

Privacy

- [HIPAA Notice of Privacy Practices.](#)
 - [Website Privacy Policy.](#)
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- **HIPAA Notice of Privacy Practices:** To read more about our privacy practices regarding health and medical information under the Health Insurance Portability and Accountability Act (“HIPAA”), visit our [HIPAA Notice of Privacy Practices.](#)
 - **Website Privacy Policy**

Introduction

We recognize that the privacy of your personal information is important. The purpose of this policy is to let you know how we handle the information collected through the use of this website. Portions of this website may describe privacy practices applicable to specific types of information or to information provided on specific web pages.

This policy does not apply to information collected through other means such as by telephone or in person, although that information may be protected by other privacy policies. As used in this policy, terms such as “we” or “our” and “Company” refer to UnitedHealthcare and its current and future affiliated entities, including our parent company UnitedHealth Group.

This website is intended for a United States audience. Any information you provide, including any personal information, will be transferred to and processed by a computer server located within the United States.

Cookies and Tracking

The Company uses various technologies, which may include “cookie” technology, to gather information from our website visitors such as pages visited and how often they are visited, and to enable certain features on this website. “Cookies” are small text files that may be placed on your computer when you visit a website or click on a URL. Cookies may include “single-session cookies” which generally record information during only a single visit to a website and then are erased, and “persistent” cookies which are generally stored on a computer unless or until they are deleted or are set to expire.

You may disable cookies and similar items by adjusting your browser preferences at any time; however, this may limit your ability to take advantage of all the features on this website. You may also manage the use of “flash” technologies, with the [Flash management tools](#) available at Adobe's website. Note that we do not currently respond to web browser “Do Not Track” signals

that provide a method to opt out of the collection of information about online activities over time and across third-party websites or online services because, among other reasons, there is no common definition of such signals and no industry-accepted standards for how such signals should be interpreted.

We may also allow third party service providers to use cookies and other technologies to collect information and to track browsing activity over time and across third party websites such as web browsers used to read our websites, which websites are referring traffic or linking to our websites, and to deliver targeted advertisements to you. We do not control these third party technologies and their use is governed by the privacy policies of third parties using such technologies. For more information about third party advertising networks and similar entities that use these technologies, see <http://www.aboutads.info/consumers>, and to opt-out of such ad networks' and services' advertising practices, go to www.aboutads.info/choices. Once you click the link, you may choose to opt-out of such advertising from all participating advertising companies or only advertising provided by specific advertising companies.

We may use analytics companies to gather information and aggregate data from our website visitors such as which pages are visited and how often they are visited, and to enable certain features on our websites. Information is captured using various technologies and may include cookies.

We may use and disclose your activity information unless restricted by this policy or by law. Some examples of the ways we use your activity information include:

- Customizing your experience on the website including managing and recording your preferences.
- Marketing, product development, and research purposes.
- Tracking resources and data accessed on the website.
- Developing reports regarding website usage, activity, and statistics.
- Assisting users experiencing website problems.
- Enabling certain functions and tools on this website.
- Tracking paths of visitors to this website and within this website.

Your Personal Information

This website may include web pages that give you the opportunity to provide us with personal information about yourself. You do not have to provide us with personal information if you do not want to; however, that may limit your ability to use certain functions of this website or to request certain services or information.

We may use personal information for a number of purposes such as:

- To respond to an email or particular request from you.
- To personalize the website for you.
- To process an application as requested by you.
- To administer surveys and promotions.

- To provide you with information that we believe may be useful to you, such as information about health products or services provided by us or other businesses.
- To perform analytics and to improve our products, websites, and advertising.
- To comply with applicable laws, regulations, and legal process.
- To protect someone's health, safety, or welfare.
- To protect our rights, the rights of affiliates or related third parties, or take appropriate legal action, such as to enforce our Terms of Use.
- To keep a record of our transactions and communications.
- As otherwise necessary or useful for us to conduct our business, so long as such use is permitted by law.

