



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.

### Our Legal Duty

United Concordia Companies, Inc., and its subsidiaries (referred to as United Concordia) are committed to protecting your privacy and are required by applicable federal and state laws to maintain the privacy of your protected health information. "Protected health information" is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse, that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

We are required to give you this notice about our privacy practices, which describes how we may use, disclose, collect, handle and protect our members' protected health information; our legal duties; and your rights concerning your protected health information. We are required to maintain the privacy of your protected health information and inform you of your right to be notified following a breach of your unsecured protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 9/23/2013 and will remain in effect until we replace it.

We will continually review our privacy practices to ensure the privacy of our members' protected health information. Due to changing circumstances, it may become necessary to revise our privacy practices and the terms of this notice at any time, provided that changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices, and the new terms of our notice will become effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will revise this notice and notify all affected members in advance of the change. Changes to this notice will be posted on our website, and we will provide you with either the revised notice or information about the changes and how to obtain a revised notice.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### Uses and Disclosures of Protected Health Information

In order to administer our benefit programs effectively, we collect, use and disclose protected health information for certain of our activities, including payment and health care operations. The following is a description of how we may use and/or disclose protected health information about you for payment and health care operations.

**Payment and Health Care Operations:** We may use and disclose your protected health information to pay claims for services provided to you by providers covered by your plan to: determine your eligibility for benefits, coordinate benefits, examine medical necessity, obtain premiums and/or issue explanations of benefits. We may use and disclose your protected health information to: conduct quality assessment and improvement activities, engage in care coordination or case management, manage our business and rate our risk and determine the premium for your health plan. However, we may not use or disclose your protected health information that is genetic information for underwriting purposes. We may use and/or disclose your protected health information for all activities that are included within the definition of "payment" and "health care operations," but we have not listed all of the activities in this notice so please refer to 45 C.F.R. § 164.501 for a complete list.

**Business Associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf, or to provide certain types of services (such as member service support, utilization management or subrogation). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

**Other Covered Entities:** In addition, we may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

## **Other Possible Uses and Disclosures of Protected Health Information**

In addition to uses and disclosures for payment and health care operations, we may use and/or disclose your protected health information for the following purposes.

**To Plan Sponsors:** We may disclose your protected health information and the protected health information of others enrolled in your group plan to the plan sponsor to perform plan administration functions. We may also disclose summary health information to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan, or to decide whether to modify, amend or terminate your group health plan. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administration functions for your group plan.

**Benefits and Services:** We may use your protected health information to contact you with information about health-related benefits and services, or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities.

**Others Involved in Your Health Care:** Unless you object, we may release protected health information about you to a friend or family member who is involved in your health care, or to someone who helps pay for your care. We may also disclose protected health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status or location.

**Research, Death:** We may use or disclose your protected health information for research purposes in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, medical examiner or funeral director.

**Public Health and Safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the healthcare system, or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law. For example we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

**Legal Proceedings and Enforcement:** We may disclose your protected health information in response to a court or

administrative proceeding or order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, we may disclose your protected health information to law enforcement official to locate or identify a suspect, fugitive, material witness, crime victim or missing person.

**Inmates:** If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official to provide health care to you, for your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and compliance with civil rights laws.

**Military and National Security:** We may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence and other national security activities.

**Workers' Compensation:** We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**To You and on Your Authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice below. You may give us written permission to use your protected health information or to disclose it to anyone for any purpose. We may use or disclose to a business associate or to an institutionally related foundation, your protected health information for the purpose of raising funds on our behalf. With each fundraising communication we will provide you with the opportunity to elect not to receive any further fundraising communications. Uses and disclosures for marketing purposes, disclosures that constitute a sale of protected health information and other uses and disclosures not described within this notice will only be made with your written authorization. If you give us authorization, you may change your mind at any time. Your decision to revoke your prior authorization will not affect any use or disclosures made while it was in effect.

