

## UHG Inc. Group Benefits Plan

### Notice of Privacy Practices

Effective January 1, 2024

**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.**

This Notice of Privacy Practices (“Notice”) describes the legal obligations of the group health plans<sup>1</sup> under the UHG Inc. Group Benefits Plan (the “Plan”) and your legal rights regarding certain health information, called protected health information, held by the Plan under the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the corresponding regulations (collectively referred to as “HIPAA”). The Plan is sponsored by UnitedHealth Group Incorporated (“Employer”).

The Plan is required by law to protect the privacy of your protected health information and provide you with this Notice of the Plan’s legal duties and privacy practices regarding protected health information. This Notice explains how the Plan may use information about you and when the Plan may disclose that information to others. You also have rights regarding your protected health information that are described in this Notice. The Plan is required by law to abide by the terms of this Notice that is currently in effect.

The term “protected health information” in this Notice includes health information the Plan maintains 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. The Plan will notify you in the event of a breach of your protected health information, in accordance with applicable privacy laws.

Health information obtained by a non-health-related benefits plan, such as long-term disability insurance, is not protected under this Notice. This Notice does not apply in those types of situations because the health information is not received or created in connection with the Plan.

The Plan has the right to change its privacy practices and the terms of this Notice. If the Plan makes a material change to its privacy practices, the Plan 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. The information will be provided either by direct mail or electronically, in accordance with applicable law. The revised Notice will be posted on the Plan’s website. The Plan reserves the right to make any revised or changed Notice effective for protected health information that the Plan already has and for protected health information that the Plan receives in the future.

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<sup>1</sup> Group health plans include Medical, Dental, Vision, Health Care Flexible Spending Account, EAP, and the Well described in the UHG Inc. Group Benefits Plan Wrap Summary Plan Description (Wrap SPD), as revised from time to time. The Wrap SPD is available at [benefitsenroll.uhg.com](https://benefitsenroll.uhg.com).

## How The Plan Collects, Uses, and Discloses Information

To the extent required by HIPAA, the Plan will limit the use and disclosure of your protected health information to the minimum amount necessary to accomplish the intended purpose or task.

The Plan may collect, use, and disclose your protected 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 the Plan is meeting its privacy obligations.

The Plan may collect, use, and disclose protected health information for your treatment, to pay for your health care and for health care operations. For example, the Plan may collect, use, and disclose your protected health information:

- **For Payment** of premiums owed to the Plan, to determine your health care coverage, and to process claims for health care services you receive, including for coordination of other benefits you may have. For example, the Plan may tell a doctor whether you are eligible for coverage for certain medical 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, the Plan may share information with other medical doctors to help them provide medical care to you.
- **For Health Care Operations** as necessary to operate and manage Plan activities related to providing and managing your health care coverage. For example, the Plan might talk to your physician to suggest a disease management or wellness program that could help improve your health or the Plan may analyze data to determine how the Plan can improve its services. Additionally, the Plan may review your protected health information, including claims data, to facilitate a premium reduction or other reward under the Plan's wellness program. The Plan may also de-identify protected health information in accordance with applicable laws.
- **To Provide You Information on Health-Related Programs or Products** such as alternative medical treatments and programs or about health-related services, subject to limits imposed by law.
- **To the Employer** for Plan administration. The few employees receiving this information are permitted to use or disclose protected health information only to perform plan administration functions or as otherwise permitted or required by HIPAA, unless you have authorized further disclosures. Protected health information cannot be used for employment purposes without your specific authorization.
- **For Underwriting Purposes**; however, the Plan will not use or disclose your genetic information for such purposes. For example, we may use some protected health information in risk rating and pricing such as age and gender, 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** the Plan may send you about your benefits or care, such as appointment reminders with providers who provide medical care to you.
- **For Communications** to you about treatment, payment or health care operations using telephone numbers or email addresses you provide to the Plan.

