

Health ProtectorGuard

For Individuals and Families



This product provides limited benefits.

HEALTH PROTECTORGUARD IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. This coverage provides benefits in a stated amount regardless of the actual expenses incurred.

Golden Rule Insurance Company is the underwriter and administrator of these plans.

Policy Forms FIH1-GRI, -42, and other state variations

 **UnitedHealthcare[®]**
Golden Rule
Insurance Company

42661C1-G-1216 (includes: 42661-G-1216, 42661i-G-1216)



Health ProtectorGuard

The cost of medical care, especially a hospital stay, can add up quickly. Even if you have health insurance — deductibles, copays, and coinsurance can take a big bite out of your budget. Without insurance, your out-of-pocket costs can be even greater. Health ProtectorGuard can fill the gaps in your health coverage by providing cash to help pay for your deductible and non-covered expenses from a hospital stay, surgical services, ambulance, even labs and X-rays, regardless of your health insurance coverage.

With Health ProtectorGuard:

- › **Benefit payments are paid in a lump sum directly to you and can be used however you like. Save them, pay medical bills, or even use them to help cover living expenses like groceries, mortgage/rent, and child care.**
- › **You are not limited by provider networks.**
- › **You will be paid the same amount no matter what provider you choose to see.**
- › **There is no deductible or waiting period to meet prior to receiving benefit payments.**
- › **Coverage available for individual or entire family.**
- › **Guaranteed renewable to age 65 (see page 7 for details).**
- › **Lifetime maximum benefit: \$1,000,000 per covered person.**

Nearly 34 million patients are admitted to the hospital each year.¹ If you needed to stay in a hospital, would your finances be affected?

In 2014, personal health care expenditures in the U.S. totaled \$2.6 trillion—a 5.0% increase from 2013.

Expenditures for hospital care accounted for 37.9% of all personal health care expenditures in 2014.²

¹ American Hospital Association, Hospital Facts to Know, 2015.

² National Center for Health Statistics. Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities. Hyattsville, MD. 2016.



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. This brochure must be used in conjunction with the Health ProtectorGuard State Variations Insert 42661i-G.



How It Works

You select the hospital confinement benefit level to determine your base premium. We'll provide you with claim forms to complete and send in. You attach copies of your receipts for the items listed below and we issue you a check to use as you see fit. This coverage provides benefits in a stated amount for confinement in a hospital, regardless of the hospital expenses actually incurred by the insured, due to such confinement.

Health ProtectorGuard pays you:

Covered Benefits	Plan A	Plan B	Plan C	Calendar-year Maximum
Hospital Confinement (paid per 24 hours)	\$500 per day	\$1,000 per day	\$2,000 per day	180 days
Intensive Care Unit (ICU) Confinement (paid per 24 hours)	Add \$500 per day*	Add \$1,000 per day*	Add \$2,000 per day*	30 days
Hospital Emergency Room	\$200 per day			1 day

Ambulance

Air Ambulance	\$500 per day	2 days combined
Ground Ambulance	\$100 per day	

Outpatient/Office Visit

Doctor Office	\$50 per day	4 days
Urgent Care Center	\$100 per day	1 day

Outpatient Pharmacy

Brand Name Prescription Drug	\$25 per day	\$750 combined brand name and generic (If more than 1 prescription is filled on the same day, only 1 prescription benefit will be paid.)
Generic Prescription Drug	\$10 per day	

Outpatient Services

Laboratory	\$25 per day	\$500 combined outpatient services
Other Diagnostic Imaging (includes ultrasound, mammogram, CT, and MRI)	\$75 per day	
Physical, Occupational & Speech Therapy	\$25 per day	
X-ray	\$50 per day	

Surgical Services (per day actual surgery occurs)

Anesthesia Services	\$200 per day	2 days during which anesthesia is administered
Doctor Office Surgery	\$200 per day	2 surgery days (If more than 1 surgery takes place on the same day, only 1 surgery benefit will be paid.)
Inpatient Surgery	\$2,000 per day	
Outpatient Surgery	\$1,000 per day	

* If you are in ICU Confinement within the allotted 180 days of Hospital Confinement, you receive both the Hospital Confinement benefit and the ICU Confinement benefit up to the 30 day maximum. If the Hospital Confinement 180 day maximum is exhausted prior to an ICU stay, then you only receive the ICU Confinement benefit (not the additional Hospital Confinement benefit) up to the 30 day maximum.



