



A UnitedHealth Group Company

**UnitedHealthcare**<sup>®</sup>

M.D. IPA<sup>SM</sup> OPTIMUM CHOICE<sup>®</sup> MAMSI<sup>®</sup>  
LIFE AND HEALTH INSURANCE COMPANY

MN012-N108 P.O. Box 1459 Minneapolis, MN 55440-1459

# Important Information

## From Your Health Plan

PRESORTED  
STANDARD  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 316  
DULLES, VA

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Dear Valued MD-Individual Practice Association, Inc. or Optimum Choice, Inc. Member,

Health care coverage can sometimes be complex and confusing. But it doesn't have to be. This guide details some key information that can help you get the most from your UnitedHealthcare benefits.

Please note that your Evidence of Coverage (EOC) or Certificate of Coverage (COC) (hereinafter referred to collectively as COC), including all of its riders and endorsements, 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 COC.

We hope you find this information helpful. In the future, to the extent permitted by law, it will be available to you at [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com). If you have any questions not answered in this guide, please call Customer Care at the number listed on your health plan identification (ID) card.

Thank you for your participation in UnitedHealthcare. As always, we wish you good health.

*This document complies with various communication requirements, including those from the federal government, state governments, and the National Committee for Quality Assurance (NCQA).*

## **Getting Answers to Your Questions**

Information about your health care benefits is provided in your Certificate of Coverage. To maximize your benefits review this document as well as any riders and endorsements. Additional information may be available on the health plan Web site or by calling the Customer Care number on the back of your ID card.

To access our Web site, go to [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com) and log in for:

- Benefits and services included and excluded – Within the COC you can find information on the coverage for different types and places of care, your copays and deductibles, whether prior notification or approval is required for a service and whether or not a service is included or excluded from coverage.
- Pharmacy benefits and access – Pharmacy benefits, if provided through UnitedHealthcare, are outlined in your COC or a rider or endorsement. You can view information about the pharmacy benefits, such as the Prescription Drug List, on the health plan Web site. From this site you can also order prescriptions, compare prices on medications, get drug information and locate a pharmacy near you.
- Claims and accounts information – View your claims status, what has been paid and what is your responsibility for payment on the health plan Web site. If you use the health plan network of providers you typically won't have to submit a claim; but in the event you do need to submit a claim, information and forms are available from this site. There is also information on how to submit an appeal if you disagree with our payment decision.

## **How to Voice a Complaint**

If you are dissatisfied with the handling by UnitedHealthcare of an issue regarding the processing of a claim or any other experience with UnitedHealthcare, you may file a complaint by contacting Customer Care at the number on the back of your 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.

## **Questions or Concerns About Benefit Determinations**

If you have questions or concerns about a benefit determination, you may contact Customer Care at the number on the back of your ID card. If the Customer Care professional (CCP) cannot resolve the issue to your satisfaction over the phone and you wish to appeal the determination, ask the CCP to provide you with the appropriate address to submit your written appeal request. The appeal process is also outlined in your Certificate of Coverage/Summary Plan Description and on every Explanation of Benefits (EOB) 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 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 a longer period as required by applicable law, after you receive the claim/benefit denial. 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 for benefits. Refer to your COC for specific information on pre-service, post-service and urgent appeals.

## External Review Program

In the event that an agreement cannot be reached between you and UnitedHealthcare about a clinical coverage decision, you can appeal the decision to an independent review organization to be reviewed by a medical expert, if the decision was based on clinical factors. An independent clinical expert will review the plan's decision within the framework of the individual's contracted benefits using documents provided during the internal review process while incorporating published peer-reviewed clinical evidence. UnitedHealthcare will use the decisions made by the independent review organization as the final coverage determination. This process provides you with a timely, fair and objective response to your health care coverage concerns without incurring unnecessary costs, lengthy delays, and consumption of resources. UnitedHealthcare's external review program complies with review programs mandated by individual states.

