



Medical 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.

This Notice of Privacy Practices covers an affiliated covered entity. When the notice refers to “we,” “our,” or “us,” it is referring to the following affiliated entities: American Republic Insurance Company, American Republic Corp Insurance Company, Medico Insurance Company, Medico Life and Health Insurance Company, and Medico Corp Life Insurance Company. For purposes of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), the combined companies listed are designated as a single affiliated covered entity known as the “Wellabe ACE.” This designation may be amended from time to time to add new covered entities that are under common control and ownership with the Wellabe ACE. This Notice of Privacy Practices applies to Wellabe ACE health insurance plans.

We respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice. This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

When we talk about “information” or “health information” in this notice we mean individually identifiable health information, as defined by HIPAA. Individually identifiable health information is health information that:

- Is created or received by the Wellabe ACE’s designated health care entities;
- Relates to the past, present, or future physical or mental health condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and
- Identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

How we use or share information

We may use and/or share the information we collect about you as allowed by law, including sharing your information among our affiliated companies for everyday business purposes. Subject to state and federal laws, we are permitted to use and/or share your information without your authorization in certain circumstances, such as:

- For treatment purposes, for example, we may collect or disclose information to health care providers in their provision of care.
- For payment purposes, such as paying your claims, processing payments, conducting utilization and medical necessity reviews, determining eligibility, and other administrative purposes. For example, we may use the information to help pay medical bills that have been submitted to us by doctors and hospitals for payment or to contact your doctor to obtain medical records in order to make claim payment decisions.
- To perform health care operations, including normal everyday business purposes. For example, we may use the information for activities relating to underwriting, processing your application, customer service, preventative health, disease management, and wellness programs, case management, and care coordination, legal

services, auditing functions, including fraud and abuse detection and compliance programs, and other administrative purposes. We will not use or disclose genetic information, including family history, for underwriting purposes.

- To communicate with you, electronically or via the telephone using contact information you provide to us.
- Administering surveys and promotions, or business research and analysis.
- To perform analytics and to improve our products, website, mobile application(s), and advertising.
- To an affiliate or to a business associate if they need your health information to provide a service to us and have confirmed that they follow the HIPAA rules related to protection of health information. Examples of these business associates include insurance agents, auditors, actuaries and underwriting support services, legal service providers, enrollment, and billing service providers, claim payment administrators, IT service or system providers, and collection agencies.
- To other covered entities, or business associates of those entities, for treatment, payment, and certain health care operations purposes.
- Providing you with information about health-related benefits and services that you may be interested in, subject to limits imposed by law. We may provide informational or promotional offers, as permitted by law, that we believe may be useful to you, such as information about products or services provided by us or other companies. We will not share your information with or sell it to telemarketing agencies or other agencies that market products or services other than those products and services provided or administered by the Wellabe ACE or its business associates without your authorization.
- To administer programs or services that add value to you but are not part of your benefit plan.
- If you are available and do not object, we may disclose information to a member of your family, a friend, or other person you identify who is involved in your health care or the payment of a claim.
- If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure is in your best interest, we may share limited information with such persons.
- To disclose information to a disaster relief organization in order for the organization to communicate with a family member or other person involved in your care.
- As otherwise necessary or useful for us to conduct our business, so long as such use is permitted by law or for any other purpose with your consent.

State and federal laws may require or permit us to release your information to others without your authorization, such as:

- To use and disclose information to the extent required to comply with the law.
- To report information to state and federal agencies that regulate us, such as the U.S. Department of Health and Human Services and the Iowa Insurance Division.
- To share information for public health activities.
- To use or disclose information to avert a serious health or safety threat.

Medical Notice of Privacy Practices (continued)

- To share information with a health oversight agency for certain oversight activities authorized by law such as audits, inspections, licensure, and disciplinary actions.
- To disclose information in the course of a judicial or administrative proceeding, such as pursuant to a subpoena.
- To report information for law enforcement purposes.
- To report information to a government authority regarding child abuse, neglect, or domestic violence.
- To share information with a coroner or medical examiner to identify a deceased person, or determine a cause of death.
- To use or disclose information for research purposes, but only as permitted by law.
- To share information for specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- To report information on job-related injuries because of requirements of your state workers' compensation laws.

Certain state and federal laws may restrict the use and disclosure of certain health information, including highly confidential information. This may include, but is not limited to, substance abuse, communicable diseases, HIV/AIDS, mental health, reproductive health, sexually transmitted infections, and biometric information. In the event that an applicable law prohibits or materially limits one of the uses or disclosures of information described above, we will restrict the use or disclosure in accordance with the more stringent law. If one of the above reasons for a use or disclosure does not apply, **we must get your written permission, in the form of an authorization, to use or disclose your information.** If you give us written permission and change your mind you may revoke your authorization at any time except to the extent that we have taken action in reliance on the authorization or, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides us with the right to contest a claim under the policy or the policy itself.

What are your rights?

The following are your rights with respect to your information. If you would like to exercise the following rights, please contact our customer success team. Contact information for our customer success team is located at the end of this notice.

- **You have the right to be notified** in the event there is a breach of your health information, pursuant to applicable state and federal law.
- **You have the right to ask us to restrict:**
 - (a) how we use or disclose your information for treatment, payment or health care operations;
 - (b) information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care; and
 - (c) uses and disclosures for disaster relief purposes.Please note that while we will try to accommodate reasonable requests, we are not required to agree to these restrictions.
- **You have the right to request confidential communications of information.** For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to an alternative address. We will accommodate your reasonable requests as explained above. We may require such requests to be made in writing.
- **You have the right to copy and inspect certain components of your information that we maintain.** All requests for access must be

made in writing and signed by you or your representative. Access request forms are available from our customer success team at the address below. We may charge you a fee for copying and postage.

- **You have the right to request that certain components of your information be amended to correct an error or omission.** We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the requested amendment. Amendment request forms are available from our customer success team.
- **You have the right to receive an accounting of certain disclosures of your information.** Accounting request forms are available from our customer success team at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request in the same 12-month period. Please note that we are not required to release:
 - Any information collected prior to April 14, 2003.
 - Information disclosed or used for treatment, payment, and/or health care operations purposes.
 - Information disclosed to you or pursuant to your authorization.
 - Information that is incidental to a use or disclosure otherwise permitted.
 - Information disclosed for a facility's directory or to a person involved in your care or other notification purposes.
 - Information disclosed for national security or intelligence purposes.
 - Information disclosed to correctional institutions, law enforcement officials, or health oversight agencies.
 - Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

Exercising your rights

You have a right to receive a copy of this notice upon request at any time. We are required to abide by the terms of this notice. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you. If you believe your privacy rights have been violated, you may file a complaint with us by contacting our customer success team. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

Contact Information

You can contact our Customer Success team at:

Wellabe, Inc.
P.O. Box 1
Des Moines, IA 50306-0001
800-247-2190

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

Wellabe, Inc.
Attn: Privacy Officer
601 6th Ave
Des Moines, IA 50309

You may also visit us on our website at: www.wellabe.com

Effective Date: January 2024