

# UnitedHealthcare® StudentResources

## HEALTH PLAN NOTICES OF PRIVACY PRACTICES

Notice for Medical Information: Pages 6-8.

Notice for Financial Information: Page 9.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### Language Assistance Services

ATTENTION: If you speak (English), we<sup>1</sup> provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free member phone number listed on your health plan ID card. We are available Monday through Friday, 8 a.m. to 8 p.m. E.T. TTY users may dial 711.

ATENCIÓN: Si habla español (Spanish), ofrecemos<sup>1</sup> servicios gratuitos en otros idiomas para ayudarle a que se comunique con nosotros. Ofrecemos intérpretes, cartas en otros idiomas y cartas en otros formatos como en letra grande. Para recibir ayuda, llame al **1-866-260-2723** para planes médicos, al **1-800-638-3120** para planes de la vista, al **1-877-816-3596** para planes dentales o llame al número de teléfono gratuito para miembros que aparece en su tarjeta de ID del plan de salud. Estamos disponibles de lunes a viernes, de 8 a.m. a 8 p.m., hora del Este. Los usuarios de TTY pueden marcar 711.

注意：如果您說中文 (Chinese)，我們<sup>1</sup> 提供免費語言服務以協助您與我們溝通。我們提供口譯員、其他語言版本的信函、和其他格式的信函，如大字體版。如需協助，有關醫療計劃請撥打 **1-866-260-2723**，有關視力計劃請撥打 **1-800-638-3120**，有關牙科計劃請撥打 **1-877-816-3596**，或撥打您的健保計劃會員卡上所列的免付費會員電話。我們的服務時間是週一至週五，美東時間上午 8 點至晚上 8 點，聽力語言殘障服務專線 (TTY) 使用者可撥打 711。

LUU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), chúng tôi<sup>1</sup> cung cấp dịch vụ ngôn ngữ miễn phí để giúp quý vị giao tiếp với chúng tôi. Chúng tôi cung cấp thông dịch viên, thư bằng các ngôn ngữ khác và thư ở các định dạng khác như chữ in lớn. Để được trợ giúp, vui lòng gọi số **1-866-260-2723** để biết các Chương trình Y tế, **1-800-638-3120** để biết các Chương trình Nhân khoa, **1-877-816-3596** để biết các Chương trình Nha khoa, hoặc gọi số điện thoại hội viên miễn phí được ghi trong thẻ ID chương trình bảo hiểm y tế của quý vị. Chúng tôi làm việc từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ chuẩn miền Đông, người dùng TTY có thể quay số 711.

주의: 귀하가 한국어 (Korean)를 구사하시면, 귀하와의 의사소통을 돕기 위해 저희<sup>1</sup>가 무료 언어 서비스를 제공합니다. 저희는 통역사, 다른 언어로 번역된 서신, 큰 활자체와 같은 다른 양식의 서신을 제공합니다. 도움을 받으시려면, 의료 보험은 **1-866-260-2723**, 안과 보험은 **1-800-638-3120**, 치과 보험은 **1-877-816-3596** 으로 전화하시거나, 귀하의 건강보험 ID 카드에 기재된 무료 회원용 전화번호로 전화주십시오. 월요일 ~ 금요일, 오전 8 시 ~ 오후 8 시(동부 표준시)까지 이용하실 수 있습니다. TTY 사용자들은 711 로 전화하실 수 있습니다.

PAALALA: Kung nagsasalita ka sa Tagalog (Tagalog), nagbibigay kami<sup>1</sup> ng libreng serbisyo sa wika upang matulungan kang makipag-ugnayan sa amin. Nag-aalok kami ng mga interpreter, liham sa iba pang wika, at liham sa iba pang format gaya ng malaking print. Upang humingi ng tulong, mangyaring tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Paningin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tawagan ang toll-free na numero ng telepono ng miyembro na nakalista sa iyong ID card ng planong pangkalusugan. Available kami mula Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. sa E.T. Maaaring mag-dial sa 711 ang mga user ng TTY.