## Getting the Right Care at the Right Place

UnitedHealthcare has one of the largest direct contracted networks in the region. Our pharmacy network includes all the major national and regional pharmacy chains and most independent local pharmacies. What this means for you is access to care, whenever and wherever you need it.

## Finding a physician

Log on to [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com) and select **Find a Doctor**. Here you can find information on physicians who can meet your need for primary care, specialty care or mental health care. Hospitals and other health care facilities can also be found here. Selecting a physician from our network will provide you with maximum benefits from your health plan. If you don't have access to a computer to view our online directory you can call the Customer Care number on the back of your ID card and the Customer Care professional will provide the information you need by phone or make arrangements to send you a printed copy of a directory pertinent to you.

We make it easy for you to find doctors and hospitals that meet measures of quality. The UnitedHealth Premium® Designation program ranks hospitals and doctors in 22 specialties, including primary care and three important specialty areas of medicine— cardiac care, orthopedic care and cancer care. Criteria for designation come from evidence-based medical standards, best practice guidelines from clinical societies and independent expert doctor advice. These doctors and hospitals are designated by a star system in our online directory

## Routine or Primary/Preventive Care

When you enrolled in M.D. IPA or Optimum Choice, Inc., you were asked to select a Primary Care Physician (PCP). A PCP usually specializes in family practice, general practice, internal medicine or pediatrics. Your PCP must be available 24 hours a day, seven days a week or arrange for another physician to be available. Most non-emergency services covered under your contract must be provided by or coordinated by your PCP. Remember, you may select a different PCP for each family member or change PCPs when necessary. If you need to choose a new PCP you can do so by using our printed *Directory of Health Care Professionals* or the online directory on our Web site, [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com).

You must have a referral from your PCP to see a participating physician specialist or other health care practitioner. If your policy covers behavioral health and substance abuse services, you will need a referral from your PCP to access these services. There are some important exceptions to this policy that are described in your Certificate of Coverage (COC).

## Urgent and Emergency Care

Urgent care is an unforeseen illness or injury requiring timely medical care, such as persistent vomiting or sprains less than 24 hours old. If you need urgent care, you should contact your PCP. If your PCP cannot accommodate you, you must have him or her approve a visit to a participating urgent care center or emergency room (ER). If no PCP approval is obtained, your health plan may not pay for the services rendered, and you may be responsible for payment.

A medical emergency is the sudden onset of a medical condition that manifests itself by acute symptoms of sufficient severity or severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the member or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

If you have a medical emergency, you should try to first contact your PCP; however, if it is unreasonable to call due to the nature of the emergency, you should proceed immediately to the nearest ER. If you experience an emergency, you should:

- Call 911 or proceed to the nearest ER.
- Contact your PCP within 48 hours of receiving treatment to request an authorization for the visit and follow up with your PCP for continuity of care when you receive emergency services.

If you are instructed by ER staff or a hospital physician to return to the ER for follow-up care, such as an X-ray, let your PCP know. He or she may determine these services can be provided in his or her office, or at another participating practitioner's office. If your visit to the ER was not a medical emergency, and your PCP did not direct you to the ER, your health plan may not pay for the services rendered, and you may be responsible for payment.

If you are traveling away from home or outside your health plan's service area and need urgent care or experience a medical emergency, you should attempt to notify your PCP prior to receiving services, to ensure coverage. For urgent care, you should seek care from a local physician. If this is difficult, or you are experiencing a medical emergency, you should seek care from the nearest ER. You are expected to receive follow-up care from your PCP. If your visit to the ER was not a medical emergency, your health plan may not pay for the services rendered, and you may be responsible for payment.

Please refer to your Certificate of Coverage (COC) for more information about your specific benefits.