## **Individual Rights**

**Access:** You have the right to inspect and copy protected health information about you in a designated record set that may be used to make decisions about your care. To inspect and copy protected health information, you must submit your request in writing to the Privacy Office. You may request that we provide copies in a format other than paper. We will use the format you request unless we cannot practicably do so.

We may charge a fee for the costs of copying, mailing or other costs associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If your request is denied, you may request a review of that decision. Under certain conditions, our denial will not be reviewable and we will inform you of that with our decision. The healthcare professional conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

**Accounting:** You have the right to receive a list of instances in which we disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities. Your request may be for disclosures made up to 6 years before the date of your request. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure and certain other information. The first list you request will be free. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact the Privacy Office for information on these fees.

**Restriction:** You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to these restrictions. If we do, we will follow our agreement, unless the information is needed to provide emergency treatment to you. A request to restrict your protected health information, must be made in writing and must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We will notify you if we end our agreement with you to restrict your protected health information.

**Confidential Communications:** If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. For example you may ask that we contact you only at your work address or via your work e-mail. Your request must be in writing and must state that the information could endanger you if it is not communicated in confidence by the alternative means or location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other

reasons. If we deny your request, we will provide you a written explanation. You may submit in writing a statement disagreeing with the denial, which we will add to the information you wanted to amend. If we accept your request, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Paper Copy of This Notice:** You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time. You may obtain an electronic copy of this notice on our website.

### Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights or you disagree with: (1) a decision we made about access to your protected health information, (2) our response to a request you made to amend or restrict the use or disclosure of your protected health information, or (3) our response to your request to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

<b>Contact Office:</b>	United Concordia Privacy Dept.
<b>Telephone:</b>	(866) 215-2352 (Toll Free)
<b>Fax:</b>	(717) 260-7494
<b>Website:</b>	<a href="http://www.UnitedConcordia.com">www.UnitedConcordia.com</a>
<b>Address:</b>	4401 Deer Path Road Harrisburg, PA 17110

### United Concordia Companies, Inc., and Subsidiaries

- United Concordia Dental Plans, Inc.
- United Concordia Dental Corporation of Alabama
- United Concordia Dental Plans of California, Inc.
- United Concordia Dental Plans of Kentucky, Inc.
- United Concordia Dental Plans of the Midwest, Inc.
- United Concordia Dental Plans of Pennsylvania, Inc.
- United Concordia Dental Plans of Texas, Inc.
- United Concordia Insurance Company
- United Concordia Life and Health Insurance Company
- United Concordia Insurance Company of New York

## Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, ancestry, age, religion, disability, marital status, gender, sex assigned at birth, sexual orientation, sex stereotypes, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 1-800-332-0366 (TTY: 711) for assistance or contact the Civil Rights Coordinator at: P.O. Box 22492, Pittsburgh PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, [email: CivilRightsCoordinator@highmark.com](mailto:CivilRightsCoordinator@highmark.com).

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, religion, disability, marital status, gender, sex assigned at birth, sexual orientation, sex stereotypes, gender identity or recorded gender you can file a grievance with the Plan. Grievance forms and a description of the grievance procedure are available directly from United Concordia by calling Customer Service at 1-866-357-3304, in the Form's section of United Concordia's website at [www.unitedconcordia.com](http://www.unitedconcordia.com) and at each contracted provider's facility, and are provided promptly upon request. If you need help filing a grievance, call Customer Service at 1-866-357-3304 for assistance.

