

Date: February 7, 2014

Re: HIPAA Notice of Privacy Practices

Dear Member:

We realize how important it is to you that we keep your personal medical information confidential. We have always worked hard to protect your information from misuse, and will continue to work even harder to protect it in the future.

To that end, we are implementing all of the privacy protections granted to you through the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The accompanying document, our Notice of Privacy Practices, lays out for you your rights under HIPAA as well as the types of uses and disclosures that our health plan may make with your health information.

As the HIPAA Privacy Officer for our health plan, I want you to always feel free to come to me with any questions or concerns you have about the privacy of your confidential health information. It is my job as the HIPAA privacy expert to make sure that your personal information is protected from misuses and I want you to feel that you always have a place to go to get your questions answered about your medical information privacy or about HIPAA regulation.

Please review the Notice of Privacy Practices and let me know if you have any questions or concerns.

Yours truly,

Privacy Officer

Schuster Company / LMTT

Health Plan/OHCA Name

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information is used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment payment and health care operations.

- Treatment means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would be doctor visit or admission
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction, unless the request is made to restrict disclosures to the insurer for purposes of carrying out payment or health care operations (and is not for the purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out of pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.
- We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of March 1 , 2014 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information.

Privacy Officer
Schuster Company; Erica Wenzel
2605 Lincoln Ave SW
Le Mars, IA 51031
(712) 546 - 5124

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information is used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment payment and health care operations.

- Treatment means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would be doctor visit or admission
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction, unless the request is made to restrict disclosures to the insurer for purposes of carrying out payment or health care operations (and is not for the purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out of pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.
- We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of March 1 , 2014 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information.

Privacy Officer
Schuster Company; Erica Wenzel
2605 Lincoln Ave SW
Le Mars, IA 51031
(712) 546 - 5124

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775

Schuster Group Plan consists of the following health plans sponsored by Schuster Company ;
OHCA Name Plan Sponsor Name

. Wellmark Blue Cross & Blue Shield .
Health Plan Name # 1

. Blue Dental .
Health Plan Name # 2

. Vision Service Plan .
Health Plan Name # 3

. Colonial Supplement Insurance .
Health Plan Name # 4

. Reliance Standard .
Health Plan Name # 5

. Coventry Health Insurance .
Health Plan Name # 6

Health Plan 02

This Notice is provided on behalf of the following companies of the Principal Financial Group:

July 3, 2013

001834

LEMARS TRUCK & TRAILER
ATTN ERICA WENZEL
2605 LINCOLN AVE SW
LE MARS, IA 51031-3051

Principal Life Insurance Company
Principal National Life Insurance Company
Princor Financial Services Corporation
Principal Trust Company
Principal Global Investors, LLC
Principal Global Investors Trust
Principal Real Estate Investors, LLC
Principal Commercial Acceptance, LLC
Principal Commercial Funding, LLC
Principal Green Fund I, LP / PGF GP, LLC
Edge Asset Management, Inc. / Spectrum Asset Management, Inc.
Principal Variable Contracts Funds, Inc.
Principal Life Insurance Company Variable Life Separate Account
Principal National Life Insurance Company Variable Life Separate Account
Principal Life Insurance Company Separate Account B
Principal Funds, Inc. / Principal Funds Distributor, Inc.
Employers Dental Services, Inc. / Principal Dental Services, Inc.
JF Molloy & Associates, Inc. / Principal Wellness Company

PROTECTING YOUR PRIVACY

This Notice is required by law. It tells how we handle personal information.

This Notice applies to:

- people who own or apply for our products or services for personal use.
- employee benefit plan participants and beneficiaries.

Please note that in this Notice, "you" refers to only these people. The Notice does not apply to an employer plan sponsor or group policyholder.

WE PROTECT INFORMATION WE COLLECT ABOUT YOU

We follow strict standards to safeguard personal information. These standards include limiting access to data and regularly testing our security technology.

