

## HEALTH PLAN NOTICES OF PRIVACY PRACTICES

**THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION CAN BE USED AND SHARED, AND HOW YOU CAN ACCESS IT. PLEASE READ IT CAREFULLY.**

Effective February 1, 2026

By law, we<sup>1</sup> must protect the privacy of your health information (HI). Health information is information about your health or medical services. We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have for your HI.

By law, we follow what our notice says. We have the right to make changes to this notice of privacy practices. If we make important changes, we will let you know by mail or e-mail. We also post the new notice on our website. Any changes to the notice will apply to all HI we have. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI. We will notify you of any breach of your HI.

### **How We Collect, Use, and Share Your Information**

**We collect, use, and share your HI with:**

- You or your legal or personal representative.
- Certain Government agencies, who make sure we are following privacy laws.

**We have the right to collect, use, and share your HI for certain purposes.** This may be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows:

- **For Payment.** To process and pay claims. For example, we may tell a doctor if your plan pays for certain medical services and what costs may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor about a special disease management or wellness program available to you. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.

- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare, or payments.

**We may collect, use, and share your HI as follows:**

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** This may be a family member or other person that helps with your medical care or pays for your care. It may also be a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are not able to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect, or Domestic Violence.** We may only share with certain entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits, and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** For example, to answer a court order or subpoena.
- **For Law Enforcement.** For example, to find a missing person or report a crime.
- **For Threats to Health or Safety.** For example, to public health agencies or law enforcement in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.
- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give HI to funeral directors.
- **For Organ Transplant.** To help get, store, or transplant organs, eyes, or tissues.
- **To Correctional Institutions or Law Enforcement.** For people in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** These are companies that provide services to us and agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We follow stricter laws that apply to:

1. Alcohol and Substance Use Disorder
2. Biometric
3. Child or Adult Abuse or Neglect, including Sexual Assault

4. Communicable Diseases
5. Genetic
6. HIV/AIDS
7. Mental Health
8. Minors
9. Prescriptions
10. Reproductive or Sexual Health
11. Sexually Transmitted Diseases

We follow the strictest law, where it applies to us. For example, if we receive information about you through a limited consent you provided to a federally-assisted substance use disorder treatment program (“Part 2 Program”), we will follow your limited consent and applicable law, including Confidentiality of Substance Use Disorder Patient Records law (“Part 2”). If you permit our use and sharing of your information for future treatment, payment and health care operations reasons, we will follow your broader consent and applicable law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). We will never use or share your information in legal proceedings against you unless you give written permission or a judge orders it – and only after you are told and given a chance to speak.

We only use or share your HI as described in this notice or with your written permission. We will get your written permission to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written permission if we plan to sell your HI to other people. We will get your written permission to use your HI for certain marketing mailings. If you give us your permission, you may take it back. To find out how, call the phone number on your health insurance ID card. Note that once your health information has been shared, it could be shared by the person who received it and no longer protected by federal privacy laws.

## Your Rights

You have the following rights for your medical information:

- **To ask us to limit** our use or sharing for future care, billing, and health care services. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing and mailed to the address below.
- **To see or get a copy** of certain HI. You must ask in writing and mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.

- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not include the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
- **In certain states, you may have the right to ask if we delete** your HI. Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us to note why you disagree and send us the correct information.

## Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want more information on how to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-877-482-9045, or TTY/RTT 711.
- **To Submit a Written Request.** Mail to:

UnitedHealthcare Privacy Office  
 MN017-E300  
 PO Box 1459  
 Minneapolis MN 55440

- **To File a Complaint or Grievance.** If you think your privacy rights have been violated, you may send a complaint or grievance to the address above.
- **Timing.** We will respond to your phone or written request within 30 days.

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

<sup>1</sup> This Health Plan Notice of Privacy Practices applies to the health plans that are affiliated with UnitedHealth Group. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v9>.

# FINANCIAL INFORMATION PRIVACY NOTICE

**THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.**

Effective February 1, 2026

We<sup>2</sup> protect your “personal financial information” (FI). FI is non-health information. FI identifies you and is generally not public.

## Information We Collect

- We get FI from your applications or forms. This may be name, address, age, and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

## Sharing of FI

We only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

## Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

## Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-877-482-9045, or TTY/RTT 711.

<sup>2</sup> This Financial Information Privacy Notice applies to the list of health plans affiliated with UnitedHealth Group at <https://www.uhc.com/privacy/entities-fn-v9>.

## Notice of Availability of Language Assistance Services and Alternative Formats

**ATTENTION:** Free language assistance services and free communications in other formats, such as large print, are available to you. Call 1-877-482-9045. (TTY: 711).

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-877-482-9045.

**請注意：**如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-877-482-9045。

**XIN LƯU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-877-482-9045.

**알림:** 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-482-9045 번으로 전화하십시오.

**PAUNAWA:** Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-877-482-9045.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является **Русский (Russian)**. Позвоните по номеру 1-877-482-9045.

1-877-482-9045

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ

**ATANSYON:** Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-877-482-9045.

**ATTENTION :** Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-877-482-9045.

**UWAGA:** Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-877-482-9045.

**ATENÇÃO:** Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-877-482-9045.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-877-482-9045.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-877-482-9045 an.

注意事項：日本語 (**Japanese**)

を話される場合、無料の言語支援サービスをご利用いただけます。1-877-482-9045 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.  
1-877-482-9045 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं।  
कृपा पर काल करें 1-877-482-9045

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-877-482-9045.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(**Cambodian-Mon-Khmer**)សេវាជំនួយភាសាដោយឥតគិតថ្លៃ  
គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ ទៅលេខ 1-877-482-9045។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-877-482-9045.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohjí' 1-877-482-9045 hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-877-482-9045.

ΠΡΟΣΟΧΗ : Αν μιλάτε **Ελληνικά (Greek)**, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε 1-877-482-9045.

ध्यान आपो: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે.  
કૃપા કરી 1-877-482-9045 પર કોલ કરો.

УВАГА: Якщо ви розмовляєте **українською мовою (Ukrainian)**, у вас є можливість скористатися безкоштовними послугами перекладача. Зателефонуйте, будь ласка, за номером 1-877-482-9045.

AADACHT: Wann du **Deitsch Schwetze (Pennsylvanian Dutch)** kann, kannscht du frei Schprooch aushilfe griege. Ruf Nummer 1-877-482-9045.

FAAALIGA: Afai e te tautala Faa-**Samoa (Samoan)**, o loo avanoa tautua mo fesoasoani tau gagana mo oe, e le totogia. Faamolemole telefoni le 1-877-482-9045.