## Point-of-Service Option

A Point-of-service (POS) option allows you to receive covered health care services with or without a referral from your PCP. When your PCP gives you a referral, your covered services will be paid in accordance with the in-plan (HMO) benefits described in your COC. When you receive covered health care services without a referral, these services will be paid in accordance with the POS out-of-plan benefits described in your Group Certificate. If you use your POS out-of-plan benefits, your out-of-pocket costs are lowest when you receive covered services from preferred physicians, health care practitioners and facilities. Preferred physicians, health care practitioners and facilities have agreed to accept the health plan's payment plus your deductible, coinsurance or copayment as payment in full. Non-preferred physicians, health care practitioners or facilities may bill you for the difference between the actual fee for the covered service and the amount covered by the health plan. In addition, when you use non-preferred physicians, health care practitioners and facilities, you may be responsible for obtaining health plan approval for certain designated covered services (see your Certificate of Coverage for more detail).

## Getting and Staying Healthy

### Preventive Health Guidelines

UnitedHealthcare has adopted preventive care guidelines based on the recommendations of the U.S. Preventive Services Task Force (USPSTF). Benefit coverage for individual health services often includes age ranges or frequency of service that are more liberal than those adopted by USPSTF. Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions. Please direct questions to your personal physician. The tables that follow are only summaries.

These guidelines are recommendations for preventive health care; the services listed may or may not be included in, or covered by your benefit plan.

## Immunization schedule: children ages 0 to 6 years

Range of recommended ages

Catch-up immunization

Certain high-risk groups

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	
Hepatitis B	HepB	HepB							HepB Series			
Rotavirus			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP	
Haemophilus influenzae type b			Hib	Hib	Hib	Hib		Hib				
Pneumococcal			PCV	PCV	PCV	PCV				PCV		
Inactivated Poliovirus			IPV	IPV	IPV						IPV	
Influenza					Influenza (yearly)							
Measles, Mumps, Rubella						MMR					MMR	
Varicella						Varicella					Varicella	
Hepatitis A						A HepA (2 doses)				HepA Series		
Meningococcal										MPSV4		

## Immunization schedule: children ages 7 to 18 years

Vaccine	7-10 years	11-12 year assessment	13-14 years	15 years	16-18 years	
Tetanus, Diphtheria, Pertussis		Tdap	Tdap			
Human Papillomavirus (for females only)		HPV (3 doses)	HPV Series			
Meningococcal	MCV4	MCV4		MCV4		
Pneumococcal	PPV					
Influenza	Influenza (yearly)					
Hepatitis A	HepA Series					
Hepatitis B	HepB Series					
Inactivated Poliovirus	IPV Series					
Measles, Mumps, Rubella	MMR Series					
Varicella	Varicella Series					

## SCREENING: Children ages 0-18 years

Age	Screening Test	Frequency
Newborn	Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism)	Once
Birth-2 months	Head circumference	Periodically
Birth-18 years	Height and weight	Periodically
3-4 years	Eye screening	Once
Younger than 5 years	Dental	Periodically

## COUNSELING: Children ages 0-18 years

As your child grows, talk to their doctor about:

- Development
- Dental and oral health
- Child abuse
- Sexually transmitted diseases
- Nutrition and eating disorders
- Safety
- Alcohol and drug abuse
- Birth control
- Physical activity
- Tobacco use
- Sexuality

# Preventive Care Guidelines: Adults over age 18

## Range of recommended ages

Years of Age	18	25	30	35	40	45	50	55	60	65	70	75
<b>SCREENING</b>												
Blood Pressure, Height, and Weight	At least every two years											
Obesity	Periodically											
Cholesterol				Men: Every 5 years				Women: Every 5 years				
Pap Smear	Women: Every one to three years											
Chlamydia/Gonorrhea												
Mammography				Women: every one to two years								
Colorectal Cancer*						Depends on test						
Osteoporosis											Routinely	
Alcohol Use, Depression	Periodically											
Vision, Hearing											Periodically	
<b>IMMUNIZATION</b>												
Tetanus-Diphtheria (Td/Tdap)	Every 10 years											
Varicella (VZV)	Susceptibles only-two doses											
Measles, Mumps, Rubella (MMR)	All with lack of immunity											
Pneumococcal											One dose	
Influenza								Yearly				
Hepatitis B/Hepatitis A	Persons at risk											
Meningococcal	For certain high risk groups**											
Human Papillomavirus (HPV)	One dose											
<b>CHEMOPREVENTION</b>												
Assess cardiovascular disease risk and discuss aspirin to prevent CVD events					Men: Periodically				Women: Periodically			
Discuss breast cancer chemoprevention with women at high risk for breast cancer and low risk for adverse effects.					Women: Periodically							
<b>COUNSELING</b>												
Calcium Intake	Women: Periodically											
Folic Acid	Women of childbearing age											
Breastfeeding	Women after childbirth											
Tobacco cessation, drug and alcohol use, STDs and HIV, nutrition, physical activity, sun exposure, oral health, injury prevention, and polypharmacy	Periodically											

