



LifeMap Assurance Company
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Short Term Medical Insurance for Washington Individuals and Families

This brochure is designed to give you a very brief description of the important features of the Policy. This is not the insurance contract and only the actual Policy provisions will govern. Please refer to the Policy for a detailed description of the rights and obligations of both you and LifeMap Assurance Company.

Short Term Medical Insurance

Short Term Medical Insurance is designed for people who have a temporary need for medical coverage and who are healthy. Short Term Medical Insurance gives you peace of mind by providing coverage for injuries and sudden-onset illnesses.

Short Term Medical Coverage is available from 30 to 185 Days

This Short Term Medical Policy is non-renewable.

Short Term Medical Insurance offers valuable medical protection on a short-term basis for people who are:

- ◆ Between jobs, laid off, or on strike.
- ◆ Waiting to be covered under a group medical plan.
- ◆ Waiting for issuance of an individual contract.
- ◆ Recent graduates.
- ◆ Starting a business.
- ◆ Taking time off from school.
- ◆ In need of temporary medical insurance.

SHORT TERM MEDICAL INSURANCE OUTLINE OF COVERAGE

Read The Policy Carefully

This outline of coverage provides a very brief description of the important features of the Policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual Policy provisions are final and binding. The Policy itself sets forth in detail your rights and obligations as well as those of the insurance company. **PLEASE READ THE POLICY CAREFULLY.**

Major Medical Expense Coverage

Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services and out-of-hospital care, subject to the deductibles, copayment provisions and other limitations set forth in the Policy.

Eligibility

You are eligible for this Policy if you and any family members who apply for coverage:

- ◆ Are under age 65 and will remain under age 65 for the term of the policy. Dependent children must be under age 26.
- ◆ Are not eligible for Medicare Benefits and will not be eligible for Medicare Benefits for the duration of the Policy.
- ◆ Are not pregnant. If any member of your family is pregnant, you may not apply for coverage until the pregnancy concludes.
- ◆ Are not covered under any other hospital or medical plan.

Temporary Coverage

Short Term Medical Insurance is designed to provide medical coverage on a temporary basis to fill a temporary need. It cannot be renewed and is not intended to replace permanent coverage. However, if the temporary need continues, you may apply for one new policy within a 12-month period.

Important Note: There is no continuous coverage between policies. Any condition which may have existed or occurred under one policy will be a pre-existing condition under the subsequent policy, and therefore, will not be covered under the subsequent policy.

Choice of Providers

This Policy does not contract with a network of providers. This means you may visit the physician or hospital of your choice. You are not limited to any provider networks or out-of-area service restrictions.

How the Policy Works

You choose the term of coverage - a minimum of 30 days up to the maximum policy term of 185 days.

You select the deductible amount - \$500, \$1000, \$2500, \$5000 or \$7500 per member.

After the deductible is met, the policy pays the coinsurance amount you have selected - either 80% or 50% of the next \$10,000 - and then 100% of the balance of covered expenses. We will not pay any amount of expenses which exceed usual and customary or reasonable charges as defined in the policy.

The policy maximum is \$1,000,000 during the policy term per member.

Covered Expenses

Covered expenses are charges for services or supplies prescribed by a physician for treatment of an illness or injury covered by your policy. The charges must be incurred for medically necessary care while the policy is in effect. **A covered expense is incurred on the date a service is rendered or received and may not exceed the usual and customary or reasonable charge as defined by the policy.**

Subject to the exclusions, limitations and conditions described in the policy, the following services and supplies will be considered covered expenses:

- ◆ Hospital room, board, and general nursing care, limited to the hospital's average semi-private room charge, unless confined in a coronary or intensive care unit.
- ◆ Other hospital services including emergency room, outpatient and ambulatory surgical center charges.
- ◆ Skilled nursing facility room, board, and general nursing care, limited to the facility's average semi-private room charge, up to a maximum of 100 days, (other limitations apply; see your policy for complete description of benefit). Benefits for care in a Skilled Nursing Facility are not provided for treatment of mental disorders.
- ◆ Physician services for diagnosis, treatment, and surgery.
- ◆ X-rays, radioactive treatment, and laboratory tests.
- ◆ Breast and pelvic exams, mammograms, and Pap smear exams (if such exams are related to an annual women's examination).
- ◆ Prostate cancer screening exams.
- ◆ Colorectal cancer screening exams.
- ◆ Anesthesia and oxygen and their administration.
- ◆ Private nursing care by R.N. or L.P.N. in the home (limitations apply). Services are not covered for mental disorders.
- ◆ Licensed ambulance service, limited to two trips per illness or injury (other limitations apply; see your policy for complete description of benefit).
- ◆ Physical, occupational, speech and audiological therapy, up to 30 sessions (other limitations apply).
- ◆ Home health care (up to 40 visits) when prescribed by a physician and rendered by a licensed home health agency (see your policy for complete description of benefit). Home Health Care will not be covered for mental disorders.
- ◆ Rental (up to purchase price) of wheel chair, hospital type bed, or other durable medical equipment unique to medical care or treatment.
- ◆ Prosthetic and Orthotic Devices that are medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience.
- ◆ Blood and blood products, administration of blood, and blood processing.
- ◆ Drugs which require the written prescription of a physician (pre-existing limitations and deductibles apply).
- ◆ Non-prescription elemental enteral formula for home use if the formula is medically necessary for the treatment of severe intestinal malabsorption (see your policy for complete description of benefit).

- ◆ Organ transplants, including heart, kidney, liver and bone marrow transplants, up to a maximum of \$250,000 (other limitations apply; see your policy for complete description of benefit).
- ◆ Kidney disease.
- ◆ AIDS, including AIDS, AIDS Related Complex (ARC) or related immuno deficiency disorders.
- ◆ Casts, splints, crutches, orthopedic braces, colostomy bags, catheters, syringes, dressings, and initial contact lens following cataract surgery performed while covered under the policy.
- ◆ Mental health services for medically necessary outpatient and inpatient treatment of mental disorders (see your policy for complete description).
- ◆ Diabetes services and supplies incurred for persons diagnosed as having insulin using diabetes, noninsulin using diabetes or elevated blood glucose levels induced by pregnancy (see your policy for complete description of benefit).
- ◆ **Cosmetic surgery** as follows:
 - Cosmetic surgery necessary as a direct result of an Injury sustained while this Policy is in effect; or
 - Charges in connection with congenital defect of a child born while this Policy is in effect; or
 - reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the breast on which the mastectomy was not performed to produce symmetrical appearance, and prosthesis and physical complications with regard to all stages of mastectomy, including lymphedemas.

Extension of Benefits While Hospitalized

If a member is confined to a hospital on the expiration date of this policy, that member's coverage under the policy will continue without payment of additional premium.

Coverage will continue:

1. until the date the member is discharged from the hospital; or
2. until the date on which the applicable benefit maximums are reached, whichever occurs first.

Limited Pregnancy Benefit

Covered expenses with respect to the pregnancy benefit are limited to services and supplies that are:

1. Provided in direct connection with the treatment of an involuntary complication of pregnancy.
The term "involuntary complication of pregnancy" includes, but is not limited to:
 - a. toxemia of pregnancy;
 - b. ectopic pregnancy;
 - c. nephritis or pyelitis of pregnancy;
 - d. puerperal infection;
 - e. surgery due to spontaneous termination of pregnancy (miscarriage or missed abortion); or
 - f. non-elective cesarean section. All other charges made in connection with pregnancy or childbirth are excluded; and
2. Incurred while the member is insured under the policy.

Limited Alcoholism Benefit

The policy will consider services rendered by a facility or other provider licensed to treat alcoholism as covered expenses. Benefits for treatment of alcoholism are limited to a maximum of \$4,500 during the policy term.

Exclusions

The policy does not cover:

- ◆ **Pre-existing conditions** (see the definition below in the section titled "Pre-Existing Conditions").
- ◆ Illness or injury incurred in the course of any employment for wage or profit or for which benefits are available under Workers' Compensation or similar law.
- ◆ Illness or injury covered by Medicare.
- ◆ Hospital confinement for medical observation or diagnostic exams.
- ◆ Eye refractions and eyeglasses.
- ◆ Well baby care.
- ◆ Immunizations.
- ◆ Hearing tests and hearing aids.
- ◆ Routine physical exams, tests or screening procedures (certain exceptions apply).
- ◆ Treatment of drug abuse or drug addiction.
- ◆ Organ transplants not specifically provided in the section of your policy titled "Covered Expenses" and any resulting complications.
- ◆ Treatment of intentional self-inflicted injury.

Exclusions (cont.)

