



Hospital SafeGuard GI provides fixed benefit coverage to help with the unexpected

Hospital SafeGuard GI | AK, AL, AR, AZ, DE, FL, GA, HI, IA, IL, IN, KY, LA, MD, ME,
MI, MN, MO, MS, NC, NE, NV, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WV and WY



THIS PRODUCT 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).

This Fixed Indemnity insurance product provides limited benefits in a stated amount regardless of the actual expenses incurred.

Golden Rule Insurance Company is the underwriter and administrator of these plans.
Policy Form GIF1-GRI and other state variations

UnitedHealthcare®
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.

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

²As of 3/12/25. For the latest rating, access [ambest.com](https://www.ambest.com).

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. State specific differences may apply.

Hospital SafeGuard GI (HSGGI)



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. While an HSGGI plan can't keep you out of the hospital, it can help offer some cash relief with fixed cash benefits and works well as a supplement to your comprehensive health insurance.



HSGGI includes straightforward cash benefits for:

- Inpatient hospital visits
- Outpatient surgical visits
- Doctor's office/urgent care visits for illness or injury
- Emergency Room
- Ambulance
- Diagnostic imaging and testing
- Wellness/Preventive care

Benefits are paid regardless of other insurance. Details about the benefits paid for these services are on the next page.



If a serious accident happens

If an accident happens that causes the loss of life, limb or sight (blindness), within 30 days of the date of the accident, we will pay a cash benefit.¹ (See page 7.)



Why hospital insurance?

Though no one expects to go to the hospital, that is probably the best reason for hospital insurance – help for the unexpected. Even with other insurance most people will have to pay some portion of their medical bill out of pocket. With a plan like HSGGI, you can receive fixed cash benefits for qualified medical services, like a hospital stay, to help you cover those out-of-pocket expenses, and you can use it however you see fit.

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. The benefit isn't based on the total amount of your medical bill. There is a limit on how much this policy will pay each year for many of the covered benefits. See amounts on the next page. If you receive an eligible service and the claim is submitted to us, then qualifying benefits will be paid in the amounts shown to your provider or to you.

¹ Loss must be within 90 days in MD. Accidental Loss of Life, Limb or Sight Benefit Rider is not available in VA.

Highlights of benefits

Cash benefits will be paid for qualifying expenses. Benefit is fixed, regardless of actual expense incurred.

