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# **Annual Rights & Resource Disclosure**

## Getting the most from your health care coverage

Health care coverage can sometimes be complex and confusing, but it doesn't have to be. This guide is designed to help you get the most from your UnitedHealthcare® benefits. We work with the National Committee for Quality Assurance® (NCQA®) and state and federal regulators to ensure members receive this information on an annual basis.

**Important Note:** Not all information provided in this document is applicable to all members. Certain provisions may not apply if your plan does not provide certain coverage, products and/or services referenced herein. Member Handbook/GSA or contract, including all of its riders, amendments or summary of material modifications, contains a complete listing of the terms and conditions of your coverage and prevails in the event of any conflict between this document and your Member Handbook/GSA or contract.

In addition, information in this document is current as of the date of issue and may be subject to change at any time due to employer-directed plan changes, state mandates and Federal laws, including those required by the **Patient Protection and Affordable Care Act**, more commonly known as Health Care Reform. Please refer to your Member Handbook/GSA or contract for specific information on your benefits or refer to your member website for the most up-to-date information.

## Getting answers to your questions



Information about your health care benefits is just a computer mouse click or phone call away.



To speak to a customer care professional (CCP), call the toll-free, member phone number on your health plan ID card.

Visit [www.mynhp.com](http://www.mynhp.com) for easy access to benefit information, health and wellness resources and tools to help you maximize your health care benefits.

Go to [www.mynhp.com](http://www.mynhp.com) for a variety of resources to assist you in managing your health and your health care dollars.

- Click on **Members** then click on the **Forms** tab and select **Member Handbook**. Here you can access notification/authorization requirements and whether or not a service is included or excluded from coverage. To access your copayment and deductible amounts, view authorizations, and change your Primary Care Physician (PCP) online, log in at **myNHPLogin** by selecting Access eServices under Members.
- Claims status – Log in and click on the **View Claims** tab to check your claims status and the amount that you are responsible for paying. If you use a network provider, you won't have to submit a claim. In the event you do need to submit a claim, information and forms are available by clicking on **Members POS Claim Form** under the **Forms** tab. There is also information on how to submit an appeal if you disagree with a coverage decision.
- Temporary health plan ID card – Log in at **myNHPLogin** and print a copy of your account "home" page. This page contains your member information including primary care physician, eligibility and benefit details.
- Pharmacy benefits and access – From the Members page, click on the **Pharmacy** tab and select **365wellst.com**. Here you can review the Prescription Drug List, find a network pharmacy near you, price medications and refill mail order prescriptions.

## Clinical Services

Clinical Services is a department within UnitedHealthcare that includes our notification unit and inpatient and outpatient care programs. If you have questions about prior authorization, you can call 1-800-550-5568. At the prompt select "referrals" or "help with something else." From the next option menu, select "home health", "DME", or "authorization requests" to be connected to a representative in our Clinical Services unit.

## **Questions or concerns about benefit determinations**

If you have questions or concerns about how a benefit coverage decision was determined, call the member phone number on your health plan ID card. If the CCP cannot resolve the issue to your satisfaction over the phone and you wish to appeal the determination, ask for the appropriate address to which you can submit your written appeal request.

## **How to submit an appeal**

The appeal process is outlined in your Member Handbook/GSA or contract and on every Explanation of Benefits (EOB)/Health Statement you receive from UnitedHealthcare for services provided by network and non-network providers.

When requesting an appeal of a benefit determination, include the following information:

- Patient's name and identification number from the health plan ID card
- The date(s) of medical service(s)
- The physician's/health care professional's/facility's name
- The reason you believe the claim or benefit should be paid
- Any documentation or other written information to support your request for claim payment or benefit coverage

Your first appeal request must be submitted to UnitedHealthcare within 180 days (or longer where required by state law) after you receive the coverage denial or an adverse determination. You or your authorized representative may submit any written comments, documents, records, or other information you feel is relevant. You have the right, upon request and free of charge, to receive reasonable access to and copies of all documents, records and other information relevant to your claim benefits. For specific information on pre-service, post-service and urgent appeals, refer to your Member Handbook/GSA. For appeals information and forms, call the member phone number on your health plan ID card.

