CPA) at 781-484-9848 or visit www.cpa125.com. **New increase maximums for the Healthcare FSA. Employees can elect up to \$3300 and can rollover up to \$660.

HEALTH REIMBURSEMENT ARRANGEMENT (FOR ACTIVE EMPLOYEES AND RETIREES)

The HRA is administered by UltraBenefits. Those enrolled in The City of Lowell's medical plans are automatically enrolled in the HRA. The plan reimburses for eligible out of pocket expenses. The HRA plan runs July 1-June 30. All claims must be submitted for reimbursement by October 31 following the end of the plan year. An online portal is available for members. Go to <http://www.ultrabenefits.com>, City of Lowell group number is J15. You may also go to www.lowellma.gov/176/Health-Reimbursement-Arrangement-HRA to access claim forms and additional information. **When submitting for reimbursement, the Claims address has changed to: UltraBenefits, LLC, P O Box 25007, Overland Park, KS 66225.

ALL ONE HEALTH

All One Health is The City of Lowell's Employee Assistance Program. This benefit is available to all employees. The EAP is free to use and open to family members. You can choose from in-person or virtual sessions with a mental health clinician in their network. More than just mental health, All One Health assistance program supports whole health. Learn more about the benefits available and how to access them online at www.allonehealth.com To sign up the Company Code is: **citylowell**

BOSTON MUTUAL LIFE INSURANCE

During the Open Enrollment Period you have the opportunity to sign up for Boston Mutual Life Insurance products. Enrollment forms are available by contacting the Human Relations Office.

TRUSTMARK INSURANCE COMPANY

Trustmark Insurance Company offers plans such as term and whole life insurance, short and long term disability, accidental, hospital stay pay, Life Lock Protection, and more. Contact Trustmark directly at 1-800-445-4493 Ext 136, David Krall or email at DRK@pwb-mmip.com

COLONIAL LIFE

Colonial Life Insurance offers term and whole life insurance, short term disability, and other voluntary benefits. You can check out Lowell's landing page at <https://flimp.live/lowell>. Contact Scott Curtis at 1-800-833-3429 or by email scott.curtis@coloniallifesales.com

AFLAC

AFLAC offers supplemental plans such as term and whole life insurance, cancer/specified disease insurance, accident and short term disability insurance. Contact AFLAC benefits advisor, Christopher Roth at 617-285-9492 or by email at chris_roth@us.aflac.com

EMPOWER

(MASSACHUSETTS DEFERRED COMPENSATION SMART PLAN)

Active Employees can join and contribute to the SMART plan. This is where you can save and invest on a tax-deferred and post-tax basis. Contact the SMART plan at 877-457-1900 or to reach a representative go to www.mass-smart.com click on plan resources then click on find your representative.

NATIONWIDE

Active Employees have the choice to join Nationwide, one of the City's 457(b) Deferred Compensation vendors. Contact our representative, Ron LeClair, Senior Retirement Specialist at 508-296-0411 or email leclair@nationwide.com For immediate assistance contact the Retirement Resource Group at 1-888-401-5272.

CITY OF LOWELL

FY2026 MEDICAL AND DENTAL RATES



Plan Name	Coverage	Monthly Premium (100%)	21 Weeks (25%)	26 Weeks (25%)	Monthly (25%)	COBRA
Harvard Pilgrim Access America (PPO)	Individual	\$1,438.62	\$205.52	\$165.99	\$359.66	\$1467.39
	Family	\$3,208.78	\$458.40	\$370.24	\$802.20	\$3,272.96
Harvard Pilgrim Explorer (POS)	Individual	\$1,187.97	\$169.71	\$137.07	\$296.99	\$1,211.73
	Family	\$2,941.06	\$420.15	\$339.35	\$735.27	\$2,999.88
Harvard Pilgrim Quality (HMO)	Individual	\$885.63	\$126.52	\$102.19	\$221.41	\$903.34
	Family	\$2,252.51	\$321.79	\$259.91	\$563.13	\$2,297.56
Mass General Brigham Health Plan Complete (HMO)	Individual	\$1,091.46	\$155.92	\$125.94	\$272.87	\$1,113.29
	Family	\$2,884.58	\$412.08	\$332.84	\$721.15	\$2,9242.27
Health New England (HMO)	Individual	\$859.36	\$122.77	\$99.16	\$214.84	\$876.55
	Family	\$2,061.16	\$294.45	\$237.83	\$515.29	\$2,102.38
Wellpoint Total Choice (Indemnity)	Individual	\$1,754.60	\$250.66	\$202.45	\$438.65	\$1,789.69
	Family	\$3,899.83	\$557.12	\$449.98	\$974.96	\$3,977.83
Wellpoint PLUS (PPO-Type)	Individual	\$1,092.03	\$156.00	\$126.00	\$273.01	\$1,113.87
	Family	\$2,606.03	\$372.29	\$300.70	\$651.51	\$2,658.15
Wellpoint Community Choice (PPO-Type)	Individual	\$837.38	\$119.63	\$96.62	\$209.35	\$854.13
	Family	\$2,081.29	\$297.33	\$240.15	\$520.32	\$2,122.92