Hospital Services (per person)		Plan 500	Plan 750	Plan 1000	Plan 2000
Inpatient Hospital Confinement Illness/ Injury¹ (Standard Care)	We pay:	\$500 per Day (Maximum 31 days per Period of Confinement)	\$750 per Day (Maximum 31 days per Period of Confinement)	\$1,000 per Day (Maximum 31 days per Period of Confinement)	\$2,000 per Day (Maximum 31 days per Period of Confinement)
Inpatient ICU/CCU¹ (In addition to Inpatient Hospital Confinement)	We pay:	\$500 per Day (Maximum 31 days per Period of Confinement)	\$750 per Day (Maximum 31 days per Period of Confinement)	\$1,000 per Day (Maximum 31 days per Period of Confinement)	\$2,000 per Day (Maximum 31 days per Period of Confinement)
First Hospital Admission¹ (In addition to Inpatient Hospital Confinement; payable on the first inpatient day)	We pay:	\$1,000 per Day (Maximum 1 day per Calendar Year)	\$1,500 per Day (Maximum 1 day per Calendar Year)	\$2,000 per Day (Maximum 1 day per Calendar Year)	\$2,500 per Day (Maximum 1 day per Calendar Year)
Inpatient Surgical Procedure¹	We pay:	\$500 per Day (Maximum 2 days per Calendar Year)	\$500 per Day (Maximum 2 days per Calendar Year)	\$1,000 per Day (Maximum 2 days per Calendar Year)	\$1,500 per Day (Maximum 2 days per Calendar Year)
Anesthesiologist¹ (When applicable to Inpatient Surgical Procedure)	We pay:	\$100 per Day	\$100 per Day	\$200 per Day	\$300 per Day
Emergency Room¹	We pay:	\$250 per Day for Illness \$500 per Day for Injury (Combined Maximum 2 days per Calendar Year)	\$250 per Day for Illness \$500 per Day for Injury (Combined Maximum 2 days per Calendar Year)	\$250 per Day for Illness \$500 per Day for Injury (Combined Maximum 2 days per Calendar Year)	\$250 per Day for Illness \$500 per Day for Injury (Combined Maximum 2 days per Calendar Year)
Ambulance	We pay:	\$500 per Day Ground/Water \$3,000 per Day Air (Combined Maximum 2 days per Calendar Year)	\$500 per Day Ground/Water \$3,000 per Day Air (Combined Maximum 2 days per Calendar Year)	\$500 per Day Ground/Water \$5,000 per Day Air (Combined Maximum 2 days per Calendar Year)	\$500 per Day Ground/Water \$5,000 per Day Air (Combined Maximum 2 days per Calendar Year)
Outpatient Services (per person)					
Doctor's Office/Urgent Care Visits Illness or Injury	We pay:	\$50 per Day (Maximum 4 days per Calendar Year)	\$75 per Day (Maximum 4 days per Calendar Year)	\$100 per Day (Maximum 4 days per Calendar Year)	\$100 per Day (Maximum 6 days per Calendar Year)
Outpatient Diagnostic Imaging and Testing Services (non-preventive/non-routine)					
Lab	We pay:	\$50 per Day (Maximum 4 days per Calendar Year)	\$50 per Day (Maximum 4 days per Calendar Year)	\$50 per Day (Maximum 4 days per Calendar Year)	\$75 per Day (Maximum 4 days per Calendar Year)
X-Ray	We pay:	\$50 per Day (Maximum 4 days per Calendar Year)	\$50 per Day (Maximum 4 days per Calendar Year)	\$50 per Day (Maximum 4 days per Calendar Year)	\$100 per Day (Maximum 4 days per Calendar Year)
MRI/PET/CT scan	We pay:	\$200 per Day (Maximum 2 days per Calendar Year)	\$300 per Day (Maximum 2 days per Calendar Year)	\$300 per Day (Maximum 2 days per Calendar Year)	\$400 per Day (Maximum 2 days per Calendar Year)
Outpatient Surgical Procedure¹	We pay:	\$500 per Day (Maximum 2 days per Calendar Year)	\$1,000 per Day (Maximum 2 days per Calendar Year)	\$1,500 per Day (Maximum 2 days per Calendar Year)	\$1,500 per Day (Maximum 2 days per Calendar Year)
Anesthesiologist¹ (When applicable to Outpatient Surgical Procedure)	We pay:	\$100 per Day	\$200 per Day	\$300 per Day	\$300 per Day

Highlights of benefits (continued)

Cash benefits will be paid for qualifying expenses. Benefit is fixed, regardless of actual expense incurred.

Wellness/Preventive Care Services ² (30 day Waiting Period applies)		Plan 500	Plan 750	Plan 1000	Plan 2000
Wellness/Preventive Care	We pay:	\$50 per Day (Maximum 1 day per Calendar Year)	\$100 per Day (Maximum 1 day per Calendar Year)	\$150 per Day (Maximum 1 day per Calendar Year)	\$200 per Day (Maximum 1 day per Calendar Year)
Accidental Loss of Life, Limb or Sight Benefit Rider ³					
Primary Insured	We pay:	\$20,000	\$20,000	\$20,000	\$20,000
Spouse	We pay:	\$20,000	\$20,000	\$20,000	\$20,000
Dependent (15 days to 26 years, or as required by state)	We pay:	\$5,000	\$5,000	\$5,000	\$5,000
Optional Benefit ⁴					
		\$0 Telemed Unlimited	\$0 Telemed Unlimited	\$0 Telemed Unlimited	\$0 Telemed Unlimited
Telemedicine via HealthiestYou		\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)	\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)	\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)	\$0 General Physician consultation 24 hours a day by mobile app, web, or phone. (Additional charge applies for Behavioral Health or Dermatology consultation)

¹ Subject to preexisting conditions. See page 11 for details.

² Waiting period does not apply in MD.

³ Loss must be within 30 days of accident in most states (within 90 days in MD). Accidental Loss of Life, Limb or Sight Benefit Rider is not available in VA.

⁴ Additional Premium applies.