### Upper age limits should be individualized for each patient

\* See [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov) for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

\*\* High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, their spleen does not function or they have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.

## Management Programs for Chronic Health Condition

We encourage members to take charge of their health through a variety of health promotion programs for chronic health conditions that offer support, facilitate access to care, and improve the overall health care experience of our enrollees. Currently, we offer condition specific health promotion programs across several conditions including asthma, coronary artery disease, diabetes, and depression, as well as many other medically complex conditions. Our health promotion programs provide enrollees with educational support, self management techniques, and support and monitoring of the physician's treatment plan. Enrollees eligible for the programs are identified through utilization of medical services and physician and/or self referral. We will notify you if you are eligible for these programs and you will have the option to participate or not participate.

## Other Program Information

### Quality Improvement Program

Our quality improvement program was developed to improve your health care experience. Components of the quality improvement program include:

- Providing a network of well-qualified health care professionals credentialed based on nationally recognized standards
- Reviewing member satisfaction information and improving services when necessary
- Promoting best clinical practices by showing physicians how they perform against the industry standards
- Encouraging members to receive preventive services
- Offering several health promotion programs to assist member living with chronic illnesses.
- Seeking voluntary accreditation through an impartial external organization, the National Committee for Quality Assurance

Every business unit and function within UnitedHealthcare continually monitors their performance in order to improve their service and the health care to you. As a results of this monitoring and the improvements made:

- 77.64% of members with diabetes are now getting exams to detect diabetic nephropathy (kidney disease)
- The number of children who received the appropriate test and treatment for pharyngitis (sore throat) increased 3.10 percentage points from 69.35% in 2006 to 72.45% in 2007.
- The percent of claims dollars paid correctly has improved from 97.7% in November 2006 to 99.35% in May 2007
- The number of wrong answers per million calls to Customer Care representatives has decrease 9% from January 2006 to June of 2007.
- As a result of low colorectal screening results UnitedHealthcare has joined with the American Cancer Society to send educational information and conduct reminder telephone calls to members about the importance of having regular colon cancer screenings.

Copies of the quality improvement program description are available upon request. Call the Customer Care number listed on your health plan ID card.

## Patient Safety

Patient Safety has been defined by the National Patient Safety Foundation (NPSF) as "the prevention of health care errors, and the elimination or mitigation of patient injury caused by health care errors"<sup>1</sup> UnitedHealthcare supports the prevention and elimination of health care errors by our commitment to the education of consumers and physicians and to our support of the practice of evidenced-based medicine.

We believe that a well-informed individual is a healthier individual. The UnitedHealth Foundation web site, <http://www.unitedhealthfoundation.org>, provides health tips and resources to support your safe health care decisions. Look under "Health Tips" on this Web site for information on the safe use of over the counter medications, the appropriate use of antibiotics and general patient safety tips.

Patient safety activities are geared to improving safe practices that reduce the likelihood of adverse events arising from medical error attributed to the health care system. Our prescription drug program

1 National Patient Safety Foundation. *Our Definitions: patient safety*. Chicago, Ill: National Patient Safety Foundation; 2003. Available at [http://www.npsf.org/html/about\\_npsf.html](http://www.npsf.org/html/about_npsf.html)

features online real-time information to alert your pharmacist before dispensing medications that may have serious interactions when combined with other medication you receive. UnitedHealthcare provides medication/formulary information to physicians along with safe prescribing messaging and FDA drug warnings through Epocrates,<sup>™</sup> a hand-held computer based system.

