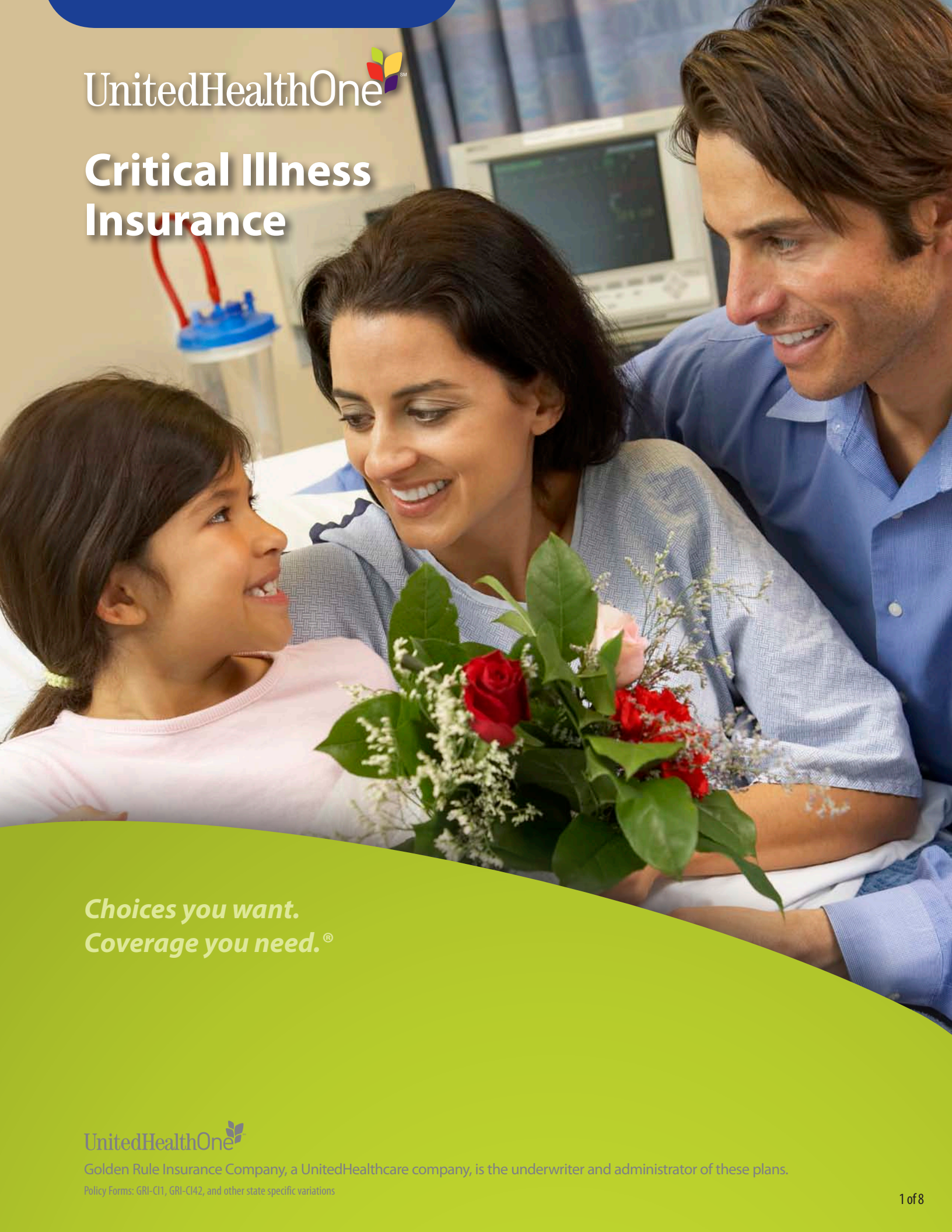


UnitedHealthOne 

# Critical Illness Insurance



*Choices you want.  
Coverage you need.®*

UnitedHealthOne 

Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans.

