



HospitalWise

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).

HospitalWise® is a hospital indemnity insurance product that provides benefits in a stated amount regardless of actual expenses incurred.

Golden Rule Insurance Company is the underwriter and administrator of these insurance plans. Policy Forms HW-GRI-CA | Standard rider form: SA-S-3062-GRI-CA (ICU Benefit Rider) | Other plan specific rider forms: SA-S-3061-GRI-CA (Outpatient Care Benefit Rider), SA-S-3071-GRI-CA (Ambulance Benefit Rider), SA-S-3072-GRI-CA (Outpatient Major Diagnostic Benefit Rider), SA-S-3073-GRI-CA (Outpatient Surgical Benefit Rider), SA-S-3074-GRI-CA (Wellness Benefit Rider)

**United
Healthcare**

**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.

HospitalWise



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. Even with other health insurance, often you have some personal responsibility to cover a copay or other costs. While a HospitalWise plan can't keep you out of the hospital, it can help offer some cash relief with fixed cash benefits.



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. If you receive an eligible service and the claim is submitted to us, then qualifying benefits will be paid to you as determined by your plan.

- The payment you get isn't based on the size of your medical bill.
- There is a limit on how much this policy will pay for certain benefits each year.
- This plan works well as a supplement to comprehensive health insurance.

See the next page for eligible services and the fixed benefit amounts.



Choice of benefits; use the money how you want

With the HospitalWise hospital indemnity plan, a cash benefit will be paid directly to you¹ for a qualified medical expense. With 3 plans available, you can choose the coverage that best fits your needs and budget. Benefits are paid regardless of other insurance.

HospitalWise includes straightforward cash benefits for:

- Inpatient hospital stay for sickness or injury
- Intensive care unit (ICU) stay
- Hospital observation (12 to 24 hours)

Some plans also include²:

- Emergency room/urgent care visits/doctor's office visits
- Outpatient surgery and major diagnostic exams
- Ambulance trips
- Wellness visits³

It's also good to know:

- There is no waiting period for most benefits^{3,4}
- Available for issue ages 18-64
- Guaranteed issue, meaning no medical questions⁴
- Plans are renewable for life as outlined in the policy

¹ If you assign your policy benefits to a hospital or any other provider of health care services, benefits will be paid to the provider. ² Benefits vary by plan. See details on next page. ³ 30-day waiting period applies for the Wellness benefit.

⁴ Preexisting Conditions apply.

Highlights of benefits

HospitalWise is designed to help cover some of the costs related to hospital stays. There are 3 plans to choose from. All plans have the same coverage for hospital stays. The Bundle plans include additional benefits to help cover outpatient expenses. You can select the plan that works for you. The benefit is paid to you, so you get to choose how you use it.

Benefits per person	Basic	Bundle 1	Bundle 2
Inpatient Hospital Confinement for Sickness or Injury (includes observation period over 24 hours)	\$1,000 per day 10 days maximum per period of confinement ¹	\$1,000 per day 10 days maximum per period of confinement ¹	\$1,000 per day 10 days maximum per period of confinement ¹
Hospital Observation for sickness or injury (in lieu of Inpatient Hospital Confinement for Sickness or Injury; for 12 to 24-hour period)	\$1,000 per day 4 days maximum per Calendar Year	\$1,000 per day 4 days maximum per Calendar Year	\$1,000 per day 4 days maximum per Calendar Year
Intensive Care Unit confinement for sickness or injury (in addition to Inpatient Hospital Confinement for Sickness or Injury)	\$1,000 per day 10 days maximum per period of confinement ¹	\$1,000 per day 10 days maximum per period of confinement ¹	\$1,000 per day 10 days maximum per period of confinement ¹
Outpatient Care for emergency room (ER), urgent care facility (UC), or doctor's office (DO) visits due to sickness or injury	Not covered	ER: \$500 per day UC: \$250 per day DO: \$100 per day Combined maximum 4 days per Calendar Year	ER: \$750 per day UC: \$375 per day DO: \$150 per day Combined maximum 4 days per Calendar Year
Outpatient Surgical for surgery performed at outpatient surgical facility due to sickness or injury	Not covered	\$1,000 per day 2 days maximum per Calendar Year	\$2,000 per day 2 days maximum per Calendar Year
Outpatient Major Diagnostic² for diagnosis and treatment of sickness or injury	Not covered	\$500 per day 2 days maximum per Calendar Year	\$1,000 per day 2 days maximum per Calendar Year
Ambulance ground or air transportation for sickness or injury resulting in inpatient hospital confinement	Not covered	Ground: \$250 per day Air: \$2,500 per day Combined maximum 4 days per Calendar Year	Ground: \$500 per day Air: \$5,000 per day Combined maximum 4 days per Calendar Year
Wellness³ (30-day waiting period) for covered wellness exam or procedure	Not covered	Not covered	\$75 per day 1 day maximum per Calendar Year

Benefits are subject to plan provisions, Exclusions/Limitations, and all Policy Provisions.

Only one indemnity benefit amount is payable per person, per day for the same or similar service or procedure. If such duplication occurs with varying benefit amounts (i.e. Outpatient Care or Ambulance), we will pay the largest of the applicable benefits for that service or procedure. Benefits are subject to Preexisting Conditions. See page 9 for details. Calendar Year means a 12 month period beginning January 1 and ending December 31.

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.

² Outpatient major 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). ³ Examples of covered procedures include annual physical, immunization, vaccine, colonoscopy, and mammography. For a complete list, see the benefit rider with the policy.



UHC Member Hub

Manage your HospitalWise plan with UHC Member Hub



uhcmemberhub.com - connecting with your plan

With UHC Member Hub, you can manage your plan anytime including updating contact information, 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 you¹, so you can use the money how you need.

¹ If you assign your policy benefits to a hospital or any other provider of health care services, benefits will be paid to the provider.

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, or for 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.
- 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.
- 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)
- 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 skilled nursing care (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 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.
- 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.
- 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.
- Treatment of any mental or nervous disorder or 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 as a result of the accident or as part of a treatment plan which was prescribed by a physician as a result of the accident. For the purpose of this exclusion, natural teeth may include a filling or crown.
- 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.

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.

Eligibility

At the time of application, the primary insured must be 18 - 64 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, your spouse's or your 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 your registered domestic partner for adoption; or child for whom legal guardianship has been awarded to you, your spouse or your 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, 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 or is caused 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 or a covered person's date of reinstatement under the policy.

Preexisting Condition means:

- Any sickness, injury or condition for which treatment was 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 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.

Policy 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 end of the period through which premium has been paid following our receipt of your request for termination.
- 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

Plans are guaranteed issue. However, if you provide incorrect or incomplete information on your application, your coverage may be voided or claims denied.

Note 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 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. Please review it carefully.

(<https://www.uhc.com/content/dam/uhc.com/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 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 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 clicoconsumeraffairsgroup@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 أيضًا 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 ստորել 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.

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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:

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:

คุณอาจได้รับสิทธิและบริการด้านล่าง 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