



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-WA(R) | Standard rider form: SA-S-3062-GRI-WA (ICU Benefit Rider) | Other plan specific rider forms: SA-S-3061-GRI-WA (Outpatient Care Benefit Rider), SA-S-3071-GRI-WA (Ambulance Benefit Rider), SA-S-3072-GRI-WA (Outpatient Diagnostic Benefit Rider), SA-S-3073-GRI-WA (Outpatient Surgical Benefit Rider), SA-S-3074-GRI-WA (Health Screening Benefit Rider)

**United
Healthcare**

**Golden Rule
Insurance Co.**

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Why choose us?



Strength and experience

UnitedHealthcare provides over 29 million Americans with access to health care.¹ Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of plans featured in this brochure. We have been serving the specific needs of individuals and families buying their own coverage for over 80 years.



Highly rated

Golden Rule Insurance Company is rated "A+" (Superior) by A.M. Best.² This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability.



Your satisfaction is our goal

We understand the importance of your time and concern for the value of your health care dollars. Our goal for every customer is an insurance plan at a price that fits their needs and budget.

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

² As of 3/12/25. 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 diagnostic exams
- Ambulance trips
- Health screening visits

It's also good to know:

- There is no waiting period³
- Available for issue ages 18-64
- Guaranteed issue, meaning no medical questions³
- 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 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 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
Health Screening³ for covered health screening 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 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 pap smear, 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, for, or relating to any of the following:

- A loss occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- Care or benefits which are not specifically provided for in the policy.
- Intentionally self-inflicted bodily harm.
- 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 participation in a felony.
- Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- Pregnancy (except for complications of pregnancy) unless expressly provided for by the policy.
- Aviation.
- Benefits provided under any state or federal workers' compensation, employer's liability or occupational disease law.
- Services performed by a member of the covered person's immediate family.
- Any loss related to the 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 any examination or fitting related to eyeglasses or hearing aids.
- Any services rendered outside of the United States, except for services rendered for emergency treatment of a covered person.
- Dental care or treatment.

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 registered domestic partner is also eligible. Eligible child is your or your spouse's child less than 26 years of age or 26 years old or older with a developmental or physical disability (not capable of self-sustaining employment due to developmental or physical disability and mainly dependent on you for support). Child includes: natural child; legally adopted child; child placed with you or your spouse for adoption; or child for whom legal guardianship has been awarded to you and your spouse.

Misstatement of Age or Residence

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

Your premium will be based on your place of residence on the policy effective date. If your residence is misstated on your application, we will apply the correct premium amount beginning on the first premium due date you resided at that place of residence. If the change results in lower premium, we will refund any excess premium. If the change results in higher premium, you will owe us the additional premium. If your residence has been misstated and we would not have issued coverage based on your correct residence, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

Notice of Claim

We must receive notice of claim within 30 days of the date of the loss or as soon as reasonably possible.

Preexisting Conditions

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

Preexisting Condition means:

- Any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 6 months immediately preceding the covered person's effective date;
- Any sickness, injury or condition for which any diagnostic procedure or screening was recommended to or received by the covered person within the 6 months immediately preceding the covered person's effective date that results in medical care or treatment after the covered person's effective date; or
- Any sickness, injury or symptom(s) that, in the opinion of a 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 6 months immediately preceding 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 45-day notice of any change in your premium.

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/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)

Conditions prior to coverage (applicable with or without the conditional receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by Golden Rule Insurance Company
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment
3. The policy is: (a) issued by Golden Rule Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded. Keep an electronic copy of this document. It has important information.