



USAA LIFE INSURANCE COMPANY
NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

Updated Date: April 01, 2021

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 applies to persons insured under Medicare Supplement policies issued by USAA Life Insurance Company ("USAA", "We", "Our") and the health information obtained by USAA in the course of underwriting, issuing and servicing those policies. It does not apply to other information collected by USAA and its affiliates or in connection with other products.

USAA's Duties

Your health information is personal, and USAA is committed to safeguarding your privacy. Please read this Notice of Privacy Practices carefully.

USAA is required by law to ensure that certain medical information about you referred to as "protected health information" ("PHI"), is kept private, and we are required to provide you with this notice of our legal duties and privacy practices with respect to your PHI.

USAA reserves the right to change its privacy practices for both existing and future health information that we obtain or create. If USAA makes such a change, we will mail you a revised notice within 60 days of the change. USAA must abide by the terms of this Notice of Privacy Practices or the most recent revision. A copy of our most recent notice will also be [posted on usaa.com](http://usaa.com).

How Your PHI May Be Used or Disclosed for USAA Health Insurance Operations

We may use and disclose your PHI for treatment, payment and health care operations, as described below.

Treatment. Your PHI may be used or disclosed to facilitate medical treatment or services by health care providers, like doctors, nurses, technicians or hospital personnel who are involved in taking care of you. **For example**, your doctor may call USAA to verify that you have Medicare Supplement insurance with USAA prior to providing treatment to you.

Payment. We may use or disclose your PHI to determine your eligibility for USAA benefits, to coordinate coverage between USAA and another insurer, and to facilitate payment for services you receive. **For example**, the fact that you are insured under a USAA Medicare Supplement policy may be shared with Medicare fiscal intermediaries in order to coordinate claims payment through automated claims transfer (ACT).

Health Care Operations. We may use or disclose your PHI for various internal administrative purposes that are called "health care operations." These uses and disclosures are necessary to maintain your Medicare Supplement policy and ensure that you receive quality service. **For example**, we may review your claims history in order to evaluate our own claims paying practices. However, we will not use or disclose your PHI which is considered genetic information for underwriting purposes. If psychotherapy notes are included in your PHI then written authorization would be required in order to share that PHI.

From time to time, we may send you information about other health-related benefits and services that may be of interest to you. Unless you object, we may disclose PHI to a member of your family, close friend or any other person you identify who is assisting in your health care or is providing payment for your health care.

We sometimes rely upon outside service providers to handle important administrative tasks on behalf of USAA. We are permitted to share your PHI with these outside providers if it is necessary for the services they are providing to USAA; however, the outside provider is contractually prohibited from using your information for any other purpose and is required to provide safeguards to ensure that your information is kept confidential.

USAA LIFE INSURANCE COMPANY 9800 Fredericksburg Road San Antonio, Texas 78288

Additional Uses and Disclosures Required or Permitted by Law

In addition to uses and disclosures for treatment, payment and health care operations, federal law requires or permits covered health care entities, including USAA, to use and disclose PHI, without obtaining your written authorization, if the use and disclosure is required by law or for the public good.

Public Health Purposes. We may disclose PHI to a public health authority who is authorized by law to collect or receive such information for public health activities including, but not limited to: prevention or control of communicable diseases; recording of vital statistics such as births and deaths; public health investigations or interventions; reporting of adverse reactions to medications or products; notification to consumers of recalls of medications or products, and reporting victims of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose PHI to a government agency with oversight responsibility for the health care system, government benefit or regulatory programs or compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose health information in response to a subpoena or court order for the purpose of judicial or administrative proceedings.

Law enforcement Purposes. We may disclose PHI to a law enforcement official in the following circumstances: pursuant to a valid court order; subpoena or summons; for the purpose of identifying and/or locating suspects, witnesses or victims of crime; when a death or medical emergency has resulted from criminal conduct.

Information Relating to Decedents. We may disclose PHI to a coroner or medical examiner for the purpose of identification or determining cause of death, or to a funeral director or coroner as necessary to carry out their duties.

Organ and Tissue Donation. We may disclose PHI to organ procurement organizations.

Research. We may disclose your PHI for research if the research has been approved through a special review process.

Threats to Health and Safety. We may use or disclose PHI when we in good faith believe such disclosure is necessary to prevent or mitigate a serious and imminent threat to you, another person or the general public.

Specialized Government Functions. We may disclose PHI for specialized government functions such as: successful execution of military activities; national security and intelligence activities; protection of the President and foreign heads of state.

