



Health ProtectorGuard

Fixed benefit health insurance

THIS PRODUCT PROVIDES LIMITED BENEFITS

THIS PRODUCT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA).

Health ProtectorGuard (HPG) is a fixed indemnity insurance product that provides benefits in a stated amount regardless of actual expenses incurred. Golden Rule Insurance Company is the underwriter of these insurance plans.

Policy Form HPG2-GRI-04 and other state variations

**United
Healthcare**

Golden Rule
Insurance Co.

Table of Contents

What is fixed indemnity insurance?	3
Hospital and surgical benefit details	4
Dr. visit, wellness, outpatient level benefit details	5
Surgical tier schedule details	6
More about HPG	7
Member support	8
Exclusions and/or Limitations	9
Plan Provisions	10
Privacy and other notices	12

Why choose us?



Strength and experience

UnitedHealthcare provides over 27 million Americans with access to health care.¹ Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of plans featured in this brochure. We have been serving the specific needs of individuals and families buying their own coverage for over 80 years.



Highly rated

Golden Rule Insurance Company is rated "A+" (Superior) by A.M. Best.² This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability.



Your satisfaction is our goal

We understand the importance of your time and concern for the value of your health care dollars. Our goal for every customer is an insurance plan at a price that fits their needs and budget.

¹ UnitedHealth Group Annual Form 10-K for year ended 12/31/23. ² As of 12/14/23. For the latest rating, access [ambest.com](https://www.ambest.com). The current "A+" rating is the second highest rating out of 13 possible ratings.

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.

What is fixed indemnity insurance?

Health ProtectorGuard (HPG)

Coverage designed to supplement your health coverage with straightforward cash benefit amounts for the everyday and not-so-everyday health and wellness services. Designed to help ease out-of-pocket costs you might experience when getting health care.



What is fixed benefit health indemnity insurance?

“Indemnity” is insurance speak for a plan that pays a specified amount – or “fixed benefit” – for medical services you receive that are covered by the plan. The benefit isn't based on the total amount of your medical bill. There are also limits on how much or how many times this policy will pay on some benefits.



Why is fixed indemnity insurance a good idea?

A fixed indemnity plan is designed to offer supplemental relief of out-of-pocket costs you may have related to covered medical services. The benefit pays a fixed amount, regardless of the actual cost billed or other insurance coverage you may have. This could mean some benefits pay more than the cost of the service or for other services, it may cover just a portion of the cost, but the amount left you owe to the provider will be less.



How does a fixed indemnity insurance plan work?

With this type of plan, there is **no deductible, no coinsurance or even copays**. When you have a covered medical service provided, this plan will pay the benefit amount (shown on the following pages) to you¹ which helps to reduce your overall out-of-pocket responsibility.

Our HPG product offers broader benefits than many other fixed indemnity plans available

The HPG plans available in this brochure have:

- Wellness services², doctor office visits, urgent care visits and prescription drug benefits
- Benefits for hospital stays, surgical services, emergency room visit and outpatient lab and diagnostic services
- Flexibility to use any doctor you choose³
- Increase in cash benefits for hospital stays related to injury (increasing injury reimbursement) by staying with the plan more than a year

It's also good to know:

- Available for issue ages 18 through 64
- Renewable until age 65, subject to policy provisions, when premiums are paid
- No lifetime maximum limit, so you can use your full benefit limits year after year when you stay with the plan

¹ If you assign your policy benefits to a hospital or any other provider of health care services, benefits will be paid to the provider. ² A 6-month waiting period applies. ³ If you have a major medical plan, you may need to stay with certain networks/providers to get the most coverage out of that plan.

Hospital and surgical benefit details

There are 3 plans from which to choose, so you can find coverage that is a fit for your expected needs and budget. Benefits for doctor visits, wellness, prescription and outpatient services continue on page 6.

All benefits, including maximums, are per person		Choice Value	Choice Plus	Select Value
Hospital Services				
Inpatient Hospital Confinement (unlimited days per calendar year)	We pay:	\$1,000 per day	\$2,000 per day	\$3,000 per day
Increasing Injury Reimbursement (unlimited days per calendar year)	Year 2	\$1,250 per day	\$2,500 per day	\$3,750 per day
	Year 3	\$1,500 per day	\$3,000 per day	\$4,500 per day
	Year 4	\$1,750 per day	\$3,500 per day	\$5,250 per day
	Year 5 and after	\$2,000 per day	\$4,000 per day	\$6,000 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)
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)
Emergency Room (maximum per calendar year)	We pay:	\$200 per day (2 days)	\$200 per day (2 days)	\$300 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)
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)
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) ²	Tier 1	\$10,000 per day	\$10,000 per day	\$10,000 per day
	Tier 2	\$5,000 per day	\$5,000 per day	\$5,000 per day
	Tier 3	\$1,000 per day	\$1,000 per day	\$1,000 per day
	Tier 4	\$500 per day	\$500 per day	\$500 per day
Assistant Surgeon - Surgical Schedule Tiers 1 & 2 only	We pay:	20% of surgeon benefit schedule above per day		
Anesthesiologist	We pay:	30% of surgeon benefit schedule above per day		