ВНИМАНИЕ: Если вы говорите на русском языке (Russian), то мы<sup>1</sup> предоставим бесплатные переводческие услуги, которые помогут вам в общении с нами. Мы предлагаем услуги устных переводчиков, письма на других языках и письма в других форматах, например, крупным шрифтом. Чтобы получить помощь, звоните **1-866-260-2723** по поводу планов медицинского обслуживания, **1-800-638-3120** по поводу планов офтальмологического обслуживания, **1-877-816-3596** по поводу планов стоматологического обслуживания или звоните по бесплатному номеру телефона для участников, указанному в вашей идентификационной карте участника плана медицинского страхования. Мы работаем с понедельника по пятницу, с 8 утра до 8 вечера по Восточному времени. Пользователи линии TTY могут звонить по номеру 711.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), nou<sup>1</sup> bay sèvis lang gratis pou ede w kominike avèk nou. Nou ofri entèprèt, lèt ki ekri nan lòt lang, ak lèt ki ekri nan lòt fòm tankou gwo karaktè. Pou jwenn èd, tanpri rele **1-866-260-2723** pou Plan Medikal yo, **1-800-638-3120** pou Plan Vizyon yo, **1-877-816-3596** pou Plan Dantè yo, oswa rele nimewo telefòn gratis pou manm ki endike sou kat ID plan sante ou an. Nou disponib lendi jiska vandredi, ant 8 a.m. ak 8 p.m. E.T. Itilizatè TTY yo ka rele 711.

ATTENTION : Si vous parlez français (French), nous<sup>1</sup> offrons des services linguistiques gratuits pour vous aider à communiquer avec nous. Nous proposons des interprètes, des lettres dans d'autres langues et des lettres dans d'autres formats, tels que les gros caractères. Pour obtenir de l'aide, veuillez appeler le **1-866-260-2723** pour les plans médicaux, le **1-800-638-3120** pour les plans de vision, le **1-877-816-3596** pour les plans dentaires, ou appelez le numéro de téléphone gratuit des membres indiqué sur votre carte d'identification du plan d'assurance maladie. Nous sommes disponibles du lundi au vendredi de 8 h du matin à 8 h du soir Heure de l'Est. Les utilisateurs de télécopieur peuvent composer le 711.

UWAGA: Jeśli mówisz po polsku (Polish), możesz skorzystać z bezpłatnej pomocy językowej, aby się z nami skontaktować<sup>1</sup>. Oferujemy pomoc tłumacza oraz przygotowywanie listów w innych językach lub w innych formatach, np. dużym drukiem. Aby uzyskać pomoc, zadzwoń pod numer **1-866-260-2723** – plany medyczne, **1-800-638-3120** – plany okulistyczne, **1-877-816-3596** – plany stomatologiczne. Możesz też zadzwonić pod bezpłatny numer telefonu umieszczony na Twojej karcie identyfikacyjnej planu medycznego. Czynne w godzinach 8:00 a.m. — 8:00 p.m. od poniedziałku do piątku. Użytkownicy E.T. TTY mogą zadzwonić pod numer 711.

ATENÇÃO: Se você fala português (Portuguese), nós<sup>1</sup> disponibilizamos serviços de tradução gratuitos para ajudá-lo a se comunicar conosco. Disponibilizamos intérpretes e preparação de cartas em idiomas estrangeiros ou em formatos especiais, como ampliações. Se precisar de ajuda, ligue para **1-866-260-2723** para planos de saúde, **1-800-638-3120** para planos oftalmológicos, **1-877-816-3596** para planos odontológicos ou ligue para o número de chamada gratuita listado no cartão de identificação de seu convênio médico. Estamos disponíveis de segunda a sexta-feira, das 8 da manhã às 8 da noite, ET. Usuários de dispositivo de telecomunicação para surdos (TTY) devem discar 711.

