

This Notice is intended to comply with the Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW PERSONAL, MEDICAL AND FINANCIAL INFORMATION WE MAINTAIN ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS FOR YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY. NO RESPONSE IS REQUIRED.

This Notice describes the privacy practices of American Exchange Life Insurance Company; American Pioneer Health Plans, Inc.; American Pioneer Life Insurance Company; American Progressive Life & Health Insurance Company of New York; Constitution Life Insurance Company; GlobalHealth, Inc.; Marquette National Life Insurance Company; Member-Health, LLC; Pennsylvania Life Insurance Company; The Pyramid Life Insurance Company; SelectCare Health Plans, Inc.; SelectCare of Oklahoma, Inc.; SelectCare of Texas, LLC; and Union Bankers Insurance Company (“we” or “us”) as wholly owned subsidiaries of Universal American, as well as the managed care organizations owned or operated by Heritage Health Systems, Inc. (Abri Health Plan, Inc.’s Medicare Advantage plans are administered by us). This notice refers separately to each of the companies by using the terms “us,” “we,” or “our.”

We provide coverage to you under the terms of your accident, health, life insurance or annuity policy.

This notice describes our privacy policy and describes how we treat the information we receive (“Information”) about you.

Our Privacy Obligations

We are required by federal and state law to protect the privacy of individually identifiable health, personal and/or financial information about you (“Your Protected Health Information”) and to provide you with this Notice of our legal

duties and privacy practices. When we use or disclose Your Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). State Pre-emption – Some states’ laws are more stringent than Federal Privacy laws with regard to these requirements. We will comply with all applicable laws.

How We Protect Information

We treat Information in a confidential manner. Our employees are required to protect the confidentiality of Information. Employees may access Information only when there is an appropriate reason to do so, such as to administer or offer our products or services. We also maintain physical, electronic and procedural safeguards to protect Information; these safeguards comply with all applicable laws. Employees are required to comply with our established policies.

How We Collect Information

We get most Information directly from you. The Information that you give us when applying for our products or services generally provides the Information we need. If we need to verify Information or need additional Information, we may obtain Information from third parties such as adult family members, employers, other insurers, consumer reporting agencies, physicians, hospitals and other medical personnel. Information collected may relate to your finances, employment, health, avocations or other personal characteristics as well as transactions with us or with others.

INFORMATION DISCLOSURE

How We Use Information

We collect and use Information for business purposes with respect to our insurance and other business relationships involving you. We may disclose any Information when we believe it necessary for the conduct of our business, or where disclosure is required by law. For example, Information may be disclosed to others, including independent agents who sell our products and services, to enable them to provide business services for us, such as helping

us to evaluate requests for insurance or benefits, evaluate benefit claims, administer our products or services, process transactions requested by you, to perform general administrative activities such as maintaining existing accounts, or to otherwise assist us in servicing or processing an insurance product or service requested or authorized by you. We may also use Information to offer you other products or services we provide.

Information may also be disclosed for audit or research purposes, or to law enforcement and regulatory agencies, for example, to help us prevent fraud. Information may be disclosed to others that are outside of our family of companies, such as companies that process data for us, companies that provide general administrative services for us, other insurers, and consumer reporting agencies. We will make other disclosures of Information as permitted by law.

I. Uses and Disclosures for Payment and Healthcare Operations:

A. We may use and disclose to others Your Protected Health Information as necessary to pay your healthcare provider(s) for health benefits covered by Your Health Plan or for other healthcare operations necessary to provide these health benefits to you, without your express, implied, or specific consent or authorization. In addition and without limitation, we may use and disclose to others Your Protected Health Information as follows:

1. Payment. We may use and disclose Your Protected Health Information to obtain payment of our premiums and to determine and fulfill our responsibility to provide health benefits under Your Health Plan — for example, to make coverage determinations, administer claims and coordinate benefits with other coverage you may have.
2. Healthcare Operations. We may use and disclose Your Protected Health Information for our healthcare operations — for example, to do business planning, provide customer service and conduct quality assessment and improvement activities.
3. Treatment. We may disclose Your Protected Health Information, such as your medical information, to a healthcare provider for your medical treatment.