Policy Forms: GRI-CI1, GRI-CI42, and other state specific variations

# Critical Illness Insurance<sup>1</sup>

**Bills are the last thing you want to worry about when you're seriously ill.**

***We can help.***



**A UnitedHealthOne Critical Illness insurance plan can pay you cash for a qualifying serious illness. You can use the cash how you want** — for bills, living expenses, out-of-pocket medical costs, and more.

## Critical Illness Can Affect Anyone

**Did you know:**

- In the U.S., 38% of women and 44% of men develop cancer in their lifetimes.<sup>2</sup>
- Every 40 seconds someone in the U.S. has a stroke.<sup>3</sup>
- By 2020, over 700,000 Americans will suffer end-stage kidney disease or need chronic dialysis or a kidney transplant.<sup>3</sup>

**Family income can drop by \$12,000 a year following cancer, heart attack, or stroke — even with health insurance.<sup>4</sup>**

The inability to work can significantly cut into family income. Most of us have less than \$5,000 in savings to cover out-of-pocket medical expenses if a critical illness strikes.

**Can you afford a major illness?** UnitedHealthOne Critical Illness coverage can be that rainy day fund. You hope you never need it but glad you have it, if the time comes.

## Who needs Critical Illness insurance?

- **If loss of income would impact your way of life.**
- **If you or your spouse is the primary breadwinner.**
- **If you have health insurance.**
- **If you don't have health insurance.**

<sup>1</sup> THIS POLICY PROVIDES LIMITED BENEFITS.

<sup>2</sup> American Cancer Society, "Cancer Statistics, 2010."

<sup>3</sup> American Heart Association, "Heart Disease and Stroke Statistics – 2010 Update."

<sup>4</sup> "MetLife Financial Impact of a Critical Illness Study," April 2010.

## Critical Illness Insurance

**Maximum Lifetime Benefit** — you select coverage amount: \$10,000, \$20,000, \$30,000, \$40,000, or \$50,000.

**Waiting Period** — first diagnosis must be made at least 30 days AFTER your effective date.

**Tax-Free Benefits\*** — cash can be used for out-of-pocket medical costs, bills, travel for treatment, and more.

Benefits are paid upon first diagnosis, as a one-time payment, not paid based on actual expenses incurred. *Please see policy for complete plan details.*

Critical Illness Diagnosed (as defined in the policy)	Percentage of Critical Illness Maximum Lifetime Benefit Amount to be Paid
Heart Attack	100%
Stroke	100%
Life-Threatening Cancer (diagnosed more than 90 days after effective date)	100%
Loss of Hearing	100%
Loss of Speech	100%
Loss of Vision	100%
Major Transplant	100%
Paralysis: Quadriplegia	100%
Paralysis: Paraplegia	100%
Paralysis: Hemiplegia	100%
Coma	100%
Renal Failure	100%
Carcinoma in Situ	25%
Coronary Artery Bypass Graft	25%

**Reduction Schedule** — When a covered person reaches age 65, the Critical Illness Maximum Lifetime Benefit amount then in force for that covered person will automatically be reduced by 50%.

\*Consult your tax advisor; restrictions may apply.



### Suggestion:

Combine a UnitedHealthOne Critical Illness plan with higher deductible, lower premium health insurance plan. This may help you feel more financially comfortable with your insurance choices.

# Plan Provisions

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You'll find complete coverage details in the policy.

## Benefits

- **Amount Payable: We will pay the applicable Percentage of Critical Illness Maximum Lifetime Benefit amount for Critical Illnesses as specified below, subject to the following:**

1. Your or your spouse's date of diagnosis must occur after the Critical Illness waiting period has been satisfied;
2. The diagnosis must be made within the United States;
3. The diagnosis must be made while you or your spouse is a covered person under the policy;
4. The total benefits payable under the policy for a covered person for all diagnosis of a Critical Illness will not exceed the Critical Illness Maximum Lifetime Benefit amount; and
5. Benefits are subject to all other terms, conditions limitations, and exclusions under the policy.

