California Health ProtectorGuard

Hospital & Doctor Fixed Indemnity Insurance

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

Health ProtectorGuard offers coverage with simple, straight-forward benefits for doctor visits, hospital stays and more. Choose your coverage from one of three 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.**

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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.

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.

Policy Form HPG2-GRI-04

UnitedHealthcare®
Golden Rule Insurance Co.

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

HOSPITAL SERVICES

SURGICAL SERVICES

			Choice Value	Choice Plus	Select Value
HOSPITAL SERVICES					
Inpatient Hospital Confinement (unlimited)		We pay:	$1,000/day	$2,000/day	$3,000/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/day	$2,500/day	$3,750/day
	Year 3		$1,500/day	$3,000/day	$4,500/day
	Year 4		$1,750/day	$3,500/day	$5,250/day
	Year 5		$2,000/day	$4,000/day	$6,000/day
Inpatient Hospital Intensive Care Unit (ICU) or Critical Care Unit (CCU) (maximum per confinement)		We pay:	$2,000/day (31 days)	$4,000/day (31 days)	$6,000/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/visit (1 visit per day)	$100/visit (1 visit per day)	$100/visit (1 visit per day)
Emergency Room (maximum per calendar-year)		We pay:	$200/day (2 days)	$200/day (2 days)	$300/day (2 days)
Ambulance-Ground or Water (maximum per calendar-year)		We pay:	$500/trip (1 trip)	$500/trip (1 trip)	$500/trip (1 trip)
Ambulance-Air (maximum per calendar-year)		We pay:	$5,000/trip (1 trip)	$5,000/trip (1 trip)	$5,000/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)
Surgeon: 4-Tier Surgical Schedule (unlimited days per calendar-year)[1]	**Tier 1**	We pay:	$10,000	$10,000	$10,000
	Tier 2		$5,000	$5,000	$5,000
	Tier 3		$1,000	$1,000	$1,000
	Tier 4		$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 8 for details.

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

		Choice Value	Choice Plus	Select Value
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)
		See rollover benefit details on page 5.		
Second Surgical Opinion (maximum per calendar-year)	We pay:	$250 (1 day)	$250 (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)
PHARMACY SERVICES				
Prescription Drugs (Per Rx fill)	We pay:	N/A	Generic: $20 Brand: $40	N/A
Maximum Rx Fills Per calendar-year (Combined Brand and Generic)		N/A	12	N/A
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)
Outpatient Diagnostic Imaging Services: Benefit per test (maximum per calendar-year)	We pay:	$500 (1 test)	$500 (1 test)	$500 (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)
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)

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 8 for details.

1

HOSPITAL SERVICES

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 page 2 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.

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.

2

SURGICAL SERVICES

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.

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 catherization 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 3

Doctor Visits

- Regardless of the charge for your doctor visit we pay a set amount for eligible services. See page 3 for details.
- 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.

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 4

Wellness/Preventive Care

- **Regardless of the charge for your doctor visit** we pay a set amount for eligible services. See page 3 for details.
- **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 8 for more details.

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.

5 PHARMACY SERVICES

Pharmacy Services

- Name Brand and Generic medication benefits on select insurance plans.
- **Only available on Choice Plus plan.**

Why Health ProtectorGuard?

Golden Rule Insurance Company is rated “A+” (Superior) by A.M. Best, a widely recognized rating agency that rates insurance companies on their relative financial strength and stability. (12/14/23) For the latest rating, access www.ambest.com.

How to receive benefits:

- 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).

6 OUTPATIENT SERVICES

Outpatient Services

- Major and minor testing like labs, X-ray, and diagnostic imaging are included.
- Outpatient chemotherapy and radiation are reimbursed at a set amounts below. See page 3 for details.

Why Health ProtectorGuard?

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

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 unless expressly provided for by the policy).
- Hospital confinement that begins on a Friday or Saturday unless it is an emergency, or 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.
- 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 registered domestic partner 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).

