



Oregon Health ProtectorGuard

Hospital & Doctor Fixed Indemnity Insurance

*Predictable 1st dollar benefits
for doctor care, hospital stays, and more*

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

Golden Rule Insurance Company is the underwriter of these insurance plans.

Policy Forms HPG2-GRI-36



UnitedHealthcare®
Golden Rule Insurance Co.

Health ProtectorGuard offers coverage with simple, straight-forward benefits for doctor visits, hospital stays and more. Design your coverage by selecting one of six insurance plans to fit your needs and budget.



Key features of these insurance plans:

- Choose any licensed doctor or hospital in the country.
- There is no lifetime maximum benefit.
- **No coordination with other forms of insurance, which means you're paid a fixed amount for a covered service regardless of when or how other health insurance you may have pays the claim.**

Save using MultiPlan's nationwide network

Health ProtectorGuard benefits are paid the same, regardless of which licensed providers you use.

You can save with discounts available through the MultiPlan Limited Benefit Plan Network. MultiPlan offers access to 4,670 hospitals and 900,000 healthcare professionals* Network providers have agreed to offer discounts on covered services which are reflected in your final bill. (Discounts for non-covered services are at the provider's discretion.) Discounted costs for services mean you may be able to reduce your out-of-pocket costs for medical services.

If you have a major medical plan, you may need to stay with certain networks and providers to get the most coverage out of that plan. Be sure to take that into consideration.

* Reference: MultiPlan Network Composition Summary, May 2020

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.



How to receive benefits:

- **In order for the MultiPlan Network for Limited Benefit Plans discounts to apply, benefits must be paid directly to the provider. Ask your provider for the assignment of benefits form.**
- Claims for covered services are submitted by the provider who is then paid by the insurance plan. If the payment is less than the claim amount, you pay the difference to the provider. If the payment is more than the claim amount, after the provider is paid, the remaining benefit is paid to you by check.
- Alternatively, you may submit a claim form for covered services you have paid, and we will reimburse you directly.

Note: A MultiPlan network flat fee of \$3.25 per policy is charged per month. It is collected each month that the policy is in force and there is no pro-rating for a partial month. This fee is in addition to the premium you pay for the insurance plan.

Find Your Doctor

Visit multiplan.com/HealthProtectorGuard to see if your doctor is a part of the MultiPlan Network for Limited Benefit Plans. MultiPlan's network is not insurance. It is a discount program only.





**HEALTH PROTECTORGUARD PLANS
PAY BENEFITS FOR THESE ELIGIBLE
COMPREHENSIVE MEDICAL SERVICES:**



Choice Value Choice Plus Select Value Primary Preferred Select Preferred Premier Plus

HOSPITAL SERVICES								
Inpatient Hospital Confinement (unlimited)	We pay:	\$1,000 per day	\$2,000 per day	\$3,000 per day	\$4,000 per day	\$5,000 per day	\$5,000 per day	
Increasing Injury Reimbursement (unlimited) Inpatient Hospitalization Benefits increase 25% each year, years 2-5, for injury-related hospital stays.	Year 2	We pay:	\$1,250 per day	\$2,500 per day	\$3,750 per day	\$5,000 per day	\$6,250 per day	\$6,250 per day
	Year 3		\$1,500 per day	\$3,000 per day	\$4,500 per day	\$6,000 per day	\$7,500 per day	\$7,500 per day
	Year 4		\$1,750 per day	\$3,500 per day	\$5,250 per day	\$7,000 per day	\$8,750 per day	\$8,750 per day
	Year 5		\$2,000 per day	\$4,000 per day	\$6,000 per day	\$8,000 per day	\$10,000 per day	\$10,000 per day
Inpatient Hospital Intensive Care Unit (ICU) or Critical Care Unit (CCU) (maximum per confinement)	We pay:	\$2,000 per day (31 days)	\$4,000 per day (31 days)	\$6,000 per day (31 days)	\$2,000 per day (60 days)	\$2,000 per day (60 days)	\$10,000 per day (31 days)	
ICU/CCU benefit amounts are in addition to Inpatient Hospital Confinement benefits.								
Inpatient Physician Visits (maximum during Inpatient Hospital Confinement)	We pay:	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (2 visits per day)	
Emergency Room (maximum per calendar-year)	We pay:	\$200 per day (2 days)	\$200 per day (2 days)	\$300 per day (2 days)	\$300 per day (3 days)	\$300 per day (3 days)	\$500 per day (2 days)	
Ambulance-Ground or Water (maximum per calendar-year)	We pay:	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$1,000 per trip (1 trip)	
Ambulance-Air (maximum per calendar-year)	We pay:	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	