UnitedHealthcare encourages excellence in health care by recognizing network physicians who have achieved national recognition through the National Committee for Quality Assurance's programs for Diabetes Physician Recognition and Heart/Stroke Recognition. These physicians have been recognized for providing evidence based medicine and adhering to high standards of care for diabetes and /or cardiovascular diseases. UnitedHealthcare has also established Centers of Excellence programs in the areas of cardiology, transplantation, oncology and musculoskeletal conditions to provide you with information about physicians and facilities that meet our standards for quality and patient safety.

UnitedHealthcare encourages hospitals to participate in the national Leapfrog Patient Safety initiatives and to report their progress through the Leapfrog survey. UnitedHealthcare is a member of the Leapfrog Group. This group was formed by the national business community in response to the 1999 Institute of Medicine report on medical errors. As a Partner with the Leapfrog Group, UnitedHealthcare encourages our network hospitals to report their progress on four key factors that affect patient safety to the Leapfrog Group Hospital Quality and Safety Survey:

1. **Computerized Physician Order Entry system (CPOE)**- Staff use computers to order medications, tests and procedures.
2. **ICU Staffing** – Intensive Care Units (ICU) are staffed by doctors and other health care professionals who have special training in critical care.
3. **Evidence Based Hospital Referral** - Hospitals and physicians with a lot of experience for specific procedures, surgeries or conditions have the best results.
4. **Leapfrog Safe Practices Score** – Hospitals with a high Leapfrog Safe Practices Score have put into place 27 procedures to reduce preventable medical mistakes.<sup>2</sup>

## Evaluation of New Technologies

UnitedHealthcare wants to ensure that medical testing and treatment is safe for our enrollees. Clinical Support Services and the UnitedHealthcare Medical Technology Assessment Committee are responsible for the review of clinical evidence that will impact coverage determinations.

The Medical Technology Assessment Committee is composed of medical directors and clinical leaders from across UnitedHealthcare. The Committee meets to review published clinical evidence, information from government regulatory agencies and nationally accepted consensus statements to determine the safety and efficacy of each new technology and treatment. These clinical decisions are incorporated in medical policies that assist medical directors, care managers, claim reviewers and others to accurately and consistently apply benefit determinations for testing and medical treatments.

## Women's Health and Cancer Rights Act

UnitedHealthcare provides benefits for mastectomy-related services. If you have undergone a mastectomy, and elect breast reconstruction in connection with a mastectomy, you are entitled to coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications in all stages of mastectomy, including lymph edemas.

These services will be provided in a manner determined through consultation with you and your physician. Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction. This coverage will have the same deductibles and co-payments as other benefits described in your Certificate of Coverage or Summary Plan Description. For questions, call the Customer Care number shown on your ID card.

## Advance Directives

An Advance Directive is a document that states the kinds of health care you want in the event you become unable to make decisions for yourself. A Health Care Proxy is a document that allows you to name someone (a health care agent) to make health care decisions for you when you are unable to

<sup>2</sup> LeapfrogGroup- What does Leapfrog ask hospitals. 7/20/2007. [http://www.leapfroggroup.org/for\\_consumers/hospitals\\_asked\\_what?tid=105941](http://www.leapfroggroup.org/for_consumers/hospitals_asked_what?tid=105941)

make or communicate a decision. A growing number of people are putting their health care preferences in writing, while they're still healthy and able to make such decisions. Your Advance Directive and Health Care Proxy should be considered in light of your medical condition, values, goals, religious convictions, and philosophy of life. It is important that you discuss your Advance Directives with your physicians, family, friends, health care agent and religious advisors. These documents have no effect on your health coverage.

