

# Critical Illness Insurance

## Pays You Cash For A Qualifying Critical Illness



**Read this brochure carefully. This is a limited benefits policy. It pays for benefits for critical illnesses only and does not provide coverage for any other medical conditions. You should maintain separate comprehensive health coverage.**

Golden Rule Insurance Company is the underwriter of these plans.

Policy Forms: GRI-CI1, GRI-CI1-36, GRI-CI1-42, GRI-CI1-49, and other state specific variations

 **UnitedHealthcare<sup>®</sup>**  
Golden Rule  
Insurance Company

40198C1CA-G-0921 (includes: 40198-G-0921, 40198iCA-G-0621)

# Why choose us for Critical Illness insurance?



## Strength & Experience

UnitedHealthcare provides 26 million Americans access to medical services.<sup>1</sup> Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter 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 (GRIC) is rated “A” (Excellent) by A.M. Best.<sup>2</sup> 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.

<sup>1</sup> UnitedHealth Group Form 10-K for year ended 12/31/20.

<sup>2</sup> As of 12/18/20. For the latest rating, access [www.ambest.com](http://www.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. This brochure must be used in conjunction with the Critical Illness State Variations Inserts (40198i-G or 40198iCA-G).



## Critical Illness Insurance

**A critical illness insurance plan can pay you cash for a qualifying serious illness.**

You can use the cash however you want — for bills, living expenses, out-of-pocket medical costs, and more. So you'll be able to focus on treatment and recovery.

### Can you afford a major illness?

Critical Illness coverage can be that rainy day fund. You hope you never need it but are glad you have it, if the time comes.

### Focus on recovering instead of bills.

Lost income ought to be the least of your worries when you suffer serious illness or injury. Instead, your sole priority should be a speedy recovery. But the unfortunate reality is that your monthly bills must be paid, even if you're unable to work.

Health insurance helps offset the high cost of hospitalization, but it doesn't cover all out-of-pocket medical bills, let alone personal expenses like your mortgage, your car payment or your groceries. A medical crisis can cut into your savings.

**Critical Illness insurance policies help you focus on your recovery, not missed paychecks, by paying out cash for any qualifying serious illness.**

**See page 11 for Top Critical Illness Insurance Questions.**



### The Impact of Lost Income

One-fourth of adults skipped necessary medical care in 2018 because they were unable to afford the cost.<sup>1</sup> A serious illness that keeps you or your spouse from working can add to that financial burden. In 2019, there will be an estimated 1,762,450 new cancer cases diagnosed and 606,880 cancer deaths in the US.<sup>2</sup> Critical Illness insurance can help provide a financial cushion to help through a time of need and recovery.

<sup>1</sup> [Report on the Economic Well-Being of U.S. Households in 2018](#), May 2019

<sup>2</sup> [Cancer Facts & Figures 2019](#), American Cancer Society

# Critical Illness Insurance

## Benefits

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

## Coverage Amount

<b>Maximum Lifetime Benefit</b> – You select the coverage amount:	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
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## Waiting Period

**First diagnosis must be made at least 30 days AFTER your effective date.**

Critical Illness Diagnosed (as defined in the policy)	We pay:	Percentage of Lifetime Benefit Amount to be Paid (lump sum only payment)	
Heart Attack or Stroke	We pay:	100%	
Life-Threatening Cancer <sup>1</sup>	We pay:	10% if diagnosed within 30-90 days after effective date	100% if diagnosed more than 90 days after effective date
Loss Of: – Hearing, Speech or Vision <sup>2</sup>	We pay:	100%	
Major Transplant	We pay:	100%	
Paralysis – Quadriplegia, Paraplegia or Hemiplegia	We pay:	100%	
Coma	We pay:	100%	
Renal (Kidney) Failure	We pay:	100%	
Non-Invasive Cancer (cancer that hasn't spread)	We pay:	25%	
Coronary Artery Bypass Graft	We pay:	25%	

## Reduction Schedule

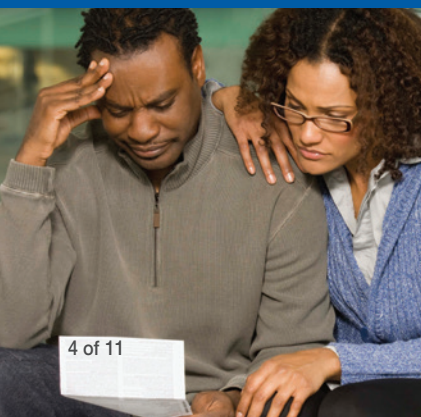
**When a covered person reaches age 65, the Maximum Lifetime Benefit amount then in force for that covered person will automatically be reduced by 50%.**

## Tax-Favored Benefits

**Cash can be used for out-of-pocket medical costs, bills, travel for treatment, and more.**  
Consult your tax advisor; restrictions may apply.

<sup>1</sup> Life-Threatening Cancer is called Invasive Cancer in NH.

<sup>2</sup> NH does not have Loss of: - Hearing, Speech or Vision benefit.



### Who needs critical illness insurance?

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

# Provisions that apply to all critical illness insurance plans

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

**Our Critical Illness plan is a supplemental insurance plan and it is not intended to be a substitute for hospital or medical expense insurance, health care service plans, or major medical expense insurance.**

**The purchase of a Critical Illness plan is not contingent upon purchasing or having any individual or group health insurance product.**

## Benefits

### Amount Payable

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

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

### Diagnosis Requirements

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

### Maximum Lifetime Benefit Amount

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

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

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

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

# Provisions that apply to all critical illness insurance plans, continued

## Preexisting Condition Limitation

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

A “preexisting condition” means any illness or injury for which a covered person: (1) received any diagnosis, medical advice or treatment, or had taken any prescription medications during the 24 months immediately preceding the effective date of the covered person’s coverage under the policy; or (2) manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the effective date of the policy.

## Exclusions

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

1. A Critical Illness for which a covered person’s date of diagnosis occurs before satisfaction of a covered person’s Critical Illness waiting period.
2. Diagnosis of a Critical Illness while this policy is not in force.
3. Attempted suicide or intentionally self-inflicted injury or illness while sane or insane if committed during the first 24 months of coverage under this policy.
4. Driving a motorized vehicle or operating any machinery while legally intoxicated from alcohol, or driving a motorized vehicle or operating any machinery while under the influence of drugs unless taken as prescribed by a physician and provided there is no warning against driving while under the influence of that drug as recommended by a pharmacist, a physician or indicated on the prescription drug label instructions.
5. Voluntarily taking any sedative or drug, or inhalation of any gas, unless taken or inhaled as your physician prescribes or administers it.
6. Committing or attempting to commit a civil or criminal felony or misdemeanor.
7. Service in the armed forces of any country, including non-military units supporting such forces.
8. Engaging in an illegal occupation.
9. Participating in a riot, rebellion or insurrection. Participating means you are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law.
10. Mental and/or physical manifestations of symptoms due to an underlying mental disorder defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
11. Injury or illness caused by an act of declared or undeclared war.
12. Any injury or illness sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
13. Voluntary taking of any over-the-counter drugs unless taken as recommended by the manufacturer.
14. Participation in hazardous activities including but not limited to rock climbing or mountaineering, bungee jumping, skydiving, parachuting, hang gliding, scuba diving, extreme sports, or racing any type of vehicle in an organized event.
15. Any services performed by a member of a covered person’s immediate family.
16. Any services performed by a health care provider.
17. Coma due to alcohol or drug misuse or medically induced as part of a treatment plan is not covered.

## Additional Limitations

1. Benefits are limited to one coronary artery bypass graft per covered person under the policy.
2. Life threatening cancer benefits are payable one time per covered person under the policy.

# Provisions that apply to all critical illness insurance plans, continued

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

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

## **Eligibility and Renewability**

The primary insured and spouse must be 18-59 at time of application. The policy is guaranteed renewable until the primary insured's 70th birthday as long as premiums are paid when they are due. When a covered person reaches age 65, the Maximum Lifetime Benefit amount in force for that person will automatically be reduced by 50%.

## **Termination**

All coverage under this policy will automatically stop on the earliest of the date: (1) we receive your written request to terminate coverage under this policy; (2) the full Maximum Lifetime Benefit amount for both you and your spouse is paid; or (3) the primary insured's attainment of age 70.

A covered person's coverage will automatically stop on the earliest of the date: (1) of the covered person's death; (2) when the full Maximum Lifetime Benefit amount is paid for the covered person; or (3) at the end of the grace period for which premium was due and remains unpaid.

## **Change of Premium**

Premiums are subject to change. From time to time, we may change the rate table used for this policy form.

The age of the covered persons, type and level of benefits, and place of residence on the policy effective date are some of the factors that could be used in determining your premium rates. We will notify you in writing at least 30 days in advance of a premium change.

## **Misstatement of Age**

If a covered person's age has been misstated, benefits will be paid based on the amount of premium paid for the true and correct age. If we would not have provided coverage for a covered person at the time of application based on his or her correct age, we will refund the excess of any premiums paid for that person less any benefits previously paid for that person.

## **Underwriting**

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

# 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 and 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](http://www.uhone.com), [www.myuhone.com](http://www.myuhone.com), [www.uhone4me.com](http://www.uhone4me.com), [www.myallsavers.com](http://www.myallsavers.com), or [www.myallsaversconnect.com](http://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.
- **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.
- **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 P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. 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](http://www.uhone.com), [www.myuhone.com](http://www.myuhone.com), [www.uhone4me.com](http://www.uhone4me.com), [www.myallsavers.com](http://www.myallsavers.com), or [www.myallsaversconnect.com](http://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, please call the toll-free phone number on your health plan 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

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.

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](http://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 Insurance Company members call us at 1-800-657-8205 (TTY 711). For All Savers Insurance Company members, call us at 1-800-291-2634 (TTY 711).

The Financial Information Privacy Notice, 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.

# Top Critical Illness Insurance Questions

## What is a Critical Illness Benefit?

Often referred to as living benefits, critical illness benefits help protect individuals and families from financial impact if they become critically ill.

## How does it work?

If you are diagnosed with one of 14 covered critical illnesses, you may receive a lump sum payment to help pay for expenses from daily living expenses to medical bills.

## Is there a waiting period?

The first diagnosis of a critical illness must be made at least 30 days after your policy's effective date to be covered. Pre-existing conditions are not covered.

## What amount of coverage can I get?

For Critical Illness insurance, the amount of cash you may receive depends on your plan. When you apply for one of our plans, you can select a maximum lifetime benefit amount between \$10,000 – \$50,000.

## Is the benefit taxable?

Usually, money received from Critical Illness insurance is not taxable. Consult with your tax advisor for possible restrictions.

## What can I use the cash benefit for?

When suffering from a qualifying serious illness, medical bills can begin to add up fast and sometimes it is even difficult to continue working regularly. The primary benefit of our Critical Illness plan is that you can use the cash payment for whatever expenses come up. This could include:

- Mortgage or rent payments
- Out-of-pocket medical costs
- Living expenses like groceries
- Prescriptions
- Treatment with a specialist
- Transportation
- Experimental treatment



## California Variations to the Critical Illness Insurance Brochure

Please review the information provided on these two pages, which summarizes the major variations in coverage by California from those described in the brochure. This insert must be used with our critical illness brochure for individual coverage (40198-G). This is not a Medicare Supplement Policy.

- The ratio of incurred claims to earned premiums (loss-ratio) for total accident and health for Golden Rule Insurance Company in all states in 2020 was 58.9%.
- This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.
- The purchase of a Critical Illness plan is contingent upon purchasing or having any individual or group health insurance product.
- “Spouse” includes domestic partner.
- Critical Illness Diagnosis Requirements are replaced with: We reserve the right to have any diagnosis of a critical illness reviewed by a doctor of our choice.
- The term “Life Threatening Cancer” is replaced with Invasive Cancer wherever it appears.
- Limitations and Exclusions:
  - Intentionally self-inflicted injury or illness does not apply.
  - Driving a motorized vehicle or operating machinery while intoxicated or under the influence of drugs does not apply.
  - Voluntarily taking any sedative or drug, or inhalation of any gas, unless taken or inhaled as your physician prescribes or administers it is replaced with: Voluntarily taking any controlled substance or intoxicant, unless taken as your physician prescribes or administers it.
  - Committing or attempting to commit a misdemeanor does not apply.
  - Participating in a rebellion does not apply.
  - Mental and/or physical manifestations of symptoms due to an underlying mental disorder does not apply.
  - Voluntary taking of any over-the-counter drugs unless taken as recommended by the manufacturer does not apply.
  - The Exclusion and limitation regarding avocations is changed to: Participation in the following activities: rock climbing or mountaineering, bungee jumping, skydiving, parachuting, hang gliding, scuba diving, extreme sports, or racing of any type of vehicle in an organized event.
- A “preexisting condition” means any illness or injury for which a covered person received any diagnosis, medical advice or treatment or had taken any prescription medications during the 24 months immediately preceding the effective date of the covered person’s coverage under the policy or had apparent evidence of disease or disorder which would cause an average person to seek diagnosis or treatment within the 12 months immediately preceding the effective date of this policy.
- Under the Guaranteed Renewability section – You may keep this policy in force until the next premium due date following the primary insured’s 70th birthday, as long as premiums are paid when they are due. If the policy is issued after the primary insured’s 44th birthday, we will not make any unilateral changes to the policy provisions for the first five years following the effective date. However, we may refuse renewal if there is intentional fraud or a material misrepresentation made by or with the knowledge of a covered person in filing a claim for policy benefits.

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