## **External review program**

Upon completion of UnitedHealthcare's internal grievance process or at any time during a grievance process, if you are not satisfied with the resolution, you may file a grievance with the Florida Agency for Health Care Administration by writing or calling them at:

Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, FL 32308  
1-888-419-3456

At any time during the the grievance process, you may also contact the Agency for Health Care Administration about quality of care issues. For more information about your external grievance and appeals rights, please refer to your Member Handbook or contract.

## **How to voice a complaint**

If you are dissatisfied with the handling of a claim processing issue by UnitedHealthcare or any other experience with UnitedHealthcare, you may file a complaint by calling the toll-free member phone number on your health plan ID card.

UnitedHealthcare will investigate the issue and, in the case of a written complaint, provide a response in writing, including any corrective actions that may be taken to resolve the issue.

## Getting the right care at the right place

UnitedHealthcare has one of the nation's largest single proprietary network with over 650,000 doctors and health care professionals and over 5,000 hospitals. Our pharmacy network includes all the major national and regional pharmacy chains and most independent local pharmacies.

**Finding a physician** – Go to [www.mynhp.com](http://www.mynhp.com) and click on the **Provider Search** tab on the member page. Here you can find information on network physicians who can meet your needs for primary care and specialty care. Hospitals and other health care facilities can also be found here. Choosing a physician and facility from our network will provide you with maximum benefits from your health plan. Check your plan coverage before selecting a physician or hospital. If you are not able to view our online directory, you can call the toll-free member phone number on your ID card and a CCP will provide the information you need or send you a printed copy of a network provider directory.

## Obtaining routine or primary care, urgent care or emergency care

Where to go for medical services depends on your health care needs. Your plan includes coverage for various types of care. If you are not sure what type of care you need, use the guidelines below or if included with your plan, call the toll-free **Care24®** or **NurseLine<sup>SM</sup>** number on your health plan ID card. Nurses are available 24 hours a day and can help you find the care you need.

For **routine or primary/preventive care**, it is best to go to your own doctor's office. It's important to establish a relationship with a primary care doctor who knows your health history and that you can call when you need care. For help finding a primary care physician, search our online provider directory or call the member phone number on your health plan ID card.

For **hospital care**, talk with your doctor to determine which hospital is best for your medical/surgical needs. Your benefit plan may require you or your physician to notify UnitedHealthcare of a hospital admission.

For **care after hours**, first call your primary care doctor. Network doctors and clinics provide either an answering service or a detailed voice-mail message that gives instructions for how to get care after hours.

**Is it urgent?** If you need care quickly—but it's not an emergency—and your primary doctor is not available, consider going to an urgent care center. A visit to urgent care typically costs less than going to a hospital emergency room. Urgent care centers offer treatment for non-life threatening injuries or illnesses such as:

- Sprains and strains
- Minor broken bones
- Minor infections
- Small cuts
- Sore throats
- Rashes

**In an emergency, call 911 or go to the nearest emergency room, whether at home or out of town.** Typically, an emergency is when injuries or symptoms are life-threatening or severe enough that immediate medical attention is needed. This includes:

- Heavy bleeding
- Large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness or trouble talking
- Major burns
- Spinal injuries
- Severe head injuries
- Difficulty breathing

Please see your Member Handbook/GSA or contract for a complete definition of what we consider a medical emergency.

### **Finding care if you are out of town or state**

Call the member phone number on your health plan ID card to find physicians and health care facilities near your location, and to learn if any restrictions apply. Or, if your plan includes **Care24** or **NurseLine**, you can contact the toll-free, 24-hour help line for help finding the care you need.

## **Getting and staying healthy**

### **Prevention and wellness tools**

Whether you want to eat better, exercise more, stop smoking or learn to relax, we offer a wide range of resources designed to help you meet your goals. Even better, they may be included in your benefit plan\*. Get started by visiting [www.mynhp.com](http://www.mynhp.com).

**Health Risk Assessment** – Complete a brief online questionnaire to help assess your overall state of health. Once completed, you receive immediate and confidential (to the fullest extent permitted by law) results. Your online, personalized report also includes suggestions to help improve your health and well-being. If you do not have Internet access, you may call 1-800-369-2704 and select option 4 to leave a message for a member of the disease management team to assist you with the health assessment by phone or mail.

**Medical, wellness and fitness information** – Visit our website at [www.mynhp.com](http://www.mynhp.com) to find information on a wide range of health and wellness topics, plus quizzes, calculators and charts.

