

# HEALTH INFORMATION NOTICE 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.**

Effective January 1, 2026

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 provide 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 information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of care to you, or the payment for such 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 plan, we will post the revised notice on your plan website. We reserve the right to make any revised notice effective for information we already have and for information that we receive in the future.

UnitedHealth Group collects and maintains 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 Collect, Use, and Disclose Information**

We collect, 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 confirm we are meeting our privacy obligations.

We may collect, use, and disclose health information for your treatment, to pay for your care, and to operate our business. For example, we may collect, use, and disclose your health information:

- **For Payment** of premiums owed to us, to determine your coverage, and to process claims for services you receive, including for coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage for certain procedures and what percentage of the bill may be covered.
- **For Treatment**, including to aid in your treatment or the coordination of your care. For example, we may share information with doctors to help them provide care to you.
- **For Operations** as necessary to operate and manage our business activities related to providing and managing your coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your well-being or we may analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws.

- **To Provide You Information on Related Programs or Products** such as alternative treatments and programs or about products and services, subject to limits imposed by law.
- **For Plan Sponsors**, if your coverage is through an employer sponsored group plan. We may share summary health information and enrollment and disenrollment information with the plan sponsor. We also may share other health information with the plan sponsor for plan administration purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Underwriting Purposes**; however, we will not use or disclose your genetic information for such purposes. For example, we may use some health information, such as age and gender, in risk rating and pricing, as permitted by state and federal regulations. However, we do not use race, ethnicity, language, gender identity, or sexual orientation information in our underwriting process, or for denial of services, coverage, and benefits.
- **For Reminders**, we may collect, use, and disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide care to you.
- **For Communications to You** about treatment, payment, or operations using telephone numbers or email addresses you provide to us.

We may collect, use, and disclose your health information for the following purposes under limited circumstances and subject to certain requirements:

- **As Required by Law** to follow the laws that apply to us.
- **To Persons Involved with Your Care** or who help 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 interest. Special rules apply regarding when we may disclose health information about a deceased individual to family members and others. 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. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events, or to facilitate drug recalls.
- **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** 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, or for certain activities related to preparing a research study.
- **To Provide Information Regarding Decedents** to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also use and disclose information to funeral directors as necessary to carry out their duties.

- **For Organ Donation Purposes** 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 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 or services on our behalf 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.
- **Additional Restrictions on Use and Disclosure.** Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information, including:
  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 more stringent and protective 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 honor the permission you provide and continue to comply with 42 CFR Part 2. If your consent permits our use and disclosure for all future treatment, payment, and health care operations purposes, we may use or disclose that information for those purposes and otherwise use and disclose that information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In no event will we use or disclose your Part 2 Program information in legal proceedings against you without your written consent or a court order after you have been notified and provided an opportunity to be heard.

Except for uses and disclosures described 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 marketing communications, without your written authorization. Once you give us authorization to use or disclose your health 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. For information on how to revoke your authorization, call 800-657-8205 (TTY 711) for Golden Rule Insurance Company and UnitedHealthcare Life Insurance Company members, or call 800-815-8535 (TTY 711) for Mid-West National Life Insurance Company of Tennessee and The Chesapeake Life Insurance Company members. Note that once your health information has been disclosed, it could be redisclosed by the recipient and no longer protected by federal privacy laws.

### **What Are Your Rights**

You have the following rights with respect to your health information:

- **You have the right to ask to restrict** our uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures of your information 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. Any request for restrictions must be made in writing. **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 request for a restriction.**

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests in accordance with applicable state and federal law. In certain circumstances, we will accept your verbal request to receive confidential communications, however; we may also require you to 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 request 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 have the right to request that we send a copy of your health information in an electronic format to you. 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. Mail your request to the address listed below. In certain limited circumstances, we may deny your request. 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. We will respond to your request in the timeframe required under applicable law. In certain circumstances, we may deny your request. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to request 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 operations purposes; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting. Any request for an accounting must be made in writing.
- **You have the right to a paper 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, you may also obtain a copy of this notice on our website.
- **In certain states, you may have the right to request that we delete** your personal information. Depending on your state of residence, you may have the right to request deletion of your personal information. We will respond to your request in the timeframe required under applicable law. If we are unable to honor your request, we will notify you of our decision. If we deny your request, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the disputed information and what you consider to be the correct information. We will make your statement accessible to parties reviewing the information in dispute.
- **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 Plan.** If you have any questions about this notice or want additional information about how to exercise your rights, call 800-657-8205 (TTY 711) for Golden Rule Insurance Company and UnitedHealthcare Life Insurance Company members, or call 800-815-8535 (TTY 711) for Mid-West National Life Insurance Company of Tennessee and The Chesapeake Life Insurance Company members.
- **Submitting a Written Request.** To exercise any of your rights described above, mail your written requests to us at the following address: Privacy Office, P.O. Box 31379, Salt Lake City, UT 84131-0379.

- **Filing a Complaint or Grievance.** If you believe your privacy rights have been violated, you may file a complaint or grievance with us at the address 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.

### **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, LLC (MIB), you authorize us or our reinsurers to make a brief report of your personal health information to MIB, for the purposes described in this notice. Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report thereon to MIB, which operates an information exchange on behalf of insurance companies that are members of MIB, Group, Inc. 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.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at number or website below. 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, LLC, 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, [www.mib.com](http://www.mib.com).

### **Adverse Underwriting**

If we have declined to insure you or have ridered or rated your coverage, you may submit a written request for the specific reason or reasons for our decision. The request must be made within 90 days of the date we notified you of our decision. Within 21 days of our receipt of your request, we will furnish the reasons and the specific items of information that support those reasons. In some instances, however, our decision may be based on privileged information which we are not obligated to release to you. If you have any questions about the items discussed above, call 800-657-8205 (TTY 711) for Golden Rule Insurance Company and UnitedHealthcare Life Insurance Company members, or call 800-815-8535 (TTY 711) for Mid-West National Life Insurance Company of Tennessee and The Chesapeake Life Insurance Company members.

The Health Information Notice of Privacy Practices is provided on behalf of: Golden Rule Insurance Company; Mid-West National Life Insurance Company of Tennessee; The Chesapeake Life Insurance Company; and UnitedHealthcare Life Insurance Company.

# FINANCIAL INFORMATION PRIVACY NOTICE

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

Effective January 1, 2026

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 about an enrollee 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 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 800-657-8205 (TTY 711) for Golden Rule Insurance Company and UnitedHealthcare Life Insurance Company members, or call 800-815-8535 (TTY 711) for Mid-West National Life Insurance Company of Tennessee and The Chesapeake Life Insurance Company members.

The Financial Information Privacy Notice is provided on behalf of: Golden Rule Insurance Company; Mid-West National Life Insurance Company of Tennessee; The Chesapeake Life Insurance Company; and UnitedHealthcare Life Insurance Company.