UNIVERSAL AMERICAN

A Healthy Collaboration®

Notice of Privacy Practices

This Notice of Privacy Practices ("Notice") is intended to comply with the Gramm-Leach-Bliley Act ("GLBA"), Health Insurance Portability and Accountability Act ("HIPAA") Privacy and Security Rules, and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act").

THIS NOTICE DESCRIBES OUR PRIVACY PRACTICES AND HOW WE COLLECT, USE AND DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WITH RESPECT TO OUR HEALTH INSURANCE PRODUCTS SUBJECT TO HIPAA ("YOUR PROTECTED HEALTH INFORMATION") AND NON-PUBLIC PERSONAL FINANCIAL AND HEALTH INFORMATION WITH RESPECT TO OUR INSURANCE PRODUCTS SUBJECT TO GLBA ("YOUR PROTECTED GLBA INFORMATION" AND TOGETHER WITH YOUR PROTECTED HEALTH INFORMATION, "YOUR PROTECTED INFORMATION) AND HOW YOU CAN ACCESS YOUR PROTECTED HEALTH INFORMATION. THIS NOTICE IS FOR YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY. NO RESPONSE IS REQUIRED.

This Notice describes the privacy practices of the following wholly owned subsidiaries of Universal American Corp., ("UAM") as well as the managed care organization owned or operated by Heritage Health Systems, Inc.: American Pioneer Life Insurance Company; American Progressive Life & Health Insurance Company of New York; Constitution Life Insurance Company; Marquette National Life Insurance Company; The Pyramid Life Insurance Company; SelectCare Health Plans, Inc.; SelectCare of Maine, Inc.; SelectCare of Texas, Inc.; and Total Care, A Today's Options of New York Health Plan; (individually referred to as "we", "us" or "our"). We provide coverage to you under the terms of your accident, health, life insurance or annuity policy ("Your Plan").

OUR PRIVACY OBLIGATIONS

We are required by federal and state law to protect the privacy of Your Protected Information and to provide you with this Notice of our legal duties and privacy practices. When we use or disclose Your Protected Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

HOW WE PROTECT YOUR PROTECTED INFORMATION

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

HOW WE COLLECT YOUR PROTECTED INFORMATION AND THE TYPES OF YOUR PROTECTED INFORMATION WE COLLECT

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

OUR USES AND DISCLOSURES OF YOUR PROTECTED INFORMATION

How We Use Your Protected Information

We collect and use Your Protected Information for business purposes with respect to our products, services and other business relationships involving you. We may disclose any of Your Protected Information, within acceptable regulatory limitations, when we believe it necessary for the conduct of our business, or where disclosure is required or permitted by law. For example, Your Protected GLBA Information may be disclosed to others, including independent agents who sell our products and services, to enable them to provide business services for us, such as helping us to evaluate requests for insurance or benefits, evaluate benefit claims, administer our products or services, process transactions requested by you, perform general administrative activities such as maintaining existing accounts, or otherwise assist us in servicing or processing an insurance product or service requested or authorized by you. We may also use Your Protected GLBA Information to offer you other products or services we provide. Your Protected Information may also be disclosed for audit or research purposes, or to law enforcement and regulatory agencies, for example, to help us prevent fraud. Your Protected GLBA Information may be disclosed to others that are outside of our family of companies, such as companies that process data for us, companies that provide general administrative services for us, other insurers, and consumer reporting agencies. We will make other disclosures of Your Protected Information as permitted by law.

I. Uses and Disclosures of Your Protected Health Information for Payment and Healthcare Operations:

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

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

B. We are prohibited, by federal law, from using or disclosing genetic information for underwriting purposes in all circumstances.

II. Uses or Disclosures of Your Protected Health Information with Your Authorization:

Outside of the requirements for payment, healthcare operations and treatment, most uses and disclosures of your Protected Health Information will only be made if you give us your written authorization ("Your Authorization"). This includes most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes (including subsidized treatment communications), disclosures that are considered a sale of your Protected Health Information, and any other uses and disclosures not described in Section III below. You may revoke Your Authorization, except to the extent we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified at the end of this document.

III. Uses and Disclosures of Your Protected Information Without Your Consent or Your Authorization:

A. *As Required by Law.* We will use or disclose Your Protected Information when required to do so by applicable international, federal, state or local law.

B. *Business Associates.* We may disclose Your Protected Health Information to our Business Associates that perform functions on our behalf or provide us with services if the disclosure is necessary for such functions or services. For example, we may use another company to perform administrative services on our behalf with respect to Your Plan. All of our Business Associates are obligated, by law and under contracts with us, to protect the privacy of Your Protected Health Information and are not allowed to use or disclose any information other than as specified in our contract.

