

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.



AdvantageGuard fixed benefit coverage for hospital stays



THIS POLICY 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).

AdvantageGuard® is a hospital indemnity insurance product that 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 HI-GRI-CO and other state variations. | Optional Benefit Rider Forms: SA-S-3020-GRI-CO (Cancer), SA-S-3021-GRI-CO (Outpatient Provider Administered Prescription Drug), SA-S-3022-GRI-CO (Emergency Room and Urgent Care), SA-S-3023-GRI-CO (Skilled Nursing Facility), SA-S-3024-GRI-CO (Outpatient Major Diagnostic), SA-S-3025-GRI-CO (Outpatient Surgical), and SA-S-3026-GRI-CO (Ambulance).

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.

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

² As of 03/12/25. For the latest rating, access [ambest.com](https://www.ambest.com).

This is a hospital indemnity policy. THIS POLICY PROVIDES LIMITED BENEFITS. This is NOT a Medicare supplement policy nor does it fully supplement any federal Medicare health insurance or private Medicare Advantage plan. This policy should not be considered a substitute for comprehensive health insurance coverage. 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.

AdvantageGuard



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. Medicare doesn't always pay for everything – often you have some personal responsibility to cover a copay or other costs. While an AdvantageGuard plan can't keep you out of the hospital, it can supplement your comprehensive health insurance plan and help offer some cash relief with fixed cash benefits.



AdvantageGuard includes straightforward cash benefits for:

- Inpatient hospital stay for sickness or injury
- Hospital observation (12 to 24 hours)
- Inpatient hospital stay for mental or nervous disorder
- Optional benefit riders available in most states¹ for:
 - Cancer²
 - Outpatient, provider administered, prescription drugs²
 - Emergency room/urgent care visits
 - Skilled nursing facility confinement
 - Outpatient surgery
 - Ambulance trips

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



It's also good to know:

- There is no waiting period for standard plan benefits and most optional benefits^{2,3}
- Available for issue ages 60 through 90
- Plans are renewable for life as outlined in the policy



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 like Medicare, you'll likely have to pay some portion of your medical bill out-of-pocket. With a plan like AdvantageGuard, you can receive fixed cash benefits for qualified medical services, like a hospital stay, to help you cover those 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 payment you get 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 to you in the amounts shown.

¹ Additional premium applies. ² 30-day waiting period in most states for optional Cancer, and Outpatient Provider Administered Prescription Drug.

³ Preexisting Conditions apply.

Highlights of benefits

With the AdvantageGuard hospital indemnity plan, a cash benefit will be paid directly to you for a qualified hospital confinement. With a wide range of confinement benefit levels and optional benefit riders, you have the flexibility to choose the coverage that best fits your needs and budget.

Benefits per person (included in policy)	Benefit options
Inpatient Hospital Confinement for Sickness or Injury (includes observation period over 24 hours)	Benefit maximum and benefit amount must be chosen when applying: <ul style="list-style-type: none">• Max 1 day per period of confinement¹: \$50 - \$3,000 per day (in increments of \$50)• Max 3, 4, 5, 6, 7, or 10 days per period of confinement¹: \$50 - \$1,000 per day (in increments of \$50)
Hospital Observation (in lieu of Inpatient Hospital Confinement; for 12 to 24-hour period)	100% of the Inpatient Hospital Confinement benefit chosen; Max 4 days per person, per Calendar Year
Inpatient Hospital Confinement for Mental or Nervous Disorder (in lieu of Hospital Confinement for Sickness or Injury)	\$250 per day; Max 7 days per person, per Calendar Year

Plans are guaranteed issue (no underwriting) or simplified issue (some medical questions), depending on the benefits chosen. Benefits are subject to Preexisting Conditions. See page 11 for details. Calendar Year means a twelve month period beginning January 1 and ending December 31. The amount of benefits provided depends upon the plan selected, and the premium will vary with the amount of the benefits selected.

¹ Period of confinement means one or more separate or combined periods of confinement in a hospital for the same or related causes and must be separated by a minimum of 60 days from the previous Inpatient Hospital Confinement.

Highlights of optional benefits

Out-of-pocket costs are not limited to hospital stays. That's why AdvantageGuard offers optional benefits to help expand your cash benefit coverage to include other services important to you.

