Hospital Guard GI | AK, AL, AR, AZ, DE, FL, GA, HI, IA, IL, IN, KY, LA, MD, ME, MI, MN, MO, MS, NC, NE, NV, OH, OK, PA, RI, SC, TN, TX, UT, WI, WV and WY

# Hospital Guard GI provides fixed benefit coverage to help with out-of-pocket costs



THIS PRODUCT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA).

This product provides limited benefits in a stated amount regardless of the actual expenses incurred.

Golden Rule Insurance Company is the underwriter and administrator of these plans.
Policy Form GIFI-GAP-GRI and other state variations

UnitedHealthcare®
Golden Rule Insurance Co.

47683B-G-0822

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# Why choose us?



### Strength and experience

UnitedHealthcare provides over 26 million Americans with access to health care.[1] Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of plans featured in this brochure. We have been serving the specific needs of individuals and families buying their own coverage for over 80 years.



### Highly rated

Golden Rule Insurance Company is rated "A+" (Superior) by A.M. Best.[2] This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability.



### Your satisfaction is our goal

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 their needs and budget.

[1] UnitedHealth Group Annual Form 10-K for year ended 12/31/21.

[2] As of 12/9/21. For the latest rating, access ambest.com.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. State specific differences may apply.

# Hospital Guard GI (HGGI)

## Fill the gap

The cost of medical care, especially a hospital stay, can add up quickly. HGGI can help fill the gaps in your health coverage by providing cash to assist with paying for your deductible and non-covered expenses from a qualifying hospital stay.

HGGI provides straightforward cash benefits for inpatient hospital stays. Some plans also include a benefit for doctor's office visits for an illness or injury.

- Benefit payments are yours to use however you like. Save them, pay medical bills or help pay expenses if you miss work.
- You can choose any provider and are not limited to a network.
- There is no deductible to meet prior to receiving benefit payments.
- Benefits are paid regardless of other insurance.

## If a serious accident happens

If an accident happens that causes the loss of life, limb, or sight (blindness), within 30 days (90 days in MD) of the date of the accident, we will pay a cash benefit. (See page 5.)

## Why hospital insurance?

Though no one expects to go to the hospital, that is probably the best reason for hospital insurance — help for the unexpected. Even with other insurance most people will have to pay some portion of their medical bill out of pocket. With a plan like HGGI, you can receive fixed cash benefits for qualified medical services, like a hospital stay, to help you cover those out-of-pocket expenses, and you can use it however you see fit.

## What does "fixed benefit" mean and how does it work?

"Fixed benefit" simply means we pay a set (or "fixed") amount for certain qualified medical services. See amounts on the next page. If you receive an eligible service and submit a claim to us, then qualifying benefits will be paid in the amounts shown. We mail a check to you directly. You use it how you want.

# Highlights of Benefits

**Cash benefits will be paid for qualifying expenses.**
**Benefit is fixed, regardless of actual expense incurred.**

| **Hospital Services** (per person) | | **Plan A** | **Plan B** | **Plan C** |
|---|---|---|---|---|
| **Inpatient Hospital Confinement Illness/Injury**[1] (Standard Care) | **We pay:** | $500 per Day *(Maximum 31 days per Period of Confinement)* | $750 per Day *(Maximum 31 days per Period of Confinement)* | $1,000 per Day *(Maximum 31 days per Period of Confinement)* |
| **Inpatient ICU/CCU**[1] (In addition to Inpatient Hospital Confinement) | **We pay:** | $1,000 per Day *(Maximum 31 days per Period of Confinement)* | $1,500 per Day *(Maximum 31 days per Period of Confinement)* | $2,000 per Day *(Maximum 31 days per Period of Confinement)* |
| **First Hospital Admission**[1] (In addition to Inpatient Hospital Confinement; payable on the first inpatient day) | **We pay:** | $1,000 per Day *(Maximum 1 day per Calendar Year)* | $1,500 per Day *(Maximum 1 day per Calendar Year)* | $2,000 per Day *(Maximum 1 day per Calendar Year)* |
| **Outpatient Services** (per person) | | | | |
| **Doctor's Office/Urgent Care Visits** Illness or Injury | **We pay:** | Not Available | $50 per Day *(Maximum 4 days per Calendar Year)* | $100 per Day *(Maximum 4 days per Calendar Year)* |
| **Accidental Loss of Life, Limb or Sight Benefit Rider** | | | | |
| **Primary Insured** | **We pay:** | $20,000 | $20,000 | $20,000 |
| **Spouse** | **We pay:** | $20,000 | $20,000 | $20,000 |
| **Dependent** (15 days to 26 years, or as required by state) | **We pay:** | $5,000 | $5,000 | $5,000 |
| **Optional Benefit**[2] | | | | |
| **Telemedicine via HealthiestYou** | | $0 Telemed Unlimited<br>$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation) | $0 Telemed Unlimited<br>$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation) | $0 Telemed Unlimited<br>$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation) |

[1] Subject to preexisting conditions. See page 8 for details.
[2] Additional premium applies.

