



Accidental injury only coverage

# AccidentWise

Accidents can happen unexpectedly, but that doesn't mean you can't be prepared. Our AccidentWise® plan is designed to provide cash benefits to help with the out-of-pocket costs associated with accidental injuries.

This accidental injury only coverage provides limited benefits. AccidentWise is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act. This coverage provides benefits for losses resulting from accidental bodily injury.

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## Why have accident insurance?

### AccidentWise plan to help you prepare for accidental injuries

Protecting yourself or your family also sometimes means helping to protect your budget. Medical expenses from an unexpected injury can hurt in more ways than one. Having an accident plan like AccidentWise can help you be better prepared with cash benefits to use in the way you need.



#### Cash benefits can be used to help you with:

- Deductibles, copays or coinsurance on your current health plan
- Rent/mortgage
- Car payment
- Child care
- Everyday living expenses



#### It's also good to know:

- Premiums do not increase due to age
- Issue age for primary applicant: 18 through 64



#### No maximum age limit

- These plans are renewable, as outlined in the policy provisions, as long as you pay your premiums



**Accidents happen** and AccidentWise can financially help you cover some expenses related to accidental injury and treatment. Choose from 3 budget-friendly benefit level options for a variety of covered expenses. When you receive treatment for an accidental injury, the plan pays lump-sum cash benefits. The money can be used to pay unexpected medical costs or everyday living expenses.

## Highlights of benefits

### Choose an AccidentWise plan

The AccidentWise plan is designed to help provide financial assistance for a range of accident-related expenses. From a hospital stay to outpatient surgery, diagnostic exams, and more, you can choose the right amount of benefits to fit your needs and your wallet. Review the options below to find the AccidentWise plan that's best for you.

| <b>BENEFITS</b><br>related to Accidental Injury (referred to as "Injury" here forward), per person                                                             | <b>Plan 10000</b>  | <b>Plan 15000</b>  | <b>Plan 20000</b>  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|
| <b>Hospital Admission<sup>1</sup></b><br>within 30 days of Injury<br>(one per Policy Year)                                                                     | \$10,000           | \$15,000           | \$20,000           |
| <b>Emergency Room Treatment</b><br>within 72 hours of Injury<br>(one per day; 4 per Policy Year)                                                               | \$1,000            | \$1,500            | \$2,000            |
| <b>Urgent Care Center Treatment</b><br>within 72 hours of Injury<br>(one per day; 4 per Policy Year)                                                           | \$200              | \$300              | \$400              |
| <b>Major Diagnostic Exam<sup>2</sup></b><br>within 30 days of Injury<br>(one per Policy Year)                                                                  | \$1,000            | \$1,500            | \$2,000            |
| <b>Follow-up Treatment OR<br/>Follow-up Physical Therapy<sup>3</sup></b><br>within 30 days of initial onset of Injury<br>(up to 5 visits each per Policy Year) | \$100<br>per visit | \$150<br>per visit | \$200<br>per visit |
| <b>Outpatient Surgery</b><br>within 30 days of initial onset of Injury<br>(one per Policy Year)                                                                | \$1,000            | \$1,500            | \$2,000            |
| <b>Accidental Loss of Life, Limb or Sight</b><br>within 90 days of initial onset of Injury<br>(one benefit per lifetime)                                       | \$10,000           | \$15,000           | \$20,000           |

We will not pay more than one indemnity benefit amount per day for the same, or similar, service or procedure. If such duplication occurs, we will pay the largest of the applicable benefits for that service or procedure.

<sup>1</sup> Admission means a covered stay in a hospital (as defined in policy) under the advice of a physician for no less than 24 consecutive hours and includes observation of 24 hours or more. <sup>2</sup> Exam for diagnostic CT Scan, MRI or EEG in a hospital or urgent care center related to Accidental Injury. <sup>3</sup> Follow-up Treatment must come after treatment of Accidental Injury at a hospital emergency room or urgent care center. Follow-up Treatment and Follow-up Physical Therapy received on the same day will only receive one benefit.

