



Hospital Guard GI | CT, DC, ID, ND and SD

**Hospital Guard
GI provides fixed
benefit coverage to
help with out-of-
pocket costs**



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-GAP-GRI and other state variations

UnitedHealthcare®
Golden Rule Insurance Co.

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Why choose us?



Strength and experience

UnitedHealthcare provides over 26 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 12/31/21.

² As of 12/9/21. 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. State specific differences may apply.

Hospital Guard GI (HGGI)



Fill the gap

The cost of medical care, especially a hospital stay, can add up quickly. HGGI can help fill the gaps in your health coverage by providing cash to assist with paying for your deductible and non-covered expenses from a qualifying hospital stay.

HGGI provides straightforward cash benefits for inpatient hospital stays.

- Benefit payments are yours to use however you like. Save them, pay medical bills or help pay expenses if you miss work.
- You can choose any provider and are not limited to a network.
- There is no deductible to meet prior to receiving benefit payments.
- Benefits are paid regardless of other insurance.



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 HGGI, 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 submit a claim to us, then qualifying benefits will be paid in the amounts shown. We mail a check to you directly. You use it how you want.

Highlights of Benefits

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

Hospital Services (per person)		Plan A	Plan B	Plan C
Inpatient Hospital Confinement Illness/Injury (Standard Care)	We pay:	\$500 per Day <i>(Maximum 31 days per Period of Confinement)</i>	\$750 per Day <i>(Maximum 31 days per Period of Confinement)</i>	\$1,000 per Day <i>(Maximum 31 days per Period of Confinement)</i>
Inpatient ICU/CCU (In addition to Inpatient Hospital Confinement)	We pay:	\$1,000 per Day <i>(Maximum 31 days per Period of Confinement)</i>	\$1,500 per Day <i>(Maximum 31 days per Period of Confinement)</i>	\$2,000 per Day <i>(Maximum 31 days per Period of Confinement)</i>
First Hospital Admission (In addition to Inpatient Hospital Confinement; payable on the first inpatient day)	We pay:	\$1,000 per Day <i>(Maximum 1 day per Calendar Year)</i>	\$1,500 per Day <i>(Maximum 1 day per Calendar Year)</i>	\$2,000 per Day <i>(Maximum 1 day per Calendar Year)</i>

Benefits are subject to preexisting conditions. See page 7 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. Some state exceptions may apply (see State Variations). 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.
- 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 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, 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. In most states, this is only excluded if the covered person is a pilot, officer or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.
- Services performed by an immediate family member.
- 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. Some state exceptions may apply (see State Variations). 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 (as defined by state) must be between 18-64 years of age and eligible children 0-25 years of age or as required by state.

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 benefits, as outlined in the policy, for a loss which manifests due to, results from, is caused or otherwise contributed to, a preexisting condition. The preexisting condition limitation will not apply longer

than 12 months (or as required by state) after a covered person's applicable effective date under the policy.

"Preexisting condition" means 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;
- 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; or
- That manifested symptoms which would cause an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 6 months immediately preceding the covered person's effective date under the policy.

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 (or longer if required by your state) of any change in your premium.

We will make no change in your premium solely because of claims made by a covered person under the policy or a change in a covered person's health.

Renewable 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.

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

State Variations

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

Connecticut

Policy Form GIFL-GAP-GRI-06

There are no state variations.

District of Columbia

Policy Form GIFL-GAP-GRI-08

- “Eligible child” is expanded to include a minor grandchild, niece, or nephew if: a covered person is responsible for the primary care of the minor grandchild, niece or nephew; and the legal guardian of the minor grandchild, niece, or nephew if other than the covered person is not covered by an accident or sickness policy.
- “Spouse” means a person of the same or opposite sex who is legally married to the covered person under the laws of the state or jurisdiction in which the marriage took place. It includes domestic partners and civil union partners.
- The exclusion for intoxication/illegal drugs applies to a loss incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or voluntary use of illegal drugs; the intentional misuse of prescription drugs; or the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions.

Idaho

Policy Form GIFL-GAP-GRI-11

- The policy will not pay benefits for loss for hospital confinement for the first Friday or Saturday of an inpatient stay that begins on one of those days, unless it is an emergency, or medically necessary inpatient surgery is scheduled for the day after the date of admission.
- The exclusion for cosmetic treatment does not apply for reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery due to congenital disease or anomaly of a covered dependent child, as defined in the policy.
- The exclusion for loss as a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in a list of activities (sports, parachute jumping, racing or speed testing, etc), applies only if the activities are professional.

- The exclusion for fees/surcharges imposed on you or your covered dependent by a provider (including a hospital) but which are actually the responsibility of the provider to pay applies only to taxes/surcharges.
- The exclusion for any loss related to the treatment of mental disorders or substance use disorder does not apply to court ordered treatment programs for substance use disorder.
- The following exclusions do not apply:
 - Operating a taxi or any other passenger transportation services for wage, compensation, or profit.
 - Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- “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.

North Dakota

Policy Form GIFL-GAP-GRI-33

- “Eligible child” means a covered person’s child, if that child is less than 26 years of age. As used in this definition, “child” means a: natural child; legally adopted child; child placed with a covered person for adoption; or child for whom legal guardianship has been awarded to a covered person.
- The exclusion for any loss sustained while the covered person is incarcerated in any prison or other detention facility does not apply.

State Variations continued

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

South Dakota

Policy Form GIFL-GAP-GRI-40

- The exclusion for loss caused by attempt to commit a felony does not apply. However, the exclusion still applies for the actual commission of a felony.
- The exclusion does not apply for a loss due to 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.
- The exclusion for loss caused by 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 only applies if the covered person is also paid by workers' compensation.
- The exclusion for services performed by an immediate family member does not apply if they are the only provider within 50 miles and are acting within the scope of their license.

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.

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MEDICAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as *www.uhone.com*, *www.myuhone.com*, *www.uhone4me.com*, *www.myallsavers.com*, or *www.myallsaversconnect.com*. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and Federal standards, to protect against risks such as loss, destruction or misuse.

How We Use or Disclose Information. We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.

- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with Federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose health information to contact you for appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual’s care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks to a public health authority.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.

- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets Federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to Federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by Federal law.
- **Additional Restrictions on Use and Disclosure.** Certain Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information: Alcohol and Substance Abuse, Biometric Information, Child or Adult Abuse or Neglect, including Sexual Assault, Communicable Diseases, Genetic Information, HIV/AIDS, Mental Health, Minors' Information, Prescriptions, Reproductive Health, and Sexually Transmitted Diseases.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by Federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under Federal law, without your written authorization. Once you give us authorization to release your health information, we

cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, call the phone number listed on your health plan ID card.

What Are Your Rights. The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which Federal law does not require us to provide an accounting.

• **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In addition, you may obtain a copy of this notice at our websites such as www.uhone.com, www.myuhone.com, www.uhone4me.com, www.myallsavers.com, or www.myallsaversconnect.com.

• **You have the right to be considered a protected person.** (New Mexico only)

A “protected person” is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

Exercising Your Rights

• **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).

• **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.

• **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:

• Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719

• **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

Fair Credit Reporting Act Notice. In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the Federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

MIB. In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members. If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB’s file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, www.mib.com.

FINANCIAL INFORMATION PRIVACY NOTICE (Effective January 1, 2019)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

Information We Collect. Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information. We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with Federal standards to guard your personal financial information.

Confidentiality and Security. We maintain physical, electronic and procedural safeguards, in accordance with applicable state and Federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About this Notice. If you have any questions about this notice, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 1-800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711). The Notice of Privacy Practices, effective January 1, 2019, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company. To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.