



Hospital SafeGuard GI | California

**Hospital SafeGuard
GI provides fixed
benefit coverage
to help with the
unexpected**



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).

This Fixed Indemnity product provides limited benefits in a stated amount regardless of the actual expenses incurred.

Golden Rule Insurance Company is the underwriter and administrator of these plans.
Policy Form GIF1-GRI-04

UnitedHealthcare®
Golden Rule Insurance Co.

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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).

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.

Hospital SafeGuard GI (HSGGI)



What if you had a hospital stay?

Would you be able to pay out-of-pocket costs that may come with it? We don't like to think something like this will happen, but when the unexpected hits, sometimes our bank account isn't ready. While an HSGGI plan can't keep you out of the hospital, it can help offer some cash relief with fixed cash benefits.



HSGGI includes straightforward cash benefits for:

- Inpatient hospital visits
- Outpatient surgical visits
- Doctor's office/urgent care visits for illness or injury
- Emergency Room
- Ambulance
- Diagnostic imaging and testing
- Wellness/Preventive care

Benefits are paid regardless of other insurance. Details about the benefits paid for these services are on the next page.



If a serious accident happens

If an accident happens that causes the loss of life, limb or sight (blindness), within 30 days of the date of the accident, we will pay a cash benefit. (See page 6.)



Why hospital insurance?

Though no one expects to go to the hospital, that is probably the best reason for hospital insurance – help for the unexpected. Even with other insurance most people will have to pay some portion of their medical bill out of pocket. With a plan like HSGGI, you can receive fixed cash benefits for qualified medical services, like a hospital stay, to help you cover those out-of-pocket expenses, and you can use it however you see fit.

What does “fixed benefit” mean and how does it work?

“Fixed benefit” simply means we pay a set (or “fixed”) amount for certain qualified medical services. See amounts on the next page. If you receive an eligible service and the claim is submitted to us, then qualifying benefits will be paid in the amounts shown to your provider or to you.

Highlights of Benefits

Cash benefits will be paid for qualifying expenses. Benefit is fixed, regardless of actual expense incurred.

| Hospital Services (per person) | | Plan 500 | Plan 750 | Plan 1000 | Plan 2000 |
|---|----------------|---|---|---|---|
| Inpatient Hospital Confinement Illness/Injury¹ (Standard Care) | We pay: | \$500 per Day (Maximum 31 days per Period of Confinement) | \$750 per Day (Maximum 31 days per Period of Confinement) | \$1,000 per Day (Maximum 31 days per Period of Confinement) | \$2,000 per Day (Maximum 31 days per Period of Confinement) |
| Inpatient ICU/CCU¹ (In addition to Inpatient Hospital Confinement) | We pay: | \$500 per Day (Maximum 31 days per Period of Confinement) | \$750 per Day (Maximum 31 days per Period of Confinement) | \$1,000 per Day (Maximum 31 days per Period of Confinement) | \$2,000 per Day (Maximum 31 days per Period of Confinement) |
| First Hospital Admission¹ (In addition to Inpatient Hospital Confinement; payable on the first inpatient day) | We pay: | \$1,000 per Day (Maximum 1 day per Calendar Year) | \$1,500 per Day (Maximum 1 day per Calendar Year) | \$2,000 per Day (Maximum 1 day per Calendar Year) | \$2,500 per Day (Maximum 1 day per Calendar Year) |
| Inpatient Surgical Procedure¹ | We pay: | \$500 per Day (Maximum 2 days per Calendar Year) | \$500 per Day (Maximum 2 days per Calendar Year) | \$1,000 per Day (Maximum 2 days per Calendar Year) | \$1,500 per Day (Maximum 2 days per Calendar Year) |
| Anesthesiologist¹ (When applicable to Inpatient Surgical Procedure) | We pay: | \$100 per Day | \$100 per Day | \$200 per Day | \$300 per Day |
| Emergency Room¹ | We pay: | \$250 per Day for Illness or Injury (Maximum 2 days per Calendar Year) | \$250 per Day for Illness or Injury (Maximum 2 days per Calendar Year) | \$250 per Day for Illness or Injury (Maximum 2 days per Calendar Year) | \$250 per Day for Illness or Injury (Maximum 2 days per Calendar Year) |
| Ambulance | We pay: | \$500 per Day Ground/Water \$3,000 per Day Air (Combined Maximum 2 days per Calendar Year) | \$500 per Day Ground/Water \$3,000 per Day Air (Combined Maximum 2 days per Calendar Year) | \$500 per Day Ground/Water \$5,000 per Day Air (Combined Maximum 2 days per Calendar Year) | \$500 per Day Ground/Water \$5,000 per Day Air (Combined Maximum 2 days per Calendar Year) |
| Outpatient Services (per person) | | | | | |
| Doctor's Office/Urgent Care Visits Illness or Injury | We pay: | \$50 per Day (Maximum 4 days per Calendar Year) | \$75 per Day (Maximum 4 days per Calendar Year) | \$100 per Day (Maximum 4 days per Calendar Year) | \$100 per Day (Maximum 6 days per Calendar Year) |
| Outpatient Diagnostic Imaging and Testing Services (non-preventive/non-routine) | | | | | |
| Lab | We pay: | \$50 per Day (Maximum 4 days per Calendar Year) | \$50 per Day (Maximum 4 days per Calendar Year) | \$50 per Day (Maximum 4 days per Calendar Year) | \$75 per Day (Maximum 4 days per Calendar Year) |
| X-Ray | We pay: | \$50 per Day (Maximum 4 days per Calendar Year) | \$50 per Day (Maximum 4 days per Calendar Year) | \$50 per Day (Maximum 4 days per Calendar Year) | \$100 per Day (Maximum 4 days per Calendar Year) |
| MRI/PET/CT scan | We pay: | \$200 per Day (Maximum 2 days per Calendar Year) | \$300 per Day (Maximum 2 days per Calendar Year) | \$300 per Day (Maximum 2 days per Calendar Year) | \$400 per Day (Maximum 2 days per Calendar Year) |
| Outpatient Surgical Procedure¹ | We pay: | \$500 per Day (Maximum 2 days per Calendar Year) | \$1,000 per Day (Maximum 2 days per Calendar Year) | \$1,500 per Day (Maximum 2 days per Calendar Year) | \$1,500 per Day (Maximum 2 days per Calendar Year) |
| Anesthesiologist¹ (When applicable to Outpatient Surgical Procedure) | We pay: | \$100 per Day | \$200 per Day | \$300 per Day | \$300 per Day |