CITY OF LOWELL

FY2026 MEDICAL AND DENTAL RATES



GIC Medicare Plans

Plan Name	Coverage	Monthly Premium (100%)	Bi-Weekly (25%)	Monthly (25%)
Tufts Health Plan Medicare Preferred (HMO)	Individual	\$391.19	\$45.14	\$97.80
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$468.22	\$54.03	\$117.06
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$470.71	\$54.31	\$117.68
Wellpoint Medicare Extension (Indemnity)	Individual	\$476.33	\$54.96	\$119.08

Delta Dental Plans

Plan Name	Coverage	Monthly Premium (100%)	21 Weeks (25%)	26 Weeks (25%)	Monthly (25%)	COBRA
Low Option	Individual	\$23.46	\$3.35	\$2.71	\$5.87	\$23.93
	Family	\$63.81	\$9.12	\$7.36	\$15.95	\$65.09
High Option	Individual	\$38.58	\$13.75	\$11.10	\$24.06	\$39.35
	Family	\$105.57	\$37.62	\$30.38	\$65.83	\$107.68

Vision Plan

EyeMed Vision	Coverage	Monthly Premium (100%)	21 Weeks	26 Weeks	COBRA
	Individual	\$6.13	\$3.50	\$2.83	\$6.25
	Family	\$16.92	\$9.67	\$7.81	\$17.26



SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$10 copay	Up to \$57
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$200 allowance	\$0 copay; 20% off balance over \$150 allowance	Up to \$120
STANDARD PLASTIC LENSES			
Single Vision	\$25 copay	\$25 copay	Up to \$47
Bifocal	\$25 copay	\$25 copay	Up to \$79
Trifocal	\$25 copay	\$25 copay	Up to \$113
Lenticular	\$25 copay	\$25 copay	Up to \$113
Progressive - Standard	\$80 copay	\$80 copay	Up to \$73
Progressive - Premium Tier 1 - 4	\$110 - 240 copay	\$110 - 240 copay	Up to \$95
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45	\$45	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	\$57 - 68	Up to \$23
Anti Reflective Coating - Premium Tier 3	\$100	\$100	Up to \$23
Photochromic - Non-Glass	\$75	\$75	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Standard < 26 years of age	\$0 copay	\$0 copay	Up to \$22
Scratch Coating - Standard Plastic	\$15	\$15	Not covered
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$200 allowance	\$0 copay; 15% off balance over \$150 allowance	Up to \$120
Contacts - Disposable	\$0 copay; 100% of balance over \$200 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$120
Contacts - Medically Necessary	\$0 copay; paid in full	\$0 copay; paid in full	Up to \$300
OTHER			
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0675	Up to 66% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY			
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS	
Exam	Once every plan year	Once every plan year	
Frame	Once every plan year	Once every plan year	
Lenses	Once every plan year	Once every plan year	
Contact Lenses	Once every plan year	Once every plan year	

(Plan allows member to receive either contacts or frames and lens services.)

*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased.
 PLUS Providers not available in all states.
 EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; or thoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Find your best fit



These eye doctors are nearby – which is right for you? Check the Provider Locator on eyemed.com/member or the EyeMed App (App Store or Google Play) for a more advanced search. And keep an eye out for PLUS Providers, who can help you boost your benefits.