### **Preventive health guidelines**

Take a proactive approach to your health and visit [uhcpreventivecare.com](http://uhcpreventivecare.com), our preventive care website. Here you'll find gender and age-specific preventive care guidelines based on recommendations by the U.S. Preventive Services Task Force and other health organizations. Preventive care services—such as physical exams, immunizations, vaccines, lab work, x-rays and routine screenings—can help you avoid serious health problems and allow for early detection of common medical conditions. You and your doctor can use this information to determine what tests or screenings are appropriate for you based on your age, gender, personal health history and other health concerns. In addition, you can print and e-mail your specific preventive health guidelines, get useful health tips and find other tools to support your overall health.

**For specific benefit coverage and limitations, refer to your Member Handbook/GSA or call the toll-free member phone number on your health plan ID card. To get the most out of your benefit coverage, make sure you use a network doctor or clinic.**

\*Wellness programs and service offerings may vary depending on plan design.

## Access to behavioral health care

United Behavioral Health (UBH) manages behavioral health benefits, such as mental health and substance abuse/substance use disorder benefits, for many UnitedHealthcare members.\* If UBH provides your behavioral health benefits, please note the following information:

UBH offers a nationwide network of facilities and clinicians that specialize in the treatment of mental health and substance abuse problems—including psychiatrists, addiction medicine specialists, psychologists and masters-level clinicians, and advanced practice nurses. UBH also contracts with hospitals, day treatment programs and other specialty care programs.

To request services or get a referral to UBH network facilities and clinicians, call the Mental Health phone number on your health plan ID card. UBH Care Advocacy Centers are open Monday through Friday from 8 a.m. to 5 p.m., within local U.S. time zones, except during holidays. For urgent concerns or to obtain emergency care, UBH Care Advocacy staff can be reached 24 hours a day, including holidays and weekends. In the case of a life-threatening emergency, dial 911, or its local equivalent.

You can also call the UBH Care Advocacy Center to determine benefit coverage, learn how to appeal a benefit decision, file a complaint about UBH services or a network clinician or facility, and to get additional information about network clinicians, such as school attended, residency or Board Certification

To find the names, phone numbers, office locations and clinical specialties of UBH credentialed clinicians, log in to UBH's website, [www.liveandworkwell.com](http://www.liveandworkwell.com), and select **Find a Mental Health Clinician**.

Visit [liveandworkwell.com](http://liveandworkwell.com) to:

- Look up your behavioral health benefits
- Find information about mental health conditions, such as depression
- Search for behavioral health clinicians
- Access a variety of assessments and self-help programs

To access [liveandworkwell.com](http://liveandworkwell.com) from [www.mynhp.com](http://www.mynhp.com), click on the **Benefits & Coverage** tab and select **Mental Health and Substance Abuse**. Spanish speakers can visit [MenteSana-CuerpoSano.com](http://MenteSana-CuerpoSano.com), UBH's website for members and the Hispanic/Latino community.

UBH's preventive health programs provide information and resources for people with major depression, alcohol and drug abuse and addiction, and Attention-Deficit/Hyperactivity Disorder. Learn more about these programs by visiting <http://prevention.liveandworkwell.com>. Eligible members will receive mailings that contain useful information and resources about these conditions. For more information about these programs or to request a paper copy of this information, call the Mental Health phone number on your health plan ID card.

Call the member phone number on your health plan ID card for questions about:

- Behavioral health benefits, services and notification requirements
- Copayments and other charges for which you may be responsible
- How to get behavioral health services including inpatient and outpatient services, partial hospitalization and subspecialty care
- Getting care when you are away from home
- Submitting a claim for covered service, if applicable
- Information about UBH network practitioners
- Getting care after normal office hours

In addition to the rights and responsibilities outlined in this newsletter, UBH has a rights and responsibilities statement that contains information specific to behavioral health services. Learn more about UBH programs, services and quality improvement programs by reading UBH's annual member newsletter, *liveandworkwell*, at <http://www.liveandworkwell.com/newsletter/>. To request a paper copy, call the Mental Health phone number on your health plan ID card.

\*Not all health plans include behavioral health benefits. To find out if your plan includes mental health and/or substance abuse/substance use disorder benefits and the limitations and/or exclusions that may apply, ask your employer, refer to your Member Handbook/GSA or call the member phone number on your health plan ID card.