Health ProtectorGuard Benefits

This product provides limited benefits. Health ProtectorGuard is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act.

Hospital Confinement

We will pay the Inpatient Hospital Confinement Benefit amount per covered person, for each day charged for hospital confinement as an inpatient under the orders of a doctor. Limited to 180 days per covered person, per calendar year.

Intensive Care Unit Confinement

We will pay the Intensive Care Unit Benefit for each day a covered person is charged for confinement in an intensive care unit as an inpatient under the orders of a doctor. Limited to 30 days per covered person, per calendar year.

Hospital Emergency Room

We will pay the Hospital Emergency Room Benefit amount, limited to once per covered person, per calendar year, for a charge for hospital emergency room care.

Ambulance

We will pay the Ambulance Benefit amount for each day a licensed professional ground or air ambulance service is used to transport a covered person to a hospital or emergency care facility due to an illness or injury.

The Ambulance Benefit is limited to:

- 2 days per covered person, per calendar year.
- Emergency transportation or transportation between hospitals during a period of hospital confinement.

Doctor Office

We will pay the Office Visit Benefit amount for each day a covered person is charged for an office visit rendered in a doctor's office while the covered person is not an inpatient. Limited to 4 days per covered person, per calendar year.

No benefits are payable for doctor office visits that relate solely to alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.

Urgent Care Center

We will pay the Urgent Care Center Benefit amount, limited to once per covered person, per calendar year, for urgent care received in an urgent care center.

Outpatient Pharmacy

We will pay the Outpatient Prescription Drug Benefit amount each day a covered person is charged for an outpatient prescription drug prescribed by a doctor and dispensed at a licensed pharmacy, while the covered person is not an inpatient. Limited to a maximum of \$750 combined for brand name and generic prescriptions per covered person, per calendar year.

If a covered person is charged for one or more prescription drugs on the same day, we will pay only one Outpatient Prescription Drug Benefit amount for that day. The amount payable will be the larger amount for that day.

"Prescription drug" means any medicinal substance whose label is required to bear the legend "Rx only."





Health ProtectorGuard Benefits

(continued)

Outpatient Services

We will pay one Outpatient Services Benefit amount for each day a covered person requires outpatient services, while the covered person is not an inpatient, and when prescribed by a doctor. Limited to a maximum of \$500 combined for all outpatient services per covered person, per calendar year.

Charges may include any of the following:

- **Laboratory Services:** We will pay one Laboratory Services Benefit amount for each day a covered person is charged for one or more laboratory services. If charges for the same laboratory service occur on different days (professional and technical), only one benefit amount will be payable.
- **Other Diagnostic Imaging Services:** We will pay one Other Diagnostic Imaging Services Benefit amount for each day a covered person is charged for one or more Diagnostic Imaging Services. Diagnostic Imaging Services include, but are not limited to, ultrasounds (other than relating to pregnancy), positron emission tomography (PET) scan, magnetic resonance imaging (MRI), computed axial tomography (CT) scan, bone density scans, and barium studies. If charges for the same diagnostic imaging service occur on different days (professional and technical), only one benefit amount will be payable.
- **Physical, Occupational, and Speech Language Therapy Services:** We will pay one Physical, Occupational, and Speech Language Therapy Services Benefit amount for each day a covered person is charged for one or more sessions of physical, occupational, and speech language therapy required.
Physical, Occupational, and Speech Language Therapy benefits are limited only to physical, occupational, and speech language therapy sessions that do not relate solely to alternative treatments, including acupuncture, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
- **X-ray Services:** We will pay one X-ray Services Benefit amount for each day a covered person is charged for one or more X-rays. X-ray services include, but are not limited to, testing for fractures. If charges for the same X-ray service occur on different days (professional and technical), only one benefit amount will be payable.

Surgical Services

We will pay one Surgical Services Benefit amount for each day a covered person requires surgery performed by a doctor due to an illness or injury. Limited to 2 surgery days per covered person, per calendar year. If multiple surgical procedures occur on the same day we will pay the larger Surgical Services Benefit amount for the surgery.