- ◆ Elective sterilization, family planning, birth control drugs or devices, artificial insemination, in vitro fertilization, diagnosis or treatment of infertility, reversal of sterilization, or genetic testing or counseling.
- ◆ Cosmetic surgery not specifically provided in the section titled “Covered Expenses”, including the removal of any health tissue or organs, and any resulting complications.
- ◆ Services or supplies not reasonably intended for treatment of illness or injury or which are not medically necessary (as defined in your policy).
- ◆ Acupuncture, massage, or massage therapy.
- ◆ Private duty nursing for hospital or skilled nursing facility inpatients.
- ◆ Substance related disorders; life transition problems; emotional or nervous disorders or counseling for these conditions; treatment of learning disorders or disabilities; or skilled nursing facility services, home health care, residential treatment and custodial care for any mental disorder. Court ordered treatment will not be covered unless LifeMap Assurance Company’s medical director or designee determines the treatment to be medically necessary.
- ◆ Any condition caused by or arising out of service in the armed forces of any country, or from war or any act of war, or from participation in a felony, riot, or insurrection.
- ◆ Sexual dysfunction or inadequacy procedures and any resulting complications.
- ◆ Services provided by an immediate family member.
- ◆ Treatment for obesity or weight control, including surgery and any resulting complications.
- ◆ Charges incurred after your policy ends, except as stated in your policy (see section titled “Extension of Benefits While Hospitalized” for brief description).
- ◆ Charges which exceed usual and customary or reasonable (as defined in your policy).
- ◆ Services rendered by governmental agencies or facilities, except as provided by law.
- ◆ Dental exams, treatment, or orthodontics.
- ◆ Services or supplies to change the position of the bone of the upper or lower jaw (certain exceptions apply).
- ◆ Services or supplies that are experimental or investigational (see your policy for complete details).
- ◆ Confinement in a health facility for custodial or maintenance care, rest, or to change a patient’s environment.
- ◆ Pregnancy or childbirth, except complications of pregnancy as stated in your policy (see section titled “Limited Pregnancy Benefit” for brief description).
- ◆ Treatment of alcoholism, except as stated in your policy (see section titled “Limited Alcoholism Benefit” for brief description).
- ◆ Charges which are reimbursed due to third party liability or motor vehicle coverage (see your policy for complete details).

Pre-Existing Conditions

There is no coverage for pre-existing conditions under this Policy. Pre-existing condition means an illness or injury for which a Member, during the 5 year period immediately preceding the Effective Date of the Policy:

1. received a medical diagnosis of the condition; or
2. received medical care for a documented suspicion of the condition.

A condition is also considered to be pre-existing if, during the 5 year period immediately preceding the Effective Date of the Policy, significant and obvious symptoms existed which would cause a prudent person to seek diagnosis, advice, care, or treatment.

Accidental Death Benefit

How This Benefit Works

We will pay the benefit shown below if all of the following conditions are met:

1. The member's death results from an accidental bodily injury (as defined in your policy):
2. The accidental bodily injury occurs while insured under the policy; and
3. The death occurs within 365 days after the date of the accidental bodily injury.

Once satisfactory proof of death by accidental bodily injury has been submitted, we will provide the following benefit:

For the Primary Insured (age 18 or older)	\$25,000
For the Covered Spouse or Covered Domestic Partner	\$25,000
For the Covered Dependent Child (and Primary Insured under age 18)	\$ 5,000

Exclusions

The policy does not cover accidental death resulting from injury caused by, or occurring as the result of:

- ◆ Suicide, intentionally self-inflicted injury, or any attempt to injure oneself, while sane or insane;
- ◆ Active participation in a violent disorder or riot. "Active participation" does not include being at the scene of a violent disorder or riot during the performance of official duties;
- ◆ Insurrection, war or any act of war, whether declared or undeclared;
- ◆ Injury suffered while serving in the armed forces of any country;
- ◆ Committing or attempting to commit an assault or felony;
- ◆ Any illness or pregnancy existing at the time of the accident;
- ◆ Voluntary use or consumption of any poison, chemical compound or drug, except a prescription drug used or consumed in accordance with the directions of the prescribing physician;
- ◆ Heart attack (including but not limited to myocardial infarction) or stroke (including but not limited to cerebral infarction);
- ◆ Diagnostic test, medical or surgical treatment; or
- ◆ Bodily infirmity or disease from bacterial or viral infections, other than infection caused from an injury sustained while insured under this benefit.