Optional benefit riders

Benefit rider options

Benefits are per person. Riders are available at time of application only and apply to all persons on the policy. Additional premium applies.

<p>Cancer (30-day waiting period) For first diagnosis</p>	<p>\$2,500 - \$50,000 per lifetime (in increments of \$2,500) Total amount payable will not exceed chosen benefit amount. Qualifying events include:</p> <ul style="list-style-type: none"> • Life-threatening cancer 100%, max one per lifetime • Cancer in situ 25%, max one per lifetime • Benign brain tumor 25%, max one per lifetime • Skin cancer \$500, max one per lifetime
<p>Outpatient Provider Administered Prescription Drug¹ (30 day waiting period)</p>	<p>\$100 - \$500 per day (in increments of \$100); Max 6 days per Calendar Year and 20 days per lifetime</p>
<p>Emergency Room (ER)/Urgent Care (UC) For sickness or injury (not contingent upon being confined to the hospital)</p>	<p>ER: \$100 - \$500 per day (in increments of \$100) UC: 50% of chosen ER benefit amount Combined max 4 days per Calendar Year</p>
<p>Skilled Nursing Facility For confinement due to sickness or injury</p>	<p>\$100 - \$500 per day (in increments of \$100) for days 21-100 of qualified stay per period of care²</p>
<p>Outpatient Surgical For surgery performed at outpatient surgical facility due to sickness or injury</p>	<p>\$250 - \$2,500 per day (in increments of \$250), max 2 days per Calendar Year</p>
<p>Outpatient Major Diagnostic³ For diagnosis and treatment of sickness or injury</p>	<p>\$100 - \$500 per day (in increments of \$100), max 2 days per Calendar Year</p>
<p>Ambulance Ground or air transportation for sickness or injury resulting in inpatient hospital confinement</p>	<p>Ground: \$100 - \$500 per day (in increments of \$100) Air: 10 times chosen Ground benefit amount Combined max 4 days per Calendar Year</p>

Benefits are subject to Preexisting Conditions. See page 11 for details. Calendar Year means a twelve month period beginning January 1 and ending December 31.

¹Prescription delivered by injection in outpatient provider setting. ² Skilled nursing facility confinement must begin within 30 days of inpatient hospital confinement. Period of care begins on date covered person is confined in a skilled nursing facility and ends when covered person completes 60 consecutive days without being confined in a skilled nursing facility. No benefit is payable for days 0-20 in most states. ³ Diagnostic exams include: Computerized Tomography (CT); Magnetic Resonance Imaging (MRI); Positron Emission Tomography (PET) scan; Angiogram; Computerized Tomography Angiogram Scan (CTA); Electroencephalogram (EEG); or Electrocardiogram (EKG).



UHC Member Hub and Optum Perks

Manage your AdvantageGuard plan with UHC Member Hub and save money on your prescriptions with Optum Perks discount card.



uhcmemberhub.com - connecting with your plan

With UHC Member Hub, you can manage your plan anytime including updating contact info, managing billing and submitting claims. To receive plan benefits for eligible services, go to uhcmemberhub.com and print a claim form. Complete the form for covered services. Submit the form to us along with the required information. Instructions regarding the information needed and where to send are included on the form. We will pay benefits directly to you, so you can use the money how you need.



Rx discounts with Optum Perks

There's a simple way most can save 30-80%* on prescriptions. 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 prices at stores near you. To use your savings, show your Optum Perks discount card to the pharmacy during purchase. This 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.

* 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.

NOTE: Any reference to “we,” “our” or “us” refers to Golden Rule Insurance Company.