"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1 866-357-3304** (and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-3681019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

English	ATTENTION: If you speak English, you have the right to language assistance services at no charge to you, including interpretation services and translated written documents in your preferred language. Call 1-800-332-0366 (TTY: 711) for assistance.
Español (Spanish)	ATENCIÓN: Si habla español, tiene derecho a servicios de asistencia lingüística sin coste alguno, incluidos servicios de interpretación y traducciones de documentos escritos en la lengua que desee. Llame al 1-800-332-0366 (TTY: 711) para más información.
繁體中文 (Chinese)	注意: 如果您的語言是繁體中文, 您有權免費使用語言協助服務, 包括以您偏好的語言提供的口譯服務和翻譯的書面文件。如需協助, 請致電 1-800-332-0366 (TTY: 711)。
Tiếng Việt (Vietnamese)	LƯU Ý: Nếu quý vị nói Tiếng Việt, bạn sẽ có quyền hưởng miễn phí dịch vụ hỗ trợ ngôn ngữ, bao gồm dịch vụ phiên dịch và tài liệu bằng văn bản được dịch sang ngôn ngữ bạn chọn. Gọi điện đến số 1-800-332-0366 (TTY: 711) để được hỗ trợ.
Tagalog (Tagalog)	PANSININ: Kung nagsasalita ka ng Tagalog, may karapatan ka sa mga serbisyonang tulong sa wika nang wala kang babayaran, kabilang ang mga serbisyo sa pagsasalina at mga nakasulat na dokumento na naisalin sa iyong pinipiling wika. Tumawag sa 1-800-332-0366 (TTY: 711) para sa tulong.
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 원하는 언어로의 번역 서비스 및 번역된 서면 문서를 포함하여, 언어 지원 서비스를 무료로 사용할 수 있습니다. 도움이 필요하면 1-800-332-0366 (TTY: 711) 번으로 전화해 주십시오.
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Դուք հայերեն եք խոսում, Դուք իրավունք ունեք անվճար ստանալ լեզվական աջակցության ծառայություններ, այդ թվում նաև՝ բանավոր թարգմանության և փաստաթղթերի գրավոր թարգմանության ծառայություններ՝ Ձեր նախընտրած լեզվով: Օգնություն ստանալու համար
يفارس (Farsi)	از دیکن استفاده رایگان بصورت یزبان تسهیلات خدمات از دی دار حق، کنید یم صحبت یفارس زبان به اگر: توجه خدمات جمله تماس (711: پی تا تله) 1-800-332-0366 با. خودتان ی انتخاب زبان به شده ترجمه ی کتب اسناد و ی شفاه ترجمه بگیرید
Русский (Russian)	ВНИМАНИЕ: Пользователям, разговаривающим на русском языке, бесплатно предоставляются службы языковой поддержки, включая услуги устного перевода и письменного перевода документов на предпочитаемый язык. Тел. службы поддержки 1-800-332-0366 (TTY: 711).
日本語 (Japanese)	注意事項:日本語をお使いの方は、言語面でのサポートを無償でご利用いただけます。サービスには、選択された言語による通訳や文書の翻訳も含まれます。サポートが必要な場合は、1-800-332-0366 (TTY: 711)まで、お電話にてご連絡ください。
العربية (Arabic)	خدمات ذلك في بما، أُنَاجِم اللغوية المساعدة خدمات على الحصول في الحق لديك، العربية تتحدث كنت إذا: تنبيه الترجمة النصية الرسائل خدمة) 1-800-332-0366 الرقم على اتصل. المفضلة بلغتك المترجمة المكتوبة والمسندتات المساعدة على الحصول (711)
ਪੰਜਾਬੀ (Punjabi)	ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸ~ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ~ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਿਵੱਚ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵ~ ਲੈਣ ਦਾ ਹੱਕ ਹੈ, ਿਜਸ ਿਵੱਚ ਤੁਹਾਡੀ ਪਸੰਦ ਦੀ ਭਾਸ਼ਾ  ਿਵੱਚ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵ~ ਅਤੇ ਅਨੁਵਾਦ ਕੀਤੇ ਗਏ ਿਲਖੇ ਹੋਏ ਦਸਤਾਵੇਜ਼ ਸ਼ਾਮਲ ਹਨ। ਸਹਾਇਤਾ ਲਈ 1-800-332-0366 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