- **Critical Illness Diagnosis Requirements**

We reserve the right to have any diagnosis of a Critical Illness reviewed by a physician of our choice. In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, we shall have the right to request an examination of either the covered person or the evidence used in arriving at the diagnosis by an independent, acknowledged expert selected by us in the applicable field of medicine.

- **Critical Illness Maximum Lifetime Benefit Amount**

If a covered person's date of diagnosis occurs after the applicable Critical Illness waiting period indicated below, and while the policy is in force, we will pay you or your beneficiary the specified percentage of the Critical Illness Maximum Lifetime Benefit amount as shown in the policy.

The portion of the Critical Illness Maximum Lifetime Benefit amount payable depends on the type of Critical Illness as specified in the policy.

If you or your spouse receive(s) benefits payable for a Critical Illness of less than 100% of the Critical Illness Maximum Lifetime Benefit amount and later receive(s) a diagnosis for a different Critical Illness, we will pay the specified percentage of the Critical Illness Maximum Lifetime Benefit amount as shown in the policy, for the Critical Illness, less any prior amounts paid or payable under the policy.

Total benefits payable under the policy for a covered person will not exceed the Critical Illness Maximum Lifetime Benefit amount.

- **Critical Illness Waiting Period**

There is a 30-day waiting period from each covered person's effective date of coverage under the policy before any benefits are available for any Critical Illness. In Tennessee and Texas, the 30-day waiting period only applies to sickness.

- **Carcinoma in Situ**

If you or your spouse's date of diagnosis for carcinoma in situ is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

Carcinoma in situ must be diagnosed pursuant to a pathological or clinical diagnosis.

- **Coma**

If you or your spouse's date of diagnosis as being comatose is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

The diagnosis of coma must indicate that neurological deficit is present.

- **Coronary Artery Bypass Graft**

If you or your spouse receive(s) a diagnosis for a condition that requires a coronary artery bypass graft, if the date of diagnosis is after the 30-day Critical Illness waiting period, and if the covered person receives the coronary artery bypass graft

while insured under the policy, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

Techniques that do not involve open heart surgery, such as balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedures are not covered.

Benefits are limited to one coronary artery bypass graft per covered person under the policy.

The diagnosis of the condition that necessitates the need for a coronary artery bypass graft must be made by a board certified medical doctor and based on angiographic evidence of the underlying disease.

- **Heart Attack**

If you or your spouse's date of diagnosis for a heart attack is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

The diagnosis of heart attack must be based on an event which contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes which support the diagnosis; (2) concurrent diagnostic elevation of cardiac enzymes above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

- **Life Threatening Cancer**

If your or your spouse's date of diagnosis with life threatening cancer is more than 90 days after your or your spouse's effective date of coverage under the policy, we will pay 100% of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

If your or your spouse's date of diagnosis with life threatening cancer is within the 90-day period after your or your spouse's effective date of coverage under the policy, but after the 30-day Critical Illness waiting period, we will pay 10% of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

Life threatening cancer benefits are payable one time per covered person under the policy.

Life threatening cancer must be positively diagnosed by a board-certified medical doctor certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical diagnosis alone does not meet this standard unless a pathological diagnosis is medically inappropriate.

- **Loss of Hearing**

If you or your spouse's date of diagnosis for loss of hearing is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

The diagnosis of loss of hearing must be made by a board-certified medical doctor in that field of medicine. The diagnosis of loss of hearing must include audiometric and sound-threshold tests. The auditory threshold cannot be more than 90 decibels. Psychiatric related causes are not covered.

- **Loss of Speech**

If you or your spouse's date of diagnosis for loss of speech is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

The diagnosis of loss of speech must be made by a board-certified medical doctor in that field of medicine. The diagnosis of loss of speech must be established for a continuous period of 12 months. Psychiatric related causes are not covered.