## **Member Rights and Responsibilities**

As a UnitedHealthcare MD-Individual Practice Association, Inc. (M.D. IPA) or Optimum Choice, Inc. (OCI) member, you have certain rights within the health care delivery system that we are committed to upholding. A complete description of your rights and responsibilities specific to your Health Plan is available in your COC. Below are some of the highlights:

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

- Be treated with respect and dignity by UnitedHealthcare personnel, network physicians and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- 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.
- Participate in a candid discussion with your physician about appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Be provided with access to physicians, health care professionals and other health care facilities.
- Participate with your physician and other health care professionals in decisions about your care.
- Make recommendations regarding the organization's member's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services, network physicians and other health care professionals.
- Be informed of, 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 member 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 physicians and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer's human resource department of changes in your address or family status.
- Visit our Web site [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com), or call Customer Care when you have a question about your eligibility, benefits, claims and more.
- Access our Web site [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com) or call Customer Care to verify that your physician or health care professional is participating in the UnitedHealthcare network before receiving services.

## Financial Incentives

UnitedHealthcare is committed to providing outstanding customer service and access to quality care for our members. Decision-making is based on medical appropriateness of care and service and existence of coverage, and the health plan strives to employ systems that actively discourage barriers to such care. To that end, neither M.D. IPA nor Optimum Choice, Inc. base compensation to physicians, health care practitioners or other individuals conducting utilization review on denials of payment or coverage. No incentive programs are offered to compromise decisions about appropriate care to members.

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

## NOTICE OF PRIVACY PRACTICES

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.

We\* 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.

The terms "information" or "health information" in this notice include any personal information that is created or received by a health care provider or health plan that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices. If we do, we will provide the revised notice to you within 60 days by direct mail or post it on our Web site [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com).

## How We Use or Disclose Information

We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law.

**We have the right to** use and disclose health information to pay for your health care and operate our business. For example, we may use your health information:

- **For Payment** of premiums due us and to process claims for health care services you receive.
- **For Treatment.** We may disclose health information to your physicians or hospitals to help them provide medical care to you.

\*For purposes of this Notice of Privacy Practices, "we" or "us" refers to the following UnitedHealthcare entities: ACN Group of California, Inc.; All Savers Insurance Company; American Medical Security Life Insurance Company; AmeriChoice of New Jersey, Inc.; AmeriChoice of New York, Inc.; AmeriChoice of Pennsylvania, Inc.; Arizona Physicians IPA, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Dental Benefit Providers of Maryland, Inc.; Evercare of Arizona, Inc.; Evercare of Texas, L.L.C.; Fidelity Insurance Company; Golden Rule Insurance Company; Great Lakes Health Plan, Inc.; IBA Health and Life Assurance Company; Investors Guaranty Life Insurance Company; 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, Inc.; Optimum Choice, Inc.; Optimum Choice of the Carolinas, Inc.; Optimum Choice, Inc. of Pennsylvania; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; PacifiCare Behavioral Health, Inc.; PacifiCare Behavioral Health of California, Inc.; PacifiCare Behavioral Health NY IPA, Inc.; PacifiCare Behavioral Health of New Jersey, Inc.; PacifiCare Dental; PacifiCare Dental of Colorado, Inc.; PacifiCare Insurance Company, Inc.; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of California; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; PacifiCare of Oklahoma, Inc.; PacifiCare of Oregon, Inc.; PacifiCare of Texas, Inc.; PacifiCare of Washington, Inc.; Pacific Union Dental, Inc.; Rooney Life Insurance Company; Spectera, Inc.; Spectera Vision, Inc.; Spectera Vision Services of California, Inc.; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; United Behavioral Health; United HealthCare of Alabama, Inc.; United HealthCare of Arizona, Inc.; United HealthCare of Arkansas, Inc.; United HealthCare of Colorado, Inc.; United HealthCare of Florida, Inc.; United HealthCare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; United HealthCare of Kentucky, Ltd.; United HealthCare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; United HealthCare of the Midlands, Inc.; United HealthCare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Jersey, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; United HealthCare of Ohio, Inc.; United HealthCare of Tennessee, Inc.; United HealthCare of Texas, Inc.; United HealthCare of Utah; UnitedHealthcare of Wisconsin, Inc.; United HealthCare Insurance Company; United HealthCare Insurance Company of Illinois; United HealthCare Insurance Company of New York; United HealthCare Insurance Company of Ohio; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Plan of the River Valley, Inc.; and U.S. Behavioral Health Plan, California.

- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage 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.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health related products and services.
- **To Plan Sponsors.** If your coverage is through an employer 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 restriction on its use and disclosure of the information.
- **For Appointment Reminders.** We may use health information to contact you for 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:

- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as 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** such as providing limited information to locate a missing person.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies.
- **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** including disclosures required by state workers compensation laws of job-related injuries.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets all 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 for procurement, banking or transplantation of organs, eyes or tissue.

If none of the above reasons applies, **then we must get your written authorization to use or disclose your health information.** If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. In some states, your authorization may also be required for disclosure of your health information. In many states, your authorization may be required in order for us to disclose your highly confidential health information, as described below. 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, except if we have already acted based on your authorization. To revoke an authorization, contact the phone number listed on your ID card.

## Highly Confidential Information

Federal and applicable state laws may require special privacy protections for highly confidential information about you. "Highly confidential information" may include confidential information under Federal law governing alcohol and drug abuse 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.

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

## 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 may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with its 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).
- **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 receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, we may deny your request to inspect and copy 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. 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 disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) made 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 that federal law does not require us to provide an accounting.

## 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 phone number on your ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the following address:

United Healthcare  
Customer Service - Privacy Unit  
PO Box 740815  
Atlanta, GA 30374-0815

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

We (including our affiliates listed at the bottom of this page)\* are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information, other than health 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.

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 and social security number; and
- Information about your transactions with us, our affiliates or others, such as premium payment history.

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law.

We restrict access to personal financial information about you to 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 that comply with federal standards to guard your personal financial information.

\*For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed on the first page of the Notice of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group, Inc.; ACN Group IPA of New York, Inc.; Alliance Recovery Services, LLC; AmeriChoice Health Services, Inc.; Behavioral Health Administrators; Continental Plan Services, Inc.; Coordinated Vision Care, Inc.; DBP-KAI, Inc.; Disability Consulting Group, LLC; DCG Resource Options, LLC; Definity Health Corporation; Definity Health of New York, Inc.; Dental Benefit Providers, Inc.; Dental Insurance Company of America; Exante Bank, Inc.; Fidelity Benefit Administrators, Inc.; HealthAllies, Inc.; IBA Self Funded Group, Inc.; Illinois Pacific Dental, Inc.; Lifemark Corporation; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; Midwest Security Administrators, Inc.; Midwest Security Care, Inc.; National Benefit Resources, Inc.; NPD Dental Services; NPD Insurance Company, Inc.; OneNet PPO, LLC; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Pacific Dental Benefits; PacifiCare Behavioral Health NY IPA, Inc.; PacifiCare Health Plan Administrators, Inc.; ProcessWorks, Inc.; Spectera of New York, IPA, Inc.; Uniprise, Inc.; United Behavioral Health of New York, I.P.A., Inc.; UnitedHealth Advisors, LLC; United HealthCare Services, Inc.; UnitedHealthcare Services Company of the River Valley, Inc.; United HealthCare Service LLC; United Medical Resources, Inc.

## Summary of State Laws on Use and Disclosure of Certain Types of Medical Information

This information is intended to provide an overview of state laws that are more stringent than the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule with respect to the use or disclosure of protected health information in the categories listed below.

