



# Health ProtectorGuard

## Hospital and Doctor Fixed Indemnity Insurance

**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 Form HPG3-GRI and other state variations

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**UnitedHealthcare®**  
**Golden Rule Insurance Co.**



Combine straightforward cash benefits for Wellness, Office visits, and Rx services (WORx) with robust benefits for hospital stays and you get Health ProtectorGuard (HPG). There's no deductible! Plans pay first dollar cash benefits for eligible medical services in key health care areas, helping ease out-of-pocket costs your main insurance might not cover.



**WORx**



**HOSPITAL**



**TELEHEALTH & MORE**

## Insurance that WORx

You access some health services more frequently. HPG plans offer you a choice of three WORx levels (Wellness, Office Visits, Rx - Prescriptions) that pay cash benefits on many health services you access most often. Choose the level that balances coverage and cost the best for you.

## Insurance for 'what ifs'

We all worry about life's "what ifs", like "What if I get sick or hurt?" While it can't help with the worries, an HPG plan can help with medical costs. HPG has four levels of hospital, surgical, and lab benefits. Choose the one with the right amount of coverage for you to help with out-of-pocket expenses from things like hospital stays and surgeries.

## Designed to help now

Every HPG plan is designed to make health care more accessible & affordable:

- Reduced fees for care with providers in the UnitedHealthcare Choice Plus network (page 9)
- Telehealth services available 24/7/365 through the HealthiestYou app from Teladoc® (page 7)
- Discounts on prescription drugs with the Optum Perks Rx card (page 7)

**HPG benefits are paid at a set amount regardless of the cost of covered medical service incurred.**

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.



WORx

The WORx (Wellness, Office Visit, Rx - prescription drug) portion of these Health ProtectorGuard plans allows you to choose a coverage level for more common health care services that works best for you and your family.

**DAY-TO-DAY MEDICAL SERVICES (PER PERSON)**

		WORx 1	WORx 2	WORx 3
<b>WELLNESS</b> (after 30-day waiting period)	<b>Wellness Exam</b> (maximum per calendar year)	\$80 per exam (1 exam)	\$100 per exam (1 exam)	\$125 per exam (1 exam)
	<b>Health Screening Diagnostic Labs</b> (maximum per calendar year)	\$25 per test (2 tests)	\$50 per test (2 tests)	\$100 per test (2 tests)
	<b>Health Screening X-ray</b> (maximum per calendar year)	Not Covered	\$50 per test (1 test)	\$100 per test (1 test)
	<b>Mammogram* (females ages 30+)</b> (maximum per calendar year)	\$100 per exam (1 exam)	\$150 per exam (1 exam)	\$150 per exam (1 exam)
	<b>Bone Density Screening(ages 40+)</b> (maximum per calendar year)	Not Covered	Not Covered	\$150 per exam (1 exam)
	<b>EKG (ages 40+)</b> (maximum per calendar year)	Not Covered	Not Covered	\$100 per test (1 test)
	<b>Stress EKG (ages 40+)</b> (maximum per calendar year)	Not Covered	Not Covered	\$125 per test (1 test)
	<b>Colonoscopy Preventive Care (ages 50+) or Any Age if Illness Related</b> (maximum per calendar year)	\$300 per exam (1 exam)	\$300 per exam (1 exam)	\$500 per exam (1 exam)
<b>OFFICE VISITS</b>	<b>Doctor Office Visits</b>	\$80 per visit	\$100 per visit	\$125 per visit
	<b>Specialist Office Visit/ Urgent Care Visits</b>	\$100 per visit	\$125 per visit	\$150 per visit
	<b>Office Visit with In-Office Surgery in lieu of Doctor/Specialist/Urgent Care Visit</b>	\$200 per visit	\$225 per visit	\$250 per visit
	<b>Maximum Office Visits (Any Type Combined)*</b> (per calendar year)	4 visits	5 visits	6 visits
	<b>ADDITIONAL OFFICE VISITS</b>			
<b>Chiropractic / Physical / Occupational / Speech Therapy Visit</b> (maximum combined per calendar year)	We pay: Not covered	\$35 per visit (10 visits)	\$45 per visit (10 visits)	
<b>RX DRUGS</b>	<b>Name Brand Prescription Drugs</b>	\$40 per fill	\$60 per fill	\$60 per fill
	<b>Generic Prescription Drugs</b>	\$10 per fill	\$10 per fill	\$20 per fill
	<b>Maximum Rx Fills (Any Type Combined)*</b> (per calendar year)	12 fills	15 fills	20 fills



**ALL WORx LEVELS**  
we pay (per calendar year):

**UNDER AGE 18**

\$25 each for up to 4 Child Immunizations / Flu Shot

\$10 each for up to 10 Child Allergy Treatments

**AGES 18+**

\$25 for 1 Annual Adult Flu Shot

\$100 for 1 Pap Smear\* for Adult Females

**AGES 40+**

\$100 for 1 PSA Test\* for Adult Males

Please note that the WORx Wellness benefits, including those listed above, have a 30-day waiting period.