## Exclusions and Limitations

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 pay benefits for any loss caused by, resulting from, for, or relating to any of the following:**

- Any Accidental Injury occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force;
- Intentionally self-inflicted bodily harm;
- Any act of 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;
- Any Accidental Injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following:
  - Professional; intercollegiate sports (not including intramural sports);
  - Parachute jumping; hang-gliding; skydiving; bungee jumping; parakiting;
  - Racing or speed testing any motorized vehicle or conveyance;
  - Racing or speed testing any non-motorized vehicle or conveyance (if the covered person is paid to participate or to instruct);
  - Scuba/skin diving (when diving 60 or more feet in depth);
  - Rodeo sports; horseback riding (if the covered person is paid to participate or to instruct);
  - Rock or mountain climbing (if the covered person is paid to participate or to instruct); or
  - Skiing (if the covered person is paid to participate or to instruct);

- Any Accidental 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 Accidental 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 worker’s compensation insurance pursuant to applicable state or federal law;
- Cosmetic treatment, including hospital confinement for such services;
- Dental care except as otherwise covered for Accidental Injury to sound, natural teeth; or
- Services for which no charge is made.

## Policy 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.

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

### **Important definitions:**

- **Accidental Injury:** Sudden, non-recurrent, accidental and unanticipated damage to the body, not of gradual onset, requiring immediate medical attention. All injuries due to the same accident are deemed to be one injury. The Accidental Injury must first occur after the covered person’s coverage has become effective and while the coverage is in force under the policy.
- **Policy Year:** Each consecutive 12-month period beginning with the covered person’s effective date.



## Policy Provisions continued

### Eligibility

Plans can be issued to a primary insured ages 18 - 64 and spouse or registered domestic partner (as defined in the policy) ages 16 - 64. Eligible dependent children include your, your spouse's or your registered domestic partner's natural child, legally adopted child, child placed with you, your spouse, or your registered domestic partner for adoption, or child for whom legal guardianship has been awarded to you, your spouse, or your registered domestic partner, if that child is under 26 years of age.

### Misstatement of Residence or Age:

Your premium will be based on place of residence on the policy effective date. If your residence is misstated on your application, any future premiums will be adjusted and past premiums will be refunded or owed to us based on the correct resident address. 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.

Subject to provisions in the policy, if a covered person's age has been misstated in the application for coverage under the policy, and we would not have issued coverage for the covered person, we will refund the premium paid minus any benefit amounts paid by us, and coverage will 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.

### Premium Change

We reserve the right to change the table of premiums. On each premium's due date, the premium will be based on the rate table in effect in the state where the policy was issued. The number of covered persons and type and level of benefits on the premium due date are some of the additional factors which may be used in determining your premium rates. Your premium rates 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. We will give you written notice of at least 31 days prior to the effective date of new rates. We will not change your premium solely because of claims made under the policy or a change in a covered person's health.

### Proof of Loss

We must receive written proof of loss within 90 days of the date of loss or as soon as possible. Proof of loss furnished more than 1 year after the date written proof of loss is required to be submitted will not be accepted, unless you or your covered dependent had no legal capacity in that year.

### Renewability and Termination of Policy

The policy is guaranteed 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 we decline to renew the policy, subject to renewability provisions in the policy. We will give you advance notice, as required by state law, of the termination of your coverage.
- The date we discontinue offering and refuse to renew all policies issued on this form for all residents of the state where you reside. we will give you advance notice, as required by state law, of the termination of your coverage.
- 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. (If there are other members on the policy, continuation provisions apply.)

## **Policy Provisions continued**

### **Right to Examine**

It is important to us that you are satisfied with the coverage 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 (or as required by state) and have the paid premium refunded. Refer to policy for details.

### **Underwriting**

These insurance plans are not subject to medical underwriting. If you provide incorrect or incomplete information on your application for insurance 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 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 under the Affordable Care Act.

## 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

(<https://www.uhc.com/content/dam/uhc.com/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)

**Please review it carefully.**

## 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 The 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 The 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.
4. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of 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<br>UnitedHealthcare Life Insurance Company | Grievance Administrator<br>PO Box 31379<br>Salt Lake City UT 84131-0379<br>Phone: (800) 657-8205<br>Fax: (801) 478-7595<br>uhoappealsandgrievances@uhc.com |
| The Chesapeake Life Insurance Company                                    | Grievance Administrator<br>PO Box 31383<br>Salt Lake City UT 84131-0383<br>Phone: (877) 296-9919<br>Fax: (817) 255-3585<br>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 :**

あなたは以下の権利とサービスを受ける権利があります。通訳や翻訳サービスを無料で受けることができます。書かれた情報は、一部の言語で無償で入手できる場合もあります。あなたの言語で助けを得るためには、あなたの健康計画に電話してください :

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

### **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.

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

### **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:

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

### **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:

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

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:

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

### **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:

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