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

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

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

Misstatement of Age, Gender, or Tobacco Use, continued
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 or date of reinstatement under the policy.

"Preexisting condition" means an illness, injury or condition for which medical diagnosis or treatment was received by a covered person within 12 months immediately preceding the 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 or registered domestic partner, 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.

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

Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional benefits for covered expenses.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage.

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.

VIEW NOTICE HERE. Please review it carefully.
(https://www.uhc.com/content/dam/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf)

The ratio of incurred claims to earned premiums (loss ratio) for total accident and health for Golden Rule Insurance Company in all states in 2023 was 57.2%.

47664CA-G-0524

UnitedHealthcare®
Golden Rule Insurance Co.

California Nondiscrimination Notice and Access to Communication Services

Golden Rule Insurance Company does not exclude, deny covered health care benefits to or otherwise discriminate against any member on the ground of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability for participation in or receipt of the covered health care services under any of its health plans, whether carried out by Golden Rule Insurance Company directly or through a Network Medical Group or any other entity with which Golden Rule Insurance Company arranges to carry out covered health care services under any of its health plans.

Free services are available to help you communicate with us. Such as letters in other languages or in other formats like large print. Or you can ask for an interpreter at no charge. To ask for help, please call the toll-free number (800) 657-8205. TTY 711

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Grievance Administrator
PO Box 31371
Salt Lake City UT 84131-0371
Fax: 801-478-5463
Phone: 800-657-8205
uhoappealsandgrievances@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free number listed on your health plan ID card.

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

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

California Language Assistance Notice

English
IMPORTANT LANGUAGE INFORMATION:
You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Spanish
INFORMACIÓN IMPORTANTE DEL LENGUAJE:
Puede tener derecho a los derechos y servicios a continuación. Puede obtener un intérprete o servicios de traducción sin cargo. La información por escrito también puede estar disponible en algunos idiomas sin cargo. Para obtener ayuda en su idioma, llame a su plan de salud al: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Chinese
重要語言信息：
您可能有權享受以下權利和服務。 您可以免費獲得口譯或翻譯服務。 書面信息也可能以某些語言免費提供。 如需獲得您的語言幫助，請致電您的健康計劃：Golden Rule Insurance Company 1-800-657-8205 / TTY：711.

Arabic
معلومات مهمة عن اللغة:
قد يحق لك الحصول على الحقوق والخدمات أدناه. يمكنك الحصول على مترجم أو خدمات ترجمة بدون مقابل. قد تكون المعلومات المكتوبة متاحة أيضاً في بعض اللغات دون مقابل. للحصول على المساعدة بلغتك ، يرجى الاتصال بخطة الرعاية الصحية الخاصة بك على العنوان التالي: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Armenian
ԿԱՐԵՎՈՐ ԼԵԶՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ.
Դուք կարող եք իրավասվել ստորեւ նշված իրավունքներին եւ ծառայություններին: Դուք կարող եք անվճար թարգմանիչ կամ թարգմանչական ծառայություններ ստանալ: Գրավոր տեղեկությունները կարող են մատչելի լինել նաեւ որոշ լեզուներով անվճար: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել ձեր առողջապահական ծրագիրը `Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Cambodian
ព័ត៌មានជាភាសាសំខាន់:
អ្នកអាចមានសិទ្ធិទទួលបានសិទ្ធិនិងសេវាកម្មដូចខាងក្រោម។
អ្នកអាចទទួលបានអ្នកបកប្រែឬអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ។
ព័ត៌មានដែលអាចសរសេរបានអាចមានជាភាសាមួយចំនួនដោយមិនគិតថ្លៃ។
ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅផែនការសុខភាពរបស់អ្នកនៅ: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