Charges may include any of the following:

- **Anesthesia Services:** We will pay one Anesthesia Services amount for each day a covered person is charged for administration of anesthesia during surgery. Anesthesia does not include topical anesthetic. Limited to 2 days during which anesthesia is administered.
- **Doctor Office Surgery:** We will pay one Doctor Office Surgery amount for each day a covered person is charged for surgical procedures in a doctor's office.
- **Inpatient Surgery:** We will pay one Inpatient Surgery amount for each day a covered person is charged for inpatient surgical procedures.
- **Outpatient Surgery:** We will pay one Outpatient Surgery amount for each day a covered person is charged for surgical procedures in an outpatient surgical facility or hospital, while not in a period of hospital confinement.



Other Details (all plans)

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

Exclusions and Limitations

The policy does not pay benefits for any loss caused by or resulting from:

- 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 (whether sane or insane); or participation in a riot or commission of a felony (whether or not charged).
- Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- A covered person being intoxicated, as defined by state law where the illness or injury occurred, or while under the influence of illegal narcotics or controlled substances unless administered or prescribed by a doctor or voluntary taking of any over-the-counter drug unless taken in accordance with the manufacturer's dosage
- Cosmetic treatment.
- Pregnancy or childbirth (except for complications of pregnancy).
- Hospital confinement that begins on a Friday or Saturday of an inpatient stay unless it is an emergency, or medically necessary inpatient surgery is scheduled for the day after the date of admission.
- 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, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- Injuries sustained while operating, riding in, or descending from any type of non-commercial aircraft 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.
- Routine well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.
- Services performed by an immediate family member.
- Services which would be provided without cost to you or your covered dependent in the absence of insurance covering the charge.
- Expenses/surcharges imposed on you or your covered dependent by a provider (including a hospital), but which are actually the responsibility of the provider to pay.
- Services or supplies that are not administered or ordered by a doctor, or are not medically necessary to the diagnosis or treatment of an illness or injury.
- Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Any loss related to the treatment of mental disorders, substance abuse, or for court ordered treatment programs for substance abuse.
- 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, unless a covered person sustains an injury, due to an accident, after the covered person's effective date, which results in:
 - Damage to his or her natural teeth (injury to the natural teeth will not include any injury as a result of chewing); and
 - The services resulting in the dental expense are received within 6 months of the accident or as part of a treatment plan which was prescribed by a doctor and was begun within 6 months of the accident.
- 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.

No benefits are payable for:

- Operating a taxi or any other livery services (passenger transportation) for wage, compensation, or profit.



Other Details (all plans, continued)

Eligibility and Renewability

At time of application, the primary insured and spouse must be between 18-64 years of age (drop off on 65th birthday) and dependent children 0-25 years of age (drop off on 26th birthday). The policy is renewable until both the primary insured and spouse have reached 65 years of age.

Misstatement of Age, Gender, or Tobacco Use

If the covered person's age, gender, or use of tobacco has been misstated on the covered person's application for coverage under the policy, any future premiums will be adjusted and past premiums will be refunded or owed to us based on the correct gender or tobacco status.

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 benefits under the policy for a loss which manifests due to, results from, is caused by, or contributed to a preexisting condition. The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date under the policy.

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

- For which medical advice, diagnosis, care, or treatment was recommended to or received by a covered person within 12 months immediately preceding the effective date the covered person became insured under the policy; or
- That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the applicable effective date the covered person became insured under the policy.

This Preexisting Conditions limitation does not affect our rights with respect to:

- Fraudulent misstatements made in an application.
- Material misstatements made in an application about a preexisting illness, injury, or condition if full knowledge of the illness, injury, or condition would have caused us to decline coverage to a person.

These rights are set forth in the policy.



Other Details, continued (all plans)

Premium Change

Premiums are subject to change. The age and gender of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. We will notify you in writing at least 31 days in advance of a premium change.

Proof of Loss

We must receive written proof of loss within 90 days of the date of loss or as soon as reasonably possible. Proof of loss furnished more than one year after the date written proof of loss is required to be submitted will not be accepted, unless a covered person had no legal capacity in that year.

Termination of Policy

Coverage will end for any covered person on the earliest of:

- The primary insured's 65th birthday. If the policy is other than a primary insured only plan, it may be continued after the primary insured's death or after the primary insured's 65th birthday:
 - By the spouse, if a covered person;
 - Otherwise, by an eligible child who is a covered person;
- Nonpayment of premiums when due, subject to the Grace Period provision in the policy;
- The date we receive a request from you to terminate the policy, or any later date stated in your request;
- The date there is fraud or a material misrepresentation made by or with the knowledge of a covered person in filing a claim for policy benefits; or
- The date of the primary insured's death.

Underwriting

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

HEALTH PLAN NOTICES OF PRIVACY PRACTICES MEDICAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2016)

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.myallsavers.com, or www.myallsaversmember.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.
- **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 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 restrictions 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.
- **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 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.
- **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. "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 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.myallsavers.com, or www.myallsaversmember.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, please call the toll-free 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 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, 2016)

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, please **call the toll-free phone number on your ID card.**

The Notice of Privacy Practices, effective January 1, 2016, 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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We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call 1-800-657-8205, TTY 711, 8 a.m. to 6 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-657-8205, TTY 711, 8 a.m. to 6 p.m. ET.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-800-657-8205.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-657-8205.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-800-657-8205。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-800-657-8205.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-657-8205 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga lib्रेng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-800-657-8205.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-800-657-8205.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-800-657-8205.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-800-657-8205.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-800-657-8205.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-800-657-8205.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-800-657-8205.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-800-657-8205.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-800-657-8205 an.

注意事項：日本語 (**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。1-800-657-8205にお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. 1-800-657-8205 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपा पर काल करें 1-800-657-8205

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-800-657-8205.

សំគាល់: បើអ្នកនិយាយ**ខ្មែរ(Khmer)** យើងផ្តល់សេវាជំនួយភាសាឥតគិតថ្លៃ ជូនអ្នក។ សូមទូរស័ព្ទ 1-800-657-8205

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-800-657-8205.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anida'awo'igíí, t'áá jíik'eh, bee ná'ahóót'i. T'áá shoodí kohjí' 1-800-657-8205 hodiilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-800-657-8205.

If you sign the Authorization for Electronic Funds Transfer (EFT) in the application, please keep this copy for your records.

I (we) hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated below.

I also authorize the named financial institution to debit the same to such account.

I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

053F-G-0816

Notice to applicant regarding replacement of accident and sickness insurance

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.

2. We recommend that you not terminate your present plan until you are certain that your coverage has been approved by Golden Rule Insurance Company.

Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the Company to deny a future claim and to void your coverage as though it has never been in force. 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.

Authorization to Obtain and Disclose Health Information

I authorize Golden Rule Insurance Company's (GRIC) New Business and Medical History Review departments to obtain health information that they need to underwrite or verify my application for insurance. Any health care provider, pharmacy benefit manager, consumer-reporting agency, MIB, Inc., formerly known as Medical Information Bureau (MIB), or insurance company having any information as to a diagnosis, the treatment, or prognosis of any physical or mental conditions about my family or me is authorized to give it to GRIC's New Business and Medical History Review departments. This includes information related to substance use or abuse.

I understand any existing or future requests I have made or may make to restrict my protected health information do not and will not apply to this authorization, unless I revoke this authorization.

GRIC may release this information about my family or me to the MIB or any member company for the purposes described in GRIC's Notice of Privacy Practices.

I (we) have received GRIC's Notice of Privacy Practices. This authorization shall remain valid for 30 months from the date below.

I (we) understand the following:

- A photocopy of this authorization is as valid as the original;
- I (we) or my (our) authorized representative may obtain a copy of this authorization by writing to GRIC;
- I (we) may request revocation of this authorization as described in GRIC's Notice of Privacy Practices;
- GRIC may condition enrollment in its health plan or eligibility for benefits on my (our) refusal to sign this authorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state privacy laws regulating health insurers.

I have retained a copy of this authorization.

052F-G-0816



Health ProtectorGuard State Variations

Please see below for state availability and applicable state-specific benefits, exclusions, and limitations. This insert must be used with the Health ProtectorGuard brochure (42661-G).

Alabama

- Misstatement of Gender or Tobacco use does not apply.
- In the Exclusion and Limitation for any injury incurred as a result of the covered person being intoxicated or under the influence of illegal narcotics or controlled substances, “administered or prescribed by a doctor” is replaced with: “administered on the advice of a doctor.”

Arizona

There are no state variations.

Arkansas

There are no state variations.

Delaware

There are no state variations.

Florida

- We will notify you in writing at least 45 days in advance of any change in premium.
- A dependent child includes an unmarried child who is under 31 years of age and not covered by any other health benefits plan.
- For Misstatement of Age, Gender or Tobacco Use, “any past premiums will be refunded or owed to us” does not apply.
- The Exclusion and Limitation for hospital confinement for the first Friday or Saturday of an inpatient stay that begins on one of those days, unless it is an emergency or medically necessary inpatient surgery is scheduled for the day after the date of admission does not apply.

Georgia

There are no state variations.

Indiana

An eligible child means under 26 years of age regardless of marital status.

Iowa

There are no state variations.

Kentucky

We must receive notice of claim within 60 days of the date the loss began or as soon as reasonably possible.

Louisiana

- The Outpatient Services Benefit for Physical, Occupational & Speech Language Therapy is expanded to include Chiropractic Therapy.
- In the Preexisting Conditions provision, “fraudulent misstatements” is changed to “intentional fraudulent misstatements.”
- We will not change your premium rates during the initial 12-month period following the effective date and not more than once in any 6-month period thereafter.

Louisiana (continued)

- In the Termination of Policy provision, “material misrepresentation” is changed to “intentional misrepresentation.”

Michigan

There are no state variations.

Mississippi

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

Missouri

- The Exclusion and Limitation for intentionally self-inflicted bodily harm does not apply if the covered person was insane.
- The Exclusion and Limitation for any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply.
- The preexisting condition limitation does not apply to an eligible child legally placed for adoption with you or your spouse.

Nebraska

- The Exclusion and Limitation for any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in racing or speed testing is revised to “organized” racing or speed testing.
- In the Preexisting Conditions provision, “that manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the applicable effective date the covered person became insured under the policy” does not apply.

North Carolina

- We will not change your premium rates during the initial 12-month period following the effective date and not more than once in any 12-month period thereafter.
- We will notify you in writing at least 45 days in advance of any change in premium.
- The Exclusion and Limitation for any loss caused by or resulting from “any act of declared or undeclared war” does not apply if for acts of terrorism.
- The Exclusion and Limitation for any loss caused by or resulting from “cosmetic treatment, including hospital confinement for such services” does not apply if for congenital defects and anomalies.
- Preexisting Conditions are covered under the policy 12 months after the effective date of coverage. Preexisting Conditions means those conditions for which medical advice, diagnosis, care or treatment was received or recommended within 12 months immediately preceding the effective date of the policy.

Health ProtectorGuard State Variations, continued

North Carolina (continued)

- Written proof of loss must be submitted within 180 days of the date of loss or as soon as reasonably possible.

Ohio

There are no state variations.

Oklahoma

- The Exclusion and Limitation for any act of war and active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve is replaced with: “Any act of declared or undeclared war while serving in the military or naval service, or any auxiliary unit of the U.S., 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 officer of the Public Health Service or National Oceanic and Atmosphere 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 and Limitation for a covered person being intoxicated, as defined by state law where the illness or injury occurred, or while under the influence of illegal narcotics or controlled substances unless administered or prescribed by a doctor is replaced with: “A loss sustained while under the influence of illegal narcotics or controlled substances unless administered or prescribed by a doctor.”
- The following exclusions do not apply:
 - Operating a taxi or any other livery services (passenger transportation) for wage, compensation, or profit.
 - 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, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- The Exclusion and Limitation for any loss caused by or resulting from any injury sustained while performing the duties of any type of non-commercial aircraft crew member is expanded to also exclude jumping out from any type of non-commercial aircraft. The reference to a non-commercial aircraft can be motorized or non-motorized.

South Carolina

There are no state variations.

Tennessee

There are no state variations.

Texas

- 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, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (60 or more feet in depth).
 - Injuries sustained while operating, riding in, or descending from any type of non-commercial aircraft, 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.
 - Any services rendered outside of the U.S., except for emergency treatment for a covered person.

West Virginia

There are no state variations.

Wisconsin

- In the Preexisting Conditions provision, “an illness, injury, or condition” is changed to “an illness, injury, or condition misrepresented, or not fully disclosed on the application.”
- We will notify you in writing at least 60 days in advance of any change in premium.