## Specialized programs

Our Case Management program offers support to members coping with certain conditions or complex health situations such as chronic kidney disease, congenital heart disease, obesity, neonatal care, pregnancy/women's health and transplants\*. In addition, our disease management program offers certain disease-specific support for cardiovascular disease and diabetes. Our goal is to help you manage your condition, understand your treatment options and support your doctor's treatment plan and to improve the overall health care experience.

Your recent prescriptions, doctor visits or hospital stays help us to identify when one of these programs may benefit you. You can also self-refer by calling the toll-free member phone number on your health plan ID card to inform them of your program of interest. You will be invited to participate by receiving a letter in the mail, or a call from an automated dialer or a nurse. Once notified of your eligibility, you can choose whether or not to participate. Please visit [www.mynhp.com](http://www.mynhp.com) for more detailed information about these programs.

\*Program offerings may vary based on the benefit plan provided to you by your employer.

## Other important information

### Quality Improvement Program

UnitedHealthcare has established the Quality Improvement program to monitor and improve the quality and safety of care you receive from our network doctors and hospitals and the quality of service we provide to you. Our quality program integrates utilization and care management, credentialing of doctors and hospitals, disease management, pharmacy and Customer Care (member telephone calls) to provide a safe patient-centered experience for you.

Each year we establish goals for the quality program and throughout the year we monitor our progress. We step in where necessary to improve our performance and the performance of our doctors, hospitals and other health care providers. In the past year we have seen:

- Member questions and complaints resolved on the first call to Customer Care 94% of the time.
- 93% of our members said that their Health Plan doctors were good listeners, and over 95% explained things well and showed respect.
- 95% of our members with asthma using the appropriate asthma medications, and
- 95% of children and adolescents accessed their primary doctor for care within the past two years.

If you would like more detail about our Quality Improvement Program you can request a summary of our quality plan by contacting Customer Care or sending an email to [clinex@uhc.com](mailto:clinex@uhc.com).

### What you can do to make health care safer

Doctors, nurses and other health care providers in America work very hard every day to deliver the best care to their patients. Unfortunately, an alarming number of patients are harmed by medical mistakes in the health care system and far too many die prematurely as a result. Patient safety is one of the Nation's most pressing health care challenges. A 1999 report by the Institute of Medicine estimated that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety. A more recent study published in April, 2011 found that on average, one in three patients admitted into a hospital suffer a medical error or adverse event.<sup>1</sup>

The following tips tell you what you can do to get safer health care. This list was developed by the U.S. Department of Health and Human Services in partnership with the American Hospital Association and the American Medical Association.

- 1. Ask questions if you have doubts or concerns.** Take a friend or relative with you to help you ask questions and understand answers if needed.
- 2. Keep and bring a list of ALL the medicines you take.** Ask about any side effects and what to avoid while taking the medicine.
- 3. Get the results of any test or procedure.** Don't assume no news is good news. Ask what the results mean for your care.
- 4. Talk to your doctor about which hospital is best for your health needs.** Be sure you understand about follow-up care when you leave the hospital.

<sup>1</sup> *Partnership for Patients: Better Care, Lower Costs*, <http://www.healthcare.gov/news/factsheets/partnership04122011a.html>

**5. Make sure you understand what will happen if you need surgery.** Make sure everyone knows and agrees on exactly what will be done during the operation.<sup>2</sup>

According to a study in *The New England Journal of Medicine*, "adults receive the recommended medical treatment only 55 percent of the time."<sup>3</sup> UnitedHealthcare wants to help you find the safest and best health care possible. Our hospital comparison program uses internal claims data and patient safety measures from the Leapfrog Group® to compare hospital quality and cost for various medical conditions or procedures.

The Leapfrog Group is a national organization of health care purchasers that focuses on improvements in the safety, quality and affordability of health care. There are seven Leapfrog measures:

- Prevent Medication Errors
- Appropriate Intensive Care Unit (ICU) Staffing
- Steps to Avoid Harm
- Reduce Pressure Ulcers
- Reduce In-Hospital Injuries
- Managing Serious Errors
- Reduce ICU Infections

The Leapfrog Hospital Comparison Tool is available at [leapfroggroup.org/cp](http://leapfroggroup.org/cp) with additional information from their annual hospital surveys. More information about the Leapfrog Group can be found at [www.leapfroggroup.org](http://www.leapfroggroup.org).