- **Loss of Vision (blindness)**

If you or your spouse's date of diagnosis for loss of vision (blindness) is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

The diagnosis of loss of vision must be made by a board-certified medical doctor in that field of medicine. Psychiatric related causes are not covered. The diagnosis of loss of vision must indicate that corrected visual acuity must be worse than 20/200 in both eyes, the field of vision must be less than 200 degrees in both eyes or there is a combination of visual defects resulting in the same degree of visual impairment as otherwise stated in this paragraph.

- **Major Transplant**

If you or your spouse receive(s) a major transplant after the 30-day Critical Illness waiting period, the specified percentage of the Critical Illness Maximum Lifetime Benefit amount as shown in the policy will be paid. The date of diagnosis of a condition that necessitates a major transplant must also be after the 30-day Critical Illness waiting period.

- **Paralysis**

If you or your spouse's date of diagnosis for paralysis is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

If you or your spouse receive(s) a diagnosis for more than one type of paralysis, only the largest percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy for paralysis will be paid.

The diagnosis of paralysis must include documented evidence of the physical illness or injury that caused the paralysis.

- **Renal (kidney) Failure**

If you or your spouse's date of diagnosis for renal (kidney) failure is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

The diagnosis of end stage renal disease must be based on chronic irreversible failure of the function of both kidneys requiring hemodialysis and necessitating kidney transplant.

- **Stroke**

If you or your spouse's date of diagnosis for a stroke is after the 30-day Critical Illness waiting period, we will pay the indicated percentage of the Critical Illness Maximum Lifetime Benefit amount shown in the policy.

The diagnosis of stroke must be made by a board certified medical doctor and based on documented neurological deficits and confirmatory neuroimaging studies.

- **Benefit Reduction at Age 65**

When a covered person reaches age 65, the Critical Illness Maximum Lifetime Benefit amount then remaining for that covered person will automatically be reduced by 50%.

NOTE: Receipt of Critical Illness benefits may affect eligibility for Medicaid or other government benefits and entitlements.

## Limitations and Exclusions

No benefits will be paid under this policy for diagnosis of a Critical Illness to a covered person for, due to or resulting from:

1. A Critical Illness for which a covered person's date of diagnosis occurs before satisfaction of a covered person's Critical Illness waiting period.
2. Diagnosis of a Critical Illness while this policy is not in force.
3. Attempted suicide or intentionally self-inflicted injury or illness while sane or insane if committed during the first 24 months of coverage under this policy.
  - Missouri — Exclusion only applies while insane if committed during the first 12 months.
  - Arizona — Exclusion does not apply to attempted suicide.
4. Driving a motorized vehicle or operating any machinery while legally intoxicated from alcohol, or driving a motorized vehicle or operating any machinery while under the influence of drugs unless taken as prescribed by a physician and provided there is no warning against driving while under the influence of that drug as recommended by a pharmacist, a physician or indicated on the prescription drug label instructions.

5. Voluntarily taking any sedative or drug, or inhalation of any gas, unless taken or inhaled as your physician prescribes or administers it.
6. Committing or attempting to commit a civil or criminal felony or misdemeanor.
7. Service in the armed forces of any country, including non-military units supporting such forces.
8. Engaging in an illegal occupation.
9. Participating in a riot, rebellion or insurrection. Participating means you are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law.
10. Mental and/or physical manifestations of symptoms due to an underlying mental disorder defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
11. Injury or illness caused by an act of declared or undeclared war.
12. Any injury or illness sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
13. Voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
14. Participation in hazardous activities including but not limited to rock climbing or mountaineering, bungee jumping, skydiving, parachuting, hang gliding, scuba diving, extreme sports, or racing any type of vehicle in an organized event.
15. No benefits will be paid for any services performed by a member of a covered person's immediate family.

### Preexisting Condition Limitation

Benefits are not payable with diagnosis of a Critical Illness in connection with a preexisting condition during the initial 12 consecutive months the covered person has been enrolled for coverage, including any waiting period for coverage eligibility. Diagnosis of a Critical Illness resulting from a preexisting condition commencing thereafter will be covered unless otherwise excluded by the policy.