Highlights of Benefits
(continued)

Cash benefits will be paid for qualifying expenses. Benefit is fixed, regardless of actual expense incurred.

| Wellness/Preventive Care Services (30 day Waiting Period applies) | | Plan 500 | Plan 750 | Plan 1000 | Plan 2000 |
|--|---------|--|---|---|---|
| Wellness/Preventive Care | We pay: | \$50 per Day <i>(Maximum 1 day per Calendar Year)</i> | \$100 per Day <i>(Maximum 1 day per Calendar Year)</i> | \$150 per Day <i>(Maximum 1 day per Calendar Year)</i> | \$200 per Day <i>(Maximum 1 day per Calendar Year)</i> |
| Accidental Loss of Life, Limb or Sight Benefit Rider | | | | | |
| Primary Insured | We pay: | \$20,000 | \$20,000 | \$20,000 | \$20,000 |
| Spouse | We pay: | \$20,000 | \$20,000 | \$20,000 | \$20,000 |
| Dependent (15 days to 26 years) | We pay: | \$5,000 | \$5,000 | \$5,000 | \$5,000 |

¹ Subject to preexisting conditions. See page 8 for details.

Exclusions/Limitations

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

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, or during any time that coverage is not in force.
- 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).
- Hospital confinement primarily to receive rehabilitation, custodial care, educational care or skilled nursing care (unless expressly provided for by the policy).
- Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any nonmotorized vehicle/conveyance, skiing or rock or mountain climbing.
- Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).
- An injury or illness arising out of, or in the course of, employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law.
- Operating a taxi or any other passenger transportation for wage, compensation or profit).
- Routine nursery charges and well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.
- Infertility treatment.
- 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.
- Treatment of mental disorders or substance use disorder.
- 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 provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Eligibility

At time of application, the primary insured and spouse (or registered domestic partner) must be between 18-64 years of age and eligible children 0-25 years of age.

Misstatement of Age

If the covered person's age 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. 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 subject to change. Your age, family status 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 hospital and surgical benefits, as outlined in the policy, for a loss which manifests due to, results from or is caused by a preexisting condition. The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date or a covered person's date of reinstatement under the policy.

"Preexisting condition" means any illness, injury or condition:

- For which medical treatment was received by a covered person within 6 months immediately preceding the covered person's effective date under the policy; or
- For which any diagnostic procedure or screening was received by the covered person within the 6 months immediately preceding the covered person's effective date under the policy that results in medical care or treatment after the covered person's effective date.

Renewability and Termination

The policy is renewable until the earliest of the following:

- The end of the premium period when the primary insured turns 65 or the primary insured's death. If the policy includes a spouse, it may be continued by the spouse after the primary insured's 65th birthday or death;
- Nonpayment of premiums when due;
- The date we decline to renew this policy or 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 not subject to medical underwriting.

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.

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>)

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 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 2023 was 57.2%.

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:

نموذجاً، فإننا نوصي بـ Golden Rule Insurance Company 1-800-657-8205 / TTY: 711. إن كان لديك أي أسئلة، فندعوك للتواصل مع فريق خدمة العملاء لدينا. نحن هنا لمساعدتك.

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ.

Դուք կարող եք իրավասվել ստորել 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.

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 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 서비스를 받을 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..

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਬਾਸ਼ੀਆ 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