### **Evaluation of new technologies**

UnitedHealthcare's Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee is comprised of medical directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare. The Committee meets at least 10 times a year to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements regarding new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

### **Women's Health and Cancer Rights Act**

As required by the *Women's Health and Cancer Rights Act of 1998*, benefits are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including copayments, coinsurance and any annual deductible) and the benefit coverage limitations are the same as are required for any other covered health service as described in your Member Handbook/GSA.

### **Newborns' and Mothers' Health Protection Act**

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

<sup>2</sup>*Five Steps to Safer Health Care*. Patient Fact Sheet. Agency for Healthcare Research and Quality (AHRQ) Publication Number 04-M005, February 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/consumer/5steps.htm>

<sup>3</sup>Asch, Steven M. et al. *The New England Journal of Medicine*. 2006 March 16; 354: 1147-1156.

Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, call the toll-free member phone number on your ID card.

## **Why the Last Weeks of Pregnancy Count**

You may not have a choice about when to have your baby. If there are problems with your pregnancy or your baby's health, you may need to deliver your baby early. But if you have no medical problems and you're planning to schedule your baby's birth, you should wait until the 39th completed week of your pregnancy. Births scheduled before the 39th completed week of pregnancy for non-medical reasons can cause problems for both mothers and babies.

Early scheduling of births can be done either by induction (when medicine is given to a mother to induce labor) or cesarean section (a surgical procedure). Unless it is medically necessary for your well-being or the well-being of your baby, guidelines developed by doctors and researchers say it's best to wait until the 39th week of completed pregnancy to deliver your baby. The main reason is that important development takes place to your baby's brain and lungs during those last few weeks of pregnancy.

If you would like more information about why the last few weeks of pregnancy are so important to you and your baby visit <http://www.healthy-pregnancy.com/UHC/resources/index.shtml>. Here you will also find a link to information on how often your delivery hospital schedules early cesarean sections and inductions as reported in the Leapfrog Group annual hospital survey statistics ([http://www.leapfroggroup.org/for\\_consumers/tooearlydeliveries](http://www.leapfroggroup.org/for_consumers/tooearlydeliveries)).

## **Notification of Language Assistance**

We believe that language should never be an obstacle to receiving proper care. To accommodate the language preferences of our members, language assistance services are provided free of charge. If you need assistance or have any questions about these services, please call the toll-free member phone number on your health plan ID card.

## **Notificación de Ayuda en Otros Idiomas**

Creemos que el idioma no debería ser nunca un obstáculo a la hora de recibir la atención adecuada. Para adaptarnos a las preferencias de idioma de nuestros miembros, brindamos servicios de ayuda en otros idiomas sin costo. Si necesita ayuda o tiene alguna pregunta sobre estos servicios, llame al número de teléfono gratuito para miembros que figura en su tarjeta de identificación del plan de salud.

## **語言協助通知**

我們相信，語言絕不該變成接受適當照護的障礙。為能配合我們會員的語言使用習慣，我們免費提供語言協助服務。如果您需要協助，或對這些服務有任何疑問，請撥打您健保計畫會員卡上的免付費會員電話號碼。

## **Assistance for members with hearing impairments**

If you have hearing impairments and need to talk with a customer care professional or nurses in Clinical Services you can access services through the National Relay Center at 1-800-828-1120.

## **Advance Directives**

A growing number of people are putting their health care preferences in writing while they are still able to make such decisions. An Advance Directive, also known as a "living will," is a document that states the kinds of health care treatment you wish to receive in the event you cannot speak for yourself. A Health Care Proxy is a document that allows you to name a health care agent—someone you trust to make health care decisions for you if you are unable to make or communicate decisions yourself. Both documents should be considered regardless of age or medical condition. Be sure to discuss your Advance Directives with your physicians, family, friends, health care agent and religious advisors so your wishes are understood. These documents are optional and have no effect on your health coverage.

## **Member Rights and Responsibilities**

### **You have the right to:**

- Be treated with respect and dignity by UnitedHealthcare personnel, network doctors and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive. See Notice of Privacy Practices in your benefit plan documents for a description of how UnitedHealthcare protects your personal health information.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan or the care provided to you.
- Receive timely responses to your concerns.
- Candidly discuss with your doctor the appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Access to doctors, health care professionals and other health care facilities.
- Participate in discussions about your care with your doctor and other health care professionals.
- Receive and make recommendations regarding the organization's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services, network doctors and other health care professionals.
- Be informed about, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you be unable to express your wishes.