# More ways to help you save money

Discounts on prescriptions through Optum Perks are included with HGGI plans.
As an option you can also choose to add $0 telehealth visits through HealthiestYou.[1]




## Rx Discounts with Optum Perks[2]

There's a simple way most can save 30-80% on prescriptions. It's called Optum Perks. Just visit perks.optum.com/uho to print your card or send it to your phone. Then at the site you can compare prescription prices at stores near you. To use your savings, show your Optum Perks discount card to the pharmacy during purchase. A little card could make a big difference.

Note: The Optum Perks card is not insurance. It is a discount program only and available to the general public.



## Telehealth - HealthiestYou by Teladoc®[1]

Not feeling well, but not sure you want to go to the doctor? The optional telehealth benefit provided through HealthiestYou by Teladoc makes it easy to see a doctor without leaving home. Just meet with a doctor by phone or video at no extra charge to you. They can diagnose and treat illnesses and prescribe medication when necessary 24/7/365. No driving. No waiting rooms. No copays. That's access to quality health care without the hassle.

Note: For additional fees, visits with psychiatrists, psychologists and dermatologists are also available.

[1] HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations. It is additional premium to include this optional benefit with the Hospital Guard GI plan.

[2] Based on pharmacy's usual and customary price. Actual savings may vary.

# Exclusions/Limitations

## (insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

### Exclusions and/or Limitations

**The policy may limit or exclude benefits for any loss caused by, resulting from, for or relating to any of the following:**

- A loss occurring before the policy effective date, after termination of the policy or during any time that coverage is not in force.
- Any act of war; intentionally, self-inflicted, bodily harm; or participation in a riot; or commission or attempt to commit a felony.
- Active service in the armed forces or related auxiliaries.
- A covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage.
- Cosmetic treatment.
- Pregnancy or childbirth (except for complications of pregnancy).
- Hospital confinement primarily to receive rehabilitation, custodial care, educational care or nursing services (unless expressly provided for by the policy).
- Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing or rock or mountain climbing.
- Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).
- An injury or illness arising out of, or in the course of, employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law.
- Operating a taxi or any other passenger transportation for wage, compensation or profit.
- Routine nursery charges and well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.
- Infertility treatment.
- Injuries sustained while operating, riding in or descending from any type of non-commercial aircraft. In most states, this is only excluded if the covered person is a pilot, officer or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.
- Services performed by an immediate family member.
- Fees/surcharges imposed by a provider (including a hospital), but which are actually the responsibility of the provider to pay.
- Services or supplies that are not medically necessary to the diagnosis or treatment of an illness or injury.
- Any loss sustained while the covered person is incarcerated in any prison or other detention facility.
- Any loss related to the treatment of mental disorders or substance use disorder.
- Any loss related to an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Any loss for dental expenses, except as expressly provided for by the policy.
- Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction or visual therapy.
- Any services rendered outside of the U.S., except for emergency treatment for a covered person.
- Experimental or investigational treatment(s).

# Plan Provisions

**This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.**

## Eligibility

At time of application, the primary insured and spouse (as defined by state) must be between 18-64 years of age (18-60 in DE and MD) and eligible children 0-25 years of age or as required by state.

## Misstatement of Age

If the covered person's age has been misstated on the covered person's application for coverage under the policy, any future premiums may be adjusted and past premiums may be refunded or owed to us based on the correct age. If a covered person's age has been misstated and we would not have issued coverage for that covered person, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

## Notice of Claim

We must receive notice of claim within 30 days of the date the loss began or as soon as reasonably possible.

## Preexisting Conditions

We will not pay hospital benefits, as outlined in the policy, for a loss which manifests due to, results from, is caused or otherwise contributed to, a preexisting condition. The preexisting condition limitation will not apply longer than 12 months (or as required by state) after a covered person's applicable effective date under the policy.

