

WELLCARE 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.

1. Why WellCare Provides This Notice

WellCare¹ is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of WellCare’s legal duties and privacy practices with respect to PHI. PHI includes information that can be used to identify you and has been created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care.

This notice explains our privacy practices that are applicable to you, a valued member of WellCare. We appreciate the confidence and trust that you have bestowed upon us. Your privacy is very important to us, and we take this duty seriously.

WellCare is required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy practices at any time. Any changes to our policies and procedures will apply to the PHI we already have in our possession. If we make a material change to our policies and procedures about your PHI, we will update this notice, post a new notice on our web site at <http://www.wellcare.com> and, to the extent required by applicable law, promptly mail a notice of the changes to you.

2. WellCare Needs Information to Provide Services

The types of PHI we collect on each of our members will include, but not necessarily be limited to: (i) information that you provide to us or that we receive from regulatory authorities, your employer or benefits plan sponsor (such as your name, address, social security number, date of birth, dependent information, marital status, health or medical history, employment information and other insurance carrier history); and (ii) information on your interaction with any of our agents, business partners, or other parties (such as medical records, health care claims, premium payments, verification of your eligibility, appeal and grievance information, information to process requests for health care authorizations and enrollment applications).

3. Treatment, Payment and Health Care Operations

We use and disclose your PHI primarily for your treatment, payment and our health care operations. The following list describes the most common uses and disclosures that WellCare and its business partners may make that are permitted by law.

¹ This Notice of Privacy Practices is applicable to the following subsidiaries of WellCare Health Plans, Inc.: WellCare of Florida, Inc., HealthEase of Florida, Inc., WellCare of New York, Inc., WellCare of Connecticut, Inc., WellCare of Louisiana, Inc., WellCare of Georgia, Inc., WellCare of Ohio, Inc., Harmony Behavioral Health, Inc., Harmony Behavioral Health of Florida, Inc., Harmony Health Plan of Illinois, Inc., WellCare Prescription Insurance, Inc., WellCare Health Insurance of Arizona, Inc., WellCare Health Insurance of Illinois, Inc., and WellCare Health Insurance of New York, Inc.

- To a doctor, a hospital or other health care provider in order to provide you medical care.
- To pay claims for covered services provided to you by doctors, hospitals or other health care providers.
- For the daily operation of WellCare, including but not limited to, processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of health care professionals, and determining premiums.
- To your plan sponsor to permit them to perform plan administration functions.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you.

4. Other Uses and Disclosures of PHI

WellCare may use or disclose information about you:

- To your family and friends if you are unavailable to communicate, such as in a medical or other emergency.
- When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement officials. For example, we make disclosures to regulatory agencies when a law requires that we report information. We may also disclose PHI pursuant to subpoena as part of a judicial or administrative proceeding.
- To government agencies for public health activities or health oversight activities, such as disclosures to agencies that regulate Medicare and Medicaid services.
- To appropriate authorities regarding abuse, neglect, or domestic violence.
- To military authorities.
- For research purposes in limited circumstances.
- For procurement, banking or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner or funeral director.

5. Uses and Disclosure Requiring Authorization

In other situations, WellCare will require a specific authorization before we use or disclose your PHI. For example, WellCare will seek your authorization before using or disclosing your PHI if we seek to offer unsolicited marketing resources to you for a purpose that is not related to your health benefits or health condition. You have the right to revoke such an authorization at any time by notifying us in writing.

6. Your Individual Rights

A. Access. You have the right to review and obtain a copy of your health information, or in some cases a summary of this health information. If you request copies, we may charge you a reasonable fee to cover copying charges, staff time and postage.

B. Confidential Communications. You have the right to make reasonable requests to receive your PHI from WellCare in an alternative manner or at an alternative location to ensure its confidentiality. We will accommodate your request if it is reasonable, or if you clearly state that the disclosure of the information could be life threatening to you.

C. Amendment. You have the right to request an amendment of information we maintain about you if you believe that it is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will provide you a written explanation of the denial.

D. Accounting. You have the right to receive a list of certain instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, or health care operations, and certain other activities. If you request this information more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

E. Notice. All WellCare members and prospective members have the right to receive a written copy of this notice upon request at any time.

F. Restrictions. You have the right to request that WellCare restrict uses or disclosures of your information to treatment, payment and health care operations and certain other disclosures. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

G. Contact. You may contact WellCare's Privacy Officer in order to obtain further information about any topic in this notice or to exercise any of your privacy rights. If you wish to write to us, please write to the address below. If you call us, please call the toll-free phone number on your membership card and a member services associate will assist you. You may also contact us via e-mail at the website listed below.

WellCare Health Plans, Inc.
Attention: Privacy Officer
P.O. Box 31372
Tampa, FL 33631-3372
www.wellcare.com

7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with WellCare or the U.S. Department of Health and Human Services ("HHS"). To file a complaint with WellCare, contact the Privacy Officer as outlined above. To file a complaint with HHS, you may submit it in writing (WellCare will provide the appropriate address upon request) or you may e-mail it to ocrcomplaint@hhs.gov. We will not retaliate against you for filing a complaint.

Effective Date: November 1, 2006