

Thank you for your interest in this product

It is the mission of Golden Rule Insurance Company, as a UnitedHealthcare company, to help people live healthier lives.

We are available to answer your questions and help you without any obligation to buy. **If you need help understanding this product, call Golden Rule Insurance Company, visit uhone.com, or contact your licensed health insurance agent.**

Questions about this product may be answered by the details found in this brochure. Below is a notice required by Colorado law.

COLORADO FIXED INDEMNITY POLICY NOTICE

IMPORTANT: This is a fixed indemnity policy

NOT comprehensive health coverage insurance found in ACA-compliant plans

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance major medical health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance ACA-compliant health benefit plans.

Looking for comprehensive health insurance ACA-compliant health benefit plans?

- Visit Connectforhealthco.com or call 1-855-752-6749 (TTY: 1-855-695-5935) to find health coverage options.
- To find out if you can get health insurance through your employer, or a family member's employer, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your agent or broker.
- For complaints about the policy, contact Colorado Division of Insurance, Customer Services Team, 303-894-7490, 800-930-3745.
- To find out if you can get health insurance through your employer, or a family member's employer, contact the employer.



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



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).

This Fixed Indemnity insurance 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-05

UnitedHealthcare[®]
Golden Rule Insurance Co.

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Why choose us?



Strength and experience

UnitedHealthcare provides over 29 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.

¹UnitedHealth Group Annual Form 10-K for year ended 12/31/24.

²As of 3/12/25. 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 and works well as a supplement to your comprehensive health insurance.



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

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 7.)



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. The benefit isn't based on the total amount of your medical bill. There is a limit on how much this policy will pay each year for many of the covered benefits. 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 \$500 per Day for Injury (Combined Maximum 2 days per Calendar Year)	\$250 per Day for Illness \$500 per Day for Injury (Combined Maximum 2 days per Calendar Year)	\$250 per Day for Illness \$500 per Day for Injury (Combined Maximum 2 days per Calendar Year)	\$250 per Day for Illness \$500 per Day for Injury (Combined 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.

Accidental Loss of Life, Limb or Sight Benefit Rider ²		Plan 500	Plan 750	Plan 1000	Plan 2000
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
Optional Benefit ³					
		\$0 Telemed Unlimited	\$0 Telemed Unlimited	\$0 Telemed Unlimited	\$0 Telemed Unlimited
Telemedicine via HealthiestYou		\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)	\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)	\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)	\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)

¹ Subject to preexisting conditions. See page 10 for details.

² Loss must be within 30 days of accident.

³ Additional Premium applies.

Save with RX drug discounts and virtual care

Discounts on prescription drugs through Optum Perks are included with HSGGI plans. As an option you can also choose to add \$0 telehealth visits through HealthiestYou.¹



Rx drug discounts with Optum Perks²

There's a simple way most can save 30-80% on prescription drugs. It's called Optum Perks. Just visit perks.optum.com/uho to print your card or send it to your phone. Then at the site you can compare prescription drug 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.



Telehealth - HealthiestYou by Teladoc^{®1}

Not feeling well, but not sure you want to go to the doctor? The optional telehealth benefit provided through HealthiestYou by Teladoc 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 prescribe medication when necessary 24/7/365. No driving. No waiting rooms. No copays. That's access to quality health care without the hassle.

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

¹ HealthiestYou by Teladoc[®] and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations. It is additional premium to include this optional benefit with the Hospital SafeGuard GI plan.

² Based on pharmacy's usual and customary price. Actual savings may vary.

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.

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 if covered person is sane; 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 illegal 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).
- 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 nonmotorized 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, 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 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 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.

Eligibility

At time of application, the primary insured and spouse (person to whom you are legally married or your partner in a civil union under Colorado law) must be between 18-64 years of age. Eligible child includes your or your spouse's child less than 26 years of age who is your natural child, legally adopted child, child placed with you for adoption, child for whom legal guardianship has been awarded to you, or grandchild who is unmarried and less than 26 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.

Preexisting conditions

We will not pay hospital benefits, as outlined in the policy, for a loss which manifests due to, results from, is caused or otherwise contributed to, a

preexisting condition or complications resulting from a preexisting condition. The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date under the policy.

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

- For which medical advice, care or treatment was recommended to or 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 recommended to or 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.

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.

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

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 30 days and have the paid premium refunded. Refer to policy for details.

Underwriting

These insurance plans are not subject to medical underwriting.

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.