\* Increased benefit in Year 2. See page 8.



HOSPITAL

Combine the WORx benefits with any of these Hospital Benefit options to complete your Health ProtectorGuard plan.

**CRITICAL MEDICAL SERVICES (PER PERSON)**

		Choice	Select	Preferred	Premier
<b>Inpatient Hospital Confinement Illness/Injury<sup>1,2</sup></b> (unlimited days per calendar year)	We pay:	\$1,000 per day	\$2,000 per day	\$3,000 per day	\$5,000 per day
<b>Intensive Care Unit (ICU) or Critical Care Unit (CCU)<sup>3</sup></b> (maximum per calendar year)		\$1,000 per day (31 days)	\$2,000 per day (31 days)	\$3,000 per day (31 days)	\$5,000 per day (31 days)
<b>Hospital Admission Benefit - First Inpatient Day<sup>2</sup></b> (maximum per calendar year)		\$1,000 (1 day)	\$2,000 per day (1 day)	\$3,000 per day (1 day)	\$3,000 per day (1 day)
<b>Emergency Room</b> (maximum per calendar year)		\$400 per day (1 day)	\$500 per day (1 day)	\$500 per day (1 day)	\$1,000 per day (1 day)
<b>Ground / Water Ambulance</b>	We pay:	\$500 per trip	\$500 per trip	\$1,000 per trip	\$1,000 per trip
<b>Air Ambulance</b>		\$5,000 per trip	\$5,000 per trip	\$5,000 per trip	\$5,000 per trip
<b>Maximum Ambulance Trips (Any Type Combined)</b> (per calendar year)		2 trips	2 trips	2 trips	2 trips

**SURGICAL**

<b>Surgical Procedure</b> (unlimited days per calendar year) See page 5 for details.	We pay:	7 Tiers ranging from \$250-\$25,000	7 Tiers ranging from \$500-\$50,000	7 Tiers ranging from \$500-\$50,000	7 Tiers ranging from \$500-\$50,000
<b>Outpatient Facility</b> (maximum per calendar year)		\$1,000 per day (2 days)	\$1,000 per day (2 days)	\$2,000 per day (3 days)	\$2,500 per day (3 days)

**OUTPATIENT / LAB**

<b>Outpatient Lab</b>	We pay:	\$30 per test	\$50 per test	\$50 per test	\$75 per test
<b>Outpatient X-ray and Other Diagnostic Testing</b> Ultrasound, EKG, EEG, Angiogram, Arteriogram, Thallium Stress Test, and Myelogram		\$30 per test	\$50 per test	\$75 per test	\$100 per test
<b>Outpatient Diagnostic and Imaging Tier 2</b> MRI/PET/CAT Benefit per test		\$250 per test	\$300 per test	\$400 per test	\$500 per test
<b>Maximum Outpatient Tests (Any Type Combined)</b> (per calendar year)		4 tests	4 tests	5 tests	5 tests
<b>Oral Chemotherapy: Benefit per month</b> (maximum per calendar year)	We pay:	\$1,000 per month (3 months)	\$1,000 per month (3 months)	\$1,000 per month (3 months)	\$1,000 per month (3 months)
<b>Outpatient Chemotherapy, Radiation, &amp; Immunotherapy Non Oral</b> (maximum per calendar year)		\$1,000 per day (20 days)	\$1,000 per day (40 days)	\$2,000 per day (40 days)	\$2,000 per day (40 days)

<sup>1</sup> Increased benefit in Year 2, see page 8. <sup>2</sup> Includes Observation Unit stays of 24 hours+ <sup>3</sup> ICU/CCU benefit amounts are in addition to Inpatient Hospital Confinement benefits.

# Surgical benefit details

## How the Surgical Tiers are Determined

Each plan has a 7-tier surgical schedule based on the relative value unit of the procedure being performed. The amount for the respective tier will be paid each day a covered person requires inpatient or outpatient surgery as prescribed by a doctor. If surgery falls under multiple tiers, we will pay the largest amount and if multiple surgeries are performed in a single day, we will pay one amount for the highest tier procedure.