A preexisting condition means any illness or injury for which a covered person:

- (1) received any diagnosis, medical advice or treatment or had taken any prescription medications during the 24 months immediately preceding the effective date of the covered person's coverage under the policy; or
- (2) manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the effective date of this policy. (Does not apply in Nebraska.)

### Guaranteed Renewability to Age 70 Subject to Listed Conditions

You may keep this policy in force until the next premium due date following the primary insured's 70th birthday, as long as premiums are paid when they are due. However, we may refuse renewal if there is fraud or a material misrepresentation made by or with the knowledge of a covered person in filing a claim for policy benefits.

### Beneficiary

A covered person can name any person, other than the covered person's employer, as a beneficiary. The covered person can change the beneficiary at any time without the consent of the designated beneficiary by notifying us in writing on a form furnished by us. The new designation will be effective when the notice is received by us. If we pay the proceeds before we receive the covered person's change request, we are released from further liability to the extent of our payment. A new designation of beneficiary terminates the interests of the previous beneficiary.

You are the beneficiary for your spouse until your spouse designates a new beneficiary by notifying us in writing on a form furnished by us.

If more than one beneficiary is designated, but their respective interests are not specified, the beneficiaries will share the proceeds equally. The interest of a beneficiary who dies before the covered person will terminate and be shared equally by the named beneficiaries surviving the covered person, unless otherwise provided in the beneficiary designation. If the beneficiary dies at the same time as the covered person, or within 15 days after the date the covered person dies, payment will be made by us as if the covered person survived the beneficiary. If there is not a designated beneficiary surviving at the death of the covered person, payment will be made in a single sum to the covered person's estate; however, at our option, payment may be made to one or more of the following surviving relatives of the covered person: (A) spouse; (B) children, including legally adopted children; (C) parents; or (D) brothers and sisters.

## Effective and Termination Dates

### Effective Dates for Covered Persons

The effective date for all initial covered persons begins at 12:01 am standard time at your last address shown in our records on the policy effective date shown in the policy.

### Eligibility

Your spouse becomes eligible for insurance under this policy on the latter of: (1) the date you become insured under this policy; or (2) the first day of the month after the date of becoming your spouse.

### Adding Spouse Coverage

If: (A) you apply in writing for insurance under the policy on your spouse; (B) you pay the required premiums; (C) you furnish proof of good health, at no cost to us; and (D) we agree to insure your spouse, then the effective date will be shown in the written notice to you that your spouse is insured as a covered person.

### Termination

- A. All coverage under this policy will automatically stop on the earliest of the date: (1) we receive your written request to terminate coverage under this policy; or (2) the full Critical Illness Maximum Lifetime Benefit amount for both you and your spouse is paid.
- B. A covered person's coverage under this policy will automatically stop on the earliest of the date: (1) of the covered person's death; (2) when the full Critical Illness Maximum Lifetime Benefit amount is paid for that covered person; or (3) at the end of the grace period for which premium was due and remains unpaid.

If we accept premium for a covered person after the full Critical Illness Maximum Lifetime Benefit amount for that covered person has been paid, such premium will be refunded.

The termination date for the above events stated in B. 1 and 2 above is the first of the month following the termination event. Insurance will terminate at 12:01 a.m. standard time at your address on the termination date of coverage. Termination shall be without prejudice to any loss incurred while this policy was in force.

In the event of termination, we will return promptly the unearned portion of any premium paid. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

A spouse will cease to be a covered person at the end of the month which he or she ceases to be your spouse due to divorce.

We must receive notification within 31 days of the date an insured ceases to be a covered person. If notice is received by us more than 31 days from this date, any unearned premium will be credited only from the first day of the policy month in which we receive the notice.

### Continuation for Spouse in the Event of Divorce or Death

If any covered person dies while this policy is in force, this policy will remain in force for the remaining covered persons as long as premiums continue to be paid.