ATTENZIONE: se parli italiano (Italian), mettiamo<sup>1</sup> a disposizione servizi linguistici gratuiti per comunicare con noi. Offriamo interpreti, lettere in altre lingue e lettere in altri formati, come stampe di dimensioni maggiori. Per ottenere assistenza, chiama il numero **1-866-260-2723** per i piani medici, **1-800-638-3120** per i piani oculistici, **1-877-816-3596** per i piani odontoiatrici o chiama il numero verde per membri indicato sulla tua tessera identificativa del piano sanitario. Siamo disponibili da lunedì a venerdì, dalle 8 a.m. alle 8 p.m. ora della Costa orientale degli Stati Uniti. Gli utenti TTY possono contattare il 711.



HINWEIS: Wenn Sie Deutsch (German) sprechen, bieten wir<sup>1</sup> kostenlose Sprachdienstleistungen an, um Ihnen die Kommunikation mit uns zu erleichtern. Wir bieten Dolmetscher, Briefe in anderen Sprachen und Briefe in anderen Formaten wie Großdruck. Um Hilfe zu erhalten, erreichen Sie Medizinische Versorgungspläne telefonisch unter **1-866-260-2723**, Optische Versorgungspläne unter **1-800-638-3120**, Zahnärztliche Versorgungspläne unter **1-877-816-3596** oder über die gebührenfreie Telefonnummer auf Ihrem Gesundheitsplan-Ausweis. Wir sind montags bis freitags von 8 Uhr morgens bis 8 Uhr abends (ET) für Sie da. TTY-Benutzer können 711 wählen.

注記: 当社<sup>1</sup>はお客様とのコミュニケーションを容易にするために、日本語(Japanese)によるサービスを無料で提供しております。通訳者、他言語版の書類、大活字版などの他のフォーマットの書類をご利用いただけます。お問い合わせ電話番号は、医療保険 **1-866-260-2723**、眼科保険 **1-800-638-3120**、歯科保険 **1-877-816-3596** です。もしくは、お客様の保険 ID カードに記載のフリーダイヤル番号までお問い合わせください。営業時間は月曜日～金曜日、午前 8 時～午後 8 時(米国東部標準時間)です。TTY をご利用の場合は、711 をダイヤルしてください。

توجه: اگر زبان شما فارسی (Farsi) است، ما<sup>1</sup> می‌توانیم خدمات زبانی را به طور رایگان به شما ارائه کنیم تا بتوانید با ما ارتباط برقرار کنید. ما می‌توانیم خدمات ترجمه همزمان، مکاتبه به زبان‌های دیگر و مکاتبه در قالب‌های دیگر مانند چاپ درشت را به شما ارائه کنیم. برای کسب اطلاعات بیشتر، با شماره **1-866-260-2723** برای پلان‌های بیمه پزشکی، **1-800-638-3120** برای پلان‌های بیمه چشم‌پزشکی، **1-877-816-3596** برای پلان‌های بیمه دندان‌پزشکی یا شماره رایگان ویژه اعضا که بر روی کارت شناسایی پلان بیمه درمانی درج شده است، تماس بگیرید. طی روزهای دوشنبه تا جمعه، از ساعت 8 صبح تا 8 ب.ظ E.T. آماده پاسخگویی به شما هستیم. کاربران TTY می‌توانند با 711 تماس بگیرند.

ध्यान दें: यदि आप हिन्दी (Hindi) बोलते हैं, हम<sup>1</sup> निःशुल्क भाषा सेवाएं प्रदान करते हैं ताकि हमारे साथ बातचीत करने में आपकी मदद हो सके। हम दुभाषिये, अन्य भाषाओं में पत्र, और अन्य प्रारूपों में पत्र, जैसे बड़े प्रिंट में, प्रदान करते हैं। मदद लेने के लिए, मेडिकल प्लान्स के लिए कृपया **1-866-260-2723** पर कॉल करें, विज्ञान प्लान्स के लिए **1-800-638-3120** पर कॉल करें, डेंटल प्लान्स के लिए **1-877-816-3596** पर कॉल करें, अथवा अपने हेल्थ प्लान आईडी कार्ड पर दिए गए टोल-फ्री सदस्य फ़ोन नंबर पर कॉल करें। हम सोमवार से शुक्रवार, सुबह 8 बजे से शाम 8 बजे तक उपलब्ध हैं। ई.टी. TTY उपभोक्ता 711 डायल कर सकते हैं।

