

**ACCENDO INSURANCE COMPANY
NOTICE OF PRIVACY PRACTICES**

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

Effective January 1, 2010

1. OUR PRIVACY PRACTICES

Accendo Insurance Company ("Accendo") is committed to protecting the privacy and confidentiality of your personal information in accordance with law and our own company policies. This notice describes Accendo's privacy practices for both current and former enrollees. It explains how we use health information about you and when we may share that health information with others. It also informs you about your rights with respect to your health information and how you may exercise these rights. We are required by law to maintain the privacy of your health information and to send you a copy of this notice so that you are aware of how we maintain the privacy of your health information.

When we refer to "health information" in this notice, we mean financial, health and other information about you that is nonpublic, and that we obtain so that we can provide you with health insurance coverage. It includes demographic information, and other information that may identify you and that relates to your past, present or future physical or mental health and related health care services. Accendo's workforce is required to comply with our policies and procedures to protect the confidentiality of health information, and will be subject to a disciplinary process if they violate these policies and procedures. Accendo maintains physical, electronic and process safeguards that restrict unauthorized access to your health information, and authorized access is on a "need-to-know" basis only.

2. HEALTH CARE INFORMATION MAINTAINED AT ACCENDO

We obtain information from a variety of sources, not all of which apply to every enrollee. The following reflects the general categories of information we collect:

- Information provided on enrollment forms, surveys and our Web site, such as your name, address and date of birth
- Information from pharmacies, physicians or other health care providers, long term care facilities or health plans
- Information provided by your employer or other plan sponsor regarding any group plan that you may have

- Information we obtain from your transactions with us, our affiliates, or others, such as health care providers;
- Information we receive from consumer or medical reporting agencies or others, such as state regulators and law enforcement agencies.

3. HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following categories describe how we may use and disclose your health information.

For Treatment

We may use and disclose your health information with your pharmacy, doctors or other health care providers to help them provide medical care to you. For example, we may provide information about other medications you are taking to a pharmacist filling your prescription so as to avoid harmful drug interactions. We may also share your health information with others to help coordinate and manage your health care. For example, we may talk to your doctor to suggest a medication therapy management program that can help improve your health.

For Payment

We may use and disclose your health information to determine your eligibility for coverage and benefits, and to see that the treatment and services you receive are properly billed and paid for. For example, we may use your health information to pay the pharmacies that fill your prescriptions. Other payment activities include claims management, drug utilization review and other related administrative functions.

For Health Care Operations

We may use and disclose certain health information to conduct our health care operations. Examples of health care operations include: performing quality assessment and improvement activities, evaluating provider and health plan performance; performing auditing functions, fraud and abuse detection and compliance activities, resolving internal grievances, and addressing problems or complaints; and making benefit determinations, administering a benefit plan and providing customer care.

To Make Health-Related Communications to You

We may use and disclose your health information in order to inform you about health-related products and services. For example, we may contact you:

- To remind you to refill your prescription or otherwise follow your drug therapy regimen.
- To tell you about possible treatment options or medication alternatives that may be beneficial to you.
- To tell you about health-related program benefits and services that may be of interest to you.

To the Plan Sponsor of a Group Health Plan

Under certain circumstances, we may share limited health information about you with the sponsor of a group health plan through which you receive health benefits. For example, we may share information with a plan sponsor related to your enrollment or disenrollment in the plan, as well as summary health information to enable the plan sponsor to obtain bids from other health plans. We may also share information for plan administration purposes if certain protections are included in the plan document.

For the Treatment, Payment, and Health Care Operations of Other Health Plans or Health Care Providers

We may disclose your health information for another health plan or health care provider's treatment, payment, and, if certain conditions are met, health care operations. For example, we may disclose your health information when it would facilitate payment for services under another health plan.

OTHER USES AND DISCLOSURES

We may also make the following types of uses and disclosure of your health information:

- To a friend or family member who is involved in your care or to someone who helps pay for your care if you are not present or do not object, and we believe it is in your best interests in the circumstances. This includes disclosure to an entity assisting in a disaster relief effort so that your family or those involved in your care can be notified about your condition, status or location.
- To third parties performing any business functions for us, provided the third party agrees to protect and safeguard your health information, and to use and disclose it only as permitted by us.
- To conduct medical research, provided that additional measures are taken to protect your privacy.
- To comply with state and federal laws that require the release of your health information
- To public health authorities or others acting under their authority for purposes such as reporting adverse reactions to medications or

problems with medical products, or if we believe there is a serious threat to your health and safety or that of others