### **You have the responsibility to:**

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your ID card before receiving health care services.
- Pay any necessary copayment at the time you receive treatment.
- Use emergency room services only for injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow agreed-upon instructions and guidelines of doctors and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer of changes in your address or family status.
- Log in to [www.mynhp.com](http://www.mynhp.com), or call Customer Care if you have questions about your eligibility, benefits, claims and more.
- Log in to [www.mynhp.com](http://www.mynhp.com) or call Customer Care before receiving services, to verify that your doctor or health care professional participates in the UnitedHealthcare network.

### **Internal protection of information within UnitedHealth Group**

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 members. We provide physical, electronic and procedural security safeguards in the handling and maintenance of our members' information to protect against risks such as loss, destruction or misuse. We conduct regular audits to help ensure appropriate and secure handling and processing of our members' information.

## Financial incentives

We want you to know that the staff, physicians and other health care professionals who make decisions on the health care services you receive do so based on the contract your employer has with UnitedHealthcare.

- The decisions are made based on the appropriateness of care and service and existence of coverage.
- The staff of UnitedHealthcare, its delegates and the physicians and other health care professionals making these decisions are not specifically rewarded for issuing non-coverage decisions.
- UnitedHealthcare and its delegates do not offer incentives to physicians or other health care professionals to encourage inappropriate underutilization of care or services.

## HEALTH PLAN NOTICES OF PRIVACY PRACTICES

### MEDICAL INFORMATION PRIVACY NOTICE

**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, 2012

We<sup>1</sup> 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 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 a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice on your health plan website, such as [www.mynhp.com](http://www.mynhp.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.

### How We Use or Disclose Information

**We must** 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 make sure your privacy is protected.

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<sup>1</sup>This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Life Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Citrus Health Care, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Evercare of New Mexico, Inc.; Evercare of Texas, LLC; Golden Rule Insurance Company; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; MD - Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; Physicians Health Choice of Texas, LLC; Sierra Health & Life Insurance Co., Inc.; UHC of California, dba UnitedHealthcare of California; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Family Health Plan of Pennsylvania, Inc.; Unison Health Plan of Delaware, Inc.; Unison Health Plan of Pennsylvania, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Insurance Company of Ohio; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of Mid-Atlantic, Inc.; UnitedHealthcare of the Great Lakes Health Plan, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Utah, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

**We have the right to** use and disclose health information for your treatment, to pay for your health care and to 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 talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.
- **To Provide You Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Plan Sponsors.** If your coverage is through an employer sponsored 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 Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as 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 or who helps 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 interests.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **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.** We may disclose your health information 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 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, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.
- **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. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
  1. HIV/AIDS;
  2. Mental health;
  3. Genetic tests;
  4. Alcohol and drug abuse;
  5. Sexually transmitted diseases and reproductive health information; and
  6. Child or adult abuse or neglect, including sexual assault.

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. Attached to this notice is a Summary of Federal and State Laws on Use and Disclosure of Certain Types of Medical Information.

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. 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 at anytime in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, call the member phone number 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 authorize your dependents to request 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. We will accept verbal requests to receive confidential communications, but 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 see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may in some cases 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 to inspect and copy your health information. We may charge a reasonable fee for any copies. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** information we maintain about you 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 made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) 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. You also may also obtain a copy of this notice on your health plan website, such as [www.mynhp.com](http://www.mynhp.com).

### **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 member phone number on your health plan ID card or you may contact the UnitedHealth Group Customer Call Center at 1-866-633-2446.
- **Submitting a Written Request.** Mail to us your written requests for modifying or cancelling a confidential communication, for copies of your records, or for amendments to your record, at the following address:
 

UnitedHealthcare  
Customer Service - Privacy Unit  
PO Box 740815  
Atlanta, GA 30374-0815
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint 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.**

# FINANCIAL INFORMATION PRIVACY NOTICE

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

Effective January 1, 2012

We<sup>2</sup> 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 health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

## Information We Collect

We 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 consumer reports.

## 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 restrict access to personal financial information about you to our employees and service providers who are involved in administering your health care coverage and providing services to you. We maintain physical, electronic and procedural safeguards in compliance with state and federal standards to guard your personal financial information. We conduct regular audits to help ensure appropriate and secure handling and processing of our enrollees' information.

## Questions About this Notice

If you have any questions about this notice, please **call the member phone number on your health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446.