HOW WE COLLECT INFORMATION

We collect data about you as we do business with you. Some of the sources of this data are as follows:

- **Information we obtain when you apply or enroll for products or services.** You may provide facts such as your name; address; Social Security number; financial status; and, when applicable, health history.
- **Information we obtain from others.** This may include claim reports, medical records, when applicable, credit reports, property values and similar data.
- **Information we obtain through our transactions and experience with you.** This includes your claims history, payment and investment records, and account values and balances.
- **Information we obtain through the Internet.** This includes data from online forms you complete. It also includes data we collect when you visit our websites.

HOW WE SHARE INFORMATION

Within the Principal Financial Group

We may share personal information about you or about former customers, plan participants or beneficiaries within the Principal Financial Group for several reasons, including:

- to assist us in providing service;
- to help design and improve products; or
- with your consent, at your request or as allowed by law.

With Others

In the course of doing business we may share data with others. This could include personal information about you or about former customers, plan participants or beneficiaries. Personal information may be shared with others for the following reasons:

- in response to a subpoena,
- to prevent fraud,
- to comply with inquiries from government agencies or other regulators, or
- for other legal purposes.

We also may share personal information:

- with others that service your accounts, or that perform services on our behalf;
- with others with whom we may have joint marketing agreements. These include financial services companies (such as other insurance companies, banks or mutual fund companies); and
- with other companies with your consent, at your request or as allowed by law.

MEDICAL INFORMATION

We do not share medical information among companies of the Principal Financial Group or with others except:

- when needed to service your policies, accounts, claims or contracts;
- when laws protecting your privacy permit it; or
- when you consent.

ACCURACY OF INFORMATION

We strive for accurate records. Please tell us if you receive any incorrect materials from us. We will make the appropriate changes.

COMPANIES WITHIN THE PRINCIPAL FINANCIAL GROUP

Several companies within the Principal Financial Group are listed at the top of this Notice. The companies of the Principal Financial Group are leading providers of retirement savings, investment, and insurance products.

MORE INFORMATION

You may write to us if you have questions about our Privacy Notice. Contact our Privacy Officer at P.O. Box 14582, Des Moines, Iowa 50306-3582.

Receipt of this notice does not mean your application has been accepted.

We may change our privacy practices at times. We will give you a revised notice when required by law.

Our privacy practices comply with all applicable laws. If a state's privacy laws are more restrictive than those stated in this Notice, we comply with those laws.

Your agent, broker, registered representative, consultant or advisor may have a different privacy policy.

1-800-986-3343



FACTS	WHAT DOES RELIANCE STANDARD LIFE DO WITH YOUR PERSONAL INFORMATION?	
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number • Financial Information • Date of birth • name, address, telephone number • health information, including medical history • information about your job and salary <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers personal information, the reasons Reliance Standard Life chooses to share; and whether you can limit this sharing	
Reasons we can share your personal information	Does Reliance Standard share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For our marketing purposes – to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	N/A
For our affiliates' everyday business purposes – Information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes – Information about your credit worthiness	NO	N/A
For our affiliates to market to you	NO	N/A
For our non-affiliates to market to you	NO	N/A
Who we are		
Who is providing this notice?	Reliance Standard Life Insurance Company, First Reliance Standard Life Insurance Co., Reliance Standard Life Insurance Company of Texas	
What we do		
How does Reliance Standard protect my information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. In addition, we have policies and procedures that direct our employees and agents to protect your personal information. We do not share your personal information except as authorized by you or allowed by law.	
How does Reliance Standard collect my personal information?	We collect your personal information, for example when you apply for insurance or file a claim. We may collect your personal information from you, your insurance agent or broker, your employer, your medical providers, consumer reporting agencies or anyone you have authorized to provide us with information.	
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes – information about your credit worthiness. • affiliates from using your information to market to you • sharing for non-affiliates to market to you State laws and individual companies may give you additional rights to limit sharing	
Definitions		
Affiliates	Companies related by common ownership or control. They can be financial and non-financial companies. <ul style="list-style-type: none"> • Our affiliates include Matrix Absence Management, Inc., Safety National Casualty Corp. and other companies which are part of the Delphi Financial Group 	
Non-affiliates	Companies not related by common ownership or control. They can be financial and non-financial companies This includes entities which provide claim administration, underwriting, investigation, reinsurance, policyholder or other services to us or on our behalf.	
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include insurance agents and brokers	
Questions?	Call 800-351-7500 or go to www.reliancestandard.com	
Other Important Information		
Independent Sales Agents. Your policy may have been placed with us through an independent agent or broker ("Sales Agent"). Your Sales Agent may gather and retain Information about you. The use and protection of Information by your Sales Agent is your Sales Agent's responsibility, not our responsibility. If you have questions about whether or how your Sales Agent uses or discloses such information, please contact your Sales Agent.		