SURGICAL SERVICES								
Outpatient Facility Fee (maximum per calendar-year)	We pay:	\$500 per day (2 days)	\$500 per day (2 days)	\$1,000 per day (2 days)	\$500 per day (3 days)	\$500 per day (3 days)	\$1,000 per day (3 days)	
Surgeon: 4-Tier Surgical Schedule (unlimited days per calendar-year)¹	Tier 1	We pay:	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Tier 2		\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
	Tier 3		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
	Tier 4		\$500	\$500	\$500	\$500	\$500	\$500
Assistant Surgeon - Surgical Schedule Tiers 1 & 2 only (per day)	We pay:	20% of surgeon benefit schedule above						
Anesthesiologist (per day)	We pay:	30% of surgeon benefit schedule above						

¹ If more than one surgery in any given day, the largest benefit amount is paid.

Services received for injuries are eligible for coverage as of your client's plan effective date; services received due to illnesses are eligible for coverage beginning on the 6th day following the effective date. Preexisting conditions apply. See page 12 for details.





**HEALTH PROTECTORGUARD PLANS
PAY BENEFITS FOR THESE ELIGIBLE
DAY-TO-DAY MEDICAL SERVICES:**



Choice Value Choice Plus Select Value Primary Preferred Select Preferred Premier Plus

DOCTOR VISITS							
Office Visits/Urgent Care Visits for Injury or Illness: Benefit per visit (maximum per calendar-year)	We pay:	\$100 (2 visits)	\$100 (2 visits)	\$100 (5 visits)	\$100 (10 visits)	\$100 (10 visits)	\$100 (5 visits)
		See rollover benefit details on page 7.					
Second Surgical Opinion (maximum per calendar-year)	We pay:	\$250 (1 day)	\$250 (1 day)	\$500 (1 day)	\$500 (1 day)	\$500 (1 day)	\$500 (1 day)

WELLNESS/PREVENTIVE							
Wellness/Preventive Care Visit (maximum per calendar-year after initial 6-month waiting period)	We pay:	\$100 (1 day)	\$100 (1 day)	\$200 (1 day)	\$250 (1 day)	\$250 (1 day)	\$250 (1 day)

PHARMACY SERVICES							
Prescription Drugs (Per Rx fill)	We pay:	Discount Card only	Generic: \$20 Brand: \$40	Discount Card only	Generic: \$10 Brand: \$40	Generic: \$10 Brand: \$40	Generic: \$20 Brand: \$40
Maximum Rx Fills Per calendar-year (Combined Brand and Generic)		N/A	12	N/A	12	12	12

OUTPATIENT SERVICES							
Outpatient Lab/X-ray - Non-preventive/Non-routine: Benefit per test (maximum per calendar-year)	We pay:	\$200 (1 test)	\$200 (1 test)	\$300 (1 test)	\$100 (3 tests)	\$100 (3 tests)	\$300 (1 test)
Outpatient Diagnostic Imaging Services: Benefit per test (maximum per calendar-year)	We pay:	\$500 (1 test)	\$500 (1 test)	\$500 (1 test)	\$500 (1 test)	\$500 (1 test)	\$1,000 (1 test)
Oral Chemotherapy: Benefit per month (maximum per calendar-year)	We pay:	\$1,000 (3 months)	\$1,000 (3 months)	\$1,000 (3 months)	\$1,000 (3 months)	\$1,000 (3 months)	\$2,000 (6 months)
Outpatient Chemotherapy and Radiation - Non-Oral: Benefit per day (maximum per calendar-year)	We pay:	\$1,000 (40 days)	\$1,000 (40 days)	\$1,000 (40 days)	\$500 (20 days)	\$500 (20 days)	\$2,000 (60 days)

Services received for injuries are eligible for coverage as of your client's plan effective date; services received due to illnesses are eligible for coverage beginning on the 6th day following the effective date. Preexisting conditions apply. See page 12 for details.