"Preexisting condition" means any illness, injury or condition:

- For which medical advice, care or treatment was recommended to or received by a covered person within 6 months immediately preceding the covered person's effective date under the policy;
- For which any diagnostic procedure or screening was recommended to or received by the covered person within the 6 months immediately preceding the covered person's effective date under the policy that results in medical care or treatment after the covered person's effective date; or
- That manifested symptoms which would cause an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 6 months immediately preceding the covered person's effective date under the policy.

## Premium

Premium rates are subject to change. Your age, family status and level of coverage are some factors that could be used to determine your premium rate. You will be given at least a 31-day notice (or longer if required by your state) of any change in your premium.

We will make no change in your premium solely because of claims made by a covered person under the policy or a change in a covered person's health.

## Renewable and Termination

The policy is renewable until the earliest of the following:

- The end of the premium period when the primary insured turns 65 or the primary insured's death. If the policy includes a spouse, it may be continued by the spouse after the primary insured's 65th birthday or death;
- Nonpayment of premiums when due;
- The date we decline to renew this policy or the date we discontinue offering and refuse to renew all policies issued on this form for all residents of the state where you reside;
- The date we receive a request from you to terminate the policy; or
- The date there is fraud or a material misrepresentation made by or with the knowledge of a covered person

## Underwriting

Insurance plans are not subject to medical underwriting.

THIS IS NOT QUALIFYING HEALTH CARE COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT.

# State Variations

**Please see below for state availability and applicable state-specific benefits, exclusions and limitations.**

## Alabama
Policy Form GIFI-GAP-GRI-01

There are no state variations.

## Alaska
Policy Form GIFI-GAP-GRI-50

We will provide at least 45 days' written notice of plan or premium changes.

## Arizona
Policy Form GIFI-GAP-GRI-02

The exclusion for services performed by an immediate family member does not apply.

## Arkansas
Policy Form GIFI-GAP-GRI-03

There are no state variations.

## Delaware
Policy Form GIFI-GAP-GRI-07

- Maximum issue age is 60.
- Office/urgent care benefits include services for chronic care management and primary care services, as defined in the policy, at the greater of the indemnity benefit shown in the policy or 100% of the Medicare rate for the procedure.

## Florida
Policy Form GIFI-GAP-GRI-09

- We will provide at least 45 days' written notice of plan or premium changes.
- "Eligible child" means your or your spouse's child, if that child is under 26 years of age; or 26 years of age and older up to the child's 31st birthday, unmarried, and not covered by any other health benefit plan.

## Georgia
Policy Form GIFI-GAP-GRI-10

We will notify you in writing at least 60 days in advance of a premium change.

## Hawaii
Policy Form GIFI-GAP-GRI-51

"Covered person", "Dependent", and "Immediate family" include reciprocal beneficiary. "Reciprocal beneficiary" means an adult who along with another adult are parties to a valid reciprocal beneficiary relationship and meet the requisites for a valid reciprocal beneficiary relationship as defined in HAW. REV.STAT. §572c-4.

## Illinois
Policy Form GIFI-GAP-GRI-12

- "Eligible child" means your or your spouse's child, if that child is:
  A. Less than 26 years of age; or
  B. Less than 26 years of age and in foster care; or
  C. Less than 30 years of age and all of the following:
     1) Is an Illinois resident;
     2) Has served as a member of the United States Armed Forces;
     3) Has received a release or discharge other than a dishonorable discharge; and
     4) Has submitted a copy of his/her form DD-214 Certificate of Release or Discharge from active duty to us stating the date on which the dependent was released from service.
- "Spouse" means the person to whom you are legally married or your partner in civil union under Illinois law.
- The exclusions for the following do not apply:
  – Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing or rock or mountain climbing.
  – Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).

# State Variations continued

**Please see below for state availability and applicable state-specific benefits, exclusions and limitations.**

## Indiana
Policy Form GIFI-GAP-GRI-13

Eligible child includes step-child.

## Iowa
Policy Form GIFI-GAP-GRI-14

There are no state variations.

## Kentucky
Policy Form GIFI-GAP-GRI-16

- The exclusion does not apply for fees/surcharges imposed by a provider (including a hospital) but which are actually the responsibility of the provider to pay.
- We must receive notice of claim within 60 days of the date the loss began or as soon as reasonably possible.