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<sup>2</sup>For purposes of this Financial Information Privacy Notice, "we" or "us" refers to the entities listed in footnote 1, beginning on the first page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; OneNet PPO, LLC; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; PacifiCare Health Plan Administrators, Inc.; PacificDental Benefits, Inc.; ProcessWorks, Inc.; Spectera of New York, IPA, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.

# UNITEDHEALTH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2012

The first part of this Notice, which provides our privacy practices for Medical Information (pages 10-13), describes how we may use and disclose your health information under federal privacy rules. There are other laws that may limit our rights to use and disclose your health information beyond what we are allowed to do under the federal privacy rules. The purpose of the charts below is to:

1. show the categories of health information that are subject to these more restrictive laws; and
2. give you a general summary of when we can use and disclose your health information **without your consent**.

If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

## Summary of Federal Laws

### Alcohol & Drug Abuse Information

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

### Genetic Information

We are not allowed to use genetic information for underwriting purposes.

## Summary of State Laws

### General Health Information

We are allowed to disclose general health information only (1) under certain limited circumstances, and /or (2) to specific recipients.	CA, NE, PR, RI, VT, WA, WI
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HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
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You may be able to restrict certain electronic disclosures of health information.	NV
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We are not allowed to use health information for certain purposes.	CA
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We will not use and/or disclosure information regarding certain public assistance programs except for certain purposes	MO, NJ, SD
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### Prescriptions

We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and /or (2) to specific recipients.	ID,NH, NV
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### Communicable Diseases

We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and /or (2) to specific recipients.	AZ, IN, KS, MI, NV, OK
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### Sexually Transmitted Diseases and Reproductive Health

We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, FL, HI, IN, KS, MI, MT, NJ, NV, PR, WA, WY
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## Summary of State Laws

<b>Alcohol and Drug Abuse</b>	
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients	CT, GA, HI, KY, IL, IN, IA, LA, NC, NH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA
<b>Genetic Information</b>	
We are not allowed to disclose genetic information without your written consent.	CA, CO, HI, IL, KS, KY, LA, NY, RI, TN, WY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, GA, IA, MD, MA, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	FL, GA, IA, LA, MD, NM, OH, UT, VA, VT
<b>HIV / AIDS</b>	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, AR, CA, CT, DE, FL, GA, HI, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS-related information.	CT, FL
<b>Mental Health</b>	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, HI, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI
Disclosures may be restricted by the individual who is the subject of the information.	WA
Certain restrictions apply to oral disclosures of mental health information.	CT
Certain restrictions apply to the use of mental health information.	ME
<b>Child or Adult Abuse</b>	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AL, CO, IL, LA, NE, NJ, NM, RI, TN, TX, UT, WI

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# IMPORTANT

**To verify eligibility and get benefit coverage information such as copay and deductible amounts, simply go to [www.myrnhp.com](http://www.myrnhp.com) and**

- Register/log in on the member page
- Click on "Eligibility Information" under "My Plan Summary"
- Verify the information listed is correct

**You can also find a network hospital, doctor or other health care professional.**

**If you have any questions, please call the Member phone number on your health plan ID card.**

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by or through UnitedHealthcare of Florida, Inc. and Neighborhood Health Partnership, Inc.

The Care24® program integrates elements of traditional employee assistance and work-like programs with health information lines for a comprehensive set of resources. Program components may not be available in all states or for all groups. Care24 is a registered trademark of UnitedHealth Group, Inc., used by permission. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Opmun-Health or its affiliates, including UnitedHealthcare, or any entity through which the caller is receiving Opmun-Health services directly or indirectly. Care24 may not be available in all states or for all group sizes. Components subject to change. Coverage exclusions and limitations may apply.

For informational purposes only, NurseLine<sup>SM</sup> nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time.

UnitedHealthcare Disease and Case Management and UnitedHealth Wellness® are a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. They are not insurance products but are offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change.

The hospital comparison program is intended as a resource for informational purposes only. UnitedHealthcare does not provide health care services or practice medicine. Physicians are solely responsible for medical judgments and treatments. Inclusion in this program does not guarantee the quality of care being rendered. All physicians and facilities that contract with UnitedHealthcare have met credentialing requirements. Regardless of rating, plan enrollees have access to all physicians and facilities in the UnitedHealthcare Network. For a complete description of the hospital comparison program, including details on the methodology used, geographic availability and program limitations, please visit [www.myrnhp.com](http://www.myrnhp.com).

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