Hospital Services

- All insurance plan options offer benefits for unlimited days of confinement for inpatient hospital stays.
- The ICU benefit pays while confined in the intensive care unit or critical care unit of a hospital and is paid in addition to the inpatient hospital confinement benefit. See below for maximum days per confinement.

Why Health ProtectorGuard?

You and your family can apply for coverage at any time of the year since Health ProtectorGuard is not subject to open enrollment periods.

Hospital & Ambulance Benefits		Choice Value	Choice Plus	Select Value	Primary Preferred	Select Preferred	Premier Plus
Inpatient Hospital Confinement (unlimited)	We pay:	\$1,000 per day	\$2,000 per day	\$3,000 per day	\$4,000 per day	\$5,000 per day	\$5,000 per day
Increasing Injury Reimbursement (unlimited) Inpatient Hospitalization Benefits increase 25% each year, years 2-5, for injury-related hospital stays.	Year 2	\$1,250 per day	\$2,500 per day	\$3,750 per day	\$5,000 per day	\$6,250 per day	\$6,250 per day
	Year 3	\$1,500 per day	\$3,000 per day	\$4,500 per day	\$6,000 per day	\$7,500 per day	\$7,500 per day
	Year 4	\$1,750 per day	\$3,500 per day	\$5,250 per day	\$7,000 per day	\$8,750 per day	\$8,750 per day
	Year 5	\$2,000 per day	\$4,000 per day	\$6,000 per day	\$8,000 per day	\$10,000 per day	\$10,000 per day
Inpatient Hospital Intensive Care Unit (ICU) or Critical Care Unit (CCU) (maximum per confinement)	We pay:	\$2,000 per day (31 days)	\$4,000 per day (31 days)	\$6,000 per day (31 days)	\$2,000 per day (60 days)	\$2,000 per day (60 days)	\$10,000 per day (31 days)
	ICU/CCU benefit amounts are in addition to Inpatient Hospital Confinement benefits.						
Inpatient Physician Visits (maximum during Inpatient Hospital Confinement)	We pay:	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (1 visit per day)	\$100 per visit (2 visits per day)
Emergency Room (maximum per calendar-year)	We pay:	\$200 per day (2 days)	\$200 per day (2 days)	\$300 per day (2 days)	\$300 per day (3 days)	\$300 per day (3 days)	\$500 per day (2 days)
Ambulance-Ground or Water (maximum per calendar-year)	We pay:	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$500 per trip (1 trip)	\$1,000 per trip (1 trip)
Ambulance-Air (maximum per calendar-year)	We pay:	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)	\$5,000 per trip (1 trip)

Increasing Injury Reimbursement

For each year you renew your insurance plan, your inpatient hospital confinement benefit, specifically related to injuries, will increase. This means if anyone covered by the policy has a hospital stay related to an injury the hospital confinement benefit is **replaced** with the “Increasing Injury Reimbursement” benefit earned starting year 2 of your insurance plan. The benefit does not compound from policy year to year. (This increase does not apply to Inpatient Reimbursement related to sickness.)

If the effective date of coverage is prior to July 1, then the Second Year of coverage will begin on the following January 1. If the effective date is on or after July 1, the Second Year will begin January 1 following 12 consecutive months of coverage. Subsequent years after the Second Year will begin the following January 1.





Surgical Services

- Surgeon benefits apply whether surgery is performed in a hospital, an outpatient surgical facility, or a doctor's office/clinic.
- All insurance plans have unlimited days of surgical benefits.
- Anesthesiologist benefits are paid each day anesthesia is administered for inpatient or outpatient surgery.

Why Health ProtectorGuard?

Designed to offer simple, straight-forward benefits, the Health ProtectorGuard insurance plan you choose will pay the eligible fixed-benefit amount, regardless of the amount charged by providers.

Surgical Benefits			Choice Value	Choice Plus	Select Value	Primary Preferred	Select Preferred	Premier Plus
Outpatient Facility Fee (maximum per calendar-year)		We pay:	\$500 per day (2 days)	\$500 per day (2 days)	\$1,000 per day (2 days)	\$500 per day (3 days)	\$500 per day (3 days)	\$1,000 per day (3 days)
Surgeon: 4-Tier Surgical Schedule (unlimited days per calendar-year)¹	Tier 1	We pay:	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Tier 2		\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
	Tier 3		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
	Tier 4		\$500	\$500	\$500	\$500	\$500	\$500
Assistant Surgeon - Surgical Schedule Tiers 1 & 2 only (per day)²		We pay:	20% of surgeon benefit schedule above					
Anesthesiologist (per day)		We pay:	30% of surgeon benefit schedule above					

¹ If more than one surgery in any given day, the highest tiered amount is paid. Surgeries are unlimited per calendar year, but only 1 surgeon benefit per day is paid.

