

<Date>

<first_name> <MI> <last_name>
<address_1>
<address_2>
<city>, <state_province> <postal_code>

Dear <FirstName> <MI> <LastName>:

Notice of a Data Breach

Santa Clara Family Health Plan (SCFHP) works with NationsBenefits Holdings, LLC (NationsBenefits), to provide services to our members. We securely share member information with NationsBenefits to provide a plan benefit. Together, we work to keep our members' personal information private and secure.

Unfortunately, a vendor NationsBenefits used was recently the victim of a cyberattack. Because of this cyberattack, some of your personal information may have been leaked.

This letter explains:

- What happened in this incident
- What steps SCFHP and NationsBenefits are taking to address this incident
- What you can do to protect your information

What happened?

On February 7, 2023 NationsBenefits learned that its vendor Fortra, LLC (Fortra) had some of its data stolen. Fortra helped NationsBenefits securely exchange files with SCFHP using Fortra software called GoAnywhere. Fortra was the victim of a cybersecurity hacking incident that it discovered on January 30, 2023. NationsBenefits secured its systems as soon as it found out. It took the following actions:

- Stopped using Fortra's software
- Launched a probe with law enforcement and a cybersecurity firm
- Looked to see if member information was affected
- Started using a new secure file transfer protocol (SFTP) solution with Microsoft Azure. The Azure SFTP solution has many features that enhance security
- Told SCFHP on February 22, 2023 that some of your information was affected

What information was involved?

The types of personal information involved included:

- Your name and contact information

50585E

- Your date of birth
- Your SCFHP member ID number
- Your Medi-Cal Client Index Number (CIN)

What is SCFHP doing?

SCFHP has kept in contact with NationsBenefits about this matter. We are working with NationsBenefits to implement their new SFTP policy. We are also sharing this security incident with our members. This letter and more information will be posted on our website at www.scfhp.com.

What can you do?

Be aware of any identity theft or fraud. Watch your account statements. Keep track of your financial accounts for any unusual activity.

To be extra safe, NationsBenefits is offering you a credit monitoring service. This service will be provided to you at no cost for 24 months. This product provides you with credit monitoring, identity theft resolution services, and \$1,000,000 of identity theft insurance. To activate your membership and start monitoring your personal information, please follow the steps below:

- Ensure that you **enroll by:** **<enrollment end date>** (Your code will not work after this date.)
- **Visit** the Experian IdentityWorks website to enroll: **<URL>**
- Provide your **activation code:** **<code>**

If you have questions about the product, need assistance with identity restoration or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian's customer care team at **<customer service number>** by **<enrollment end date>**. Be prepared to provide engagement number **<engagement #>** as proof of eligibility for the identity restoration services by Experian.

ADDITIONAL DETAILS REGARDING YOUR 24-MONTH EXPERIAN IDENTITYWORKS MEMBERSHIP:

A credit card is **not** required for enrollment in Experian IdentityWorks. You can contact Experian **immediately** regarding any fraud issues, and have access to the following features once you enroll in Experian IdentityWorks:

- **Experian credit report at signup:** See what information is associated with your credit file. Daily credit reports are available for online members only.*
- **Credit Monitoring:** Actively monitors Experian file for indicators of fraud.
- **Identity Restoration:** Identity Restoration agents are immediately available to help you address credit and non-credit related fraud.

- **Experian IdentityWorks ExtendCARE™:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- **Up to \$1 Million Identity Theft Insurance**:** Provides coverage for certain costs and unauthorized electronic fund transfers.

For minors, please have a parent or guardian enroll you in the Minor Plus Experian Identityworks Membership using the following instructions:

- Ensure that you enroll by <enrollment end date> (Your code will not work after this date.)
- Visit the Experian IdentityWorks website to enroll: <URL>
- Provide your activation code: <code>
- Provide the minor's information when prompted

If you have questions about the product, need assistance with Identity Restoration that arose as a result of this incident or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian's customer care team at <customer service number> by <enrollment end date>. Be prepared to provide engagement number <engagement #> as proof of eligibility for the Identity Restoration services by Experian.

ADDITIONAL DETAILS REGARDING YOUR MINOR'S 24-MONTH EXPERIAN IDENTITYWORKS MEMBERSHIP

A credit card is not required for enrollment in Experian IdentityWorks. You can contact Experian immediately regarding any fraud issues, and have access to the following features once you enroll in Experian IdentityWorks:

- **Social Security Number Trace:** Monitoring to determine whether enrolled minors in your household have an Experian credit report. Alerts of all names, aliases and addresses that become associated with your minor's Social Security Number (SSN) on the Experian credit report.
- **Internet Surveillance:** Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- **Identity Restoration:** Identity Restoration specialists are immediately available to help you address credit and non-credit related fraud.
- **Experian IdentityWorks ExtendCARE™:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- **\$1 Million Identity Theft Insurance**:** Provides coverage for certain costs and unauthorized electronic fund transfers.

If you believe there was fraudulent use of your personal information and would like to discuss how you may be able to resolve those issues, please reach out to an Experian

agent at *<customer service number>*. If, after discussing your situation with an agent, it is determined that Identity Restoration support is needed, then an Experian Identity Restoration agent is available to work with you to investigate and resolve each incident of fraud that occurred (including, as appropriate, helping you with contacting credit grantors to dispute charges and close accounts; assisting you in placing a freeze on your credit file with the three major credit bureaus; and assisting you with contacting government agencies to help restore your identity to its proper condition).

Please note that this Identity Restoration support is available to you for 24 months from the date of this letter and does not require any action on your part at this time. The Terms and Conditions for this offer are located at www.ExperianIDWorks.com/restoration. You will also find self-help tips and information about identity protection at this site.

For More Information

We regret any disruptions this may have caused you. If you have additional questions, please call our dedicated, toll-free call center at *<toll free number>*, Monday through Friday between 9:00 a.m. and 6:30 p.m. Eastern Time, excluding some major U.S. holidays.

Sincerely,

Christine M. Tomcala
Chief Executive Officer
Santa Clara Family Health Plan

* Offline members will be eligible to call for additional reports quarterly after enrolling.

** The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Discrimination is against the law. Santa Clara Family Health Plan (SCFHP) follows State and Federal civil rights laws. SCFHP does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SCFHP provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SCFHP between 8:30 a.m. and 5:00 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

**Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
1-800-260-2055 (TTY: 711)**

HOW TO FILE A GRIEVANCE

If you believe that Santa Clara Family Health Plan (SCFHP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SCFHP. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP between 8:30 a.m. to 5 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **711**.
- In writing: Fill out a complaint form or write a letter and send it to:

**Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119**

- In person: Visit your doctor's office or SCFHP and say you want to file a grievance.
 - Electronically: Visit SCFHP's website at www.scfhp.com.
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OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Nqe Lus Hmoob Cob (Hmong) – CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-260-2055 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-260-2055 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese) – 注意日本語での対応が必要な場合は 1-800-260-2055 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-260-2055 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean) – 유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-260-2055 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-260-2055 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian) – ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-260-2055 (TTY: 711) . ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໄຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-260-2055 (TTY: 711) . ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien) – LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-260-2055 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-260-2055 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi) – ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-260-2055 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-260-2055 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian) – ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-260-2055 (линия ТТУ: 1-800-260-2055). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-260-2055 (линия ТТУ:711). Такие услуги предоставляются бесплатно.

ແທກໄລພາສາໄທຍ (Thai) – โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-260-2055 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-260-2055 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian) – УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-260-2055 (TTY: 711) . Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-260-2055 (TTY: 711) . Ці послуги безкоштовні.