



CriticalGuard critical illness insurance



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 POLICY PROVIDES LIMITED BENEFITS. CriticalGuard® is a critical illness product that pays benefits for critical illnesses only and does not provide coverage for any other medical conditions. Benefits are provided in a stated amount, regardless of the actual expense incurred.

Golden Rule Insurance Company is the underwriter and administrator of these plans. Policy Forms: CI-C-GRI-04 (Cancer), CI-H-GRI-04 (Heart/Stroke), CI-CH-GRI-04 (Cancer + Heart/Stroke), CI-CCH-GRI-04 (Critical Illness). Rider Forms: SA-S-3007-GRI-04 (Outpatient Rx), SA-S-3009-GRI-04 (Wellness)

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.

The importance of critical illness insurance



Are you prepared if you were to experience a critical condition?

No one likes to think about being diagnosed with a serious illness like heart disease or cancer. But the reality is, if it should happen, these conditions can often have an affect on your financial well-being as much as your health. CriticalGuard pays a lump sum cash benefit for a qualifying serious illness upon First Diagnosis¹. You can use the money however you want – for bills, living expenses, out-of-pocket medical costs, and more, helping to make it easier to focus on treatment and recovery.



How does CriticalGuard work?

You choose the type of coverage you want and the benefit amount. Plans and benefit amounts range for your choice in coverage for cancer, heart-related issues, advanced illness like Alzheimer's disease, and more and are payable for First Diagnosis¹ after a 30-day waiting period² following the plan effective date.

Additionally, you have the option to add coverage for:

- Wellness
- Outpatient provider-administered prescription drugs

Benefits are paid regardless of other insurance coverage, and you use the money for what you need.



It's also good to know:

- Available for issue ages 18 through 64
- Guaranteed issue options are available for select benefit amounts and issue ages
- Plans are renewable to age 65 as outlined in the policy



Why critical illness insurance?

Even with health insurance, the cost of major critical illness can have an effect on personal finances. No one likes to think about if a critical illness could happen to them, but being prepared for the “what-ifs” of cancer, heart attack or other critical conditions (non-cancer) can make a difference.

What does it mean to be paid a lump sum cash benefit?

A lump sum cash benefit is the amount of money you receive for qualifying critical illness, paid in full, according to the terms of your policy. It can be used to help pay for unexpected medical costs, or even help with other expenses if unable to work.

¹ First Diagnosis means the first occurrence in the covered person's lifetime.

² Preexisting Conditions apply.

Start here: plans and benefits

First, choose a plan based on the Qualifying Events covered

CriticalGuard offers four plans, each defined by the type of Qualifying Events covered by the policy, so you can choose coverage that is most meaningful to you. Below is a basic summary, but more details can be found in this brochure under the sections “Plan Highlights” and “Exclusions/Limitations.”

				FULL SUITE
Qualifying Events and other benefits by plan type	Cancer	Heart/Stroke	Cancer + Heart/Stroke	Critical Illness
Cancer	✓		✓	✓
Heart/Stroke		✓	✓	✓
Other critical conditions (non-cancer)				✓
Additional services included (See page 6 and page 7 for details)	✓	✓	✓	✓
Optional benefits available (Additional premium applies, see page 7 for details.)	✓	✓	✓	✓

Next, select a Benefit Lifetime Maximum Amount, available in increments of \$5,000

You will receive up to 100% of the maximum you choose for a category of Qualifying Events (or EACH category for plans that have more than one). If a benefit received in a category is less than 100%, the remaining benefit is available and payable according to the terms of a Qualifying Event but will not exceed the maximum. Benefits are payable per person for the chosen plan and are based on First Diagnosis.

				FULL SUITE
Issue age	Cancer	Heart/Stroke	Cancer + Heart/Stroke	Critical Illness
Issue ages 18-64	\$50,000 - \$100,000	\$50,000 - \$100,000	\$50,000 - \$100,000	\$10,000 - \$100,000 ¹

¹ Benefit Lifetime Maximum Amount of \$10,000 is guaranteed issue (no underwriting).