LUS TSHAJ TAWM: Yog tias koj hais lus Hmoob (Hmong), peb<sup>1</sup> muaj cov kev pab cuam txhais lus pub dawb los pab koj txuas lus nrog peb. Peb muaj cov neeg txhais lus, cov ntaub ntawv sau ua lwm yam lus, thiab cov ntaub ntawv sau ua lwm yam qauv ntawv xws li ntaub ntawv luam tawm ua tej daim loj. Txhawm rau thov kev pab, thov hu rau **1-866-260-2723** txog rau cov Pawg Kho Mob, **1-800-638-3120** txog rau cov Pawg Kho Qhov Muag, **1-877-816-3596** txog rau cov Pawg Kho Hniav, los sis hu rau tus nab npawb xov tooj tswv cuab hu-dawb uas teev muaj nyob rau ntawm koj daim npav ID qhia txog pawg kho mob rau fab kev noj qab haus huv. Peb qhib hnub Monday txog rau Friday, sij hawm 8 a.m. txog 8 p.m. E.T. Cov neeg siv TTY hu tau rau 711.

យកចិត្តទុកដាក់: ប្រសិនបើលោកអ្នកនិយាយ ភាសាខ្មែរ (Khmer), យើង<sup>1</sup> ផ្តល់សេវាភាសាដោយឥតគិតថ្លៃដើម្បីជួយអលំលោកអ្នកទាក់ទងជាមួយយើងផ្ទៃ។ យើងផ្តល់សេវាបកប្រែផ្តល់សេវា លិខិតសាសាផ្សេងៗទៀត និង លិខិតស្នូលទម្រង់ផ្សេងៗទៀតដូចជា កាតសារ: កម្មវិធីប្រាក់។ ដើម្បីទទួលបានចំនួនជួយ សូមហៅទំនាក់ទំនង **1-866-260-2723** សម្រាប់ផែនការអន្តរាគ្គ, **1-800-638-3120** សម្រាប់ផែនការសំបក់, **1-877-816-3596** សម្រាប់ផែនការឥតគិតថ្លៃ, ឬហៅទៅលេខឥតគិតថ្លៃដល់អាយុទារទៅក្នុងប្រទេសស្កានឌីណាវ៉ាស្កាលីនៃការសុខភាពរបស់លោកអ្នក។ យើងផ្តល់សេវា ដើម្បីជួយអលំលោកអ្នក ចាប់ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់។ អ្នកគួរ TTY អាចហៅទៅលេខ 711។

ATENCIÓN: No ti pagsasaom ket Ilocano (Ilocano), adda<sup>1</sup> ipapaaymi a libre a serbisio iti lengguahe a tumulong kenka a makikomunikar kadakami. Ituktukonmi dagiti mangilawlawag, surat iti sabali a lengguahe, ken surat iti sabali pay a pormat kas iti dadakkel a letra. Tapno makaala iti tulong, pangngaasim ta awagam ti **1-866-260-2723** para kadagiti Medikal a Plano, **1-800-638-3120** para kadagiti Plano iti Panagkita, **1-877-816-3596** para kadagiti Plano iti Dental, wenno awagam a libre ti numero ti telepono iti miembro a nakalista iti ID kard ti planom iti salun-at. Addakami iti Lunes agingga't Biernes, 8 iti bigat agingga't 8 iti rabii. Dagiti agus-usar iti E.T. TTY ket mabalina nga i-dialda ti 711.