Correctional Institutions. We may disclose PHI about inmates or others in the custody of law enforcement officials for the provision of health care to such individuals and for the safety and security of the correctional institution.

Worker's Compensation. We may disclose PHI as required by laws relating to worker's compensation or other programs that provide benefits for work-related injuries or illnesses.

No Other Uses or Disclosures Without Your Authorization

Other than the uses and disclosures described in this Notice, we may not disclose your PHI or make any other use of it without your written authorization. For example, any marketing use or disclosure of your PHI, or sale of your PHI for any purpose, would require your prior written authorization. You have the right to revoke any authorization you have given us for other uses and disclosures. Revocation of an authorization must be given in writing and is subject to any action previously taken in reliance on the authorization, including the right to contest an insurance policy.

Your Rights

Restrictions on Use and Disclosure. You have the right to request that USAA restrict disclosures or uses of your information that it is allowed to make as otherwise permitted by law. You must make your requests to restrict the use and disclosure of your PHI by writing to USAA Life Insurance Company, Attn: USAA Privacy Office, at the address indicated at the bottom of this page. Your request must state the specific restriction requested and to whom you want the restriction to apply. If you request the restriction of a disclosure that is (1) made for the purpose of carrying out payment or health care operations, (2) not otherwise required by law and (3) relates to an health care item or service for which you have paid out of pocket in full, then we will honor your affirmative request not to disclose that information to a health plan.

USAA is not required to agree to most other requested restrictions. If, however, we do agree to the requested restrictions, that agreement will be binding on us.

Notice of Breach. You will be notified if at any time your unsecure PHI becomes subject to unauthorized access due to a security breach.

Alternative Means of Communication. You may ask us to communicate with you by a means other than mail or at an address other than your home address. We will attempt to accommodate your request if it is received in writing by USAA Life Insurance Co., Attn: Health Member Services at the address indicated at the bottom of this page, and you provide us with an alternative address or method of contact and information as to how your premiums will be paid.

Right to Inspect and Copy. You have the right to inspect and copy certain PHI about you that is maintained by or on behalf of USAA. Your right to inspect and copy gives you access to information relating to the underwriting and issue of your Medicare Supplement policy and payment of claims under the policy, but does not include psychotherapy notes, information compiled in anticipation of or use in a civil, criminal or administrative action or proceeding, and when other law prohibits access to the particular PHI. You may request access to your PHI by writing to USAA Life Insurance Co., Attn: Health Member Services at the address indicated at the bottom of this page. We may charge fees to cover the cost of photocopying and mailing of records requested by you or to prepare a summary or explanation of the information contained in our records.

Amendments of PHI. If you feel that your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request that your PHI be amended for as long as it is maintained by USAA or on behalf of USAA.

You must make your request for amendment of your PHI in writing to USAA Life Insurance Co., Attn: Health Member Services at the address indicated at the bottom of this page. We may deny your request if it is not in writing or if it does not provide a legitimate reason to support the request. In addition, we may deny your request if: USAA did not create the original record; the information to be amended is not related to underwriting, issuance or claims payment of your Medicare Supplement policy; or we believe that the information is correct and complete. If your request is denied, we will notify you of your additional rights.

List of Disclosures. You have a right to request a list of certain disclosures of your PHI made during the six years prior to receiving your request. We do not have to include the following disclosures in the list: disclosures for treatment, payment and health care operations; disclosures made at your request or pursuant to your written authorization; if the disclosure did not include information which would identify you; if the disclosure was for national security or intelligence purposes; or in limited situations relating to law enforcement activities.

You must make a request for a list of disclosures in writing to USAA Life Insurance Co., Attn: Health Member Services at the address indicated at the bottom of this page. Your request must specify a specific time frame, which may not be more than six years. You may make one such request every twelve months. We may charge a fee for subsequent requests within twelve months.

Copy of Notice

You may request a copy of this Notice by calling Health Member Service at (800) 531-6978.

Complaints

If you believe USAA has violated your privacy rights, you may file a complaint with the USAA Privacy Office or with the Secretary of Health and Human Services. Complaints to the USAA Privacy Office should be made in writing to USAA Life Insurance Company, Attn: USAA Privacy Office, at the address indicated at the bottom of this page. You will not be penalized in any way for filing such a complaint.

Other Privacy Requirements

This notice is a summary of our duties and your rights under the Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA). If a state enacts legislation or imposes standards that provide you with additional rights or protections, USAA will comply with the additional state requirements. If you have any questions, please contact Health Member Services at (800) 531-6978.