If the primary insured dies, the policy may be continued by the spouse, if a covered person, as the new primary insured.

In the event of proof of legal divorce, we may issue a new policy providing the same benefits as this policy, to your spouse, if a covered person.

## Premium Provisions

Each premium is to be paid to us on or before its due date.

### Change of Premium

From time to time, we may change the rate table used for this policy form. Each premium will be based on the rate table in effect on that premium due date. The age of the covered persons, type and level of benefits, and place of

residence on the policy effective date are some of the factors that could be used in determining your premium rates. At least 30 days notice of any plan to take any action or make a change permitted by this clause will be mailed to you at your last address as shown in our records.

### Grace Period

You have until the 31st day following each premium due date to pay all premiums due. We may pay benefits for diagnosis of a critical illness during the 31 day grace period. Any such benefit payment is made in reliance on the receipt of the full premium due from you by the end of the grace period.

However, if we pay benefits for a critical illness during the grace period, and the full premium is not paid by the end of the grace period, we will require repayment of all benefits paid from you or any other person or organization that received payment on those claims. If repayment is due from another person or organization, you agree to assist and cooperate with us in obtaining repayment. You are responsible for repaying us if we are unsuccessful in recovering our benefits from these other sources.

### Residence

Your premium will be based on place of residence on the policy effective date. If your residence is misstated on your application, or you fail to notify us of a change of residence, we will apply the correct premium amount beginning on the first premium due date you resided at that place of residence. If the change results in lower premium, we will refund any excess premium. If the change results in a higher premium, you will owe us the additional premium.

### Reinstatement

If your policy lapses due to non-payment of premium, it may be reinstated provided: (1) we receive from you a written application for reinstatement within 45 days after the date coverage lapsed; (2) the written application for reinstatement is accompanied by the required premium payment; and (3) we would agree to insure you if you were applying initially for this policy.

If we would not agree to insure you if you were applying initially for this policy, we will not reinstate coverage.

— Arizona — If any renewal premium is not paid within the time granted to you for payment, including the grace period, a subsequent acceptance of premium by us or by any agent duly authorized by us to accept such premium, without requiring an application for reinstatement, will reinstate the policy. However, if we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will not be reinstated unless: (1) we approve of such application; or (2) we fail to approve or decline such application in writing within forty-five [45] days following the date of such conditional receipt.

Premium accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than 60 days before the date of reinstatement.

The reinstated policy will pay the applicable percentage of the Critical Illness Maximum Lifetime Benefit amount specified in the policy, subject to the terms, conditions, limitations and exclusions of the policy. However, the reinstated policy will not cover Critical Illnesses if the date of diagnosis (or receipt of major transplant services) occurs between the date this policy lapsed and the date it was reinstated.

Changes may be made in the policy in connection with the reinstatement. These changes will be sent to you for you to attach to the policy. In all other respects, you and we will have the same rights as before the policy lapsed.

### Underwriting

Plans are subject to health underwriting. If you provide incorrect or incomplete information on your insurance application your coverage may be voided or claims denied.

## NOTICE OF INFORMATION PRACTICES

### THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices. If we do, we will provide the revised notice to you within 60 days by direct mail or post it on our websites located at [www.goldenrule.com](http://www.goldenrule.com) or [www.eams.com](http://www.eams.com)

#### How We Use or Disclose Information

We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative); and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information to pay for your health care and operate our business. For example, we may use your health information:

- **For Payment** of premiums due us and to process claims for health-care services you receive.
- **For Treatment.** We may disclose health information to your physicians or hospitals to help them provide medical care to you.
- **For Health-Care Operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage your health-care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs. We may use your health information for underwriting purposes; however, we are prohibited by law from using or disclosing genetic information for underwriting purposes.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restriction on its use and disclosure of the information.
- **For Appointment Reminders.** We may use health information to contact you for appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers Compensation** including disclosures required by state workers compensation laws of job-related injuries.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

• **For Organ Procurement Purposes.** We may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.

