

New Jersey

Policy Forms OFX22-E-BCS50-29, OFX22-E-SCS70-29,
OFX22-E-SCS80-29

UnitedHealthcare[®] Navigate[®] Network

How these plans work

Each of these plans uses a network of doctors, hospitals, and other providers that offers you quality health care. These plans only pay benefits for eligible expenses from a network provider. Visit UHOne.com and select [Find A Doctor](#) under Customer Center to search for Navigate network providers.

- 1. Select and use a Primary Care Provider (PCP)** for annual exams and preventive care screenings, routine illnesses, and minor injuries. Your PCP must be in our network and practice in New Jersey. See Primary Care Provider.
- 2. See your PCP for a referral when you need a specialist.** It is your responsibility to obtain a referral. If no referral is received, no benefits are payable for the specialist's services. No referral is needed for non-surgical gynecological care and routine pregnancy care from a network provider.
- 3. You must call us before a hospital stay or surgery.** See Utilization Review. The notification phone number is on your ID card.

Navigate network plans only: No Non-Network Benefits

- These plans only pay benefits for eligible expenses from a network provider. Visit UHOne.com to search for providers in your network.
- No benefits are payable for non-emergency care from a non-network provider.
- Emergency treatment from a non-network provider will be treated as a network eligible service.



These Off-Exchange plans offer Minimum Essential Coverage but are not ACA tax credit eligible. Oxford Health Insurance, Inc. is the underwriter of these plans offered Off-Exchange.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy.

Highlights of Network Covered Expenses

| | | Bronze Copay Select 50 | Silver Copay Select 70 | Silver Copay Select 80 |
|---|----------|---|---|---|
| Deductible (per calendar year) | You pay: | \$3,000 per person, \$6,000 per family | \$2,500 per person, \$5,000 per family | \$2,250 per person, \$4,500 per family |
| Coinsurance (% you pay after deductible, per calendar year) | You pay: | 50% per person | 30% per person ¹ | 20% per person ¹ |
| Out-of-Pocket Maximum (includes all network copays, deductibles, and coinsurance) | You pay: | \$8,700 per covered person, not to exceed \$17,400 for all covered persons in a family | | |

Doctor Office

| | | | | |
|--|--|---|----------------------|----------------------|
| Primary Care Provider (PCP)/Specialist | You select a network Primary Care Provider (PCP) to manage your care. PCP referral required to see a network specialist. | | | |
| Preventive Care | You pay: | No charge — 100% covered in-network. | | |
| Office Visit, History, and Exam only - Selected PCP | You pay: | 50% after deductible | 30% after deductible | 20% after deductible |
| Office Visit, History, and Exam only - Specialist (Referral required) | You pay: | 50% after deductible | 30% after deductible | 20% after deductible |
| Rehabilitative, Occupational, Speech or Physical Therapy | You pay: | 50% after deductible | 30% after deductible | 20% after deductible |
| | | Each of these 4 therapy benefits is limited to 30 visits per calendar year. | | |
| Office Visit, History, and Exam only - Mental Health Provider or Substance Abuse Disorder | You pay: | 50% after deductible | 30% after deductible | 20% after deductible |
| Urgent Care Center | You pay: | 50% after deductible | 30% after deductible | 20% after deductible |

Pharmacy

| Name Brand and Generic Prescription (Rx) Drugs² | Rx Deductible | You pay: | Tiers 2-4: Medical deductible applies | Tiers 3-4 combined: \$0 per person | Tiers 3-4 combined: \$250 per person |
|---|----------------------|----------|---------------------------------------|---|---|
| | Tier 1 | You pay: | \$15 copay | \$25 copay | \$25 copay |
| | Tier 2 | You pay: | 50% after deductible | Name Brand: \$50 copay Generic: \$25 copay | Name Brand: \$50 copay Generic: \$25 copay |
| | Tier 3 | You pay: | 50% after deductible | 50% coinsurance ³ | 50% after Rx deductible |
| | Tier 4 | You pay: | 50% after deductible | 50% coinsurance ³ | 50% after Rx deductible |

Hospital-Based Services Only

| | | | | |
|--|----------|----------------------|----------------------|----------------------|
| Inpatient Hospital Stay (including Mental Health and Substance Abuse) | You pay: | 50% after deductible | 30% after deductible | 20% after deductible |
| Outpatient Lab and Related Professional Services | You pay: | 50% after deductible | 50% after deductible | 40% after deductible |
| Emergency Room Services | You pay: | 50% after deductible | 30% after deductible | 40% after deductible |

¹ Except for Hospital-Based Outpatient Lab and Related Professional Services and Emergency Room Services on select plans. See increased coinsurance in chart.