Services received for injuries are eligible for coverage as of the 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. ¹ 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 If more than one surgery occurs in any given day, the largest benefit amount is paid.

Dr. visit, wellness, Rx , outpatient benefit details

Continuation of benefits available among the 3 HPG plan options.

All benefits, including maximums, are per person		Choice Value	Choice Plus	Select Value
Doctor Visits				
Office Visits/Urgent Care Visits for Injury or Illness (maximum per calendar year)	We pay:	\$100 per visit (2 visits)	\$100 per visit (2 visits)	\$100 per visit (5 visits)
See rollover benefit details on page 8.				
Second Surgical Opinion (maximum per calendar year)	We pay:	\$250 per day (1 day)	\$250 per day (1 day)	\$500 per day (1 day)
Wellness/Preventive				
Wellness/Preventive Care Visit (maximum per calendar year after initial 6-month waiting period)	We pay:	\$100 per day (1 day)	\$100 per day (1 day)	\$200 per day (1 day)
Pharmacy Services				
Prescription Drugs (per Rx fill)	We pay:	Not covered	Generic: \$20 Brand: \$40	Not covered
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 (maximum per calendar year)	We pay:	\$200 per test (1 test)	\$200 per test (1 test)	\$300 per test (1 test)
Outpatient Diagnostic Imaging Services (maximum per calendar year)	We pay:	\$500 per test (1 test)	\$500 per test (1 test)	\$500 per test (1 test)
Oral Chemotherapy (maximum per calendar year)	We pay:	\$1,000 per month (3 months)	\$1,000 per month (3 months)	\$1,000 per month (3 months)
Outpatient Chemotherapy and Radiation - Non-Oral (maximum per calendar year)	We pay:	\$1,000 per day (40 days)	\$1,000 per day (40 days)	\$1,000 per day (40 days)

Services received for injuries are eligible for coverage as of the 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.

How the surgical tiers are determined

Each plan has a 4-tier surgical schedule based on the type of surgery 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. These benefits are determined by the HPG plan selected (see page 5).

4-Tier Surgical Schedule (based on surgery type)

Tier	Listed Condition
Tier 1 Extreme	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	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	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	Surgical procedures requiring local or regional anesthesia such as emergency C-sections and closed treatment of a fracture or dislocation.

More ways HPG offers value

Your HPG plan offers additional savings. By remaining on the plan, some benefits increase in, or rollover to, the following calendar year.



Increasing Injury Reimbursement¹

At the beginning of each calendar year, after being on the plan for at least 6 months, your Inpatient Hospital Confinement benefit, specifically related to injuries, will increase by 25%. This happens in years 2 through 5, and the benefit stays at the highest level after year 5. If anyone covered by the policy has a hospital stay related to an injury, the Inpatient Hospital Confinement benefit is replaced with the Increasing Injury Reimbursement benefit earned, starting year 2 of your insurance plan. (This increase does not apply to Inpatient Hospital Confinement related to illness.)



Office/Urgent Care Visit rollover benefit²

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

¹ 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 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.



UHC Member Hub

Manage your Health ProtectorGuard plan with UHC Member Hub



Connecting with your plan

With UHC Member Hub, you can manage your plan at your convenience, anytime day or night. Once registered for this member website, you can:

- Access your plan documents
- View and download your ID card
- Make changes to your contact information
- Make premium payments
- Send secure, non-urgent questions about your coverage

UHC Member Hub is a fast and easy way to get many of your questions answered, and manage your plan without having to make a phone call. Go to uhcmemberhub.com.

How to receive benefits or file a claim

Submit your claims for covered services on the Member Hub or mail it directly to us. See your policy for details. We will send you a check for the benefit amount.

Exclusions and/or Limitations

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.

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.
- 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 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.
- Injuries sustained while operating, riding in, or descending from any type of non-commercial aircraft. If the covered person is a pilot, officer, or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.
- Services performed by an immediate family member.
- Fees/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 administered or ordered by a doctor.
- 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, substance abuse, or for court ordered treatment programs for substance abuse.
- Any loss related to an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Any loss for dental expenses, 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).