Save with network providers

With HSGGI plans, you can use any health provider, but you may save money if you visit a MultiPlan network provider



Save using MultiPlan's nationwide network

HSGGI benefits are paid the same, regardless of which licensed providers you use. However, you can save with discounts available through the MultiPlan Network for Limited Benefit Plans. MultiPlan offers access to over 4,400 hospitals and 980,000 health care professionals.¹ Network providers have agreed to offer discounts on covered services which are reflected in your final bill. (Discounts for non-covered services are at the provider's discretion.) Discounted costs for services mean you may be able to reduce your out-of-pocket costs for medical services. If you have a major medical plan, you may need to stay with certain networks and providers to get the most coverage out of that plan. Be sure to take that into consideration.



How to receive benefits:

- For the MultiPlan Network for Limited Benefit Plans discounts to apply, benefits must be paid directly to the provider. Ask your provider for the assignment of benefits form.
- Claims for covered services are submitted by the provider who is then paid by the insurance plan. If the payment is less than the claim amount, you pay the difference to the provider. If the payment is more than the claim amount, after the provider is paid, the remaining benefit is paid to you by check.
- Alternatively, you may submit a claim form for covered services you have paid, and we will reimburse you directly.



Find your doctor

Visit multiplan.com/fixedindemnity to see if your doctor is a part of the MultiPlan Network for Limited Benefit Plans.

MultiPlan's network is not insurance. It is a discount program only.

¹ Reference: MultiPlan Network Composition Summary, April 2022

More ways to help you save money

Discounts on prescriptions through Optum Perks are included with HSGGI plans. As an option you can also choose to add \$0 telehealth visits through HealthiestYou.¹



Rx discounts with Optum Perks²

There's a simple way most can save 30-80% on prescriptions. It's called Optum Perks. Just visit perks.optum.com/uho to print your card or send it to your phone. Then at the site you can compare prescription prices at stores near you. To use your savings, show your Optum Perks discount card to the pharmacy during purchase. A little card could make a big difference.

Note: The Optum Perks card is not insurance. It is a discount program only and available to the general public.



Telehealth - HealthiestYou by Teladoc^{®1}

Not feeling well, but not sure you want to go to the doctor? The optional telehealth benefit provided through HealthiestYou by Teladoc makes it easy to see a doctor without leaving home. Just meet with a doctor by phone or video at no extra charge to you. They can diagnose and treat illnesses and prescribe medication when necessary 24/7/365. No driving. No waiting rooms. No copays. That's access to quality health care without the hassle.

Note: For additional fees, visits with psychiatrists, psychologists and dermatologists are also available.

¹ HealthiestYou by Teladoc[®] and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations. It is additional premium to include this optional benefit with the Hospital SafeGuard GI plan.

² Based on pharmacy's usual and customary price. Actual savings may vary.

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. Some state exceptions may apply (see State Variations). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Exclusions and/or limitations

The policy may limit or exclude 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.
- Any act of war; intentionally, self inflicted, bodily harm; or participation in a riot; or commission or attempt to commit a felony.
- Active service in the armed forces or related auxiliaries.
- A covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage.
- Cosmetic treatment.
- Pregnancy or childbirth (except for complications of pregnancy).
- Hospital confinement primarily to receive rehabilitation, custodial care, educational care or nursing services (unless expressly provided for by the policy).
- Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any nonmotorized vehicle/conveyance, skiing or rock or mountain climbing.
- Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplanning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).
- An injury or illness 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.
- Operating a taxi or any other passenger transportation for wage, compensation or profit).
- Routine nursery charges and well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.
- Infertility treatment.
- Injuries sustained while operating, riding in or descending from any type of non-commercial aircraft. In most states, this is only excluded 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.
- Services performed by an immediate family member.
- Fees/surcharges imposed by a provider (including a hospital), but which are actually the responsibility of the provider to pay.
- Services or supplies that are not medically necessary to the diagnosis or treatment of an illness or injury.
- Any loss sustained while the covered person is incarcerated in any prison or other detention facility.
- Any loss related to the treatment of mental disorders or substance use disorder.
- Any loss related to an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Any loss for dental expenses, except as expressly provided for by the policy.
- Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction or visual therapy.
- Any services rendered outside of the U.S., except for emergency treatment for a covered person.
- Experimental or investigational treatment(s).

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. Some state exceptions may apply (see State Variations). The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Eligibility

At time of application, the primary insured and spouse (as defined by state) must be between 18-64 years of age (18-60 in DE and MD) and eligible children 0-25 years of age or as required by state.