Locations and PLUS Providers near 01852 for the Insight network

- PLUS Provider**
TARGET OPTICAL
 LOWELL
 181 PLAIN ST
 LOWELL, MA 01852
 978-703-2036
- PLUS Provider**
LENSCRAFTERS
 PHEASANT LANE MALL
 310 DANIEL WEBSTER HWY
 STE 259
 NASHUA, NH 03060
 603-888-9292
- PLUS Provider**
LENSCRAFTERS
 DANIEL WEBSTER PLAZA
 225 DANIEL WEBSTER HWY
 NASHUA, NH 03060
 603-888-1012
- PLUS Provider**
LENSCRAFTERS
 THE MALL AT ROCKINGHAM PARK
 99 ROCKINGHAM PARK BLVD
 SALEM, NH 03079
 603-898-8282
- PLUS Provider**
TARGET OPTICAL
 203 S BROADWAY
 SALEM, NH 03079
 603-824-9702
- PLUS Provider**
LENSCRAFTERS
 TUSCAN VILLAGE
 10 S VILLAGE DR
 STE 420
 SALEM, NH 03079
 603-893-5323
- PLUS Provider**
LENSCRAFTERS
 BURLINGTON MALL
 75 MIDDLESEX TURNPIKE
 STE 1080
 BURLINGTON, MA 01803
 781-229-0909
- PLUS Provider**
LENSCRAFTERS AT MACYS
 1300 MIDDLESEX TURNPIKE
 STE 128
 BURLINGTON, MA 01803
 781-270-3184
- LOWELL COMMUNITY**
 161 JACKSON ST
 LOWELL, MA 01852
 978-937-9700
- ADVANCED EYE CARE ASSOCIATES**
 850 CHELMSFORD ST
 LOWELL, MA 01851
 978-452-0127
- NEW ENGLAND EYE & FACIAL SPEC**
 133 MARKET ST
 LOWELL, MA 01852
 978-682-4040
- MASSACHUSETTS EYE ASSOCIATES P**
 33 BARTLETT ST
 STE 101
 LOWELL, MA 01852
 978-256-5600
- PRATT OPHTHALMOLOGY ASSOCIATES INC**
 295 VARNUM AVE
 LOWELL, MA 01854
- HARVARD VANGUARD MEDICAL ASSOC**
 228 BILLERICA RD
 CHELMSFORD, MA 01824
 978-977-4000
- MASSACHUSETTS EYE ASSOCIATES P**
 500 CLARK RD
 STE 3B
 TEWKSBURY, MA 01876
 978-256-5600
- EYEWEAR BY GIORGIO**
 60 CHELMSFORD ST
 CHELMSFORD, MA 01824
 978-256-6500
- MERRIMACK EYE CLINIC**
 1230 BRIDGE ST
 LOWELL, MA 01850
 978-452-2100
- MASSACHUSETTS OPTICIANS INC**
 17 VILLAGE SQUARE
 CHELMSFORD, MA 01824
 978-256-8224
- MASSACHUSETTS EYE ASSOCIATES**
 19 VILLAGE SQUARE
 CHELMSFORD, MA 01824
 978-256-5600
- VILLAGE EYE ASSOCIATES**
 17 VILLAGE SQUARE
 CHELMSFORD, MA 01824
 978-250-3937
- VILLAGE EYE ASSOCIATES**
 17 VILLAGE SQUARE
 CHELMSFORD, MA 01824
 978-250-3937
- CHELMSFORD OPTOMETRIC ASSOC**
 11 SUMMER ST
 CHELMSFORD, MA 01824
 978-256-5731
- HENRY J BOROYAN OD PC**
 9 ACTON RD
 CHELMSFORD, MA 01824
 978-256-8501
- HENRY J BOROYAN OD PC**
 73 PRINCETON ST
 N CHELMSFORD, MA 01863
 978-256-8501
- PLUS Provider**
HILL EYE ASSOCIATES
 91 MILL ST
 STE 6
 DRACUT, MA 01826
 978-957-4750
- ROBERT RICCIARDI OD**
 44 PINNACLE ST
 TEWKSBURY, MA 01876
 978-640-6236
- CLEARVIEW EYE ASSOCIATES**
 8 ANDOVER RD
 BILLERICA, MA 01821
 978-663-3100
- TYNGSBORO EYE CARE LLC**
 150 WESTFORD RD
 TYNGSBORO, MA 01879
 978-649-1212
- LEXINGTON EYE ASSOCIATES**
 160 LITTLETON RD
 STE 9
 WESTFORD, MA 01886
 781-876-2020
- BOSTON VISION**
 159 RIVER RD
 STE 4
 ANDOVER, MA 01810
 617-202-2020
- FAMILY EYE CARE CTR & OPTICAL**
 5 CORNERSTONE SQUARE
 STE 101
 WESTFORD, MA 01886
 978-692-1400
- LE VISION**
 660 BOSTON RD
 BILLERICA, MA 01821
 781-933-2820
- CAMBRIDGE EYE DOCTORS**
 700 BOSTON RD
 STE 8
 BILLERICA, MA 01821
 978-667-0481
- MASS OPTOMETRIC ASSOCIATES AT CAMBRIDGE EYE DOCTORS**
 700 BOSTON RD
 BILLERICA, MA 01821
 978-667-0481
- COHENS FASHION OPTICAL 194**
 PHEASANT LN MALL
 310 DANIEL WEBSTER HWY
 STE 232
 NASHUA, NH 03060
 603-888-6500
- GATEWAY VISION**
 288 LITTLETON RD
 STE 2
 WESTFORD, MA 01886
 978-692-2521

Eye exams offered by DPA/DTA or DEA-certified optometrists and ophthalmologists. All certifications are verified by an NCOA-accredited credentials verification organization.