## Louisiana
Policy Form GIFI-GAP-GRI-17

- Other than rate changes due to covered person changes and/or benefit changes, rates for this policy will not change during the initial 12 months following the policy effective date for initial covered persons and not more than once in any six month period following that initial 12 month period.
- We will provide at least 45 days' written notice of plan or premium changes.
- The exclusion for a loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply if a covered person is detained in a correctional facility and has not been adjudicated or convicted of a criminal offense.

## Maine
Policy Form GIFI-GAP-GRI-18

- We will provide at least 60 days' written notice of plan or premium changes.
- "Spouse" includes domestic partner.

## Maryland
Policy Form GIFI-GAP-GRI-19

- Maximum issue age is 60.
- We will provide at least 45 days' written notice of plan or premium changes.
- If the hospital's utilization review program requires an objective second opinion when a covered person is an inpatient in a hospital, we will pay the Second Opinion Benefit of $100 per day with a maximum of 1 per period of confinement.
- "Eligible child" is expanded to include a grandchild who is unmarried under 26 years of age, in your court-ordered custody, resides with you, and is your dependent.
- The following exclusions do not apply:
  - Participation in a riot; or commission or attempt to commit a felony.
  - A covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage.
- There is an exclusion for expenses of a prohibited referral, as required by Maryland laws and regulations.
- We will not pay benefits, as outlined in the policy, for a loss which manifests due to, results from, is caused or otherwise contributed to, or complications resulting from a preexisting condition, unless:
  - A covered person's preexisting condition was fully disclosed to us on your application for insurance under the policy; and
  - Coverage of the preexisting condition has not been excluded or limited by name or specific description on a signed waiver rider, attached to the policy.

  The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date under the policy.
- The Accidental Loss of Life, Limb, or Sight Benefit Rider applies to an injury within 90 days of an accident.

# State Variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

## Maryland, continued

- If a covered person is hospital confined on the date the covered person ceases to be insured under the policy, we will continue to pay benefits for the hospital confinement until the earlier of:
  - The date the covered person is discharged from the hospital; or
  - 12 months after the date the covered person ceases to be insured under the policy.

  However, no benefits are provided under the provision if the policy is terminated because of:
  - A request by you;
  - Fraud or material misrepresentation on your part; or
  - Your failure to pay the required premiums when due; or
  - Coverage is provided to a covered person by a succeeding health benefit plan that:
    - Is provided at a cost to a covered person that is less than or equal to the cost to the covered person of the extended benefit provided under the provision; and
    - Does not result in an interruption of benefits.

## Michigan

Policy Form GIFI-GAP-GRI-21

- The exclusions for the following do not apply:
  - For intentionally self-inflicted bodily harm.
  - For participation in a riot.
  - For a covered person being intoxicated as defined by applicable state law or under the influence of narcotics or controlled substances or taking over the counter drug other than as the recommended dosage.
- There is an exclusion for any illness or injury incurred as a result of the covered person's committing or attempting to commit a misdemeanor or felony, whether or not charged, or which a contributing cause was the covered person's being engaged in an illegal occupation or other willful criminal activity.

## Minnesota

Policy Form GIFI-GAP-GRI-22

"Eligible child" is expanded to include a grandchild who is financially dependent upon, and resides with, you or your spouse continuously from birth.

## Mississippi

Policy Form GIFI-GAP-GRI-23

- We will provide at least 75 days' written notice of plan or premium changes.
- The Misstatement of Age provision does not apply.

## Missouri

Policy Form GIFI-GAP-GRI-24

- The exclusion for any loss sustained while the covered person is incarcerated in any prison or other detention facility does not apply.

## Nebraska

Policy Form GIFI-GAP-GRI-26

- The exclusions related to racing or speed testing apply to organized racing.
- "Preexisting condition" means any illness, injury or condition:
  - For which medical advice, care or treatment was recommended to or received by a covered person within 6 months immediately preceding the covered person's effective date under the policy; or
  - For which any diagnostic procedure or screening was recommended to or received by the covered person within the 6 months immediately preceding the covered person's effective date under the policy that results in medical care or treatment after the covered person's effective date.

## Nevada

Policy Form GIFI-GAP-GRI-27

- We will provide at least 60 days' written notice of plan or premium changes.
- "Spouse" means the person to whom you are legally married or your domestic partner.
- The exclusion related to the covered person's commission or attempt to commit a felony applies only to a felony for which the covered person has been convicted. This exclusion does not apply if a covered person is the victim of domestic violence, regardless of whether the covered person contributed to any loss or injury.