Misstatement of age

If the covered person's age has been misstated on the covered person's application for coverage under the policy, any future premiums may be adjusted and past premiums may be refunded or owed to us based on the correct age. If a covered person's age has been misstated and we would not have issued coverage for that covered person, 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 the loss began or as soon as reasonably possible.

Preexisting conditions

We will not pay hospital benefits, as outlined in the policy, for a loss which manifests due to, results from, is caused or otherwise contributed to, a preexisting condition. The preexisting condition limitation will not apply longer than 12 months (or as required by state) after a covered person's applicable effective date under the policy.

"Preexisting condition" means any illness, injury or condition:

- For which medical advice, care or treatment was recommended to or received by a covered person within 6 months immediately preceding the covered person's effective date under the policy;
- 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 under the policy that results in medical care or treatment after the covered person's effective date; or
- That manifested symptoms which would cause 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 under the policy.

Premium

Premium rates are subject to change. Your age, family status and level of coverage are some factors that could be used to determine your premium rate. You will be given at least a 31-day notice (or longer if required by your state) 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

The policy is renewable until the earliest of the following:

- The end of the premium period when the primary insured turns 65 or the primary insured's death. If

the policy includes a spouse, it may be continued by the spouse after the primary insured's 65th birthday or death;

- Nonpayment of premiums when due;
- The date we decline to renew this policy or the date we discontinue offering and refuse to renew all policies issued on this form for all residents of the state where you reside;
- The date we receive a request from you to terminate the policy; or
- The date there is fraud or a material misrepresentation made by or with the knowledge of a covered person

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 30 days and have the paid premium refunded. Refer to policy for details.

Underwriting

These insurance plans are not subject to medical underwriting.

THIS IS NOT QUALIFYING HEALTH CARE COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT.

State variations

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Alabama

Policy Form GIFI-GRI-01

There are no state variations.

Alaska

Policy Form GIFI-GRI-50

We will provide at least 45 days' written notice of plan or premium changes.

Arizona

Policy Form GIFI-GRI-02

The exclusion for services performed by an immediate family member does not apply.

Arkansas

Policy Form GIFI-GRI-03

There are no state variations.

Delaware

Policy Form GIFI-GRI-07

- Maximum issue age is 60.
- Office, urgent care, and/or wellness benefits include services for chronic care management and primary care services, as defined in the policy, at the greater of the indemnity benefit shown in the policy or 100% of the Medicare rate for the procedure.

Florida

Policy Form GIFI-GRI-09

- We will provide at least 45 days' written notice of plan or premium changes.
- "Eligible child" means your or your spouse's child, if that child is under 26 years of age; or 26 years of age and older up to the child's 31st birthday, unmarried, and not covered by any other health benefit plan.

Georgia

Policy Form GIFI-GRI-10

We will notify you in writing at least 60 days in advance of a premium change.

Hawaii

Policy Form GIFI-GRI-51

"Covered person", "Dependent", and "Immediate family" include reciprocal beneficiary. "Reciprocal beneficiary" means an adult who along with another adult are parties to a valid reciprocal beneficiary relationship and meet the requisites for a valid reciprocal beneficiary relationship as defined in HAW. REV. STAT. §572c-4.

Illinois

Policy Form GIFI-GRI-12

- "Eligible child" means your or your spouse's child, if that child is:
 - A. Less than 26 years of age; or
 - B. Less than 26 years of age and in foster care; or
 - C. Less than 30 years of age and all of the following:
 - 1) Is an Illinois resident;
 - 2) Has served as a member of the United States Armed Forces;
 - 3) Has received a release or discharge other than a dishonorable discharge; and
 - 4) Has submitted a copy of his/her form DD-214 Certificate of Release or Discharge from active duty to us stating the date on which the dependent was released from service.
- "Spouse" means the person to whom you are legally married or your partner in civil union under Illinois law.

State variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Illinois, continued

- The exclusions for the following do not apply:
 - Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing or rock or mountain climbing.
 - Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplanning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).

Indiana

Policy Form GIFI-GRI-13

Eligible child includes step-child.

Iowa

Policy Form GIFI-GRI-14

There are no state variations.

Kentucky

Policy Form GIFI-GRI-16

- The exclusion does not apply for fees/surcharges imposed by a provider (including a hospital) but which are actually the responsibility of the provider to pay.
- We must receive notice of claim within 60 days of the date the loss began or as soon as reasonably possible.