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Unless specific state language is provided below, the following fraud notice applies: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Arizona Residents: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Hawaii Residents: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Arkansas, Louisiana, New Mexico, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Alaska and Oregon Residents: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company may be guilty of a crime. Penalties may include imprisonment, fines, and denial of insurance benefits.

Delaware, Idaho, Indiana and Oklahoma Residents: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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NOTICE OF PRIVACY PRACTICES

**THE FOLLOWING NOTICE APPLIES TO ALL
SHORT TERM MEDICAL, VISION, AND DENTAL POLICIES.**

**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.

We, at LifeMap Assurance Company (LifeMap), know you value your privacy. That is why we are committed to the confidentiality and security of your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of your personal information.

We collect personal information, such as your name, contact information, and health information, from you, your health care providers, and other insurers that provide you coverage. We are required by law to maintain the privacy of this information and to explain our legal duties and privacy practices. We are also required by law to notify affected individuals following a breach of unsecured protected health information. We provide the protections and apply the practices described in this notice to all personal information that we maintain, including to personal information of former members who are no longer covered by us. We hope this notice will clarify our responsibilities to you and give you an understanding of your rights. We are required to abide by the notice that is currently in effect. This notice is in effect as of August 7, 2013.

Your Rights

You may exercise the following rights by calling our Customer Service department or writing our Privacy Official. See "Contacting Us" at the end of this notice.

Inspection and Copies. You have the right to request an inspection or copies of protected health information that we maintain about you in a "designated record set" except psychotherapy notes and information that we compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding. A "designated record set" is a group of records that is used to administer your health benefits, including enrollment information and claims. We may limit the information that you can inspect or copy if we have reason to believe that is necessary to protect you or another person from harm. If we limit your right to inspect or copy, you can ask for a review of that decision.

Amendment. If you believe that protected health information we maintain about you in a designated record set is inaccurate or incomplete, you have the right to request an amendment to correct or complete the information. You must submit your request in writing and explain the reason for the amendment. If the amendment is made, we will make reasonable efforts to inform others, including people you identify, that the information has been amended and we will use our best efforts to include the amendment with any future disclosure. We may decline to amend information under certain circumstances. This is likely to occur if we did not create the

original record. If we decline to amend the information, you have the right to submit a statement of disagreement. You should know that we are allowed to attach a rebuttal statement in response to your statement of disagreement.

Notice. You have the right to receive a paper copy of this notice upon request.

Accounting. You have the right to request a list of certain disclosures of protected health information. The list will not include disclosures made for treatment, payment, or health care operations. It also will not include disclosures made pursuant to an authorization, made more than six years before the date of the request, incidental disclosures, disclosures made for national security or intelligence, or disclosures made to a correctional facility. The list will include the date of any accountable disclosure, to whom that disclosure was made, a brief description of the information disclosed, and the purpose for that disclosure (provided this information is known to us). We will supply this list free of charge once a year at your request. If you request an accounting more than once in a 12-month period, we may charge a reasonable fee.

Special Handling. You have the right to request restrictions on our use or disclosure of protected health information in addition to the restrictions imposed by law. We are not required to agree to your request and we may be unable to do so. If we do agree, we will comply with your request except in the case of emergency. You also have the right to request that we communicate with you in confidence with respect to communications you believe may endanger you. We will make every effort to accommodate your request if it is reasonable and you provide an alternate means to communicate. You should know that redirecting communication may not prevent others on your policy from discovering that you sought medical care. Accumulated deductibles and co-payment information may reveal that you obtained services. In addition, historic claims reports may include services that were obtained during the time communications were redirected.

Complaints. You have the right to submit a complaint if you believe we have violated your privacy rights. To submit a complaint, write to: LifeMap, Privacy Office, P.O. Box 1071, Mailstop E14A, Portland, OR 97207 or call our Customer Service department at the phone number provided at the end of this notice. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health & Human Services. Be assured that we will not retaliate against you for submitting a complaint.

Permitted Uses and Disclosures

To administer health benefits, we collect, use and disclose protected health information for a variety of purposes:

Treatment. We may disclose protected health information to a health care provider in order for the provider to treat you. We may also use or disclose protected health information to support a provider's activities to furnish preventive health, early detection, and case management programs.

Payment. We may use or disclose protected health information for payment purposes, including to adjudicate claims, issue Explanation of Benefits, or coordinate benefits with other entities responsible for paying your claims.