BAA' ÁKONÍNÍZIN: Diné bizaad (Navajo) bee yánilti'go, nihí kwe'é hazhó'ó ahxít hodiilnih biniiyé nihí<sup>1</sup> saad bee áka'e'eyeedígíí t'áá jíík'eh nihee hóló. T'áá haishíí at'a' halne'í, náána'á saad bee naaltsoos hadadilyaaígíí, dóo naaltsoos nitsaago bik'ih da'ashch'íigo bee hadadilyaaígíí nihee hóló. Shíka'e'doowoł nínizingo, Ats'íís Nídanél'íih bee Naaltsoos bee Hada'dít'éhígíí biniiyégo kohjí' **1-866-260-2723** hodiilnih, Anáá Nídanél'íih Naaltsoos bee Hada'dít'éhígíí biniiyégo kohjí' **1-800-638-3120**, Awoo' Nídanél'íih bee Naaltsoos bee Hada'dít'éhígíí biniiyégo kohjí' **1-877-816-3596** hodiilnih, doodago nits'íís nánél'íih naaltsoos bee náha'dít'éhígíí bíł ninaaltsoos nitł'ízi bee nééhozinígíí bine'déé' t'áá jíík'eh béesh bee hane'í biká'ígíí bee hodiilnih. Nihí éí Damóo Biiskání dóo niléí Nída'iiníshjí', abínigo 8 a.m. dóo niléí hxiilch'íihjí' 8 p.m. oolkiłjí' nahísíitáh. E.T. TTY doo hazhó'ó níjaa' bee adinits'ágóogo díí 711 bíł adadidíilch'íigo bee hodiilnih.

FIIRO GAAR AH: Maku hadashaa Soomaali (Somali), waxaanu<sup>1</sup> bixinaa adeegyo luuqad ah oo bilaash ah si aanu kaaga caawino inaad nala xidhiidho. Waxaanu bixinaa turjumaan, waraaqo luuqado kale ah, iyo waraaqo qaabab kale oo far waawayn ku daabacan ah. Si aad caawimo u hesho, fadlan lasoo hadal **1-866-260-2723** wixii Caymisyada Caafimaadka ah, **1-800-638-3120** wixii Caymisyada Caafimaadka Indhaha ah, **1-877-816-3596** wixii Caymiska Daryeelka Ilkaha ag, ama lambarka taleefanka bilaash ah ee xubinta ee ku yaal kaadhka aqoonsigaaga caymiska caafimaadka. Waxaa nala helayaa Isniinta ilaa Jimcaha, 8-da subaxnimo illaa 8-da fiidnimo. Isticmaalayaasha Saacada Bariga. TTY waxay garaaci karaan 711.

ΥΠΟΨΗ: Εάν μιλάτε ελληνικά (Greek), παρέχουμε<sup>1</sup> δωρεάν υπηρεσίες γλωσσικής υποστήριξης για να σας βοηθήσουμε να επικοινωνήσετε μαζί μας. Προσφέρουμε διερμηνείς, γράμματα σε άλλες γλώσσες και γράμματα σε άλλες μορφές όπως σε μεγάλου μεγέθους γραμματοσειρά. Για να λάβετε βοήθεια, καλέστε στο **1-866-260-2723** για Ιατρικά Προγράμματα, στο **1-800-638-3120** για Προγράμματα Όρασης, στο **1-877-816-3596** για Οδοντιατρικά Προγράμματα ή καλέστε χωρίς χρέωση στον τηλεφωνικό αριθμό μελών που βρίσκεται στην κάρτα μέλους του προγράμματος υγείας σας. Είμαστε διαθέσιμοι από Δευτέρα έως Παρασκευή, από τις 8 π.μ. έως τις 8 μ.μ. ώρα Ανατολικής Ακτής ΗΠΑ. TTY μπορούν να καλέσουν στο 711.

