



BlueCross BlueShield
of Montana

Date

«MBR_FST_NM» «MBR_LST_NM»
«MBR_POST_ADDR1» «MBR_POST_ADDR2»
«MBR_CTY_NM», «MBR_ST_CD» «MBR_ZIP»

Re: **NOTICE OF DATA BREACH**
PLEASE READ CAREFULLY

Dear «MBR_FST_NM» «MBR_LST_NM»:

Blue Cross and Blue Shield of Montana (BCBSMT) is providing this letter on behalf of your self-funded employer group health plan or because of your past or current health insurance coverage with BCBSMT. It is being sent to provide you with specific details about a recent incident involving your Protected Health Information (PHI) as required under the law.

What Happened: On Feb. 11, 2025, we became aware of activity on Blue Access for MembersSM that may have caused your PHI to be viewed by an unauthorized individual. BAMSM is the portal system through which individuals may access information about their membership. This potential disclosure may have occurred between Nov. 8, 2024, and March. 5, 2025.

What Information Was Involved: Potentially impacted information may include name, address, date of birth, service dates, telephone numbers, fax numbers, email addresses, medical record numbers, health plan beneficiary numbers, account numbers, medical/dental service and billing information.

What We Are Doing: We are working to address these activities. We are committed to maintaining the privacy and security of your information, and we are taking this incident very seriously.

What You Can Do: We have no reason to believe that anyone has accessed or misused your information. However, we want to give you steps to take to guard against identity theft or fraud. If you receive or access explanation of benefits statements (EOBs) from BCBSMT, we recommend that you regularly review these statements. If you see any service that you did not receive, please call us at the number found on the statement or on your member identification (ID) card. If you do not receive or access EOBs, contact your provider or plan and request that they send you a statement following the provision of any services under your name and ID number. Please review the enclosed Information about Identity Theft Protection.

What we are doing to protect your information:

To help protect your identity, we are offering a complimentary one-year membership of Experian's® IdentityWorksSM. This product provides you with superior identity detection and resolution of identity theft. To activate your membership and start monitoring your personal information, please follow the steps below:

- Ensure that you enroll by: **07/13/2025** (Your code will not work after this date.)
- Visit the Experian IdentityWorks website to enroll: www.experianidworks.com/credit
- 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 877-890-9332 by **07/13/2025**. Be prepared to provide engagement number **B142513** as proof of eligibility for the identity restoration services by Experian.

ADDITIONAL DETAILS REGARDING YOUR 12-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.

What you can do to protect your information: There are additional actions you can consider taking to reduce the chances of identity theft or fraud on your account(s). Please refer to the final page of this letter. Due to privacy laws, we cannot register you directly.

BCBSMT regrets any inconvenience or concern caused by this incident, and the privacy of our members is a top priority.

For More Information. If you believe that your PHI has been misused or have any questions regarding this letter, please call the toll-free number listed on your member ID card. A representative is available to assist you. BCBSMT provides TDD/TYY services and language assistance for incoming callers for deaf, hard-of-hearing and speech-disabled members. Members can utilize their TeleTYpewriter (TTY) or Telecommunication Device (TDD) to access a teletype operator at 1-406-444-4212.

Sincerely,

Privacy Office
Blue Cross and Blue Shield of Montana

Enclosures

Member ID «SUB_ID»
Group # «GRP_NBR»
«Plan_Membership»

* Identity theft insurance is underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. (AIG). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

ADDITIONAL ACTIONS TO HELP REDUCE YOUR CHANCES OF IDENTITY THEFT

➤ **PLACE A 90-DAY FRAUD ALERT ON YOUR CREDIT FILE**

An **initial 90-day security alert** indicates to anyone requesting your credit file that you suspect you are a victim of fraud. When you or someone else attempts to open a credit account in your name, increase the credit limit on an existing account, or obtain a new card on an existing account, the lender should take steps to verify that you have authorized the request. If the creditor cannot verify this, the request should not be satisfied. You may contact one of the credit reporting companies below for assistance.

Equifax

P.O. Box 105069
Atlanta, GA 30348
1-800-525-6285
www.equifax.com

Experian

P.O. Box 2002
Allen, TX 75013
1-888-397-3742
www.experian.com

TransUnion

P.O. Box 2000
Chester, PA 19022-2000
1-800-680-7289
www.transunion.com

➤ **PLACE A SECURITY FREEZE ON YOUR CREDIT FILE**

If you are very concerned about becoming a victim of fraud or identity theft, a security freeze might be right for you. Placing a freeze on your credit report will prevent lenders and others from accessing your credit report in connection with new credit application, which will prevent them from extending credit. A security freeze generally does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities. With a Security Freeze in place, you will be required to take special steps when you wish to apply for any type of credit. This process is also completed through each of the credit reporting companies.