II. Use or Disclosure with Your Authorization:

We may use or disclose Your Protected Health Information for any reason other than payment and healthcare operations only when (1) you give us your written authorization (“Your Authorization”) or (2) there exists an exception as described in Section III below. You may revoke Your Authorization, except to the extent we have taken action in reliance on it, by delivering a written revocation statement to the Privacy Office identified at the end of this document.

III. Uses and Disclosures Without Your Consent or Your Authorization:

- A. As Required by Law. We will use or disclose Your Protected Health Information when required to do so by applicable international, federal, state or local law.
- B. Business Associates. We may disclose Your Protected Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform administration services on our behalf with respect to Your Health Plan. All of our Business Associates are obligated, under contracts 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.
- C. Marketing Communications. We may use and disclose Your Information for marketing communications made by us to you.
- D. Public Health Activities. We may disclose Your Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to the government authority authorized by law to receive such reports; and (3) to alert a person who may have been exposed to a communicable disease.
- E. Victims of Abuse, Neglect or Domestic Violence. We may disclose Your Protected Health Information if we reasonably believe you are a victim of abuse, neglect or domestic violence to the appropriate state agency as required or permitted by applicable state law.

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- F. Health Oversight Activities. We may disclose Your Protected Health Information to a government agency that oversees the health-care system or ensures compliance with the rules of government health programs such as Medicare or Medicaid.
- G. Judicial and Administrative Proceedings. We may disclose Your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- H. Law Enforcement Officials. We may disclose Your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order or other lawful process.
- I. Health or Safety. We may disclose Your Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- J. Specialized Government Functions. We may disclose Your Protected Health Information to units of the government with special functions, such as any branch of the U.S. military or the U.S. Department of State.
- K. Workers' Compensation. We may release Your Protected Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- L. Disclosure to You. We may disclose your medical information to you.
- M. Disclosures to Individuals Involved with Your Healthcare. We may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. We may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person's involvement with your healthcare or payment for your healthcare.
- N. Research. We may use or disclose Your Protected Health Information, such as your medical information, for purposes of research if we first confirm that your privacy rights will be protected, for instance if a privacy board or Institutional Review Board determines that your privacy will not be put at risk and informs us of its determination.

Your Individual Rights

- A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to Your Information, you may contact our Privacy Office. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Secretary. We will not retaliate against you if you file a complaint with us or the Secretary.
- B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of Your Protected Health Information for payment and healthcare operations in addition to those explained in this Notice. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.
- C. Right to Receive Confidential Communications. We accommodate any reasonable request for you to receive Your Protected Health Information by alternative means of communication or at alternative locations.
- D. Right to Inspect and Copy Your Information. You may request access to our records that contain Your Information in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we will charge you copying and mailing costs.
- E. Right to Amend Your Records. You have the right to request that we amend Your Information maintained in our enrollment, payment, claims adjudication and case or medical management records or other records used, in whole or in part, by or for us to make decisions about you. If you desire to amend these records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request

unless special circumstances apply. If your physician or other healthcare provider created the information that you desire to amend, you should contact the provider to amend the information.

F. Right to Receive an Accounting of Disclosures.

Upon request, you may obtain an accounting of certain disclosures of Your Information made by us on or after April 14, 2003, excluding disclosures made earlier than six years before the date of your request. If you request an accounting more than once during a twelve (12) month period, we have the right to charge you \$.50 per page of the accounting statement and \$5 per hour for clerical work necessary to complete the requested accounting.

G. Right to Receive Paper Copy of this Notice.

Upon request, you may obtain a paper copy of this Notice.

Duration of This Notice

Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all of Your Information that we maintain, including any information we created or received prior to issuing the new notice. If we change this Notice, we will send the new notice to you if you are then covered by us. In addition, we will post any new notice on our Internet site at <http://www.universalamerican.com> you also may obtain any new notice by contacting the Privacy Office.

Privacy Office

For additional information: In addition to any other Privacy Notice we may provide, federal law establishes privacy standards and requires us to provide this summary of our privacy policy annually. You may have additional rights under applicable laws. For additional Information regarding our Privacy Policies, please write to us.

You may contact the Privacy Office at:

Universal American – Privacy Office
1001 Heathrow Park Lane
Suite 5001
Lake Mary, FL 32746
E-mail: PrivacyOffice@uafc.com