<b>Sexually Transmitted Diseases and Reproductive Health</b>	
Disclosure of sexually transmitted diseases and reproductive health related information may be: (1) limited to specified circumstances; and/or (2) restricted by the patient.	HI, MS, NM, NY, NC, OK, WA, VA
Disclosure of sexually transmitted diseases and reproductive health information must be accompanied by a written statement meeting certain requirements.	NM
There are specific requirements that must be followed when an insurer uses or requests sexually transmitted disease tests or reproductive health information for insurance or underwriting purposes.	MS
<b>Alcohol and Drug Abuse</b>	
Disclosure of alcohol and drug abuse information may be: (1) limited to specified circumstances; (2) restricted by the patient; and/or (3) prohibited under certain circumstances.	GA, HI, KY, MA, NH, OK, VA, WA, WI
A specific written statement must accompany any alcohol and drug abuse information disclosures.	WI
Specific requirements must be followed when an insurer uses or requests drug and alcohol tests or information for insurance or underwriting purposes.	KY, VA
<b>Genetic Information</b>	
An authorization is required for each disclosure of genetic information.	CA, HI, KY, LA, RI, TN
Genetic information may be disclosed only under specific circumstances.	AZ, CO, FL, GA, HI, IL, MD, MA, MO, NV, NH, NJ, NM, NY, OR, TX, VT
Restrictions apply to (1) the use; and/or (2) the retention of genetic information.	CO, GA, IL, NV, NJ, NM, OR, VT, WY
Specific requirements must be followed when an insurer uses or requests a genetic test for insurance or underwriting purposes.	FL, IL, IN, LA, NV, WY
<b>HIV / AIDS</b>	
Disclosure of HIV/AIDS related information may only be: (1) limited to specific circumstances; and/or (2) restricted by the patient.	AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IN, IA, KY, ME, MA, MI, NH, NJ, NM, NY, NC, OH, OK, OR, PA, TX, UT, VT, VA, WA, WV, WI
A specific written statement must accompany any HIV/AIDS information disclosures.	AZ, CT, KY, NM, OR, PA, WV
Certain restrictions apply to the retention of HIV/AIDS related information.	MA, NH
Specific requirements must be followed when an insurer uses or requests an HIV/AIDS test for insurance or underwriting purposes.	AR, DE, FL, IA, MA, NH, PA, UT, VA, VT, WA, WV
Improper disclosure may be subject to penalties.	DE
Disclosure to the individual and/or designated physician may be required.	MA, NH
<b>Mental Health</b>	
Disclosure of mental health information may be: (1) limited to specific circumstances; (2) restricted by the patient; and/or (3) prohibited or prevented under certain circumstances.	AL, AZ, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KY, ME, MA, MD, MI, MN, NM, NY, OK, PA, TN, TX, VT, VA, WA, WV, WI
A specific written statement must accompany any mental health information disclosures.	WI
Specific requirements must be followed when an insurer uses or requests mental health information for insurance or underwriting purposes.	IA, KY, ME, MA, NM, TN, VA
<b>Child or Adult Abuse</b>	
Abuse related information may only be disclosed under specific circumstances.	AL, LA, NM, TN, UT, VA, WI

## **Important Notice to Optimum Choice, Inc. and MD-Individual Practice Association Customers**

Included below is a summary of the most recent financial report that Optimum Choice, Inc. and MD-Individual Practice Association have submitted to the Maryland Insurance Commissioner:

### **Statutory Financial Report for Optimum Choice, Inc. for the Twelve Months Ended December 31, 2006**

<b>\$ in thousands</b>	<b>December 2006 YTD</b>
Revenue	\$1,170,917.0
Medical Service Expenses	\$1,005,117.0
Gross Margin	\$165,800.0
Administrative Expenses	\$99,888.0
Investment and Other	\$10,015.0
Income Before Taxes	\$75,927.0
Income Tax	\$27,789.0
Net Income	\$48,138.0

### **Statutory Financial Report for MD - Individual Practice Association for the Twelve Months Ended December 31, 2006**

<b>\$ in thousands</b>	<b>December 2006 YTD</b>
Revenue	\$625,827.0
Medical Service Expenses	\$521,827.0
Gross Margin	\$104,000.0
Administrative Expenses	\$33,360.0
Investment and Other	\$4,146.0
Income Before Taxes	\$74,786.0
Income Tax	\$26,968.0
Net Income	\$47,818.0

## **PLEASE NOTE**

**To receive the highest level of coverage** provided by your health care benefit plan with the least out-of-pocket costs, please refer to your benefit plan coverage documents (Certificate of Coverage or Summary Plan Description) for specific details.