Louisiana

Policy Form GIFI-GRI-17

- Other than rate changes due to covered person changes and/or benefit changes, rates for this policy will not change during the initial 12 months following the policy effective date for initial covered persons and not more than once in any six month period following that initial 12 month period.
- We will provide at least 45 days' written notice of plan or premium changes.
- The exclusion for a loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply if a covered person is detained in a correctional facility and has not been adjudicated or convicted of a criminal offense.

Maine

Policy Form GIFI-GRI-18

- We will provide at least 60 days' written notice of plan or premium changes.
- "Spouse" includes domestic partner.

Maryland

Policy Form GIFI-GRI-19

- Maximum issue age is 60.
- We will provide at least 45 days' written notice of plan or premium changes.
- There is no waiting period for Wellness visits.
- If the hospital's utilization review program requires an objective second opinion when a covered person is an inpatient in a hospital, we will pay the Second Opinion Benefit of \$100 per day with a maximum of 1 per period of confinement.

State variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Maryland, continued

- “Eligible child” is expanded to include a grandchild who is unmarried under 26 years of age, in your court-ordered custody, resides with you, and is your dependent.
- The following exclusions do not apply:
 - Participation in a riot; or commission or attempt to commit a felony.
 - A covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage.
- There is an exclusion for expenses of a prohibited referral, as required by Maryland laws and regulations.
- We will not pay benefits, as outlined in the policy, for a loss which manifests due to, results from, is caused or otherwise contributed to, or complications resulting from a preexisting condition, unless:
 - A covered person’s preexisting condition was fully disclosed to us on your application for insurance under the policy; and
 - Coverage of the preexisting condition has not been excluded or limited by name or specific description on a signed waiver rider, attached to the policy.The preexisting condition limitation will not apply longer than 12 months after a covered person’s applicable effective date under the policy.
- The Accidental Loss of Life, Limb, or Sight Benefit Rider applies to an injury within 90 days of an accident.
- If a covered person is hospital confined on the date the covered person ceases to be insured under the policy, we will continue to pay benefits for the hospital confinement until the earlier of:
 - The date the covered person is discharged from the hospital; or
 - 12 months after the date the covered person ceases to be insured under the policy.However, no benefits are provided under the provision if the policy is terminated because of:
 - A request by you;
 - Fraud or material misrepresentation on your part; or
 - Your failure to pay the required premiums when due; or
 - Coverage is provided to a covered person by a succeeding health benefit plan that:

* Is provided at a cost to a covered person that is less than or equal to the cost to the covered person of the extended benefit provided under the provision; and

* Does not result in an interruption of benefits.

Michigan

Policy Form GIFI-GRI-21

- The exclusions for the following do not apply:
 - For intentionally self-inflicted bodily harm.
 - For participation in a riot.
 - For a covered person being intoxicated as defined by applicable state law or under the influence of narcotics or controlled substances or taking over the counter drug other than as the recommended dosage.
- There is an exclusion for any illness or injury incurred as a result of the covered person’s committing or attempting to commit a misdemeanor or felony, whether or not charged, or which a contributing cause was the covered person’s being engaged in an illegal occupation or other willful criminal activity.

Minnesota

Policy Form GIFI-GRI-22

“Eligible child” is expanded to include a grandchild who is financially dependent upon, and resides with, you or your spouse continuously from birth.

Mississippi

Policy Form GIFI-GRI-23

- We will provide at least 75 days’ written notice of plan or premium changes.
- The Misstatement of Age provision does not apply.

Missouri

Policy Form GIFI-GRI-24

- The exclusion for any loss sustained while the covered person is incarcerated in any prison or other detention facility does not apply.

State variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Nebraska

Policy Form GIFI-GRI-26

- The exclusions related to racing or speed testing apply to organized racing.
- “Preexisting condition” means any illness, injury or condition:
 - For which medical advice, care or treatment was recommended to or received by a covered person within 6 months immediately preceding the covered person’s effective date under the policy; or
 - 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 under the policy that results in medical care or treatment after the covered person’s effective date.

Nevada

Policy Form GIFI-GRI-27

- We will provide at least 60 days’ written notice of plan or premium changes.
- “Spouse” means the person to whom you are legally married or your domestic partner.
- The exclusion related to the covered person’s commission or attempt to commit a felony applies only to a felony for which the covered person has been convicted. This exclusion does not apply if a covered person is the victim of domestic violence, regardless of whether the covered person contributed to any loss or injury.
- The exclusion related to covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage does not apply.

