



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-46 (Cancer), CI-H-GRI-46 (Heart/Stroke), CI-CH-GRI-46 (Cancer + Heart/Stroke), CI-CCH-GRI-46 (Critical Illness)

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). The current “A+” rating is the second highest out of 13 possible ratings.

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 Diagnosis^{1,2} following the plan effective date.

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 90
- Guaranteed issue options are available for select benefit amounts and issue ages
- Plans are guaranteed renewable for life 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 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 and benefit limits 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				✓

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	\$5,000 - \$100,000 ¹
Issue ages 65-74	\$5,000 - \$75,000 ²	\$5,000 - \$75,000 ²	\$5,000 - \$75,000 ²	\$5,000 - \$75,000 ²
Issue ages 75-90	\$5,000 - \$50,000	\$5,000 - \$50,000	\$5,000 - \$50,000	\$5,000 - \$50,000

¹ Benefit Lifetime Maximum Amount of \$5,000 or \$10,000 is guaranteed issue (no underwriting).

² Benefit Lifetime Maximum Amount of \$5,000 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. 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			
Life-Threatening Cancer	100%	NA	100%	100%
Cancer In Situ ¹	25%	NA	25%	25%
Benign Brain Tumor ¹	25%	NA	25%	25%
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 Benefit Qualifying Events	Critical Conditions Benefit Lifetime Maximum Amount			
Advanced Alzheimer's Disease	NA	NA	NA	100%
Amyotrophic Lateral Sclerosis (ALS)	NA	NA	NA	100%
Coma (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				
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

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.



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, resulting from or in connection with:

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 while the policy is not in force.
- Intentionally self-inflicted bodily harm.
- The covered person’s commission or attempt to commit a felony.
- The covered person taking part in a riot.
- Any condition that is not Diagnosed as a Qualifying Event.
- Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event, or as a result of treatment of a Qualifying Event.

The following exclusion applies to Heart/Stroke, Cancer + Heart/Stroke, and Critical Illness plans only:

- Aviation

The following exclusion applies to Critical Illness plans only:

- Intentionally medically induced Critical Condition Benefit Qualifying Event, except in the case of major organ transplant.

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 twelve 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 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 situ, life-threatening cancer, or skin cancer.
 - **Critical Condition 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, end stage renal failure, 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 18-90 years of age. Your spouse, which is the person to whom you are legally married or your domestic partner, is also eligible. Eligible child is your or your spouse's child less than 26 years of age or is 26 years old with a developmental or physical disability, as defined in the policy. Child includes: natural child; legally adopted child; child placed with you or your spouse for adoption; child for whom legal guardianship has been awarded to you and your spouse; or child not capable of self-sustaining employment due to developmental or physical disability and mainly dependent on you for support.

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, is caused or otherwise contributed to 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 under the policy.

Preexisting Condition means:

- Any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 12 months immediately preceding the covered person's effective date;
- Any sickness, injury or condition for which any diagnostic procedure or screening was recommended to or 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; or
- Any sickness, injury or symptom(s) that, in the opinion of a legally qualified physician, manifested itself in a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 12 months immediately preceding 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 45-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, and COVID benefit and all riders attached (as applicable to the policy);
- 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.