Effective Date: July 1, 2024

Information We Collect

To determine eligibility and provide benefits such as premium payments and medication copay assistance, we collect the following types of information:

- Personal Identification: Name, date of birth, Social Security Number (if applicable)
- Contact Information: Address, phone number, email
- Insurance Information: Type of insurance (Marketplace/ACA, COBRA, or Employer-Sponsored), policy documentation, payment details
- **Income and Household Information:** Income level, family size, and changes to living situation (e.g., marriage, divorce, adoption)
- Enrollment and Eligibility Records: Application submissions, reenrollment history, supporting documentation

How We Use Your Information

- · Verify program eligibility and reenrollment annually
- Assist with the enrollment process via https://enroll.brhpc.org or telephone
- Coordinate benefits including premium payments and copayment support
- Determine eligibility for ACA subsidies such as premium tax credits and cost-sharing reductions
- Communicate important changes or requirements
- Submit and manage required documentation on your behalf when appropriate

Sharing of Information

Your information may be shared only as necessary with:

- State or local eligibility offices
- Insurance marketplaces (e.g., Healthcare.gov)
- Designated third-party enrollment agencies such as American Exchange
- Participating pharmacies
- BRHPC staff and authorized personnel for program administration

All documentation shared with the Marketplace must also be submitted to the state or local program office. If BRHPC or American Exchange assists with your enrollment, your documentation is automatically submitted on your behalf.

User Responsibilities

- Enroll or reenroll annually using https://enroll.brhpc.org or by calling 1-844-441-4422
- Submit eligibility documentation every 12 months
- Use participating pharmacies for medication pick-up
- Enroll in approved insurance plans and report eligibility for ACA subsidies
- Report all changes (income, address, household, etc.) to <u>Healthcare.gov</u> and to BRHPC via https://enroll.brhpc.org
- Submit COBRA or employer-sponsored plan documentation including premium information, policy details, and check/payment instructions

Data Protection

We implement a variety of physical, administrative, and technical safeguards to protect your personal information. Access to personal data is limited to authorized personnel only, and all online submissions are encrypted using secure protocols.

Contact Information

For questions, concerns, or clarification regarding your privacy or program participation, please contact:

American Exchange

Email: info@americanexchange.com

Policy Updates

We reserve the right to update this Privacy Policy at any time to reflect changes in our practices, legal requirements, or service offerings. The most current version will always be available at https://enroll.brhpc.org.