Health Care Operations. We may use or disclose protected health information to facilitate operations, including underwriting, customer service, and detection or prevention of fraud or abuse. We may not, however, use or disclose genetic information for underwriting purposes.

Business Associates. Occasionally, we contract with business associates to perform insurance-related functions on our behalf. We may disclose protected health information to these business associates in order to allow them to perform these functions. They also may collect, use or disclose protected health information on our behalf. We contractually obligate our business associates and they are required by law to provide the same privacy protections that we provide.

Employers and Other Plan Sponsors. If you are enrolled in an employer-sponsored group health plan (or a group health plan sponsored by another entity), we may disclose protected health information to the group health plan or plan sponsor to facilitate administration of the plan. For example, we supply enrollment lists to employers so that premiums can be paid appropriately.

As Permitted or Required by Law. We use or disclose protected health information as permitted or required by law. For example, some laws permit or require us to disclose protected health information for workers' compensation programs or to certain government agencies, such as the Food and Drug Administration.

Public Health Activities. We may disclose protected health information to: (a) public health agencies for the prevention and control of disease; (b) coroners or medical examiners as necessary for fulfillment of their duties; (c) agencies that engage in the procurement, banking, or transportation of organs or tissue to facilitate such donation and transplantation services; (d) researchers to conduct medical research or research intended to improve the health care system; and (e) third parties as necessary to avert a serious threat to the health or safety of a person.

Health Oversight. We may disclose protected health information to health oversight agencies. These agencies are authorized by law to conduct audits; perform inspections and investigations; license health care providers, insurers and facilities; to enforce regulatory requirements; and to investigate healthcare fraud. These agencies include: State Commissioner of Insurance, State Board of Medicine, the U.S. Department of Health and Human Services, and the FBI.

Legal Proceedings. We may disclose protected health information in the course of a judicial or administrative proceeding, and in response to a court order, subpoena, discovery request, or other lawful process.

Law Enforcement. We may disclose protected health information to law enforcement officials in response to an administrative subpoena, a warrant, or an administrative request intended to identify or locate a suspect, victim, or witness. We also may disclose protected health information for the purpose of reporting a crime on our premises.

Military and National Security. We may disclose protected health information to armed forces personnel for military activities and to authorized federal officials for national security and intelligence activities.

Correctional Institution. If you are an inmate, we may disclose protected health information to your correctional institution for treatment purposes or to ensure the safety of yourself and others.

You. We may disclose your protected health information to you at your request, to inform you about the status of your claims, or for other purposes. For example, we may use protected health information to provide information about treatment alternatives or other health related benefits or services that may be of interest to you. This may include enhancements to your health plan and health related products or services available only to health plan members that add value to, but are not a part of, your benefit plan.

Others Involved in Your Health Care. We may disclose protected health information to personal representatives such as appointed guardians, executors, conservators, and in many cases parents of minor children, as well as to attorneys in fact when a valid power of attorney exists. In addition, if you give us verbal permission or if your permission can be implied (for example, while you are unconscious during an emergency), we may disclose protected health information to family members or others who call on your behalf. This permission is valid only for a limited time. If you want to authorize on-going disclosures to family members or friends, you must submit written authorization.

Authorizations. You may give us written authorization to use protected health information or disclose protected health information about yourself to anyone for any purpose. An authorization remains valid for two years unless the authorization states otherwise or you revoke it. You may revoke an authorization at any time by submitting a written revocation (see "Contacting Us," below), but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect. An authorization is required for us to use or disclose your protected health information for purposes other than those described in this notice. In particular, we need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. We also must obtain your written authorization to sell information about you to a third party or when we receive financial compensation to use or disclose your protected health information to send you communications about products and services.

Future Changes

We reserve the right to change our privacy practices and this notice at any time without advance notice. Before we make any material change in our privacy practices, we will change this notice and post the new notice on our website. We will provide a copy of the new notice (or information about the changes to our privacy practices and how to obtain the new notice) in our next annual mailing to members who are then covered by one of our health plans. The new notice will apply to all protected health information in our possession, including any information created or received before the revised notice became effective.

Contacting Us

You may reach us during regular business hours by calling us at (800) 794-5390. For more information about this notice or to file a written privacy-related complaint, you may write to: LifeMap Privacy Official, P.O. Box 1071, MS E14A, Portland, OR 97207.