² If you purchase name-brand prescription when generic is available, you pay your generic copay, or deductible and coinsurance if applicable, plus the additional cost above the generic price. Generic drugs may reside in any tier.

³ Cap at \$150 per month per Rx.

Utilization Review Required

You are required to give us notice before a hospital stay or surgery. See your ID card for the notification phone number. Utilization Review means that we evaluate the medical necessity and appropriateness of a hospital stay or surgery.

You must call us before receiving these services:

- Emergency Admission – you or your doctor must call us by the end of the next regular working day following an emergency admission or as soon as possible.
- Non-Emergency Hospital Admission – you or your doctor must notify us as soon as possible before the admission is scheduled to occur.
- Maternity – you or your doctor must notify us at least 60 days or as soon as reasonably possible before the expected delivery date.
- Surgery outside your doctor’s office – you or your doctor must call us at least 24 hours before the scheduled procedure.

If you do not follow our Utilization Review procedures, we reduce what we pay for covered expenses by 50% as a penalty for non-compliance.

Medical Benefit Highlights (all plans)

Subject to all policy provisions, the deductible, and any applicable copay or coinsurance, the following medical benefits are provided. You will find a complete list of medical benefits and their coverage details in the sample policy at uhone.com/sample-policy.

Exclusions and limitations may apply. To be considered for reimbursement, expenses must qualify as covered expenses. Expenses are subject to eligible expense limits unless you use a network provider. This is only a general outline. It is not an insurance contract, nor part of the insurance policy.

Ambulance Charges

Diagnosis and Treatment of Autism and Other Developmental Disabilities

Durable Medical Equipment

Emergency & Urgent Care Services

Home Health Care Charges

Hospice Charges

Hospital Charges

Mental Health Condition and Substance Use Disorder

Pediatric Dental and Vision

Physician Charges for Surgical and Medical Services

Pregnancy and Delivery

Prescription Drugs

Preventive Care Preventive services are covered at no charge to you when using your network PCP.

Private Duty Nursing Care

Orthotic and Prosthetic Appliances

Temporomandibular Joint (TMJ) Services

Therapy Services

Transplants

X-rays and Laboratory Tests

Primary Care Provider (PCP)

A PCP is a doctor who practices in internal medicine, family practice, general practice, or pediatrics, and is responsible for coordinating your medical care. Your PCP provides annual exams and preventive care screenings, handles routine illnesses and most minor injuries, and arranges and issues referrals to network specialists when necessary. **Visit UHOne.com and select Find A Doctor under Customer Center to search for a UnitedHealthcare Navigate PCP.**

When additional care is needed, your PCP will refer you to a network specialist. It is your responsibility to obtain a referral from your PCP. If no referral is received, no benefits are payable for the services received from the specialist. No referral is required for non-surgical gynecological care and routine pregnancy care from a network provider. If you do not select a PCP, we will assign one to manage your care.

General Exclusions and Other Provisions

This is only a general outline of the coverage provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

Payment will not be made for any charges incurred for or in connection with:

- Acupuncture except when used as a substitute for other forms of anesthesia.
- The amount of any charge which is greater than the allowed charge.
- Ambulance transportation from a hospital or other health care facility, unless the covered person is being transferred to another inpatient health care facility.
- Blood or blood plasma which is replaced by or for a covered person.
- Broken appointments.
- Services or supplies for which the provider has not obtained a certificate of need or such other approvals as required by law.
- Care and/or treatment by a Christian Science Practitioner.
- Completion of claim forms.
- Cosmetic surgery except as otherwise stated in the policy; complications of cosmetic surgery; drugs prescribed for cosmetic purposes.
- Custodial or domiciliary care.
- Dental care or treatment, including appliances and dental implants, except as otherwise stated in the policy.
- Care or treatment by means of dose intensive chemotherapy, except as otherwise stated in the policy.
- Services or supplies, the primary purpose of which is educational providing the covered person with any of the following: training in the activities of daily living; instruction in scholastic skills such as reading and writing; preparation for an occupation; or treatment for behavior problems or learning disabilities except as otherwise stated in the policy.
- Experimental or investigational treatments, procedures, hospitalizations, drugs, biological products or medical devices, except as otherwise stated in the policy.
- Extraction of teeth, except as otherwise stated in the policy.
- Except as stated below, illness or injury, including a condition which is the result of disease or bodily infirmity, which occurred on the job and which is covered or could have been covered for benefits provided under workers' compensation, employer's liability, occupational disease or similar law. Exception: This exclusion does not apply to the following persons for whom coverage under workers' compensation is optional unless such persons are actually covered for workers' compensation: a self-employed person or a partner of a limited liability partnership, members of a limited liability company or partners of a partnership who actively perform services on behalf of the self-employed business, the limited liability partnership, limited liability company or the partnership.
- Local anesthesia charges billed separately if such charges are included in the fee for the surgery.
- Membership costs for health clubs, weight loss clinics and similar programs.
- Charges for missed appointments.
- Any charge identified as a non-covered charge or which are specifically limited or excluded elsewhere in the policy, or which are not medically necessary and appropriate, except as otherwise stated in the policy.
- Non-prescription drugs or supplies, except: insulin needles and syringes and glucose test strips and lancets; colostomy bags, belts and irrigators; and as stated in the policy for food and food products for inherited metabolic diseases; and as stated in the policy for contraceptives.
- Services provided by a pastoral counselor in the course of his or her normal duties as a religious person.
- Personal convenience or comfort items including, but not limited to, such items as TV's, telephones, first aid kits, exercise equipment, air conditioners, humidifiers, saunas, hot tubs.
- Room and board charges for a covered person in any facility for any period of time during which he or she was not physically present overnight in the facility.

General Exclusions, continued

Payment will not be made for any charges incurred for or in connection with:

- Except as stated in the Preventive Care section, routine examinations or preventive care, including related x-rays and laboratory tests, except where a specific illness or injury is revealed or where a definite symptomatic condition is present; premarital or similar examinations or tests not required to diagnose or treat illness or injury.
- Self-administered services such as: biofeedback, patient-controlled analgesia on an outpatient basis, related diagnostic testing, self-care and self-help training.
- Services provided by a social worker, except as otherwise stated in the policy.
- Subject to our pre-approval, eligibility for full-time student status, provided the covered person is either enrolled and attending an accredited school in a foreign country; or is participating in an academic program in a foreign country, for which the institution of higher learning at which the student matriculates in the United States, grants academic credit. Charges in connection with full-time students in a foreign country for which eligibility as a full-time student has not been pre-approved by us are non-covered charges.
- Travel to obtain medical treatment, drugs or supplies is not covered. In addition, we will not cover treatment, drugs or supplies that are unavailable or illegal in the United States.
- Stand-by services required by a provider.
- Sterilization reversal - services and supplies rendered for reversal of sterilization.
- Telephone consultations except as stated in the Practitioner's Charges for Telehealth and/or Telemedicine provision.
- Charges for third party requests for physical examinations, diagnostic services and immunizations in connection with: obtaining or continuing employment; obtaining or maintaining a license issued by a municipality, state or federal government; obtaining insurance coverage; foreign travel; school admissions; or attendance including examinations required for participation in athletic activities.
- Transplants, except as otherwise listed in the policy.
- Transportation, travel.
- Vision therapy.
- Vitamins and dietary supplements, except as otherwise covered as preventive care.
- Weight reduction or control including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, food or food supplements, appetite suppressants or other medications; exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions, except as otherwise provided in the Surgical Treatment of Morbid Obesity section of the policy.
- Wigs, toupees, hair transplants, hair weaving or any drug if such drug is used in connection with baldness.

Payment will not be made for any services or supplies:

- For or in connection with exams to determine the need for (or changes of) eyeglasses or lenses of any type, except as otherwise stated in the policy for covered persons through the end of the month in which he or she turns age 19.
- For or in connection with eyeglasses or lenses of any type; this exclusion does not apply to initial replacements for loss of the natural lens, except as otherwise stated in the policy for covered persons through the end of the month in which he or she turns age 19.
- For or in connection with eye surgery such as radial keratotomy or lasik surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring).
- Provided by one of the following members of your family: spouse, child, parent, in-law, brother, sister or grandparent.
- Furnished in connection with any procedures to enhance fertility which involve harvesting, storage and/or manipulation of eggs and sperm. This includes, but is not limited to the following:
 - a) procedures: invitro fertilization; embryo transfer; embryo freezing; and Gamete Intra-fallopian Transfer (GIFT) and Zygote Intra-fallopian Transfer (ZIFT); donor sperm, surrogate motherhood;
 - b) prescription drugs not eligible under the Prescription Drugs section of the policy; and
 - c) ovulation predictor kits. See also the separate Exclusion addressing sterilization reversal.

General Exclusions, continued

Payment will not be made for any services or supplies:

- Related to hearing aids and hearing exams to determine the need for hearing aids or the need to adjust them, except as stated in the Newborn Hearing Screening and Hearing Aids provisions.
- Related to herbal medicine.
- Related to hypnotism.
- Necessary because the covered person engaged, or tried to engage, in an illegal occupation or committed or tried to commit an indictable offense in the jurisdiction in which it is committed, or a felony.
- Related to marriage, career or financial counseling, sex therapy or family therapy, nutritional counseling and related services, except as otherwise stated in the policy.
- That are not furnished by an eligible provider.
- Related to private duty nursing care, except as provided under the Home Health Care section of the policy.
- Related to rest or convalescent cures.
- Related to routine foot care except for: (1) an open cutting operation to treat weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions; (2) the removal of nail roots; and (3) treatment or removal of corns, calluses or toenails in conjunction with the treatment of metabolic or peripheral vascular disease.
- Eligible for payment under either federal or state programs (except Medicaid and Medicare). This provision applies whether or not the covered person asserts his or her rights to obtain this coverage or payment for these services;
- For which a charge is not usually made, such as a practitioner treating a professional or business associate, or services at a public health fair;
- For which a covered person would not have been charged if he or she did not have health care coverage;
- For which the covered person has no legal obligation to reimburse the provider;
- Provided by or in a government hospital except as stated below, or unless the services are for treatment: (1) of a non-service emergency; or (2) by a Veterans' Administration Hospital of a non-service related illness or injury (Exception: This exclusion does not apply to military retirees, their dependents and the dependents of active duty military personnel who are covered under both the

policy and under military health coverage and who receive care in facilities of the Uniformed Services.); (3) provided outside the United States other than in the case of emergency and except as provided below with respect to a full-time student.

- Received as a result of a war, or an act of war, if the illness or injury occurs while the covered person is serving in the military, naval or air forces of any country, combination of countries or international organization and illness or injury suffered as a result of special hazards incident to such service if the illness or injury occurs while the covered person is serving in such forces and is outside the home area.

General Limitations

- When using a network physician or facility, non-covered expenses may not be eligible for a network provider discount.
- All covered expenses are subject to applicable limitations set forth in the policy.

Allowed Charge

"Allowed charge" means an amount that is not more than the negotiated fee schedule. An allowed amount is not more than allowance for the service or supply as determined by Oxford, based on a standard which is most often charged for a given service by a provider within the same geographic area.

Coordination of Benefits (including Medicare)

If a covered person is insured under another health plan or Medicare, benefits will be determined under the Coordination of Benefits (COB) clause.

COB allows two or more plans to work together so the total amount of all benefits is never more than 100% of covered expenses. To determine which plan is primary, refer to "order of benefits" in your policy.

Continuing Eligibility Requirements

A covered person's eligibility will end when he or she no longer primarily resides in New Jersey, where the policy was issued.

If your marriage ends by legal divorce or annulment, or your domestic partnership or civil union dissolves, the individual coverage for your former spouse ends. The former spouse may convert to an individual contract during the conversion period. The former spouse may cover under his or her individual contract any of his or her dependent children who were covered under the policy on the date the coverage ends.