# State Variations continued

**Please see below for state availability and applicable state-specific benefits, exclusions and limitations.**

## Nevada, continued

- The exclusion related to covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage does not apply.

## North Carolina

Policy Form GIFI-GAP-GRI-32

- Other than rate changes due to covered person changes and/or benefit changes, rates for this policy will not change during the initial 12 months following the policy effective date. and not more than once in any 12 month period following the initial 12 month period.
- We will provide at least 45 days' written notice of plan or premium changes.
- The exclusion for loss as a result of any act of declared or undeclared war does not apply to acts of terrorism.
- The exclusion for cosmetic treatment does not apply to congenital defects and anomalies.
- The exclusion for loss arising out of, or in the course of, employment for wage or profit if the covered person is insured or required to be insured by worker's compensation was replaced with the following: An occupational injury or illness which is paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer, or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- "Preexisting condition" means any illness, injury or condition for which medical advice, care or treatment was recommended or received within the 6 months immediately preceding the covered person's effective date; or any illness, injury or condition for which any diagnostic procedure or screening was recommended to or received by the covered person within the 6 months immediately preceding the covered person's effective date that results in medical care or treatment after the covered person's effective date. Preexisting conditions are covered under this policy 12 months after the effective date of coverage.

## Ohio

Policy Form GIFI-GAP-GRI-34

There are no state variations.

## Oklahoma

Policy Form GIFI-GAP-GRI-35

- The exclusion for act of war applies to : Any act of declared or undeclared war while serving in the military or naval service, or any auxiliary unit of the United States, including but not limited to:
  - Service as a member of a Regular or Reserve component of the U.S. Army, Air Force, Navy, Coast Guard, or Marine Corps;
  - Service as a commissioned office of the Public Health Service or National Oceanic and Atmospheric Administration; or
  - Military or naval service in an auxiliary military organization, including but not limited to the Coast Guard Auxiliary, the temporary Coast Guard Reserve, the Civilian Auxiliary to the Military Police or the Civil Air Patrol.
- The exclusion for intoxication is replaced with: A loss sustained while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor.
- The following exclusions do not apply:
  - For operating a taxi or passenger transportation.
  - For any injury sustained while participating, demonstrating, instructing, guiding, or accompanying others in certain activities (i.e. semi- and professional sports, parachuting, rodeo sports, etc) or any injury while paid to participate or instruct in certain activities (i.e. horseback riding, racing etc.)
- The exclusion for injuries sustained while operating, riding in or descending from any type of non-commercial aircraft applies to motorized or non-motorized aircraft and also includes jumping out of aircraft.

# State Variations continued

**Please see below for state availability and applicable state-specific benefits, exclusions and limitations.**

## Pennsylvania

Policy Form GIFI-GAP-GRI-37

- The exclusion for participation in a riot is specifically for injuries due to participating in a riot.
- In the exclusion for a loss incurred due to a covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances, the taking of over the counter drugs other than as the recommended dosage does not apply.
- The exclusion for cosmetic treatment does not apply when necessitated by a loss from a covered illness or injury.
- In the exclusion for any injury sustained while participating,demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth), “accompanying others” does not apply.

## Rhode Island

Policy Form GIFI-GAP-GRI-38

“Spouse” means the person to whom you are legally married or your partner in a civil union under Rhode Island Law.

## South Carolina

Policy Form GIFI-GAP-GRI-39

The exclusion for a covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage does not apply.

## Texas

Policy Form GIFI-GAP-GRI-42

- “Eligible child” is expanded to include a child for which you or your spouse are party to a suit seeking to adopt the child; or your or your spouse’s grandchild that is unmarried, less than 26 years of age, and is your or your spouse’s dependent for federal income tax purposes at the time of application.
- The following exclusions do not apply:
  - Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing or rock or mountain climbing.
  - Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).
  - Services performed by an immediate family member.
  - Any services rendered outside of the U.S., except for emergency treatment for a covered person.
- Dependent child on Accident Loss of Life, Limb or Sight Benefit Rider is covered from birth to 26 years.

## Tennessee

Policy Form GIFI-GAP-GRI-41

The exclusion for any loss related to an abortion does not apply if the life of the mother would be endangered if the fetus were carried to term or if the fetus is not viable.

