

UnitedHealthcare
Privacy Office
185 Asylum Street
CT039-020A
Hartford, CT 06103



<Date>

<Name>

<Address Line 1>

<City, State, Zip Code>

Dear <Name>,

We are writing to let you know about a privacy issue involving some of your health information. On March 22, 2021, UnitedHealthcare was informed that an unauthorized individual gained access to our provider portal and accessed provider claims documentation that contained some of your health information. We believe the access occurred between March 7, 2021 and March 15, 2021.

The information that was involved includes your first and last name, health plan identification number, group/policy information, plan affiliation, claim number, provider information, dates of service, procedure/service codes, billed/paid amounts, subscriber name, and subscriber identification number. This incident did not involve disclosure of your Social Security number, driver's license number or any personal financial account information.

Upon discovery, we took prompt action to investigate the matter and disable the unauthorized access. We are reviewing additional protections that may be put into place to prevent the occurrence of similar incidents in the future. At this time, we have no evidence to support that your information has been used in a malicious manner.

We deeply regret this incident and any inconvenience or concern that it may cause. As a precaution, we are offering one year of LifeLock® identity theft protection services at no cost to you. This service includes proactive identity theft protection, identify theft alerts, address change verification, annual copies of your credit report from all three national credit bureaus and comprehensive recovery services if you become a victim of identity theft during your LifeLock® membership. We have enclosed instructions for your convenience in registering for this service.

We also recommend that you regularly monitor account statements and the explanation of benefits statements that you receive to check for any unfamiliar health care services. If you notice any suspicious activity, please contact us immediately at the number listed on the back of your Member ID Card. If you do not regularly receive explanation of benefits statements, you may request that we send them to you.

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In addition, you may want to order copies of your credit reports from each of the three national credit reporting agencies to check for any inaccurate information, particularly medical services or medical bills that you do not recognize. If you notice any suspicious activity, contact the credit reporting agencies using the contact information provided on the report or as listed below:

Equifax Information Services LLC
P.O. Box 105069
Atlanta, GA 30348-5069
800-525-6285
www.equifax.com

Experian
P.O. Box 9554
Allen, TX 75013
888-397-3742
www.experian.com

TransUnion LLC
P.O. Box 2000
Chester, PA 19016
800-680-7289
www.transunion.com

You may obtain your free annual credit report from each of the national credit reporting agencies by visiting www.annualcreditreport.com, by calling 1-877-322-8228 or by mailing your request to Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348-5281.

We suggest that you retain this notice for your records in case of any future problems with your medical records.

UHC takes this matter very seriously and is committed to protecting the privacy and security of our members' health information. We are reinforcing our existing policies and practices with employees and evaluating additional safeguards to help prevent a similar incident from occurring in the future. We deeply regret any inconvenience or concern caused by this incident. If you have any questions or concerns, please call 800-328-5979, TTY 711, or direct at the number below.

Sincerely,

A handwritten signature in blue ink, appearing to read 'S. Dickson'.

Sara J. Dickson, Esq.
Staff Counsel
UnitedHealthcare Privacy Office
Direct: 860-702-5231

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated Companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。