Range: 0-12 miles

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Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

You may be eligible for assistance paying your employer health plan premiums.

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Massachusetts Medicaid & CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 711

Email: masspremassistance@accenture.com

New Hampshire Medicaid

Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

NOTICE OF PRIVACY PRACTICES

CITY OF LOWELL HEALTH PLANS

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

At the City of Lowell, we respect the privacy and confidentiality of your health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your medical/health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

I. OUR RESPONSIBILITIES TO YOU

We are required by law to:

1. Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
2. Comply with the terms of our Notice currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Notice available to you by posting it on the City of Lowell of website.

II. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use and disclose your health information for purposes of treatment, payment and health care operations as described below.

1. **For Treatment.** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by doctors and nurses, as well as by lab technicians, dieticians, physical therapists or other personnel involved in your care and with other health care providers involved in your care. For example, a pharmacist will need certain information to fill a prescription ordered by your doctor. We may also disclose your health information to persons or facilities that will be involved in your care after you leave employment.
2. **For Payment.** We may use and disclose your health information so that we can provide payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance or managed care company, Medicare, Medicaid or another third party payor.
3. **For Health Care Operations.** We may use and disclose your health information as necessary for our internal operations, such as for general administration activities and to monitor the quality of care you receive. For example, we may use your health information to evaluate the quality of care you received, for education and training purposes, and for planning for services.

III. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Under the Privacy Regulations, we may make the following uses and disclosures without obtaining a written Authorization from you:

1. **As Required By Law.** We may disclose your health information when required by law to do so.
2. **Public Health Activities.** We may disclose your health information for public health activities.
3. **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system. Some of the activities may include, for example, audits, investigations, inspections and licensure actions.
4. **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.
5. **Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.
6. **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.
7. **Research.** Your health information may be used for research purposes, but only if: (1) the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and the Board can legally waive patient authorizations otherwise required by the Privacy Regulations; (2) the researcher is collecting information for a research proposal; (3) the research occurs after your death; or (4) if you give written authorization for the use or disclosure.
8. **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.
9. **Military and Veterans.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also use and disclose health information about you if you are a member of a foreign military as required by the appropriate foreign military authority.
10. **National Security and Intelligence Activities; Protective Services for the Patient and Others.** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

11. **Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.
12. **Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.
13. **Disaster Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort.
14. **Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.
15. **Business Associates.** We may disclose your health information to our business associates under a Business Associate Agreement.

The conditions pursuant to which disclosures may be made for the above-listed purposes are more fully described at 45 CFR 164.512.

IV. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

1. We will obtain your written authorization (an "Authorization") prior to making any use or disclosure other than those described above.
2. A written Authorization is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The Authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event.
3. You may revoke a written Authorization previously given by you at any time but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization except where we have already taken actions in reliance on your Authorization. A Revocation of Authorization form is available from your town's Health Benefits Office.

V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

1. **Right to Request Restrictions.** You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction. If we do agree to a restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.
2. **Right to Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.
3. **Right of Access to Personal Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information except under certain limited circumstances.
We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the City of Lowell who did not participate in the decision to deny access.
4. **Right to Request Amendment.** You have the right to request that we amend your health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by us; (c) is information to which you do not have a right of access; or (d) is already accurate and complete, as determined by us.
If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial. In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.
5. **Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.
You must submit your request in writing and you must state the time period for which you would like the accounting. The accounting will include the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs for completing the accounting.
6. **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. **[In addition, you may obtain a copy of this Notice at our website www.lowellma.gov]**

VIII. COMPLAINTS

1. If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201.
2. To file a complaint with us, you should contact:

**City of Lowell
Human Relations Office
Attn: Neil Osborne, Esq., Human Relations Director
Room 19, City Hall
375 Merrimack St.
Lowell, MA 01852**

3. We will not retaliate against you in any way for filing a complaint against the City of Lowell.