The policy does not pay 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.
- Care or benefits which are not specifically provided for in the policy.
- Intentionally self-inflicted bodily harm if the covered person is sane.
- Any act of declared or undeclared war.
- Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- The covered person taking part in a riot.
- The covered person’s commission or attempt to commit a felony.
- 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 under the influence of illegal narcotics or controlled substance unless administered or prescribed by a physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
- Cosmetic treatment, including inpatient hospital confinement, for such services.
- Modification of the physical body in order to improve the psychological mental or emotional well-being of the covered person.
- Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy.
- Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification.
- Any treatment or procedure that either promotes or prevents conception or prevents childbirth, unless otherwise stated elsewhere in the policy.
- Pregnancy or childbirth (except for complications of pregnancy) unless expressly provided for by the policy.
- Routine nursery charges and well-baby care of a newborn infant during an inpatient hospital confinement, except as expressly provided for by the policy.
- Inpatient hospital confinement primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by the policy).
- Operating a taxi or any other passenger transportation services for wage, compensation, or profit.
- As a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following:
 - Professional or semi-professional sports; intercollegiate sports (not including intramural sports);
 - Parachute jumping; hang-gliding; para-sailing; para-planing; skydiving; bungee jumping; parakiting;
 - Racing or speed testing any motorized vehicle or conveyance; or
 - Scuba/skin diving (when diving 60 or more feet in depth.)
- As a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or to instruct:
 - Racing or speed testing any non-motorized vehicle or conveyance;
 - Rodeo sports; horseback riding;
 - Rock or mountain climbing; or
 - Skiing.

Exclusions/Limitations (continued)

(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.

- As a result of any injury 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.
- An injury or sickness 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. If you enter into a settlement that waives a covered person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. In the event that the workers' compensation insurance carrier denies coverage for your workers' compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by the agency.
- Directly or indirectly engaging in an illegal occupation or illegal activity.
- Services performed by a member of the covered person's immediate family.
- Services or supplies that are not administered or ordered by a physician.
- Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Any loss related to the treatment of substance use disorder or for court ordered treatment programs for substance use disorder.
- Any loss related to performance of an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction, or visual therapy.
- Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error.
- Any services rendered outside of the United States, except for services rendered for emergency treatment of a covered person.
- Any loss for dental services, unless a covered person sustains an injury, due to an accident, after the covered person's effective date, which results in:
 - Damage to his or her natural teeth (injury to the natural teeth will not include any injury as a result of chewing); and
 - The services resulting in the dental care are received within six months of the accident or as part of a treatment plan which was prescribed by a physician and was begun within six months of the accident.
- Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion.

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.

Definitions

First Diagnosis means diagnosis occurs for first time in covered person's lifetime after the waiting period and while the covered person's coverage is in effect under the rider.

Outpatient Provider Administered Prescription Drug means any medicinal substance labeled "RX only" that is not self-administered or administered during an inpatient hospital confinement and is manufactured and marketed under a trademark or name by a specific drug manufacturer or that we identify as a brand name product based on available data resources that classify drugs as either brand or generic.

Eligibility

At the time of application, the primary insured must be 60 years of age or older. Your spouse which is the person to whom you are legally married or your domestic partner or civil union partner is also eligible. Dependent children are not eligible.

Misstatement of Age or Residence

If your age has been misstated in the application for coverage under the policy, any future premiums will be adjusted and past premiums will be refunded or owed to us, based on your correct age. If your age has been misstated and we would not have issued coverage, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

Your premium will be based on your place of residence on the policy effective date. If your residence is misstated on your application, we will apply the correct premium amount beginning on the first premium due date you resided at that place of residence. If the change results in lower premium, we will refund any excess premium. If the change results in higher premium, you will owe us the additional premium. If your residence has been misstated and we would not have issued coverage based on your correct residence, 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 of the loss or as soon as reasonably possible.

Preexisting Conditions

We will not pay benefits under the policy for a loss which manifests due to, results from, is caused or otherwise contributed to by, a Preexisting Condition, or complications resulting from a Preexisting Condition. This limitation will not apply longer than 6 months after a covered person's applicable effective date under the policy.

Preexisting Condition means:

- Any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 6 months immediately preceding the covered person's effective date; or
- Any sickness, injury or condition 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 that results in medical care or treatment after the covered person's effective date.

Premium Change

Premium rates are subject to change. Your age, level of benefits, family status, and residence are some of the factors that could be used to determine your rate. You will be given 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.

Plan Provisions (continued)

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.

Renewability and Termination of Policy

The policy is renewable until the earliest of the following:

- Nonpayment of premiums when due, subject to the policy provisions.
- The date we receive a request from you to terminate the policy, or any later date stated in your request.
- 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.
- The date you are no longer a permanent resident of the United States.
- The date of your death, if this is a primary insured only 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

If you provide incorrect or incomplete information on your application, your coverage may be voided or claims denied.

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.