## Utah

Policy Form GIFI-GAP-GRI-43

- We will provide at least 45 days’ written notice of plan or premium changes.
- “Eligible child” is expanded to include your child for whom you are required by a court or administrative order to provide medical coverage. An eligible child also includes a disabled eligible child, regardless of age. “Disabled eligible child” means an unmarried eligible child who is and continues to be:
  - Unable to engage in substantially gainful employment to the degree that the child can achieve economic independence due to a medically determined physical or mental impairment which can be expected to result in death, or which has lasted, or can be expected to last, for a continuous period of not less than 12 months; and
  - Chiefly dependent upon you for support and maintenance since the child reached the age of 26.

# State Variations continued

**Please see below for state availability and applicable state-specific benefits, exclusions and limitations.**

## Utah, continued

- The exclusion for participation in a riot applies only if it is voluntary.
- The exclusion for commission or attempt to commit a felony applies only if it is voluntary.
- The exclusion for a covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage applies only if the loss is a direct result of the covered person being found guilty of voluntarily participating in an illegal activity while being intoxicated or under the influence of narcotics or controlled substance.
- The exclusion does not apply for any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).

## West Virginia

Policy Form GIFI-GAP-GRI-47

There are no state variations.

## Wisconsin

Policy Form GIFI-GAP-GRI-48

We will notify you in writing at least 60 days in advance of a premium change.

## Wyoming

Policy Form GIFI-GAP-GRI-49

“Preexisting condition” means any illness, injury or condition:

- For which medical advice, care or treatment was recommended to or received by a covered person within 6 months immediately preceding the covered person’s effective date under the policy; or
- For which any diagnostic procedure or screening was recommended to or received by the covered person within the 6 months immediately preceding the covered person‘s effective date under the policy that results in medical care or treatment after the covered person’s effective date.
- We must receive notice of claim within 60 days of the date the loss began or as soon as reasonably possible.

Conditions Prior To Coverage (Applicable with or without the Conditional Receipt) Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by Golden Rule Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment.
3. The policy is: (a) issued by Golden Rule Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep this document. It has important information.

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UnitedHealthcare®
Golden Rule Insurance Co.

# HEALTH PLAN NOTICES 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.

## MEDICAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

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. We are required by law to abide by the terms of 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 condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as *www.uhone.com, www.myuhone.com, www.uhone4me.com, www.myallsavers.com, or www.myallsaversconnect.com.* We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and Federal standards, to protect against risks such as loss, destruction or misuse.

**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) in order to administer your rights as described in this notice; 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 for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose 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 activities related to providing and managing 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 also de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.
- **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 restrictions on its use and disclosure of the information in accordance with Federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose 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 to do so 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 you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks to a public health authority.
- **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 licensure, 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 or report a crime.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.

33638-X-201902 Products are either underwritten or administered by: All Savers Insurance Company, All Savers Life Insurance Company of California, Golden Rule Insurance Company, Oxford Health Insurance, Inc., UnitedHealthcare Insurance Company, and/or UnitedHealthcare Life Insurance Company.

- **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 that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets Federal 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 to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **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 and pursuant to Federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by Federal law.
- **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. Such laws may protect the following types of information: Alcohol and Substance Abuse, Biometric Information, Child or Adult Abuse or Neglect, including Sexual Assault, Communicable Diseases, Genetic Information, HIV/AIDS, Mental Health, Minors' Information, Prescriptions, Reproductive Health, and Sexually Transmitted Diseases.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by Federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under Federal law, without your written authorization. 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, call the phone number listed on your health plan 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. You also have the right 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 our policies, we are not required to agree to any restriction.**
- **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 PO 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. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any 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 we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below.
  If we deny your request, you may have a statement of your disagreement added to your health information.
- **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) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which 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. In addition, you may obtain a copy of this notice at our websites such as *www.uhone.com, www.myuhone.com, www.uhone4me.com, www.myallsavers.com, or www.myallsaversconnect.com.*
- **You have the right to be considered a protected person.** *(New Mexico only)* *A "protected person" is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) 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, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:
- Privacy Office, 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.

**MIB.** 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 not-for-profit 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 Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, *www.mib.com*.

## FINANCIAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

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 coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing 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.

**Disclosure of Information.** We do not disclose personal financial information about our insureds or former insureds 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.

**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.

**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.

**Questions About this Notice.** If you have any questions about this notice, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 1-800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).

The Notice of Privacy Practices, effective January 1, 2019, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company. To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

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