Plan highlights

Choose from one of four plans offered: a cancer only plan, a heart illness (Heart/Stroke) only plan, a plan that combines the two together, or the Critical Illness plan which features the full suite of benefits. Qualifying Events are based on First Diagnosis. All plans have a 30-day waiting period following the plan effective date. Benefits are per covered person. **Benefit Lifetime Maximum Amount values are found on page 5.**

	FULL SUITE			
	Cancer	Heart/Stroke	Cancer + Heart/Stroke	Critical Illness
Cancer Benefit Qualifying Events	Cancer Benefit Lifetime Maximum Amount			
Invasive Cancer	100%	NA	100%	100%
Cancer in Tissue of Origin (Cancer In Situ) ¹	25%	NA	25%	25%
Benign Brain Tumor ¹	25%	NA	25%	25%
Reduced Benefits Skin Cancer ¹	\$500	NA	\$500	\$500
Heart and Stroke Benefit Qualifying Events	Heart and Stroke Benefit Lifetime Maximum Amount			
Heart Attack	NA	100%	100%	100%
Stroke	NA	100%	100%	100%
Heart Illness ¹	NA	25%	25%	25%
Critical Condition (Non-Cancer) Benefit Qualifying Events	Critical Conditions (Non-Cancer) Benefit Lifetime Maximum Amount			
Advanced Alzheimer's Disease	NA	NA	NA	100%
Amyotrophic Lateral Sclerosis (ALS)	NA	NA	NA	100%
Coma with Intubation (lasting for a period of at least 7 consecutive days)	NA	NA	NA	100%
End Stage Renal Failure	NA	NA	NA	100%
Major Organ Transplant	NA	NA	NA	100%
Additional benefits included in policy				
Intensive Care Confinement COVID Benefit ^{1,2} (Confinement to the ICU with a concurrent positive diagnosis for Coronavirus Disease (COVID))	\$10,000	\$10,000	\$10,000	\$10,000
Pregnancy Benefit ² (First Diagnosis of a Qualifying Event occurs during a covered person's pregnancy)	Additional 50% of Qualifying Event benefit	Additional 50% of Qualifying Event benefit	Additional 50% of Qualifying Event benefit	Additional 50% of Qualifying Event benefit
Optional benefits available (See page 7)				

Plans may be guaranteed issue (no underwriting) or simplified issue (some medical questions), depending on the primary insured's issue age and benefits chosen. All plans are subject to Preexisting Conditions and any other limitation, reduction or exclusion.

¹ Limited to one benefit per person, per lifetime. ² Not subject to the Benefit Lifetime Maximum Amount.

Optional benefits

Taking care of yourself shouldn't wait until after you are sick. That's why CriticalGuard offers optional benefits to help expand your coverage to include other services important to you.

These riders are only available at the time of application and apply to all persons on the policy. Additional premium applies.

Optional benefits	Benefit rider options
Benefits are per person and not subject to Benefit Lifetime Maximum Amount.	
Wellness For covered wellness exam or procedure including, but not limited to, annual physical, immunization/ vaccination, colonoscopy, and mammography. (subject to 30-day waiting period)	\$75 per exam Max 1 exam per Calendar Year
Outpatient Prescription Drug (subject to 30-day waiting period)	\$20 per prescription fill Limited to \$600 per Calendar Year



UHC Member Hub

Manage your CriticalGuard plan with UHC Member Hub



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.

uhcmemberhub.com

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.

We will not provide any benefits that are caused by or resulting from:

The following exclusions apply to all plans:

- Any care or benefits which are not specifically provided for in the policy.
- Any diagnosis which:
 - Is determined to be caused by any act of declared or undeclared war.
 - Is made by you or a member of your immediate family or household.
 - Occurs prior to a covered person’s effective date.
 - Is made outside the United States.
 - Occurs after the date on which coverage under the policy has been terminated.
 - Occurs before satisfaction of the covered person’s waiting period.
 - Occurs while the policy is not in force.
- Intentionally self-inflicted bodily harm.
- A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally qualified physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer’s recommended dosage.
- The covered person’s commission or attempt to commit a felony.
- The covered person taking part in a riot.
- A covered person’s incarceration in a state or federal prison or other detention facility.
- Any condition that is not diagnosed as a Qualifying Event. (This exclusion does not apply to the Outpatient Prescription Drug Rider or Wellness Rider, if included.)

The following exclusions apply to Cancer, Cancer + Heart/Stroke, and full suite Critical Illness plans only:

- A localized non-invasive cancer, as defined in the policy.
- Premalignant lesions, tumors or polyps, benign tumors or polyps.

The following exclusions apply to Heart/Stroke, Cancer + Heart/Stroke, and full suite Critical Illness plans only:

- Participating, instructing, demonstrating, guiding, or accompanying others in any of the following: 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; scuba/skin diving (when diving 60 or more feet in depth); or rodeo sports.
- Participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or instruct: racing or speed testing any non-motorized vehicle or conveyance; horseback riding; rock or mountain climbing; or skiing.