SURGICAL BENEFITS		Choice	Select	Preferred	Premier
<b>Tier 1</b> Surgeries for major organ/tissue failure transplants payable once per each of the following major organ types per covered person's lifetime: liver, heart, lung, kidney, pancreas, bone marrow, stem cell, or small intestine.	We pay:	\$25,000	\$50,000	\$50,000	\$50,000
<b>Tier 2</b> Surgeries such as intracranial vessel surgery or removal of esophagus.		\$10,000	\$20,000	\$20,000	\$20,000
<b>Tier 3</b> Surgeries such as partial removal of pancreas or replacement of mitral valve.		\$5,000	\$10,000	\$10,000	\$10,000
<b>Tier 4</b> Surgeries such as lumbar spine fusion, colectomy, or repair of mitral valve.		\$2,500	\$5,000	\$5,000	\$5,000
<b>Tier 5</b> Surgeries such as total knee/hip arthroplasty or lower back disk surgery.		\$1,250	\$2,500	\$2,500	\$2,500
<b>Tier 6</b> Surgeries such as appendectomy, knee/shoulder reconstruction, or carpal tunnel surgery.		\$500	\$1,000	\$1,000	\$1,000
<b>Tier 7</b> Surgeries such as removal of tonsils and adenoids, breast biopsy or creation of eardrum opening (tubes in ear).		\$250	\$500	\$500	\$500
<b>Assistant Surgeon</b> (payable per day, when a covered surgery requires)		20% of surgical benefits	20% of surgical benefits	20% of surgical benefits	20% of surgical benefits
<b>Anesthesiologist</b> (payable per day)	30% of surgical benefits	30% of surgical benefits	30% of surgical benefits	30% of surgical benefits	

Surgery tier examples are for illustrative purposes only. Specific tier mapping and reimbursement amount is determined by the surgery's CPT code.

# Build your custom HPG plan

## Summary of HPG Plan Options

The WORx and Hospital benefit levels come together to create different combinations of coverage so you can find the plan that is best for you. Every HPG plan combination offers:

**\$2 MILLION**  
CALENDAR YEAR MAXIMUM  
per covered person

**\$5 MILLION**  
LIFETIME MAXIMUM BENEFIT  
per covered person

## Health ProtectorGuard Plans

 <p>Strongest WORx Benefits</p>	WORx 3	HPG Choice 3	HPG Select 3	HPG Preferred 3	HPG Premier 3
	WORx 2	HPG Choice 2	HPG Select 2	HPG Preferred 2	HPG Premier 2
	WORx 1	HPG Choice 1	HPG Select 1	HPG Preferred 1	HPG Premier 1



Highest Hospital  
Benefit Level



## Telehealth & more

**Health ProtectorGuard doesn't stop with the fixed cash payments for covered services. Every HPG plan includes telehealth benefits to help you access more affordable health care services. Access the Optum Perks Rx discount card to help with prescription costs for more savings.**

### **Telehealth - HealthiestYou by Teladoc<sup>®1</sup>**

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

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

### **Rx Discounts - Optum Perks<sup>2</sup>**

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

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



### **Health ProtectorGuard's extra benefits are nothing to sneeze at**

***Corrie is a busy mom with serious sinus problems. Her congestion, headache and exhaustion make it hard to concentrate on her family. She takes an over-the-counter medicine, but it doesn't seem to work anymore. It's a Saturday, her husband is at work, and she really doesn't want to drag the kids to urgent care by herself. Besides, money's tight this month. So, thanks to HPG with telehealth through HealthiestYou included, Corrie picks up her phone and logs into the HealthiestYou app. She connects with an experienced doctor on the app. After she shares her symptoms, the doctor diagnoses her with a sinus infection and sends a prescription for antibiotics to her nearest pharmacy. At the pharmacy, she uses the Optum Perks card that came with her HPG plan and receives a discount on her prescription.***

***Corrie is relieved. She doesn't have to spend money on a hefty copay or wait days to get help. HealthiestYou and Optum Perks saved her time and money so that she could get back to enjoying time with her family.***

<sup>1</sup> HealthiestYou by Teladoc<sup>®</sup> and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

<sup>2</sup> Based on pharmacy's usual and customary price. Actual savings may vary.

# Increasing benefits over time

Your HPG plan could pay more the longer you have it. With HPG, some key benefits increase during your second year on the plan and stay at that increased benefit as long as you have the plan.

How many insurance plans reward loyalty like that?<sup>1</sup>



## Increased Hospital Injury Benefit

During the second year of your HPG plan, your inpatient hospital benefit for injury increases 100%.<sup>1</sup> That's twice as much per day for qualifying hospital stays for injury.