C. *Marketing Communications.* We may use and disclose Your Protected Information for marketing communications made by us to you only as permitted by law.

D. *Public Health Activities.* We may disclose Your Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to the government authority authorized by law to receive such reports; and (3) to alert a person who may have been exposed to a communicable disease.

E. *Victims of Abuse, Neglect or Domestic Violence.* We may disclose Your Protected Health Information if we reasonably believe you are a victim of abuse, neglect or domestic violence to the appropriate state agency as required or permitted by applicable state law.

F. *Health Oversight Activities.* We may disclose Your Protected Health Information to a government agency that oversees the healthcare system or ensures compliance with the rules of government health programs such as Medicare or Medicaid.

G. *Judicial and Administrative Proceedings.* We may disclose Your Protected Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. *Law Enforcement Officials.* We may disclose Your Protected Information to the police or other law enforcement officials as required by law or in compliance with a court order or other lawful process.

I. *Health or Safety.* We may disclose Your Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

J. *Specialized Government Functions.* We may disclose Your Protected Information to units of the government with special functions, such as any branch of the U.S. military or the U.S. Department of State.

K. *Workers' Compensation.* We may release Your Protected Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

L. *Disclosure to You.* We may disclose Your Protected Information to you.

M. *Disclosures to Individuals Involved with Your Healthcare.* We may use or disclose Your Protected Health Information in order to tell someone responsible for your care about your location or condition. We may disclose Your Protected Health Information to your relative, friend, or other person you identify, if the information relates to that person's involvement with your healthcare or payment for your healthcare.

N. *Research.* We may use or disclose Your Protected Health Information, such as your medical information, for purposes of research if we first confirm that your privacy rights will be protected, for instance if a privacy board or Institutional Review Board determines that your privacy will not be put at risk and informs us of its determination.

YOUR INDIVIDUAL RIGHTS

A. *For Further Information; Complaints.* If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to Your Protected Information, you may contact our Privacy Office. You may also file written complaints concerning Your Protected Health Information with the Secretary of the U.S. Department of Health and Human Services (the "Secretary"). Upon request, the Privacy Office will provide you with the correct address for the Secretary. We will not retaliate against you if you file a complaint with us or the Secretary.

B. *Right to Request Additional Restrictions.* You may request restrictions on our use and disclosure of Your Protected Health Information for payment and healthcare operations in addition to those explained in this Notice. While we will consider all requests for such additional restrictions carefully, we are not required to agree to all requested restrictions, but will comply with legally required restrictions. If you wish to request additional restrictions concerning Your Protected Health Information, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

C. *Right to Receive Confidential Communications.* We accommodate any reasonable request for you to receive Your Protected Health Information by alternative means of communication or at alternative locations.

D. *Right to Inspect and Copy Your Information.* You may request access to our records that contain Your Protected Health Information in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of our records of Your Protected Health Information. If you desire access to our records of Your Protected Health Information, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we will charge you copying and mailing costs. You also have a right to receive a copy in electronic format, if so requested.

E. *Right to Amend Your Records.* You have the right to request that we amend Your Protected Health Information maintained in our enrollment, payment, claims adjudication and case or medical management records or other records used, in whole or in part, by or for us to make decisions about you. If you desire to amend these records, please obtain an amendment request form from the Privacy Office and

submit the completed form to the Privacy Office. We will comply with your request unless special circumstances apply. If your physician or other healthcare provider created the information that you desire to amend, you should contact the provider to amend the information.

F. *Right to Receive an Accounting of Disclosures.* Upon request, you may obtain an accounting of certain disclosures of Your Protected Health Information made by us on or after April 14, 2003, excluding disclosures made earlier than six (6) years before the date of your request. If you request an accounting more than once during a twelve (12) month period, we have the right to charge you $.50 per page of the accounting statement and $5.00 per hour for clerical work necessary to complete the requested accounting.

G. *Right to Receive Paper Copy of this Notice.* Upon request, you may obtain a paper copy of this Notice.

H. *Right to Receive Notification of any Security Breaches.* If any breach of security relating to Your Protected Health Information should occur, you have the right to receive notification. We will abide by breach notification requirements under law.

DURATION OF THIS NOTICE

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

Privacy Office

For additional information: In addition to any other Privacy Notice we may provide to you, federal law establishes privacy standards for Your Protected Health Information and state insurance laws establish privacy standards for Your Protected GLBA Information, and federal and state insurance laws require us to provide this summary of our privacy policy annually. You may have additional rights under applicable laws. For additional Information regarding our Privacy Policies, please write to us.

You may contact the Privacy Office at:

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

UNIVERSAL AMERICAN

A Healthy Collaboration®