A dependent child's coverage ends at the end of the month in which he or she attains age 26.

Dependents

For purposes of this coverage, eligible dependents are your lawful spouse and dependent children.

“Spouse” means an individual: a) legally married to the Policyholder under the laws of the State of New Jersey; or the Policyholder’s Domestic Partner pursuant to P.L. 2003, c. 246; or the Policyholder’s civil union partner pursuant to P.L. 2006, c. 103.; or b) legally joined with the Policyholder in a same sex relationship in another jurisdiction if such relationship provides substantially all of the rights and benefits of marriage.

A “dependent child” includes: a) your biological child; b) your legally adopted child; c) your foster child from the time the child is placed in the home; d) your step-child; e) the child of your civil union partner; f) the child of your domestic partner; and g) children under a court appointed guardianship.

Emergency

A medical condition manifesting itself by acute symptoms of sufficient severity including, but not limited to, severe pain, psychiatric disturbances and/or symptoms of substance use disorder such that a prudent layperson, who possesses an average knowledge of health and medicine, could expect the absence of immediate medical attention to result in: placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of a bodily organ or part. With respect to a pregnant woman who is having contractions, an emergency exists where: there is inadequate time to effect a safe transfer to another hospital before delivery; or the transfer may pose a threat to the health or safety of the woman or unborn child.

No Non-Network Benefits

- These plans only pay benefits for eligible expenses from a network provider. Visit UHOne.com to search for providers in your network.
- No benefits are payable for non-emergency care from a non-network provider.
- Emergency treatment from a non-network provider will be treated as a network eligible service.

Premium

You are responsible for your premium. Payment must be made directly to our office. The premium can change: 1) on any premium due date; 2) any date that the extent or nature of the risk under the policy is changed (by amendment of the policy or by reason of any provision of law of any government program or regulation); or 3) at the discovery of a clerical error or misstatement as described in the policy. We will give you at least 30 days notice prior to the date of the change.

Renewability/Termination

Your policy will terminate if you fail to pay the premium.

No Specialist Benefits Without a Referral

If you use a specialist without a referral from a Primary Care Provider (PCP), no benefits are payable for the specialist’s services.

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

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.

MEDICAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

We (including our affiliates listed at the end of this notice) 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 this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as www.uhone.com, www.myuhone.com, www.uhone4me.com, www.myallsavers.com, or www.myallsaversconnect.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 customers. 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 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 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 conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with Federal 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 contact you for 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, 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 disease outbreaks to a public health authority.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** 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** such as providing limited information to locate a missing person or report a crime.

- **To Avoid a Serious Threat to Health or Safety** 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** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to 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: Alcohol and Substance Abuse, Biometric Information, Child or Adult Abuse or Neglect, including Sexual Assault, Communicable Diseases, Genetic Information, HIV/AIDS, Mental Health, Minors' Information, Prescriptions, Reproductive Health, and 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 person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. 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 may authorize 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 verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request 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 health information that 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 it 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 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: (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. In addition, you may obtain a copy of this notice at our websites such as www.uhone.com, www.myuhone.com, www.uhone4me.com, www.myallsavers.com, or www.myallsaversconnect.com.
- **You have the right to be considered a protected person.** (New Mexico only) A "protected person" is a victim of domestic abuse who also is either; (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free phone number on your health plan ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting

33638-X-201902 Products are either underwritten or administered by: All Savers Insurance Company, All Savers Life Insurance Company of California, Golden Rule Insurance Company, Oxford Health Insurance, Inc., UnitedHealthcare Insurance Company, and/or UnitedHealthcare Life Insurance Company.

copies of your records, or requesting amendments to your record at the following address:

- Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719
- **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.

Fair Credit Reporting Act Notice

In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the Federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

MIB

In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members.

If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, www.mib.com.

FINANCIAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing 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 insureds or former insureds 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.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with Federal standards to guard your personal financial information.

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, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule Insurance Company members call us at 1-800-657-8205 (TTY 711). For All Savers Insurance Company members, call us at 1-800-291-2634 (TTY 711).

The Financial Information Privacy Notice, effective January 1, 2019, is provided on behalf of: All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.