45676-G-1118

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است به حقوق و خدمات زیر توجه داشته باشید. شما می توانید مترجم یا خدمات ترجمه را بدون هزینه دریافت کنید. اطلاعات نوشته شده ممکن است در بعضی از زبانها بدون پرداخت هزینه باشد. برای دریافت کمک به زبان خود، لطفا با برنامه بهداشتی خود تماس بگیرید:

Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Hindi

महत्वपूर्ण भाषा जानकारी:

आप नीचे अधिकार और सेवाओं के हकदार हो सकते हैं। आप बिना किसी शुल्क के एक दुभाषिया या अनुवाद सेवाएं प्राप्त कर सकते हैं। बिना किसी शुल्क के लिखित जानकारी कुछ भाषाओं में भी उपलब्ध हो सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपनी स्वास्थ्य योजना यहां कॉल करें: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Hmong

COV LUS LUS TSEEM CEEB:

Koj tuaj yeem tsim nyog tau cov cai thiab cov kev pab hauv qab no. Koj tuaj yeem tau txais neeg txhais lus los yog txhais lus pab dawb tsis them nyiaj. Cov ntaub ntawv sau kuj muaj nyob rau qee hom lus dawb xwb. Xav tau kev pabcuam ntawm koj hom lus, thov hu rau koj qhov kev npaj khomob ntawm: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Japanese

重要な言語情報：

あなたは以下の権利とサービスを受ける権利があります。 通訳や翻訳サービスを無料で受けることができます。 書かれた情報は、一部の言語で無償で入手できる場合もあります。 あなたの言語で助けを得るためには、あなたの健康計画に電話してください：Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Korean

중요한 **언어 정보 :**

귀하는 아래 권리와 서비스를받을 자격이 있습니다. 통역사 또는 번역 서비스를 무료로 받으실 수 있습니다. 서면 **정보**는 일부 **언어**로 무료로 제공 될 수도 있습니다. 귀하의 **언어**로 도움을 받으려면 다음의 건강 플랜에 전화하십시오. Golden Rule Insurance Company 1-800-657-8205 / TTY: 711..

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Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ. ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਗੀਦਾਰਾਂ 'ਤੇ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ' ਤੇ ਵੀ ਉਪਲਬਧ ਹੋ ਸਕਦੀ ਹੈ. ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Russian

ВАЖНАЯ ИНФОРМАЦИЯ ЯЗЫКА:

Вы можете иметь право на права и услуги, указанные ниже. Вы можете бесплатно получить переводчика или услуги переводчика. Письменная информация также может быть доступна на некоторых языках бесплатно. Чтобы получить помощь на своем языке, позвоните в свой план медицинского обслуживания по адресу: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Tagalog

IMPORMASYONG IMPORMASYON SA LANGUAGE:

Maaaring may karapatan ka sa mga karapatan at serbisyo sa ibaba. Maaari kang makakuha ng isang interpreter o mga serbisyo ng pagsasalin nang walang bayad. Ang nakasulat na impormasyon ay maaari ding makuha sa ilang mga wika nang walang bayad. Upang makakuha ng tulong sa iyong wika, mangyaring tawagan ang iyong planong pangkalusugan sa: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Thai

ข้อมูลภาษาสำคัญ:

คุณอาจได้รับสิทธิ์และบริการด้านล่าง คุณสามารถขอรับบริการล่ามหรือแปลภาษาโดยไม่มีค่าใช้จ่าย ข้อมูลที่เป็นลายลักษณ์อักษรอาจมีให้บริการในบางภาษาโดยไม่มีค่าใช้จ่าย หากต้องการความช่วยเหลือในภาษาของคุณโปรดติดต่อแผนประกันสุขภาพของคุณได้ที่: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Vietnamese

THÔNG TIN NGÔN NGỮ QUAN TRỌNG:

Bạn có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể nhận dịch vụ phiên dịch hoặc dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể có sẵn bằng một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của bạn, vui lòng gọi cho chương trình sức khỏe của bạn tại: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711