The Plan also may collect, use, and disclose your protected 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 the Plan.
- **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, the Plan will use its best judgment to decide if the disclosure is in your best interest. Special rules apply regarding when the Plan may disclose protected health information about a deceased individual to family members and others. The Plan may disclose protected health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless the Plan is 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. The Plan 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, 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 protected health 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. The Plan 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 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 behalf of the Plan or provide the Plan with services if the information is necessary for such functions or services. Business associates are required, under contract and pursuant to 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 sensitive information. Such laws that may protect the following types of information:
  - Alcohol and Substance Use Disorder
  - Biometric Information
  - Child or Adult Abuse or Neglect, including Sexual Assault
  - Communicable Diseases
  - Genetic Information
  - HIV/AIDS
  - Mental Health
  - Minors' Information
  - Prescriptions
  - Reproductive Health
  - Sexually Transmitted Diseases

The Plan will follow the more stringent or protective law, where it applies to the Plan.

**Authorizations.** Except for uses and disclosures described in this Notice, the Plan will use and disclose your protected 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 the Plan authorization to use or disclose your health information, you may take back or “revoke” your written authorization at any time in writing, except if the Plan has already acted based on your authorization. For information on how to revoke your 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 protected health information:

- **You have the right to ask to restrict** the Plan's 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. The Plan 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 the Plan will try to honor your request and will permit requests consistent with the Plan's policies, the Plan is not required to agree to any request for a restriction.
- **You have the right to ask to receive confidential communications** in a different manner or at a different place (for example, by sending information to a P.O. box instead of your home address). The Plan will accommodate reasonable requests in accordance with applicable state and federal law. In certain circumstances, the Plan will accept your verbal request to receive confidential communications; however, the Plan 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 protected health information the Plan maintains about you such as claims and case or medical management records. If the Plan maintains your protected health information electronically, you have the right to request that the Plan send a copy of your protected health information in an electronic format to you. In some cases, you may receive a summary of this protected health information. You must make a written request to inspect and copy your protected health information. Mail your request to the address listed below. In certain limited circumstances, the Plan may deny your request to inspect and copy your protected health information. If the Plan denies your request, you may have the right to have the denial reviewed. The Plan may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain protected health information the Plan maintains 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. Be sure to include evidence to support your request because the Plan cannot amend PHI that the Plan believes to be accurate and complete. The Plan will respond to your request in the timeframe required under applicable law. In certain circumstances, the Plan may deny your request. If the Plan denies your request, you may have a statement of your disagreement added to your protected health information.
- **You have the right to request an accounting** of certain disclosures of your protected health information made by the Plan during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or law enforcement officials; (iv) as part of a limited data set; and (v) other disclosures for which federal law does not require the Plan 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.** 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.

This Notice does not change any rights or obligations you may have under the Plan. Please refer to the Plan documents for additional information regarding the Plan.

### **Exercising Your Rights**

If you have any questions about this Notice or want information about how to exercise your rights, please contact a Plan representative at the applicable phone number listed below.

### **Submitting a Written Request**

To exercise any of your rights described above, send your written request to the address listed below that pertains to your health plan.

#### **SignatureValue HMOs, Global Choice Plus, UHC of Nevada and vision plan**

UnitedHealthcare Customer Service - Privacy Unit  
P.O. Box 740815  
Atlanta, GA  
30374-0815

#### **Triple S (Puerto Rico)**

Compliance Department  
Attn: Privacy Officer  
P.O. Box 11320  
San Juan, PR 00922

#### **All other health plans**

Employee HIPAA Privacy Complaints  
P.O. Box 30432  
Salt Lake City, Utah 84130-0432

**Filing a Complaint.** If you believe your privacy rights have been violated, you should let the Plan know immediately. The Plan will take steps to remedy violations of this Notice. You should attach any documents or evidence that supports your belief that your privacy rights have been violated. The Plan takes your complaints very seriously. You may file a complaint with the Plan at the applicable address listed above.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The Plan will not take any action against you for filing a complaint.