Plan Provisions

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.

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

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). Eligible children must be 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 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 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 by 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 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, subject to policy provisions
- The date we receive a request from you to terminate the policy or any later date stated in your request; or
- The date there is fraud or a material misrepresentation made by or with the knowledge of a covered person in filing a claim for policy benefits.

Plan Provisions (continued)

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.

Right to Examine

It is important to us that you are satisfied with the coverage being provided. This product has a right to examine period, also commonly referred to as “free look.” After applying and after your policy is issued, if you are not satisfied the coverage will meet your insurance needs, you may return the policy to us within 10 days and have the paid premium refunded. Refer to policy for details.

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.

Note 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 under 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.

View notice here. Please review it carefully.

(<https://www.uhc.com/content/dam/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)

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

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of this document. It has important information.

The ratio of incurred claims to earned premiums (loss ratio) for total accident and health for Golden Rule Insurance Company in all states in 2025 was 60.0%.

California Nondiscrimination Notice and Access to Communication Services

UnitedHealthcare 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 us directly or through a Network Medical Group or any other entity with which we arrange 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 below. 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:

<p>Golden Rule Insurance Company UnitedHealthcare Life Insurance Company</p>	<p>Grievance Administrator PO Box 31379 Salt Lake City UT 84131-0379 Phone: (800) 657-8205 Fax: (801) 478-7595 uhoappealsandgrievances@uhc.com</p>
<p>The Chesapeake Life Insurance Company</p>	<p>Grievance Administrator PO Box 31383 Salt Lake City UT 84131-0383 Phone: (877) 296-9919 Fax: (817) 255-3585 clicoconsumeraffairsgroup@uhc.com</p>

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 (800) 657-8205 / TTY: 711

UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / 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 (800) 657-8205 / TTY: 711

UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / 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 (800) 657-8205 / TTY : 711

UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / 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 (800) 657-8205 / TTY: 711

UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / TTY 711

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ:

Դուք կարող եք իրավասվել ստորև նշված իրավունքներին եւ ծառայություններին: Դուք կարող եք անվճար թարգմանիչ կամ թարգմանչակազմի 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 (800) 657-8205 / TTY: 711

UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / TTY 711

Cambodian

ព័ត៌មានជាភាសាសំខាន់:

អ្នកអាចមានសិទ្ធិទទួលបានសិទ្ធិនិងសេវាកម្មដូចខាងក្រោម។

អ្នកអាចទទួលបានអ្នកបកប្រែឬអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ។

ព័ត៌មានដែលអាចសរសេរបានអាចមានជាភាសាមួយចំនួនដោយមិនគិតថ្លៃ។

ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅផែនការសុខភាពរបស់អ្នកនៅ:

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

UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / TTY 711

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، لطفاً با برنامه بهداشتی خود تماس بگیرید:

Golden Rule Insurance Company (800) 657-8205 / TTY: 711

UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / 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:

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UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / 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:

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Japanese

重要な言語情報 :

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UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / TTY 711

Korean

중요한 언어 정보 :

귀하는 아래 권리와 서비스를 받을 자격이 있습니다. 통역사 또는 번역 서비스를 무료로 받으실 수 있습니다. 서면 정보는 일부 언어로 무료로 제공 될 수도 있습니다. 귀하의 언어로 도움을 받으려면 다음의 건강 플랜에 전화하십시오.

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Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾਂ 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:

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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:

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UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

Chesapeake Life Insurance Company (800) 815-8535 / TTY 711

Tagalog

IMPORTANTENG IMPORMASYON SA WIKA:

Maaaring may karapatan ka sa mga karapatan at serbisyo sa ibaba. Maaari kang makakuha ng isang interpreter o mga serbisyo ng pagsasalín 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:

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UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / TTY 711

Thai

ข้อมูลภาษาสำคัญ:

คุณอาจได้รับสิทธิ์และบริการด้านล่าง คุณสามารถขอรับบริการล่ามหรือแปลภาษาโดยไม่มีค่าใช้จ่าย ข้อมูลที่เป็นลายลักษณ์อักษรอาจมีให้บริการในบางภาษาโดยไม่มีค่าใช้จ่าย หากต้องการความช่วยเหลือในภาษาของคุณโปรดติดต่อแผนประกันสุขภาพของคุณได้ที่:

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UnitedHealthcare Life Insurance Company (800) 657-8205 / TTY: 711

The Chesapeake Life Insurance Company (800) 815-8535 / 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:

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