² The assistant surgeon benefit is paid for covered surgical services rendered by an assistant surgeon or by a licensed surgical assistant who is performing duties within the scope of his or her license. The benefit is paid per surgery in conjunction with the Surgeon benefit.

4-Tier Surgical Schedule (based on surgery type)

Tier 1 Extreme Listed Conditions: Significant, non-diagnostic, invasive surgical procedures requiring general anesthesia and open incision. Procedures include open heart surgery (including bypass), major organ transplant, and brain surgery.

Tier 2 Major Listed Conditions: Non-diagnostic, open incision, surgical procedures requiring general anesthesia. Procedures may include knee replacement, hip replacement, rotator cuff repair, and major organ removal or repair performed on organ within chest, abdomen or pelvic cavity that is not included in Tier 1.

Tier 3 Non-Major Listed Conditions: Surgical procedures requiring general anesthesia or conscious sedation such as colonoscopy, removal of tonsils or adenoids, stent placement, insertion of pacemaker, balloon angioplasty, heart catheterization and laparoscopic hernia repair.

Tier 4 Local/Minor Listed Conditions: Surgical procedures requiring local or regional anesthesia such as emergency C-sections and closed treatment of a fracture or dislocation.





Doctor Visits

- Regardless of the charge for your doctor visit we pay the set amounts below for eligible services.
- Urgent Care is provided at a medical facility providing immediate, non-routine urgent care for an injury or illness treated on a walk-in basis.

Why Health ProtectorGuard?

You have the freedom to choose a licensed doctor or hospital in the United States for your care. When you choose a provider in the MultiPlan Network for Limited Benefit Plans and assign your benefits, you will benefit from discounts on the services provided.

Doctor Visits		Choice Value	Choice Plus	Select Value	Primary Preferred	Select Preferred	Premier Plus
Office Visits/Urgent Care Visits for Injury or Illness: Benefit per visit (maximum per calendar-year)	We pay:	\$100 (2 visits)	\$100 (2 visits)	\$100 (5 visits)	\$100 (10 visits)	\$100 (10 visits)	\$100 (5 visits)
	See rollover benefit details below.						
Second Surgical Opinion (maximum per calendar-year)	We pay:	\$250 (1 day)	\$250 (1 day)	\$500 (1 day)	\$500 (1 day)	\$500 (1 day)	\$500 (1 day)

Rollover Benefit

If you can rollover your unused data, why not your doctor visits too? This unique benefit allows you to rollover any unused doctor office (illness or injury) or urgent care visits remaining at the end of a calendar year to the next calendar year. A maximum of 5 visits are allowed to rollover.

If the effective date of coverage is prior to July 1, then any eligible unused visits may rollover on the following January 1. If the effective date is on or after July 1, then unused visits cannot begin accruing until January 1 following 12 consecutive months of coverage.





Wellness/Preventive Care

- Regardless of the charge for your doctor visit we pay the set amount below.
- A Wellness/Preventive care visit is eligible after a 6-month waiting period.

Why Health ProtectorGuard?

These insurance plans are guaranteed renewable to age 65. You and your family cannot be singled out for a rate increase or cancellation based on changes to your health alone. See page 12 for more details.

Wellness/Preventive Care Benefit		Choice Value	Choice Plus	Select Value	Primary Preferred	Select Preferred	Premier Plus
Wellness/Preventive Care Day (maximum per calendar-year after initial 6-month waiting period)	We pay:	\$100 (1 day)	\$100 (1 day)	\$200 (1 day)	\$250 (1 day)	\$250 (1 day)	\$250 (1 day)

According to HealthPeople.gov, a site managed by the U.S. Department of Health and Human Services, “Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing death and disability and improving the Nation’s health.”

– Clinical Preventive Services: Overview & Impact,” 2020 Leading Health Indicator Topics, HealthPeople.gov. Accessed June 24, 2021.

