

Disclosure of Protected Health Information to TeamHealth

Delta Dental may disclose Summary Health Information to TeamHealth for the purpose of obtaining premium bids for providing coverage under the Plan or for modifying, amending, or terminating the Plan.

The Plan will disclose Personal Health Information (PHI) to the Employer only in accordance with the established HIPAA guidelines. PHI disclosed to TeamHealth may only be used for permitted and required uses and disclosures.

Additionally, the Employer agrees:

- Not to use or further disclose PHI other than as permitted or as required by law;
- To ensure that any of its agents or subcontractors to whom it provides PHI received from the Plan agree to the same restrictions and conditions;
- Not to use or disclose PHI for employment-related actions or in connection with any other benefit or employee benefit plan;
- To report to the Plan any use or disclosure of the information that is inconsistent with the permitted uses and disclosures.
- To make PHI available to individuals in accordance with HIPAA regulations
- To make PHI available for individuals' amendment and incorporate any amendments in accordance with HIPAA regulations.
- To make the information available that will provide individuals with an accounting of disclosures in accordance with HIPAA regulations.
- To make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Department of Health and Human Services upon request;
- If feasible, to return or destroy all PHI received from the Plan that the Employer maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, the Employer will limit further its uses and disclosures of the PHI to those purposes that make the return or destruction of the information infeasible.
- To ensure that adequate separation between the Plan and the Employer, as required by HIPAA regulations

Access to and use of PHI will be restricted to Plan Administration Functions that the Employer performs for the Plan. Such access or use shall be permitted only to the extent necessary for these individuals to perform their respective duties for the Plan.

**Delta Dental Plan of Tennessee
Summary Plan Description
Group Variables**

Group Name: TeamHealth, Inc.
Group Number: 4073
Original Issue: October 1, 1999

Annual Deductible:

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|---|---------|
| Amount per Person per calendar year | \$ 50 |
| Maximum Family Deductible per calendar year | \$ 1500 |

Benefit Percentages:

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|--|------|
| Schedule A, Diagnostic and Preventative Benefits | 100% |
| Schedule B, Basic Benefits | 80% |
| Schedule C, Major Benefits | 50% |
| Schedule D, Orthodontic Benefits | 50% |

Annual Max for Schedule A, B, and C Dental Services

| | |
|-------------------------------------|---------|
| Amount per person per calendar year | \$ 1500 |
|-------------------------------------|---------|

Lifetime Max for Schedule D Dental Services

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|----------------------------|---------|
| Lifetime amount per person | \$ 1500 |
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Special Benefit Notations:

Orthodontics are Limited to Dependent Children to Age 19.

Special Enrollment Notations:

Employees are eligible on the first day of the month following completion of 30 days of continuous employment.

Full-time employment will be a minimum of 32 hours per week.

Dependent coverage is available under this plan.