Hospital Benefit Paid per day	Year 1	Years 2+
Choice	\$1,000	\$2,000
Select	\$2,000	\$4,000
Preferred	\$3,000	\$6,000
Premier	\$5,000	\$10,000

## Office Visits & Wellness Benefits

HPG might make it easier to decide to see the doctor or to have that test your doctor keeps suggesting. In year 2, your HPG plan adds:

- 2 additional illness/injury office visits.<sup>1</sup>
- 50% increase to benefits for qualified Pap, Mammogram, or PSA testing.<sup>1</sup>

Office Visits	Year 1	Years 2+
WORx 1	4 visits	6 visits
WORx 2	5 visits	7 visits
WORx 3	6 visits	8 visits

## Additional Rx Fills

Have ongoing prescription needs? Your HPG plan will pay additional benefits in the second year by adding 5 prescription fills to the number of fills you already have.<sup>1</sup> That's more help for those future Rx drug costs.

Rx Drugs	Year 1	Years 2+
WORx 1	12 fills	17 fills
WORx 2	15 fills	20 fills
WORx 3	20 fills	25 fills

<sup>1</sup> Benefits increase on the 1st day of the next full calendar year after a plan has been in force more than 6 months. If the plan has not been in force more than 6 months, the benefit increase will begin January 1 following 12 consecutive months of coverage. This increase occurs only once. This increase does not apply to Inpatient Reimbursement related to sickness.

# A wide network of care & cost-saving

**56%**  
**In-Network  
Savings**  
(national estimate)<sup>1</sup>

**Strong  
Nationwide  
Network**

**1.4  
Million**  
**Doctors/Health  
Professionals<sup>2</sup>**

**6,500**  
**Hospitals/  
Facilities<sup>2</sup>**

- **Making the decision to stay in-network pays off. The national estimated Choice Plus network discount for 2020 is over 56%.<sup>1</sup>**
- UnitedHealthcare offers one of the largest networks in the U.S. With 6,500 hospitals and facilities and 1.4 million physicians and health professionals,<sup>2</sup> there's a good chance your choices for where to get care are already included.
- Use any doctor or health care facility in the network across the nation. Note: 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.
- In-network providers will not charge you more than the network-negotiated rate. They agree to provide quality care at a lower cost.

## Other Details

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

## Basic Policy Details

State-specific differences may apply.

### 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; or participation in a riot; or commission or attempt to commit a felony.
- Active service in the armed forces or related auxiliaries.
- A covered person being intoxicated as defined by applicable state law or under the influence of narcotics or controlled substances or taking over the counter drug other than as the recommended dosage.
- Cosmetic treatment.
- Pregnancy or childbirth (except for complications of pregnancy or as required by a state).
- 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 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).
- 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.
- Infertility treatment.
- Sexual reassignment surgery.
- Injuries sustained while operating, riding in, or descending from any type of non-commercial aircraft. In most states, this is only excluded if the covered person is a pilot, officer, or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.
- Services performed by an immediate family member.
- 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).

## Other Details

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

### Eligibility

At time of application, the primary insured and spouse (as defined by state) 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) or as required by state.

### 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 age, 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 (or longer if required by your state) of any change in your premium. We will make no change in your premium solely because of claims made by a covered person under the policy or a change in a covered person's health.

### 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 (or as required by state) 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, dependent on state) 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 discontinue offering and refuse to renew all policies issued on this form for all residents of the state where you reside;
- The date we receive a request from you to terminate the policy; or
- The date there is fraud or a material misrepresentation made by or with the knowledge of a covered person.

### Underwriting

Insurance plans are 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 30-day waiting period before benefits are payable for the Wellness/Preventive Care benefit.

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

# State Variations

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

## Alabama

Policy Form HPG3-GRI-01

Misstatement of Sex or Tobacco Use provision does not apply.

## Arizona

Policy Form HPG3-GRI-02

- The exclusion for services performed by a member of the covered person's immediate family does not apply.
- The exclusion for loss sustained while covered person is incarcerated is limited to incarceration in state or federal prison.

## Arkansas

Policy Form HPG3-GRI-03

The exclusion for any loss related to substance abuse only applies to drug use disorder or for treatment programs for drug use disorder.

## Florida

Policy Form HPG3-GRI-09

- Eligible child may also include your or your spouse's child who is under age 31 if they are unmarried, and not covered by any other health benefit plan.
- The exclusion for hospital confinement that begins on a Friday or Saturday unless it is an emergency, or medically necessary inpatient surgery is scheduled for the date after the date of admission, does not apply.