North Carolina

Policy Form GIFI-GRI-32

- Other than rate changes due to covered person changes and/or benefit changes, rates for this policy will not change during the initial 12 months following the policy effective date, and not more than once in any 12 month period following the initial 12 month period.

- We will provide at least 45 days’ written notice of plan or premium changes.
- The exclusion for loss as a result of any act of declared or undeclared war does not apply to acts of terrorism.
- The exclusion for cosmetic treatment does not apply to congenital defects and anomalies.
- The exclusion for loss arising out of, or in the course of, employment for wage or profit if the covered person is insured or required to be insured by worker’s compensation was replaced with the following: An occupational injury or illness which is paid under the North Carolina Workers’ Compensation Act only to the extent such services or supplies are the liability of the employee, employer, or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.
- “Preexisting condition” means any illness, 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; or any illness, 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. Preexisting conditions are covered under this policy 12 months after the effective date of coverage.

Ohio

Policy Form GIFI-GRI-34

There are no state variations.

State variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Oklahoma

Policy Form GIFI-GRI-35

- The exclusion for act of war applies to : Any act of declared or undeclared war while serving in the military or naval service, or any auxiliary unit of the United States, including but not limited to:
 - Service as a member of a Regular or Reserve component of the U.S. Army, Air Force, Navy, Coast Guard, or Marine Corps;
 - Service as a commissioned officer of the Public Health Service or National Oceanic and Atmospheric Administration; or
 - Military or naval service in an auxiliary military organization, including but not limited to the Coast Guard Auxiliary, the temporary Coast Guard Reserve, the Civilian Auxiliary to the Military Police or the Civil Air Patrol.
- The exclusion for intoxication is replaced with: A loss sustained while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor.
- The following exclusions do not apply:
 - For operating a taxi or passenger transportation.
 - For any injury sustained while participating, demonstrating, instructing, guiding, or accompanying others in certain activities (i.e. semi- and professional sports, parachuting, rodeo sports, etc) or any injury while paid to participate or instruct in certain activities (i.e. horseback riding, racing etc.)
- The exclusion for injuries sustained while operating, riding in or descending from any type of non-commercial aircraft applies to motorized or non-motorized aircraft and also includes jumping out of aircraft.

Pennsylvania

Policy Form GIFI-GRI-37

- The exclusion for participation in a riot is specifically for injuries due to participating in a riot.
- In the exclusion for a loss incurred due to a covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances, the taking of over the counter drugs other than as the recommended dosage does not apply.
- The exclusion for cosmetic treatment does not apply when necessitated by a loss from a covered illness or injury.

- In the exclusion for any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth), “accompanying others” does not apply.

Rhode Island

Policy Form GIFI-GRI-38

“Spouse” means the person to whom you are legally married or your partner in a civil union under Rhode Island Law.

South Carolina

Policy Form GIFI-GRI-39

The exclusion for a covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage does not apply.

Tennessee

Policy Form GIFI-GRI-41

The exclusion for any loss related to an abortion does not apply if the life of the mother would be endangered if the fetus were carried to term or if the fetus is not viable.

Texas

Policy Form GIFI-GRI-42

- “Eligible child” is expanded to include a child for which you or your spouse are party to a suit seeking to adopt the child; or your or your spouse’s grandchild that is unmarried, less than 26 years of age, and is your or your spouse’s dependent for federal income tax purposes at the time of application.

State variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Texas, continued

- The following exclusions do not apply:
 - Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing or rock or mountain climbing.
 - Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).
 - Services performed by an immediate family member.
 - Any services rendered outside of the U.S., except for emergency treatment for a covered person.
- Dependent child on Accident Loss of Life, Limb or Sight Benefit Rider is covered from birth to 26 years.

Utah

Policy Form GIFI-GRI-43

- We will provide at least 45 days' written notice of plan or premium changes.
- "Eligible child" is expanded to include your child for whom you are required by a court or administrative order to provide medical coverage. An eligible child also includes a disabled eligible child, regardless of age. "Disabled eligible child" means an unmarried eligible child who is and continues to be:
 - Unable to engage in substantially gainful employment to the degree that the child can achieve economic independence due to a medically determined physical or mental impairment which can be expected to result in death, or which has lasted, or can be expected to last, for a continuous period of not less than 12 months; and
 - Chiefly dependent upon you for support and maintenance since the child reached the age of 26.
- The exclusion for participation in a riot applies only if it is voluntary.