Wellness/Preventive Care

A Wellness/Preventive care visit is eligible after a 6-month waiting period.

Services eligible under this benefit may include the following: annual physicals, immunizations (other than a flu shot), mammograms, and blood screenings.





Pharmacy Services

- Name Brand and Generic medication benefits on select insurance plans.
- A Prescription Drug Discount Card is included with all insurance plans.

Why Health ProtectorGuard?

Golden Rule Insurance Company is rated “A” (Excellent) by A.M. Best, a widely recognized rating agency that rates insurance companies on their relative financial strength and stability. (12/18/20) For the latest rating, access www.ambest.com.

Pharmacy Services		Choice Value	Choice Plus	Select Value	Primary Preferred	Select Preferred	Premier Plus
Prescription Drugs (Per Rx fill)	We pay:	Discount Card only	Generic: \$20 Brand: \$40	Discount Card only	Generic: \$10 Brand: \$40	Generic: \$10 Brand: \$40	Generic: \$20 Brand: \$40
Maximum Rx Fills Per calendar-year (Combined Brand and Generic)		N/A	12	N/A	12	12	12

Prescription Drug Discount Card

A National Prescription Savings Network (NPSN) discount card is automatically included with every insurance plan and is free for you and your dependents to use. Most U.S. pharmacies honor this card offering savings of up to 50-75%. The card is pre-activated and ready to use upon receipt. The card can be used even if the insurance plan you selected does not offer prescription benefits. The NPSN card is not insurance. It is a discount program only.

How to receive benefits:

- Every time you get a prescription, give the pharmacist your card and ask for discounts on your prescription drugs.
- You pay the pharmacy directly and, if your insurance plan provides prescription benefits, submit a claim form for reimbursement.
- Reimbursement is paid directly to you and you receive the applicable benefit amount based on the insurance plan you selected and type of prescription drug (generic or brand). A listing of covered drugs is available online at searchrx.com/UHO or by calling 1-877-890-8077.



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OUTPATIENT SERVICES

Outpatient Services

- Major and minor testing like labs, X-ray, and diagnostic imaging are included.
- Outpatient chemotherapy and radiation are reimbursed at the set amounts below.

Why Health ProtectorGuard?

There is no lifetime maximum benefit so you may continue to receive benefits up to the limits each year.

Testing Benefits		Choice Value	Choice Plus	Select Value	Primary Preferred	Select Preferred	Premier Plus
Outpatient Lab/X-ray - Non-preventive/Non-routine: Benefit per test (maximum per calendar-year)	We pay:	\$200 (1 test)	\$200 (1 test)	\$300 (1 test)	\$100 (3 tests)	\$100 (3 tests)	\$300 (1 test)
Outpatient Diagnostic Imaging Services: Benefit per test (maximum per calendar-year)	We pay:	\$500 (1 test)	\$500 (1 test)	\$500 (1 test)	\$500 (1 test)	\$500 (1 test)	\$1,000 (1 test)

Treatment Benefits		Choice Value	Choice Plus	Select Value	Primary Preferred	Select Preferred	Premier Plus
Oral Chemotherapy: Benefit per month (maximum per calendar-year)	We pay:	\$1,000 (3 months)	\$1,000 (3 months)	\$1,000 (3 months)	\$1,000 (3 months)	\$1,000 (3 months)	\$2,000 (6 months)
Outpatient Chemotherapy and Radiation - Non-Oral: Benefit per day (maximum per calendar-year)	We pay:	\$1,000 (40 days)	\$1,000 (40 days)	\$1,000 (40 days)	\$500 (20 days)	\$500 (20 days)	\$2,000 (60 days)

Outpatient Services

Outpatient Lab/X-ray pays a set amount when you undergo an X-ray or lab test to diagnose an eligible injury or illness.

Outpatient Diagnostic Imaging Services includes benefits for the following: angiogram, arteriogram, thallium stress test, electroencephalogram (EEG), myelogram, positron emission tomography (PET) scan, magnetic resonance imaging (MRI), and computed tomography (CT) scan.