## Georgia

Policy Form HPG3-GRI-10

There are no state variations.

## Hawaii

Policy Form HPG3-GRI-51

There are no state variations.

## Illinois

Policy Form HPG3-GRI-12

- Eligible child may also include your or your spouse's child who is under age 30, who has served in the United States Armed Forces, has been released or discharged other than a dishonorable discharge, and has submitted his/her DD-214 to us (GRIC) stating the date on which the dependent was released from service.
- "Spouse" means the person to whom you are legally married or your partner in civil union under Illinois law. Party to a civil union means a person who has established a civil union pursuant to the Illinois Religious

Freedom Protection and Civil Union Act.

- The exclusion for any injury sustained while participating, demonstrating, instructing, guiding, or accompanying others in certain activities (i.e. semi- and professional sports, parachuting, rodeo sports, etc) or any injury while paid to participate or instruct in certain activities (i.e. horseback riding, racing etc.) does not apply.
- The references to misstatements or misrepresentations refer to "intentional" misstatements or misrepresentations.

## Iowa

Policy Form HPG3-GRI-14

There are no state variations.

## Kentucky

Policy Form HPG3-GRI-16

There are no state variations.

## Louisiana

Policy Form HPG3-GRI-17

The exclusion for a loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply if a covered person is detained in a correctional facility and has not been adjudicated or convicted of a criminal offense.

## Maine

Policy Form HPG3-GRI-18

There are no state variations.

## Michigan

Policy Form HPG3-GRI-21

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

# State Variations

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

## Nebraska

Policy Form HPG3-GRI-26

- The exclusions for any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in racing or speed testing any motorized or non-motorized vehicle or conveyance apply only to organized racing or speed testing.
- “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 this policy.

## North Carolina

Policy Form HPG3-GRI-32

- The exclusion for loss as a result of any act of declared or undeclared war does not apply to acts of terrorism.
- The exclusion for cosmetic treatment does not apply to congenital defects and anomalies.
- “Preexisting condition” means those conditions 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.

## Oklahoma

Policy Form HPG3-GRI-35

- The exclusion for act of war applies to : Any act of declared or undeclared war while serving in the military or naval service, or any auxiliary unit of the United States, including but not limited to: 1. Service as a member of a Regular or Reserve component of the U.S. Army, Air Force, Navy, Coast Guard, or Marine Corps; 2. Service as a commissioned officer of the Public Health Service or National Oceanic and Atmospheric Administration; or 3. Military or naval service in an auxiliary military organization, including but not limited to the Coast Guard Auxiliary, the temporary Coast Guard Reserve, the Civilian Auxiliary to the Military Police or the Civil Air Patrol.
- The exclusion for intoxication is replaced with : A loss sustained while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor.

- The exclusion for operating a taxi or passenger transportation does not apply.
- The exclusion for any injury sustained while participating, demonstrating, instructing, guiding, or accompanying others in certain activities (i.e. semi- and professional sports, parachuting, rodeo sports, etc) or any injury while paid to participate or instruct in certain activities (i.e. horseback riding, racing etc.) does not apply.

## Texas

Policy Form HPG3-GRI-42

- The following exclusions do not apply:
  - 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 date after the date of admission.
  - As a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; skydiving; bungee jumping; parakiting; racing or speed testing any motorized vehicle or conveyance; racing or speed testing any non-motorized vehicle or conveyance (if the covered person is paid to participate or to instruct); scuba/skin diving (when diving 60 or more feet in depth); rodeo sports; horseback riding (if the covered person is paid to participate or to instruct); rock or mountain climbing (if the covered person is paid to participate or instruct); or skiing (if the covered person is paid to participate or instruct).
  - Services performed by a member of the covered person’s immediate family.
  - Any services rendered outside of the United States, except for services rendered for emergency treatment of a covered person.

# State Variations

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

## West Virginia

Policy Form HPG3-GRI-47

There are no state variations.

## Wisconsin

Policy Form HPG3-GRI-48

“Preexisting condition” means an illness, injury or condition misrepresented or not fully disclosed on the application for insurance:

- A. 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 this policy; or
- B. 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 this policy.

## Wyoming

Policy Form HPG3-GRI-49

- The Misstatement of Gender and Tobacco Use provisions do not apply.
- “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 6 months immediately preceding the effective date the covered person became insured under this policy.

## 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](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. 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](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, 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](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 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.

052F-G-0816

Provider of telehealth services may be replaced with prior notice.