The following exclusion applies to full suite Critical Illness plans only:

- Intentionally medically induced Critical Condition (Non-Cancer) Benefit Qualifying Event, except in the case of major organ transplant.
- Deliberately induced comas for medical reasons.

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

- **Benefit Lifetime Maximum Amount** is the maximum amount you can receive in a lifetime for a given Qualifying Event category.
- **Calendar Year** means a 12 month period which begins at 12:00 a.m. on January 1 of any year and ends at 11:59 p.m. on December 31 of that year.
- **First Diagnosis** means a diagnosis which occurs for the first time in the covered person's lifetime after the waiting period and while the covered person's coverage is in effect under the policy.
- **Qualifying Event** means any of the specific diseases, conditions, or procedures, as defined in detail in the policy.
 - **Cancer Benefit Qualifying Event** means the following diseases or conditions for which positive First Diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession: benign brain tumor, cancer in tissue of origin (cancer in situ), invasive cancer, or reduced benefit skin cancer.
 - **Critical Condition (Non-Cancer) Benefit Qualifying Event** means the following diseases, conditions or procedures for which positive First Diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession: Advanced Alzheimer's Disease, Amyotrophic Lateral Sclerosis (ALS), coma with intubation, end stage renal failure, loss of independent living, or major organ transplant.
 - **Heart and Stroke Benefit Qualifying Event** means the following diseases, conditions or procedures for which positive First Diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession: heart attack, stroke, or heart illness.

Eligibility

At the time of application, the primary insured must be 18-64 years of age. Your spouse (person to whom you are legally married) or registered domestic partner (as defined in the policy), is also eligible. Eligible child is your, your spouse's, or registered domestic partner's child less than 26 years of age. Child includes: natural child; legally adopted child; child placed with you, your spouse, or registered domestic partner for adoption; or child for whom legal guardianship has been awarded to you, your spouse, or registered domestic partner.

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, or you fail to notify us of a change of residence, 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.

Notice of Claim

We must receive Notice of Claim within 30 days after the First Diagnosis of a Qualifying Event or as soon as reasonably possible.

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.

Preexisting Conditions

We will not pay benefits under the policy for a Qualifying Event which manifests due to, results from or is caused by, a Preexisting Condition or complications resulting from a Preexisting Condition. This 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 sickness, injury or condition for which medical treatment was recommended or received within the 12 months immediately preceding the covered person's effective date; or
- Any sickness, injury or condition for which any diagnostic procedure or screening was received by the covered person within the 12 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. The issue state, type and level of benefits and the age of the covered person on the policy effective date are some of the factors that could be used to determine your rate. Your rate may also be adjusted based on a new requirement under state or federal law or when a change in any existing state or federal requirement becomes effective which applies to the policy. 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 of Policy

The policy is renewable until the earliest of the following:

- The date the maximum benefit has been paid for the cancer, heart and stroke, critical condition (non-cancer), and COVID benefit and all riders attached (as applicable to the policy and optional benefits chosen);
- The end of the premium period when the primary insured turns 65, if your spouse or registered domestic partner is not a covered person. If premium was accepted for coverage beyond the primary insured's 65th birthday, coverage shall continue during the period for which premium was accepted.
- 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; or
- 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;
4. 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 2024 was 57.6%.

California Nondiscrimination Notice and Access to Communication Services

UnitedHealthcare does not exclude, deny covered health care benefits to or otherwise discriminate against any member on the ground of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability for participation in or receipt of the covered health care services under any of its health plans, whether carried out by us directly or through a Network Medical Group or any other entity with which we arrange to carry out covered health care services under any of its health plans.

Free services are available to help you communicate with us. Such as letters in other languages or in other formats like large print. Or you can ask for an interpreter at no charge. To ask for help, please call the toll-free number below. TTY 711

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Golden Rule Insurance Company UnitedHealthcare Life Insurance Company	Grievance Administrator PO Box 31379 Salt Lake City UT 84131-0379 Phone: (800) 657-8205 Fax: (801) 478-7595 uhoappealsandgrievances@uhc.com
The Chesapeake Life Insurance Company	Grievance Administrator PO Box 31383 Salt Lake City UT 84131-0383 Phone: (877) 296-9919 Fax: (817) 255-3585 clicoconsumeraffairs@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 (800) 657-8205 / TTY: 711

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

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

Spanish

INFORMACIÓN IMPORTANTE DEL LENGUAJE:

Puede tener derecho a los derechos y servicios a continuación. Puede obtener un intérprete o servicios de traducción sin cargo. La información por escrito también puede estar disponible en algunos idiomas sin cargo. Para obtener ayuda en su idioma, llame a su plan de salud al:

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

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

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

Chinese

重要語言信息：

您可能有權享受以下權利和服務。您可以免費獲得口譯或翻譯服務。書面信息也可能以某些語言免費提供。如需獲得您的語言幫助，請致電您的健康計劃：

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

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

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

(Arabic)

معلومات مهمة عن اللغة:

قد يحق لك الحصول على الحقوق والخدمات أدناه. يمكنك الحصول على مترجم أو خدمات ترجمة بدون مقابل. قد تكون المعلومات المكتوبة متاحة أيضاً في بعض اللغات دون مقابل. للحصول على المساعدة بلغتك، يرجى الاتصال بخطة الرعاية الصحية الخاصة بك على العنوان التالي:

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

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

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

Armenian

ԳԱՐԵՎՈՐ ԼԵԶՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ.

Դուք կարող եք իրավասվել ստորև 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 (800) 657-8205 / TTY: 711

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

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

Cambodian

ព័ត៌មានជាភាសាសំខាន់:

អ្នកអាចមានសិទ្ធិទទួលបានសិទ្ធិនិងសេវាកម្មដូចខាងក្រោម។

អ្នកអាចទទួលបានអ្នកបកប្រែឬអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ។

ព័ត៌មានដែលអាចសរសេរបានអាចមានជាភាសាមួយចំនួនដោយមិនគិតថ្លៃ។

ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅផែនការសុខភាពរបស់អ្នកនៅ:

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

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

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

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است به حقوق و خدمات زیر توجه داشته باشید. شما می توانید مترجم یا خدمات ترجمه را بدون هزینه دریافت کنید. اطلاعات نوشته شده ممکن است در بعضی از زبانها بدون پرداخت هزینه باشد. برای دریافت کمک به زبان خود، لطفاً با برنامه بهداشتی خود تماس بگیرید:

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

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

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

Hindi

महत्वपूर्ण भाषा जानकारी:

आप नीचे अधिकार और सेवाओं के हकदार हो सकते हैं। आप बिना किसी शुल्क के एक दुभाषिया या अनुवाद सेवाएं प्राप्त कर सकते हैं। बिना किसी शुल्क के लिखित जानकारी कुछ भाषाओं में भी उपलब्ध हो सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपनी स्वास्थ्य योजना यहां कॉल करें:

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

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

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

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 (800) 657-8205 / TTY: 711

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

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

Japanese

重要な言語情報 :

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Korean

중요한 언어 정보 :

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

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

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

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ. ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਗੀਦਾਰਾਂ 'ਤੇ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ' ਤੇ ਵੀ ਉਪਲਬਧ ਹੋ ਸਕਦੀ ਹੈ. ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ:

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

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Russian

ВАЖНАЯ ИНФОРМАЦИЯ ЯЗЫКА:

Вы можете иметь право на права и услуги, указанные ниже. Вы можете бесплатно получить переводчика или услуги переводчика. Письменная информация также может быть доступна на некоторых языках бесплатно. Чтобы получить помощь на своем языке, позвоните в свой план медицинского обслуживания по адресу:

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

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

Tagalog

IMPORTANTENG IMPORMASYON SA WIKA:

Maaaring may karapatan ka sa mga karapatan at serbisyo sa ibaba. Maaari kang makakuha ng isang interpreter o mga serbisyo ng 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 (800) 657-8205 / TTY: 711

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

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

Thai

ข้อมูลภาษาสำคัญ:

คุณอาจได้รับสิทธิ์และบริการด้านล่าง คุณสามารถขอรับบริการล่ามหรือแปลภาษาโดยไม่มีค่าใช้จ่าย

ข้อมูลที่เป็นลายลักษณ์อักษรอาจมีให้บริการในบางภาษาโดยไม่มีค่าใช้จ่าย

หากต้องการความช่วยเหลือในภาษาของคุณโปรดติดต่อแผนประกันสุขภาพของคุณได้ที่:

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

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

Vietnamese

THÔNG TIN NGÔN NGỮ QUAN TRỌNG:

Bạn có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể nhận dịch vụ phiên dịch hoặc dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể có sẵn bằng một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của bạn, vui lòng gọi cho chương trình sức khỏe của bạn tại:

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

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