We may use personal information to contact you through any contact information you provide through this website, including any email address, telephone number, cell phone number, text message number, or fax number. Please see the section below titled [“Our Online Communications Practices.”](#)

We may also share personal information within the Company, and we may combine personal information that you provide us through this website with other information we have received from you, whether online or offline, or from other sources such as from our vendors. For example, if you have purchased a product or service from us, we may combine personal information you provide through this website with information regarding your receipt of the product or service.

Sharing Personal Information

We will only share your personal information with third parties as outlined in this policy and as otherwise permitted by law.

We may share personal information if all or part of the Company is sold, merged, dissolved, acquired, or in a similar transaction.

We may share personal information in response to a court order, subpoena, search warrant, law or regulation. We may cooperate with law enforcement authorities in investigating and prosecuting activities that are illegal, violate our rules, or may be harmful to other visitors.

If you submit information or a posting to a chat room, bulletin board, or similar “chat” related portion of this website, the information you submit along with your screen name will be visible to all visitors, and such visitors may share with others. Therefore, please be thoughtful in what you write and understand that this information may become public.

We may also share personal information with other third party companies that we collaborate with or hire to perform services on our behalf. For example, we may hire a company to help us send and manage email, and we might provide the company with your email address and certain other information in order for them to send you an email message on our behalf. Similarly, we may hire companies to host or operate some of our websites and related computers and software applications.

This website may permit you to view your visitor profile and related personal information and to request changes to such information. If this function is available, we will include a link on this website with a heading such as “My Profile” or similar words. Clicking on the link will take you to a page through which you may review your visitor profile and related personal information.

Website and Information Security

We maintain reasonable administrative, technical and physical safeguards designed to protect the information that you provide on this website. However, no security system is impenetrable and we cannot guarantee the security of our website, nor can we guarantee that the information you supply will not be intercepted while being transmitted to us over the Internet, and we are not liable for the illegal acts of third parties such as criminal hackers.

Our Online Communication Practices

We may send electronic newsletters, notification of account status, and other communications, such as marketing communications, on a periodic basis to various individuals and organizations. We may also send email communications regarding topics such as general health benefits, website updates, health conditions, and general health topics. We offer you appropriate consent mechanisms, such as opt-out, for marketing and certain other communications. As examples, you may opt-out as provided for in a specific email communication or contact us as described below in the section “Contact Us.” Please be aware that opt-outs may not apply to certain types of communications, such as account status, website updates, or other communications.

Information for Children Under 13

We will not intentionally collect any personal information from children under the age of 13 through this website without receiving parental consent. If you think that we have collected personal information from a child under the age of 13 through this website, please contact us.

Contact Us

To contact us regarding this policy and our related privacy practices, please contact us at: 800-639-3120. If you believe we or any company associated with us has misused any of your information please contact us immediately and report such misuse.

Effective Date

The effective date of this policy is July 10, 2015.

Changes to this Website Privacy Policy

We may change this policy. If we do so, such change will appear on this page of our website. We will also provide appropriate notice and choices to you, on this website and in other appropriate locations, based on the scope and extent of changes. You may always visit this policy to learn of any updates.

- **Social Security Number Protection Policy:** Protecting personal information is important to UnitedHealthcare. It is our policy to protect the confidentiality of Social Security numbers ("SSNs") that we receive or collect in the course of business. We secure the confidentiality of SSNs through various means, including physical, technical, and administrative safeguards that are designed to protect against unauthorized access. It is our policy to limit access to SSNs to that which is lawful, and to prohibit unlawful disclosure of SSNs.

Language Assistance Services

We provide free language services to help communicate with us. We offer interpreters, letters in other languages, and letters in large print. To get help, please call **1-800-638-3120** or the toll-free member phone number listed on your vision plan ID card (TTY 711). We are available Monday through Friday, 8 a.m. to 8 p.m. E.T.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-800-638-3120。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-800-638-3120.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-638-3120 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-800-638-3120.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-800-638-3120.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-800-638-3120.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-800-638-3120.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-800-638-3120.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-800-638-3120.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-800-638-3120.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-800-638-3120.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-800-638-3120 an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。1-800-638-3120 にお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. 1-800-638-3120 تماس بگیرید.

कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें 1-800-638-3120

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-800-638-3120.

ចំណាប់អារម្មណ៍: របស់សិទ្ធិមនុស្សកម្ពុជា(Khmer)សេវាជំនួយភាសាអោយអតិថិជន គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ ទៅលេខ 1-800-638-3120។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-800-638-3120.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohj' 1-800-638-3120 hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-800-638-3120.

Notice of Non-Discrimination

We' do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Spectera
Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

If you need help with your complaint, please call **1-800-638-3120** or the toll-free member phone number listed on your vision plan ID card (TTY 711). We are available Monday through Friday, 8 a.m. to 8 p.m. E.T.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

Phone: Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

¹For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"), "We" refers to the entities listed in Footnote 2 of the Notice of Privacy Practices and Footnote 3 of the Financial Information Privacy Notice. Please note that not all entities listed are covered by this Notice.

VISION PLAN NOTICES OF PRIVACY PRACTICES

Notice for Medical Information: Pages 3-6.

Notice for Financial Information: Page 7.

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, 2017

We² 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 will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

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, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, if we maintain a website for your particular vision plan, we will post the revised notice on your vision plan website, such as www.myspectera.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.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

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.

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 purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **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. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority.
- **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 federal 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 and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
- **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 "Federal and State Amendments" document.

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. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time 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 phone number listed on your vision 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. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you confirm your request in writing. In addition, any 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 certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain health information we maintain about you such as claims and case or medical management records, 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) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) 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. If we maintain a website, we will post a copy of the revised notice on our website. You may also obtain a copy of this notice on your vision plan website, such as www.myspectera.com.

Exercising Your Rights

- **Contacting your Vision Plan.** If you have any questions about this notice or want information about exercising your rights, please **call the toll-free member phone number on your vision plan ID card or you may contact a Customer Service Call Center Representative at 1-800-638-3120 (TTY 711).**
- **Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, to us at the following address:

Spectera
Vision HIPAA Privacy Unit
PO Box 30978
Salt Lake City, UT 84130
- **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.

²This Vision Information Notice of Privacy Practices applies to the following health plans: UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York.

Financial Information Privacy Notice

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2017

We³ 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

Depending upon the product or service you have with us, we may 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 a consumer reporting agency.

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 maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About This Notice

If you have any questions about this notice, please **call the toll-free member phone number on your vision plan ID card or contact the Customer Service Call Center at 1-800-638-3120 (TTY 711).**

³For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 2, beginning on the last page of the Vision Plan Notices of Privacy Practices, plus the following: Spectera, Inc. This Financial Information Privacy Notice only applies where required by law.

VISION PLAN NOTICES OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2017

The first part of this Notice, which provides our privacy practices for Medical Information (pages 3-6), 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.	AR, CA, DE, NE, NY, PR, RI, VT, WA, WI
HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
You may be able to restrict certain electronic disclosures of health information.	NC, NV
We are not allowed to use health information for certain purposes.	CA, IA
We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.	KY, MO, NJ, SD
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.	KS
Prescriptions	
We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.	ID, NH, NV
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
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, IN, KS, MI, MT, NJ, NV, PR, WA, WY
Alcohol and Drug Abuse	
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.	AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA
Genetic Information	
We are not allowed to disclose genetic information without your written consent.	CA, CO, 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, IL, IA, MD, ME, MA, MO, NJ, NV, NH, NM, OR, PA, PR, 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
HIV / AIDS	
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, 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
We will collect certain HIV/AIDS-related information only with your written consent.	OR
Mental Health	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, 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
Child or Adult Abuse	
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, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI