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December 18, 2020

Attorney General Aaron Frey Office of the Maine Attorney General 6 State House Station Augusta, ME 04333

Dear Attorney General Frey:

On behalf of our client, BlueCross BlueShield of Tennessee, Inc. ("BlueCross"), and pursuant to 10 M.R.S. § 1348(5), we are writing to notify your office that BlueCross's vendor, EyeMed Vision Care, LLC ("EyeMed"), was the victim of a cyberattack in which your state's residents' personal information may have been compromised. EyeMed is BlueCross's business associate (as defined by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA")).

It is our understanding that EyeMed notified your office of the breach on September 28, 2020, and updated its notification on November 30, 2020. Copies of these notices are attached to this letter. BlueCross has made zero (0) breach notifications to the Office of the Maine Attorney General in the past twelve (12) months.

Total Number and number of Maine residents affected: A total of 1,340 BlueCross members may have been affected by the breach of EyeMed's systems, of which three (3) BlueCross members reside in Maine.

Description of the breach: EyeMed notified BlueCross that on July 1, 2020, EyeMed discovered that an unauthorized individual gained access to one of EyeMed's email mailboxes and sent phishing emails to email addresses contained in the mailbox's address book. EyeMed further advised us that it took immediate steps to block the unauthorized individual's access to the mailbox and secured the mailbox. EyeMed's investigation showed that someone may have accessed personal information of some of BlueCross's members.

Date and timeframe breach occurred; Date breach discovered: EyeMed reported to BlueCross that the individual gained access on June 24, 2020, and access was terminated on July 1, 2020. BlueCross learned the identities of its members that may have been impacted by this breach on November 9, 2020.

Miami tel. 312 212 8676 vivek@jayaramlaw.com

jayaramlaw.com

Remedial steps: EyeMed reported to us that it launched an investigation and hired a cybersecurity firm to assist in its efforts and that it took prompt action to mitigate any potential harmful effects of the incident, including:

- Changed password/strengthened password requirements
- Created a new/updated Security Rule Risk Management Plan
- Implemented new technical safeguards
- Implemented technical and nontechnical evaluations
- Mandatory security awareness training for its employees

Categories of personal information subject to the breach: EyeMed has reported that the personal information that may have been accessed includes full name, date of birth, physical address, phone number, social security number, health plan information, member ID, and treatment information.

Date of notification to Maine residents: BlueCross notified the Maine residents of EyeMed's cyberattack in a letter postmarked December 9, 2020. A copy of the notice letter is attached to this email.

Identity theft protection and credit monitoring services offered: BlueCross is offering the Maine residents affected by this cyberattack Experian's IdentityWorks Credit 1B service at no cost. The services include credit reports, credit monitoring, and identity restoration.

If you have any questions about this notification, please contact me at (312) 212-8676 or heidi@jayaramlaw.com.

Sincerely,

Hidi Vemberg

Heidi Yernberg

ATTACHMENTS



<Date>

<First Name> <Last Name> <Address 1> <Address 2> <City>, <State> <Zip>

Dear <First Name>,

We're serious about protecting your personal information. And we want to be open with you when there's a concern. That's why we're reaching out to let you know about a privacy issue. On November 9, 2020, our vendor, EyeMed, let us know it was the victim of a cyberattack. EyeMed provides vision care for our members, and that's why they had your information.

What information was involved?

Someone could have found one or more of these facts about you:

- Name
- Date of birth
- Physical address
- Phone number
- Social Security number
- Health plan information
- Member ID
- Treatment information

What happened?

On July 1, 2020, EyeMed found out someone illegally accessed its email mailbox and sent phishing emails to addresses within the company. After discovering this incident, EyeMed hired a cybersecurity firm to investigate. The investigation showed someone may have gotten some of your personal information. At this point, we're not aware of any fraud or misuse of any of your personal information as a result of this incident, but we still want to make sure you know about it.

What we're doing about it

We'll keep you up to date on this issue. EyeMed has taken immediate steps to enhance protections for the information it has, including mandatory security awareness training for its employees.

To help protect you even more, we want to encourage you to use Experian's IdentityWorks Credit 1B service at no extra cost to you. Your member code to sign up is <Member Code>.

Other tips to help you protect your information

The Federal Trade Commission's website, consumer.ftc.gov, lists steps you can take to help protect your information and your privacy. You may also contact the credit reporting companies listed below to order your free annual credit reports, place a 90-day fraud alert on your credit file or place a security freeze on your credit file:

- Equifax: 1-800-525-6285
- Experian: 1- 888-397-3742
- TransUnion: 1-800-680-7289

We're here to help. If you have any questions about this letter, please call us at **1-888-455-3824** between 8:30 a.m. and 4:30 p.m. ET, Monday through Friday, or email us at Privacy_Office@BCBST.com.

Best of Health,

Sharon Saville Privacy Analyst BlueCross BlueShield of Tennessee Privacy Office Activate IdentityWorks Credit 1B Now in Two Easy Steps:

1. Go to experianidworks.com/creditbcbst and enroll by January 31, 2021. Your code won't work after this date.

2. Enter the following information: Engagement Code DB005315 Plan Name: BlueCross BlueShield of Tennessee Activation Code: <member code>

If you have questions or you'd like to enroll by phone, please call Experian at 1-866-926-9803 and mention the information above.

