

# FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE DESCRIBES WHAT FINANCIAL INFORMATION ABOUT YOU THE COMPANY COLLECTS, HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW THE COMPANY PROTECTS OR SAFEGUARDS THE FINANCIAL INFORMATION. PLEASE REVIEW IT CAREFULLY.

We\* are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information about a member or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

## Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency, such as a consumer's creditworthiness and credit history.

## Disclosure of Information

We do not disclose personal financial information about our members or former members to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

## Confidentiality and Security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information. We limit access to nonpublic financial information to those personnel who need to know the information.

## Questions About this Notice

If you have any questions about this notice, please contact Passport Health Plan by Molina Healthcare Member Services at the toll-free member phone number on your health plan ID card.

**For purposes of this Financial Information Privacy Notice, "Molina", we" or "us" refers to the entities listed that are affiliated with Molina Healthcare, Inc.:**

Molina Healthcare of Arizona, Inc. an Arizona corporation; Molina Healthcare of California, a California corporation; Molina Healthcare of Florida, Inc., a Florida corporation; Molina Healthcare of Illinois, Inc., an Illinois corporation; Molina Healthcare of Indiana, an Indiana corporation; Molina Healthcare of Iowa, Inc., an Iowa corporation; Molina Healthcare of Kentucky, Inc., a Kentucky corporation; Molina Healthcare of Michigan, Inc., a Michigan corporation; Molina Healthcare of Mississippi, Inc., a Mississippi corporation; Molina Healthcare of Nebraska, Inc., a Nebraska corporation; Molina Healthcare of Nevada, Inc., a Nevada corporation, Molina Healthcare of New Mexico, Inc., a New Mexico corporation; Molina Healthcare of New York, Inc., a New York corporation; Molina Healthcare of Ohio, Inc., an Ohio corporation; Molina Healthcare of Puerto Rico, Inc., a Puerto Rico and Nevada corporation; Molina Healthcare of South Carolina, Inc., a South Carolina corporation; Molina Healthcare of Texas, Inc., a Texas corporation; Molina Healthcare of Texas Insurance Company, a Texas corporation; Molina Healthcare of Utah, Inc., a Utah corporation; Molina Healthcare of Virginia, LLC., a Virginia limited liability company; Molina Healthcare of Washington, Inc., a Washington corporation; Molina Healthcare of Wisconsin, Inc., a Wisconsin corporation; Florida MHS, Inc. a Florida corporation; Senior Whole Health, LLC, a Delaware limited liability company; Senior Whole Health of New York, Inc., a New York corporation; 2020 West Broadway LLC, a Delaware limited liability company; AlphaCare Holdings, Inc. a Delaware corporation; Molina Care Connections, LLC, a Texas limited liability company; Molina Healthcare Data Center, Inc., a New Mexico corporation; Molina Pathways of Texas, Inc., a Texas corporation; Molina Clinical Services, LLC, a Delaware limited liability company; Molina Pathways of Texas, Inc., a Texas corporation; Oceangate Reinsurance, Inc., a Utah corporation; SWH Holdings, Inc. LLC, a Delaware limited liability corporation; Senior Health Holdings, LLC, a Delaware limited liability company; Senior Whole Health Management Company, Inc., a Delaware corporation; and The Management Group, LLC, a Wisconsin limited liability company

Passport complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. ATTENTION: If you speak English language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card. (English) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro. (Spanish)

## 注意

：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。(Chinese)