• **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

• **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. As of 2/17/10, our business associates are also directly subject to federal privacy laws.

• **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information.

• **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If none of the above reasons applies, **then we must get your written authorization to use or disclose your health information.** If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. In some states, your authorization may also be required for disclosure of your health information. Authorization is required for the use and disclosure of psychotherapy notes or for marketing. In many states, your authorization may be required in order for us to disclose your highly confidential health information. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, contact the phone number listed on your ID card.

#### What Are Your Rights

The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health-care operations and to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with its policies, we are not required to agree to any restriction.**
- **You have the right to request that a provider not send health information** to us in certain circumstances if the health information concerns a health-care item or service for which you have paid the provider out of pocket in full.
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. We will accept verbal requests to receive confidential communications, but request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, we may deny your request to inspect and copy your health information.
- **You have the right to ask to amend information** we maintain about you if you believe the health information about you is wrong or incomplete. We will notify you within 30 days if we deny your request and provide a reason for our decision. If we deny your request, you may have a statement of your disagreement added to your health information. We will notify you in writing of any amendments we make at your request. We will provide updates to all parties that have received information from us within the past two years (seven years for support organizations).
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) made prior to April 14, 2003; (ii) for treatment, payment, and health-care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) that federal law does not require us to provide an accounting.

• **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. In addition, you may obtain a copy of this notice at our websites, [www.eams.com](http://www.eams.com) or [www.goldenrule.com](http://www.goldenrule.com).

• In New Mexico, you have the right to be considered a protected person. A "protected person" is a victim of domestic abuse who also is either: (1) an applicant for insurance with us; (2) a person who is or may be covered by our insurance; or (3) someone who has a claim for benefits under our insurance.

#### Exercising Your Rights

- **Contacting Your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, call the phone number on your ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the following address:
- Privacy Officer, Golden Rule Insurance Company, 7440 Woodland Drive, Indianapolis, IN 46278-1719
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

#### Fair Credit Reporting Act Notice

In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

#### Medical Information Bureau

In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a nonprofit organization of life and health insurance companies that operates an information exchange on behalf of its members.

If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Ste. 400, Braintree, MA 02184-8734, (866) 692-6901, [www.mib.com](http://www.mib.com) or (TTY) (866) 346-3642.

#### FINANCIAL INFORMATION PRIVACY NOTICE

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured 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.

We 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 and social security number; and
- Information about your transactions with us, our affiliates or others, such as premium payment history.

We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health-care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal financial information.

#### Send written requests to access, correct, amend or delete information to:

- Privacy Officer, Golden Rule Insurance Company, 7440 Woodland Drive, Indianapolis, IN 46278-1719

We may disclose personal financial information to financial institutions which perform services for us. These services may include marketing our products or services or joint marketing of financial products or services.

The Notice of Information Practices, effective November 2010, is provided on behalf of American Medical Security Life Insurance Company; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; UnitedHealthcare Insurance Company; All Savers Insurance Company; and All Savers Life Insurance Company of California.

To obtain an authorization to release your personal information to another party, please go to appropriate website listed at the bottom of the page.

# Protection

## UnitedHealthcare

Approximately 25 million customers entrust UnitedHealthcare with their health insurance needs.\* We combine our strength and stability with nearly three decades of experience serving customers of all sizes, including individuals and families buying their own health coverage.

## UnitedHealthOne

UnitedHealthOne is the brand name of the UnitedHealthcare family of companies that offers personal health insurance products. Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans. With over 65 years of experience serving individuals and families, Golden Rule provides high-quality products, timely claims handling, and outstanding customer service.

## Our Goal: Your Satisfaction

We understand the importance of your time and concern for the value of your health care dollars. Our goal for every customer is an insurance plan at a price that fits his or her needs and budget. UnitedHealthOne — *Choices you want. Coverage you need.*®

\* UnitedHealth Group Annual Form 10-K for year ended 12/31/10.



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