ધુ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલો છો, અમે<sup>1</sup> તમને અમારી સાથે વાતચીત કરવામાં સહાય માટે મફત ભાષા સેવાઓ પૂરઠાન કરશું. અમેદુભાષિયાઓ, અન્યભાષાઓમાંઅકષરો, અનેઅન્યસુવરૂપોમાંઅકષરોજેમકેમોટીપૂરનિટપૂરઠાનકરશું. મદદમેળવવામાટે, કૃપાકરીનિતબબિલિ યોજનાઓ માટે**1-866-260-2723**, દૂરવટિ યોજનાઓ માટે**1-800-638-3120**, દંત ચિકિત્સા યોજનાઓ માટે **1-877-816-3596** પરકોલ કરો. અથવાતમારાઆરોગ્યયોજનાઆઈડીકારૂપરસુચિબિધુધટોલ-ફરીમેમૂબરફોનનંબરપરકોલકરો. અમેસોમવારથીશુક્રવાર, 8 એ.એમ. થી 8 પી.એમ. સુધીઉપલબ્ધછીએ. ઈ.ટી. TTY વપરાશકર્તાઓ 711ડાયલકરીશકેછે.

# Notice of Non-Discrimination

We<sup>1</sup> do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
UHC\_Civil\_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to ask us to appeal.

If you need help with your complaint, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans or the toll-free member phone number listed on your health plan ID card. We are available Monday through Friday, 8 a.m. to 8 p.m. E.T. TTY users may dial 711.

You can also file a complaint with the U.S. Dept. of Health and Human services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

**Phone:** Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**

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

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<sup>1</sup>For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"), "We" refers to the entities listed in Footnote 2 of the Notice of Privacy Practices and Footnote 3 of the Financial Information Privacy Notice. Please note that not all entities listed are covered by this Notice.



# Medical Information Privacy Notice

Effective January 1, 2019

We<sup>2</sup> are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, if we maintain a website for your particular health plan, we will post the revised notice on your health plan website, such as [www.uhcsr.com](http://www.uhcsr.com). We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

## How We Use or Disclose Information

**We must** use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

**We have the right to** use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may also deidentify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.
- **To Provide You Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

**We may** use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual’s care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority.

- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.

- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information:

1. Alcohol and Substance Abuse
2. Biometric Information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, call the phone number listed on your health plan ID card.

## What Are Your Rights

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents **to request certain restrictions. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain health information we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website, we will post a copy of the revised notice on our website. You may also obtain a copy of this notice on your website, such as [www.uhcsr.com](http://www.uhcsr.com).

## Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want information about exercising your rights, please **call the toll-free member phone number on your health plan ID card** or you may contact **UnitedHealthcare StudentResources**:  
  
For Medical Plans at **1-888-889-3822 (TTY 711)**.  
  
For Vision Plans at **1-800-638-3120 (TTY 711)**.  
  
For Dental Plans at **1-877-816-3596 (TTY 711)**.
- **Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, to us at one of the following addresses:  
  
**For Medical Plans:**  
**UnitedHealthcare StudentResources**  
Privacy Office  
PO Box 809025  
Dallas, TX 75380-9025  
  
**For Vision Plans:**  
**UnitedHealthcare StudentResources**  
Vision HIPAA Privacy Unit  
PO Box 30978  
Salt Lake City, UT 84130  
  
**For Dental Plans:**  
**UnitedHealthcare StudentResources**  
Dental HIPAA Privacy Unit  
PO Box 30978  
Salt Lake City, UT 84130
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at one of the addresses listed above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

<sup>2</sup>This Health Information Notice of Privacy Practices applies to the following health plans affiliated with UnitedHealth Group: UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York.



# Financial Information Privacy Notice

**THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.**

## Effective January 1, 2019

We<sup>3</sup> are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

## Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

## Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;

- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

## Confidentiality and Security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

## Questions About This Notice

- If you have any questions about this notice or want information about exercising your rights, **please call the toll-free member phone number on your health plan ID card** or you may contact **UnitedHealthcare StudentResources**:

For Medical Plans at **1-888-889-3822 (TTY 711)**.

For Vision Plans at **1-800-638-3120 (TTY 711)**.

For Dental Plans at **1-877-816-3596 (TTY 711)**.

<sup>3</sup>For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 2, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Dental Benefit Providers, Inc.; Health Allies, Inc.; Spectera, Inc.; UMR, Inc.; United Behavioral Health, and United Behavioral Health of New York, I.P.A., Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to any other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.