- To health oversight agencies for activities such as audits, inspections, licensure and peer review activities
- For legal or administrative proceedings, such as pursuant to a court order, search warrant or subpoena
- To support law enforcement activities; for example, we may provide health information to law enforcement agents for the purpose of identifying or locating a fugitive, material witness or missing person
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official
- To report information to a government authority regarding child abuse, neglect or domestic violence
- To share information with a coroner or medical examiner as authorized by law, or with funeral directors, as necessary to carry out their duties
- To use or share information for procurement, banking or transplantation of organs, eyes or tissues
- To report information regarding job-related injuries as required by your state worker compensation laws
- To share information related to specialized government functions, such as military and veteran activities, national security and intelligence activities and protective services for the President and others

4. USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

For any other activity or purpose not listed above or as otherwise permitted by law we must obtain your written authorization prior to using or sharing your health information. If you provide a written authorization and you change your mind, you may revoke your authorization in writing at any time. Once an authorization has been revoked, we will no longer use or disclose the health information as outlined in the authorization form; however, you should be aware that we may not be able to retract a use or disclosure that was previously made based on a valid authorization.

5. YOUR HEALTH INFORMATION RIGHTS

You have certain rights regarding health information we maintain about you as described below. To exercise any of these rights, you must send a request in writing, with any additional information required, to: Accendo Insurance Company, Attn: Privacy Officer,

221 N. Charles Lindbergh Dr., Salt Lake City, UT 84116. Please include your card identification number on your written correspondence.

1. Right to Inspect and Copy. You have the right to inspect and copy health information that we maintain about you. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or, if you agree to receive a summary or explanation of the information, the cost of preparing the summary or explanation. We may deny your request in certain circumstances. If your request is denied, you may ask that we review the denial.

2. Right to Amend. If you believe that health information we maintain about you is inaccurate or incomplete, you may ask us to amend it. In your request, you must include a reason that supports the amendment you request. If we did not create the information, you must explain why you believe the person who created it is no longer available to amend it. We may deny your request in certain circumstances. If so, you may submit a statement disagreeing with the denial, which will be appended or linked to the information in question.

3. Right to an Accounting of Disclosures. You have the right to receive a list of certain non-routine disclosures we make of health information about you. In your request for an accounting, you must specify the time period for which you want the accounting. The first list you request in any 12 month period will be free of charge; thereafter we may charge a fee to cover the costs of providing this information to you.

4. Right to Request Restrictions. You have the right to request a restriction on how we use or disclose health information about you for treatment, payment or health care operations. You also have the right to request a restriction on disclosures to someone involved in your care or the payment of your care, like a family member. If you request a restriction, you must specify what information you want restricted and in what way. We are not required to agree to a requested restriction.

5. Right to Request Confidential Communications. You have the right to request that we send communications involving health information about you by a certain method of communication or to a certain address if you believe that disclosure of some or all of your health information could endanger you. If you request a confidential communication, your request must include a statement that the disclosure of your health information could endanger you, and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

6. Right to Paper Copy of this Notice. You have the right to obtain a paper copy of this notice at any time

by writing to the address provided below, even if you have previously agreed to receive it electronically. You may also view a copy of this notice on our website at www.Meds4Medicare.com.

6. STATE LAW

In some situations, state privacy or other applicable laws may provide greater privacy protections than those stated in this notice. For example, depending on the state in which you reside, there may be additional laws related to the use and disclosure of health information related to HIV status, communicable diseases, reproductive health, genetic test results, substance abuse, mental health and mental retardation. When appropriate, we will follow those state or other applicable laws.

7. CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the changes effective for health information about you that we already have, as well as for any health information we obtain or create in the future. We will retain health information about you even after your insurance coverage with us terminates, since it may be necessary to use and disclose it for the reasons described above. However, we will have in place policies and procedures to continue to protect the information. We will post a copy of our most current notice on our website at www.Meds4Medicare.com. The effective date of the notice will be on the first page. In addition, paper copies of the most current notice may be obtained by sending a written request to Accendo Insurance Company, Attn: Privacy Officer, 221 N. Charles Lindbergh Dr., Salt Lake City, UT 84116.

8. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, you must send it in writing to Accendo Insurance Company, Attn: Privacy Officer, 221 N. Charles Lindbergh Dr., Salt Lake City, UT 84116. We will not retaliate against you in any way for filing a complaint and the service you receive from us will be unaffected.

9. CONTACT INFORMATION

If you have any questions about this notice, please contact us at:

Accendo Insurance Company
Attn: Privacy Officer
221 N. Charles Lindbergh Dr.
Salt Lake City, UT 84116
Phone: 801-961-6000
Fax: 801-961-6315