Other Details (all insurance plans)

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

Basic Policy Details

Exclusions and/or Limitations

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

- A loss occurring before the policy effective date, after termination of the policy, during any time that coverage is not in force, or incurred during a waiting period.
- Any act of war; intentionally, self-inflicted, bodily harm (whether sane or insane); or participation in a riot; or commission or attempt to commit a felony.
- Active service in the armed forces or related auxiliaries.
- Cosmetic treatment.
- Pregnancy or childbirth (except for complications of pregnancy).
- Hospital confinement that begins on a Friday or Saturday 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, 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).
- Operating a taxi or any other passenger transportation for wage, compensation, or profit.
- Routine well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.

- Injuries sustained while operating, riding in, or descending from any type of non-commercial aircraft. This is only excluded if the covered person is a pilot, officer, or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.
- Services performed by an immediate family member.
- Expenses/surcharges imposed by a provider (including a hospital), but which are actually the responsibility of the provider to pay.
- Services or supplies that are not medically necessary to the diagnosis or treatment of an illness or injury.
- Any loss sustained while the covered person is incarcerated in any prison or other detention facility.
- Any loss related to the treatment of mental disorders or substance 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, except as expressly provided for by the policy.
- Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction, or visual therapy.
- Any services rendered outside of the U.S., except for emergency treatment for a covered person.
- Experimental or investigational treatment(s).
- Office and/or urgent care visits that relate solely to alternative treatments as defined by the National Center for Complementary and Integrative Health of the National Institute of Health.

Eligibility

At time of application, the primary insured and spouse or domestic partner in a domestic partnership established under Oregon law must be between 18-64 years of age (drop off on 65th birthday) and eligible children 0-25 years of age (drop off on 26th birthday).



Other Details (all insurance plans)

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

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 may be adjusted and past premiums may 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.

Premium

Premium rates are guaranteed for 12 months then subject to change. The age, gender, and tobacco class of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. You will be given at least a 31-day notice of any change in your premium. We will make no change in your premium solely because of claims made by a covered person under the policy or a change in a covered person's health.

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.

Renewability and Termination

The policy is renewable until the earliest of the following:

- The primary insured's 65th birthday (or next premium due date) or death. If the policy includes dependents, it may be continued after the primary insured's death or 65th birthday:
 - By the spouse, if a covered person
 - Otherwise, by an eligible child who is a covered person;
- Nonpayment of premiums when due.
- The date we receive a request from you to terminate the policy; or
- The date there is fraud or a misrepresentation made by or with the knowledge of a covered person.

Underwriting

Insurance 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.

Waiting Periods

- There is a 5-day waiting period before benefits will be payable due to an illness. Services received due to illnesses are eligible for coverage beginning on the 6th day following the effective date.
- There is a 6-month waiting period before benefits are payable for the Wellness/Preventive Care benefit.

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



HEALTH PLAN NOTICES OF PRIVACY PRACTICES

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

MEDICAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

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

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

How We Use or Disclose Information. We must use and disclose your health information to provide information:

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

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

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.

- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with Federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose health information to contact you for appointment reminders with providers who provide medical care to you.

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

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual’s care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks to a public health authority.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.



- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets Federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to Federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by Federal law.
- **Additional Restrictions on Use and Disclosure.** Certain Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information: Alcohol and Substance Abuse, Biometric Information, Child or Adult Abuse or Neglect, including Sexual Assault, Communicable Diseases, Genetic Information, HIV/AIDS, Mental Health, Minors' Information, Prescriptions, Reproductive Health, and Sexually Transmitted Diseases.

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

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by Federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under Federal law, without your written authorization. Once you give us authorization to release your health information, we

cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, call the phone number listed on your health plan ID card.

What Are Your Rights. The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which Federal law does not require us to provide an accounting.



• **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In addition, you may obtain a copy of this notice at our websites such as www.uhone.com, www.myuhone.com, www.uhone4me.com, www.myallsavers.com, or www.myallsaversconnect.com.

• **You have the right to be considered a protected person.** (New Mexico only)

A “protected person” is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

Exercising Your Rights

• **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).

• **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.

• **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:

• Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719

• **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

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

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

MIB. In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members. If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB’s file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, www.mib.com.

FINANCIAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

Information We Collect. Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information. We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

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

Confidentiality and Security. We maintain physical, electronic and procedural safeguards, in accordance with applicable state and Federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About this Notice. If you have any questions about this notice, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 1-800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711). The Notice of Privacy Practices, effective January 1, 2019, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company. To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.



Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

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

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.

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