

PRIVACY NOTICE STATEMENT

Effective Date: January 1, 2023

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

If you have any questions about this Notice, please contact our Privacy Office by writing to Attn: Privacy Office, 7440 Woodland Drive, Indianapolis, Indiana 46278-1719

WHO WILL FOLLOW THIS NOTICE

This Privacy Notice Statement describes the practices of United HealthCare Services, Inc. (hereafter referred to as, "We," "Us," or the "Company").

OUR COMMITMENT TO YOUR PRIVACY

We understand that information about you is personal, and We are committed to protecting that information. The Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152) (collectively, the "ACA"), and related regulations including 45 CFR 155.260, allows Us to collect Personally Identifiable Information ("PII") in order to help you enroll for health care coverage.

This Privacy Notice Statement ("Notice") will tell you about the ways in which We may use and disclose information about you. This Notice will also describe your rights and certain obligations We have regarding the use and disclosure of information.

We are required by law to:

- make sure that information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to information about you; and
- follow the terms of the Notice that is currently in effect.

INFORMATION WE MAY COLLECT

Personally Identifiable Information, or "PII", in general refers to information that can be used on its own or with other information to identify you. We may collect, maintain, disclose and use PII about you, such as your name, address, date of birth, email address, and Social Security Number, only for the functions and purposes stated in this Notice, unless We obtain your informed consent. PII will only be collected, maintained, disclosed or used to the extent necessary to accomplish a specific business function or purpose. PII will never be used to discriminate against you.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may collect, maintain, disclose or use your PII (and PII of your family members) for the following purposes:

- To assist you with a quote for insurance products and assist you with plan comparisons and selection;
- To determine eligibility for premium tax credits/subsidies and cost sharing reductions;
- To assist with enrollment in an insurance plan;
- Facilitating payment of the initial premium to the appropriate insurance carrier;
- Servicing your selected insurance plan(s);
- Contacting you to assess your satisfaction or resolve complaints; or
- To inform you about other health-related products or services We offer (subject to your right to opt-out of receiving such materials).

Information provided by you will be disclosed with your application to the selected insurance carrier(s). We may also share this information with workforce members and licensed agents and brokers who are certified to assist applicants with state or federal exchange programs.

Other than for the business purposes described above, We will not disclose your information to anyone, except with your authorization or as otherwise permitted or required by law. For some activities, We must have your written authorization to use or disclose your information. However, the law permits Us to use or disclose your information when required by a state or federal government agency, for judicial and administrative proceedings or to a law enforcement official. You may choose not to provide Us with your PII; however, failing to provide certain PII may result in a delay of obtaining insurance coverage or prevent your ability to obtain insurance coverage, premium tax credits/subsidies, or cost sharing reductions.

YOUR RIGHTS

You have the right to inspect and amend your information.

You may correct, amend, substitute or delete your information for as long as We maintain the information. You may submit a request to our Privacy Office in writing or by telephone that includes the PII you wish to correct, amend, substitute or delete and the reasons for making the request, along with any supporting justification or evidence. If We do not agree that the PII should be corrected, amended, substituted or deleted, We will advise you in writing of the denial and let you know how you may appeal the decision. We will require verification of your identity before allowing access to your PII.

You also can obtain a copy of your information or a summary of your information. We may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant your request.

Under federal law, however, you may not inspect information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding. In some circumstances, you may have the right to have our decision to deny you access to your information reviewed. Please contact our Privacy Office if you have any questions about access to your information.

You have the right to request a restriction on the use and disclosure of your information.

You have the right to request restrictions on certain uses and disclosures of your information. We are not required to agree to a restriction that you request. If We do agree to a requested restriction, We will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit uses or disclosures of information that are required by law. You may request a restriction by contacting our Privacy Office.

You have the right to receive an accounting of certain disclosures of your information.

You have a right to receive an accounting of disclosures of your information We have made for purposes other than disclosures: (1) made to you or based upon your authorization; (2) made to our workforce who have a need for the record in the performance of their duties; and (3) necessary to carry out the functions and purposes described in this Notice.

To request an accounting, you must submit a written request to our Privacy Office. You must specify the time period, which may not be longer than ten years after the disclosure or the life of the record, whichever is longer.

You have the right to a paper copy of this Notice.

You have the right to obtain a paper copy of this Notice from Us upon request, even if you have agreed to accept this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Office.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for the information We already have about you as well as any information We receive in the future. We will post a copy of the revised Notice on our website: www.uhcexchange.com or www.shop.uhcexchange.com/. The revised Notice will contain on the first page, under title of document, the effective date.

COMPLAINTS

You may contact Us or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated by accessing their website at www.cms.gov and reviewing the "How to File a Complaint" link under the Regulations and Guidance tab. To file a complaint with Us, contact our Privacy Office. All complaints must be submitted in writing. No retaliatory actions will be taken against you for filing a complaint.

OTHER USES OF INFORMATION

Other uses and disclosures of information not covered by this Notice or the laws that apply to Us will be made only with your authorization. If you provide Us with permission to use or disclose information about you by signing a written authorization, you may revoke that permission, in writing, at any time. If you revoke your permission, We will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that We are unable to take back any disclosures We have already made with your permission.

You may contact our Privacy Office at:

HealthMarkets Insurance Agency, Inc.
Attn: Privacy Office
7440 Woodland Drive
Indianapolis, Indiana 46278-1719