

FINANCIAL INFORMATION PRIVACY NOTICE

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

Effective January 1, 2021

We² 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, please **call the toll-free member phone number on your health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446 (TTY/RTT 711).

² For purposes of the FIPN and the Notice of Nondiscrimination and Language Assistance, "we or us" refer to the following entities: ACN Group of California, Inc.; All Savers Insurance Company, All Savers Life Insurance Company of California; AmeriChoice Corporation; AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus South Central Insurance Company; Care Improvement Plus Wisconsin Insurance Company; Dental Benefit Providers, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Ear Professional International Corporation; Enterprise Life Insurance Company; Freedom Life Insurance Company of America; gethealthinsurance.com Agency, Inc.; Golden Outlook, Inc.; Golden Rule Insurance Company; HealthAllies, Inc.; Health Plan of Nevada, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; MAMSI Life and Health Insurance Company; March Vision Care, Inc.; MD - Individual Practice Association, Inc.; Managed Physical Network, Inc.; Medica Health Plans of Florida, Inc.; Medica Healthcare Plans, Inc.; Medication Management dba Genoa Medication Management Solutions; National Pacific Dental, Inc.; National Foundation Life Insurance Company; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optum Global Solutions (India) Private Limited; Optimum Choice, Inc.; OptumHealth Care Solutions, LLC; Optum Insurance Company of Ohio, Inc.; Optum Networks of New Jersey, Inc.; Optum Women's and Children's Health, LLC; OrthoNet, LLC; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; Oxford Health Plans LLC; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; Peoples Health, Inc.; Physicians Alliance of the Rockies, LLC; Physicians Health Choice of Texas, LLC; POMCO Network, Inc.; POMCO, Inc.; Preferred Care Partners, Inc.; Real Appeal, Inc.; Renal Health, LLC; Renal Health Management, LLC; Rocky Mountain Health Maintenance Organization, Incorporated; Rocky Mountain HealthCare Options, Inc.; Sanvello Health, Inc.; Savvysherpa, LLC; Sierra Health and Life Insurance Company, Inc.; Spectera, Inc.; Symphonix Health Insurance, Inc.; Three Rivers Holdings, Inc.; UHIC Holdings, Inc.; UHC of California; UMR, Inc.; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Administrative Services, LLC; Unison Health Plan of Delaware, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; U.S. Behavioral Health Plan, California; UnitedHealth Advisors, LLC; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Georgia, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Life Insurance Company; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Utah, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.; United HealthCare Services, Inc.; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; USHEALTH Group, Inc.; and Vivify Health, 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. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v-1n.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 23810 MINNEAPOLIS, MN

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE
PO BOX 387
SHAKOPEE MN 55379-9903



Notice of Nondiscrimination and Language Assistance

We¹ do not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We 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 the toll-free phone number listed on your ID card, TTY/RTT 711.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

For Members in California:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: UnitedHealthcare of California 1-800-624-8822 / TTY/RTT: 711. If you need more help, call DMHC Help Line at 1-888-466-2219 or Department of Insurance Hotline at 1-800-927-4357.

Información Importante Sobre Idiomas:

Es probable que usted disponga de los derechos y servicios a continuación. Puede pedir un intérprete o servicios de traducción sin cargo. Es posible que tenga disponible documentación impresa en algunos idiomas sin cargo. Para recibir ayuda en su idioma, llame a su plan de salud de al 1-800-624-8822 / TTY/RTT: 711. Si necesita ayuda adicional, llame a la Línea de Ayuda de la DMHC al 1-888-466-2219 o llame a la Línea Directa del Departamento de Seguros al 1-800-927-4357.

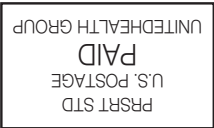
重要語言資訊：

您可能有資格享有下列權利並取得下列服務。您可以免費獲取口譯員或翻譯服務。部分語言亦備有免費書面資訊。如需取得您語言的協助，請撥打下列電話與您的健保計畫聯絡：1-800-624-8822 / 聽力語言殘障服務專線 (TTY)：711。若您需要更多協助，請撥打 DMHC 協助專線 1-888-466-2219 或保險部熱線 1-800-927-4357。

¹ For purpose of the Notice of Nondiscrimination and Language Assistance ("Notice"), "we" refers to the entities listed in the Financial Information Privacy Notice. Please note that not all entities listed are covered by this Notice.

Annual Member Notice

<First Name> <Last Name>
<Address1>, <Address2>
<City>, <State> <Zip>



UnitedHealthcare
MN006-W/300, PO Box 1459
Minneapolis MN 55440-1459



See the Annual Member Notice for important plan information and reminders, including:

How to:

- Find a doctor, hospital or other network provider on **myuhc.com**[®]. To request a printed directory, call the member phone number on your health plan ID card.
 - Get care: routine, preventive, specialty, urgent, after-hours, ER, out-of-area and behavioral health care*
 - Check your benefit coverage, exclusions, restrictions, costs of care, pharmacy benefits and notification procedures*
 - Look up or submit claims; submit an appeal or complaint
 - Get a new ID card
- * If applicable

Information and Notices:

- Member rights and responsibilities
- Financial incentives and evaluation of new technology disclosures
- Quality Improvement Program and outcomes
- Notification requirements; medical services; case/disease management programs
- Women's Health and Cancer Rights Act; Newborns' and Mothers' Health Protection Act
- Health Plan Notices of Privacy Practices
- Language Assistance and Nondiscrimination notices

To view the Annual Member Notice, go to **uhc.com/annual-notices** and select the code **FI**. To get a paper copy of the annual notice, simply mail this card back to us.

If your plan includes behavioral health benefits managed by United Behavioral Health, more information is available at **www.liveandworkwell.com/newsletter**. To get a paper copy, call the mental health phone number on your health plan ID card.

If your address has changed, please print your new address. To have future mailings sent to your new address, ask your employer to update your eligibility file.

<First Name> <Last Name>
<Address1>, <Address2>
<City>, <State> <Zip>
<Book Code>