Equifax Security Freeze

P.O. Box 105788
Atlanta, GA 30348
1-800-685-1111
www.freeze.equifax.com

Experian Security Freeze

P.O. Box 2002
Allen, TX 75013
1-888-397-3742
www.experian.com/freeze/center.html

TransUnion

P.O. Box 2000
Chester, PA 19022-2000
1-888-909-8872
www.transunion.com/credit-freeze

➤ **ORDER YOUR FREE ANNUAL CREDIT REPORTS**

Visit www.annualcreditreport.com or call 877-322-8228.

Once you receive your credit reports, review them for discrepancies. Identify any accounts you did not open or inquiries from creditors that you did not authorize. Verify all information is correct. If you have questions or notice incorrect information, contact the credit reporting company.

➤ **MANAGE YOUR PERSONAL INFORMATION**

Take steps such as: carrying only essential documents with you; being aware of whom you are sharing your personal information with and shredding receipts, statements, and other sensitive information.

➤ **USE TOOLS FROM CREDIT PROVIDERS**

Carefully review your credit reports and bank, credit card and other account statements. Be proactive and create alerts on credit cards and bank accounts to notify you of activity. If you discover unauthorized or suspicious activity on your credit report or by any other means, file an identity theft report with your local police and contact a credit reporting company.

➤ **OBTAIN MORE INFORMATION ABOUT IDENTITY THEFT AND WAYS TO PROTECT YOURSELF**

- Visit <http://www.experian.com/credit-advice/topic-fraud-and-identity-theft.html> for general information regarding protecting your identity.
- The Federal Trade Commission has an identity theft hotline: 877-438-4338; TTY: 1-866-653-4261. They also provide information on-line at www.ftc.gov/idtheft.

For residents of Maryland: You may also obtain information about preventing and avoiding identity theft from the Maryland Office of the Attorney General:

- **Maryland Office of the Attorney General**, Consumer Protection Division
200 St. Paul Place, Baltimore, MD 21202, 1-888-743-0023, www.oag.state.md.us

For residents of Massachusetts: You also have the right to obtain a police report.

For residents of North Carolina: You may also obtain information about preventing and avoiding identity theft from North Carolina Attorney General's Office:

- **North Carolina Attorney General's Office**, Consumer Protection Division
9001 Mail Service Center, Raleigh, NC 27699-9001, 1-877-5-NO-SCAM, www.ncdoj.gov

For residents of New Mexico: You also have rights pursuant to the Fair Credit Reporting Act, such as the right to be told if information in your credit file has been used against you, the right to know what is in your credit file, the right to ask for your credit score, and the right to dispute incomplete or inaccurate information. Further, pursuant to the Fair Credit Reporting Act, the consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information; consumer reporting agencies may not report outdated negative information; access to your file is limited; you must give your consent for credit reports to be provided to employers; you may limit "prescreened" offers of credit and insurance you get based on information in your credit report; and you may seek damages from violator. You may have additional rights under the Fair Credit Reporting Act not summarized here. Identity theft victims and active duty military personnel have specific additional rights pursuant to the Fair Credit Reporting Act. We encourage you to review your rights pursuant to the Fair Credit Reporting Act by visiting www.consumerfinance.gov/f/201504_cfpb_summary_your-rights-under-fcra.pdf, or by writing Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

For residents of Rhode Island: You also have the right to obtain any police report filed in regard to this incident under Rhode Island law. The Rhode Island Attorney General can be reached at: 150 South Main Street, Providence, Rhode Island 02903, www.riag.ri.gov, 1-401-247-4400.

We recommend that you regularly review the explanation of benefits statement that you receive from us. If you see any service that you believe you did not receive, please contact us at the number on the statement. If you do not receive regular explanation of benefits statements, contact your provider or plan and request them to send such statements following the provision of services in your name or number.

You may want to order copies of your credit reports and check for any medical bills that you do not recognize. If you find anything suspicious, call the credit reporting agency at the phone number on the report. Keep a copy of this notice for your records in case of future problems with your medical records. You may also want to request a copy of your medical records from your provider, to serve as a baseline. If you are a California resident, we suggest that you visit the web site of the California Office of Privacy Protection at www.privacy.ca.gov to find more information about your medical privacy.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعدته أسئلة، فلدك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bika anánlwo'ígíí, na'idíłkidgo, ts'idá bee ná ahóótí'i' t'áá níłk'e níka a'doolwoł dóó bina'idíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'í' hodíłnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.