NOTICE OF OUR INFORMATION PRIVACY POLICIES AND PRACTICES

This notice is being provided on behalf of the following entities:

Wellmark, Inc. doing business as Wellmark Blue Cross and Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.
Midwest Benefit Consultants, Inc.

To Our Customers:

This notice informs you that we do *not* disclose to our nonaffiliated third parties your nonpublic personal financial information, which we collect and maintain as described below, except as permitted by law. We will not disclose your nonpublic personal financial information to nonaffiliated third parties even after our customer relationship may end, except as permitted by law. We do disclose, or we reserve the right to disclose, your nonpublic personal financial information we collect to our affiliates. The affiliated entities are bound by the practices described in this Notice.

How we protect information: Except as explained below, we restrict access to your nonpublic personal information, which we define to include both nonpublic personal financial information and nonpublic personal health information, to our employees who need to know to provide our products and services to you and to nonaffiliated third parties providing services, at the request of Wellmark or its affiliate, related to the administration of your contract or policy with Wellmark or its affiliate. We maintain physical, electronic, and procedural safeguards that comply with legal requirements to guard your nonpublic personal information.

Information we collect and maintain: We collect nonpublic personal financial information about you from the following sources:

- ✓ Information we receive from you on applications or other forms;
- ✓ Information we obtain from your transactions with us, our affiliates or others.

Information we disclose: We disclose or reserve the right to disclose all of the nonpublic personal financial information we collect and maintain about you to our affiliates. Our affiliates include the financial service providers listed above. They operate as health insurers, a health maintenance organization (HMO) and an insurance brokerage. Our affiliates also include financial service providers such as a health insurer and third party administrators of employee benefit plans.

We may also disclose, and reserve the right to disclose, any of your nonpublic personal financial information to nonaffiliated third parties as permitted by law.

Companies that provide services or market for us: We may disclose any of your nonpublic personal financial information described above to the following categories of nonaffiliated third parties with which we contract to perform functions or services, such as marketing, on our behalf, and financial institutions with which we have joint marketing agreements:

- ✓ Insurance brokers and agents;
- ✓ Issuers of other insurance products such as life insurance, disability insurance, long-term care insurance;
- ✓ Administrative service providers which process and store membership information.

No other disclosures to nonaffiliated third parties: We otherwise do not disclose nonpublic personal information about our customers or former customers to nonaffiliated third parties.



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and Blue Shield Association

Women's Health and Cancer Rights Act Notice

This notice is being provided on behalf of the following entities:

Wellmark, Inc. doing business as Wellmark Blue Cross and Blue Shield of Iowa

Wellmark Health Plan of Iowa, Inc.

Women's Health and Cancer Rights Act (WHCRA)

This Notice informs you of the federal regulation that requires all health plans that cover mastectomies to also cover reconstruction of the removed breast.

For members receiving mastectomy-related benefits, coverage will be provided, in a manner determined in consultation with the attending physician and patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you have any questions or concerns, please contact the Customer Service phone number listed on your Wellmark identification card.

Wellmark Blue Cross and Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.
PO Box 9232
Des Moines, IA 50306-9232