You don't need a credit card to enroll. Here's some more information about IdentityWorks Credit 1B:

- Experian credit report at signup: See what information is on your Experian credit file. On-demand reports are available for online members and quarterly for offline members.
- Credit Monitoring: Actively monitors your Experian credit file for changes to your credit file.
- Identity Restoration: Identity Restoration agents are available to help you address credit and non-credit related fraud.
- Experian IdentityWorks ExtendCARE[™]: You receive the same highlevel of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- Up to \$1 Million Identity Theft Insurance*: Provides reimbursement for stolen funds linked to unauthorized electronic funds transfers, lost wages, and expenses for third party assistance for CPAs, legal defense, and more.

Once you've enrolled, you should review your credit report for anything that looks inaccurate or suspicious. If you have any questions about IdentityWorks Credit 1B, or if you need help understanding something on your credit report, or if you think an item on your credit report may be fraudulent, please contact Experian at 1-866-926-9803.

^{*} 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. View Summary of Benefits.

BlueCross BlueShield of Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; *clo* Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_ OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at the theorem of the service of the service of the back test. http://www.hhs.gov/ocr/office/file/index.html.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كذت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتواقر لك بلامجان.

إذا كنت عضوًا، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية المضو أو بالرقم 9140-565-800-1 (الهاتف النصي: 2028-848-10-1).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。

若您是會員,請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY): 1-800-848-0298)。

CHÚ Ý: Nếu ban nói Tiếng Việt, có các dịch vụ hỗ trơ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viền ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ີ ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወዥ. የሚናንሩት ቋንቋ አማርኛ ከሆን የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሲያግዝዎት ተዘጋጅተዋል፡ አባል ከሆኑ፣ በአባልነት መታወቂያዎ ጀርባ ላይ በሚንኘው የአባላት አንልግሎት ቁተር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፣ TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Kare oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વીસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298)

ध्यात दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگر می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باند. در صورتِیکه عضو هستِد، با شمار، خدمات اعضا در بِنَتْ کارت مَدَّلسایی عضو خود با 1-800-848-0289، TTY: 1-800-848 تماس دگد دد

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló.

Naltsöös bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígií ninaaltsoos nitřízí bee nééhozinígií bine'déé' Naaltsoos Bá Hada'dít'éhígií Bee Áka'anída'awo'í bibéésh bee hane'í biká'ígií bee hodílnih doodago 1-800 -565-9140 (Doo Adinits'agóógo o TTY: 1-800-848-0298) bee hodíilnih.

Maine Security Breach Reporting Form

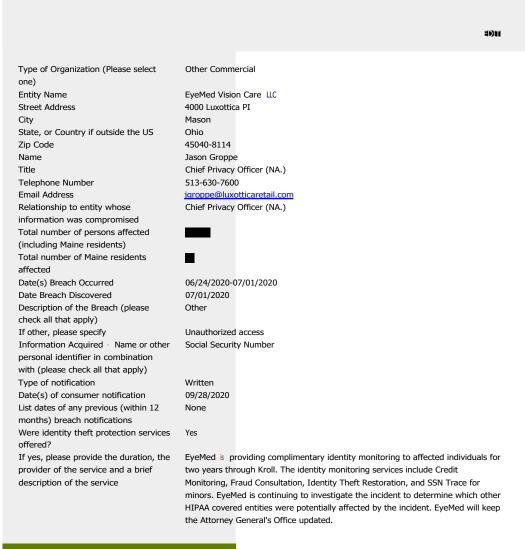
Thank you for submitting the breach details through this reporting form. The information you have provided has been submitted to the agency.

Please close this browser window.

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Maine Security Breach Reporting Form -Review



< PREVIOUS CONTINUE TO SUBMIT FORM >

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Maine Security Breach Reporting Form - Review

| | EDIT |
|---|--|
| Type of Organization (Please select one) | Other Commercial |
| Entity Name | EveMed Vision Care LLC |
| Street Address | 4000 Luxottica Pl |
| City | Mason |
| State, or Country if outside the | Ohio |
| US | |
| Zip Code | 45040-8114 |
| Name | Jason Groppe |
| Title | Chief Privacy Officer (N.A.) |
| Telephone Number | 513-630-7600 |
| Email Address | jgroppe@luxotticaretail.com |
| Relationship to entity whose information was compromised | Chief Privacy Officer (N.A.) |
| Total number of persons | 2,329,942 |
| affected (including Maine | 2,323,342 |
| residents) | |
| Total number of Maine residents | 23,057 |
| affected | |
| If the number of Maine | Yes |
| residents exceeds 1,000, have | |
| the consumer reporting | |
| agencies been notified? | |
| Date(s) Breach Occurred | 06/24/2020-07/01/2020 |
| Date Breach Discovered | 07/01/2020 |
| Description of the Breach | Other |
| (please check all that apply) If other, please specify | Unauthorized access |
| Information Acquired - Name or | Social Security Number |
| other personal identifier in | |
| combination with (please check | |
| all that apply) | |
| Type of notification | Written |
| Date(s) of consumer notification | 09/28/2020 |
| List dates of any previous | The initial notification of this incident was filed on September 28, |
| (within 12 months) breach | 2020. |
| notifications | |
| Were identity theft protection | Yes |
| services offered? If yes, please provide the | This response was previously provided in the report filed on |
| duration, the provider of the | September 28, 2020. |
| service and a brief description | September 20, 2020. |
| of the service | |
| | |

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CONTINUE TO SUBMIT FORM

Maine Security Breach Reporting Form

Thank you for submitting the breach details through this reporting form. The information you have provided has been submitted to the agency.

Please close this browser window.

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