- The exclusion for commission or attempt to commit a felony applies only if it is voluntary.
- The exclusion for a covered person being intoxicated as defined by applicable state law or under the influence of illegal narcotics or controlled substances or taking over the counter drug other than as the recommended dosage applies only if the loss is a direct result of the covered person being found guilty of voluntarily participating in an illegal activity while being intoxicated or under the influence of narcotics or controlled substance.
- The exclusion does not apply for any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).

Virginia

Policy Form GIFI-GRI-45

- This is a Fixed Indemnity Hospital Insurance product.
- The Accidental Loss of Life, Limb or Sight Benefit Rider is not available.
- The Misstatement of Age provision is revised: If a covered person's age has been misstated in the application for coverage under the policy, the benefits will be those the premium paid would have purchased based on the covered person's correct age. If a covered person's age has been misstated and, if according to the correct age of the insured, the coverage provided by the policy would not have become effective or would have ceased prior to the acceptance of the premium, then our liability will be limited to the refund, upon request, of all premiums paid for the period not covered by the policy.
- The following exclusions do not apply:
 - Active service in the armed forces or related auxiliaries.
 - Infertility treatment.
 - Operating a taxi or other passenger transportation for wage, compensation or profit.

State variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Virginia, continued

- The following exclusions do not apply (continued):
 - Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any nonmotorized vehicle/conveyance, skiing or rock or mountain climbing.
 - Any injury sustained while participating, demonstrating, instructing, guiding or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, parasailing, paraplaning, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).
 - Any loss sustained while the covered person is incarcerated in any prison or other detention facility.
 - Any loss related to an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
 - Experimental or investigational treatment(s).
- The exclusion for intoxication or being under the influence is revised: A loss incurred as a result of the covered person being drunk or under the influence of any narcotics unless taken on the advice of a doctor.
- In the exclusion for cosmetic treatment, 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.
- The exclusion for pregnancy does not apply to complications of pregnancy or pregnancy following an act of rape when reported to police within 7 days of occurrence; or up to 180 days for an act of rape or incest of a female under 13 years of age.
- The exclusion for injuries sustained while operating, riding in or descending from any type of non-commercial aircraft was replaced with aviation.
- The exclusion regarding workers' compensation applies only if the person is insured by workers' compensation.
- "Preexisting condition" means any illness, injury or condition: for which medical advice, care or treatment was recommended by a doctor or received by a covered person within 6 months immediately preceding the covered person's effective date under the policy; for which any diagnostic procedure was recommended to or received by the covered person within the 6 months immediately preceding the covered person's effective date under the policy; or the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care, or treatment within the 6 months immediately preceding the covered person's effective date under the policy.
- In the Termination provision, the following termination events do not apply:
 - The date we decline to renew this policy or the date we discontinue offering and refuse to renew all policies issued on this form for all residents of the state where you reside;
 - The date there is fraud or a material misrepresentation made by or with the knowledge of a covered person.
 - There is a Cancellation by Us provision that states we may cancel the policy at any time by written notice delivered to you or mailed to the last address shown in our records, stating when, no less than 31 days thereafter, the cancellation will be effective.
- 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 of such conditional receipt unless we have previously notified you in writing of the disapproval of such application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

State variations continued

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

West Virginia

Policy Form GIFI-GRI-47

There are no state variations.

Wisconsin

Policy Form GIFI-GRI-48

- An Outline of Coverage for this state, GIFI-OC-GRI-48, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=47728-G202211.pdf>
- We will notify you in writing at least 60 days in advance of a premium change.

Wyoming

Policy Form GIFI-GRI-49

- “Preexisting condition” means any illness, injury or condition:
 - For which medical advice, care or treatment was recommended to or received by a covered person within 6 months immediately preceding the covered person’s effective date under the policy; or
 - 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 under the policy that results in medical care or treatment after the covered person’s effective date.
- We must receive notice of claim within 60 days of the date the loss began or as soon as reasonably possible.
- **This policy does not contain comprehensive adult wellness benefits as defined by Wyoming law.**

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/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 this document. It has important information.