



Accident ProGuard

Accident & Critical Illness Insurance

A Safety Net of Supplemental Coverage

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This product provides limited benefits.

This is an Accident policy that includes Critical Illness and Accidental Death & Dismemberment benefits. This is a supplement to health insurance and is not a substitute for major medical coverage.

Golden Rule Insurance Company is the underwriter of these insurance plans.

APG-GRI-50 (AK), 01 (AL), -02 (AZ) -03 (AR), -04 (CA), -07 (DE), -08 (DC), -09 (FL), -10 (GA), -51 (HI), -12 (IL), -13 (IN), -14 (IA), -15 (KS), -17 (LA), -18 (ME), -19 (MD), -22 (MN), -23 (MS), -24 (MO), -25 (MT), -26 (NE), -27 (NV), -32 (NC), -34 (OH), -35 (OK), -36 (OR), -38 (RI), -39 (SC), -40 (SD), -42 (TX), -43 (UT), -47 (WV), -48 (WI), and -49 (WY)

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.



Why Accident ProGuard?

Because your family, your home, and your lifestyle are all affected by:

LOST WAGES FROM MISSING WORK

HIGH HEALTH INSURANCE DEDUCTIBLES

UNPAID BILLS

MEDICAL EXPENSES NOT PAID BY INSURANCE

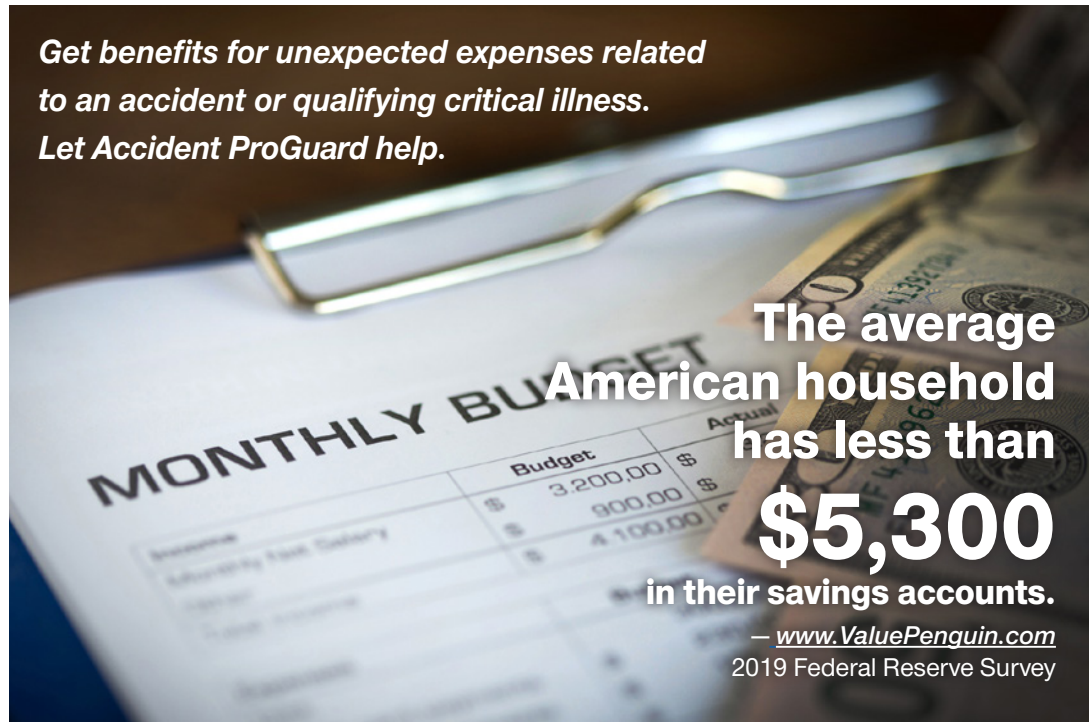
PROTECT YOUR LIFESTYLE

Missing work due to injury or serious illness can lead to lost wages. Accident ProGuard can help.

TAKE CARE OF YOUR FAMILY
Injury and illness can affect the whole family. Accident ProGuard can help pay medical expenses which keeps the focus where it should be – on recovery.



Get benefits for unexpected expenses related to an accident or qualifying critical illness. Let Accident ProGuard help.



The average American household has less than **\$5,300** in their savings accounts.

— www.ValuePenguin.com
2019 Federal Reserve Survey



What is Accident ProGuard?

Payment for expenses associated with an accident or lump sum payment for a critical illness diagnosis. This payment is made directly to you.



1

CHOOSE ACCIDENTAL INJURY BENEFIT

This is an annual maximum benefit amount that starts over each year.



2

CHOOSE CRITICAL ILLNESS BENEFIT

The Lifetime Maximum is 3 times the chosen amount.



3

AD&D BENEFIT INCLUDED with every plan. (It is the same as the accidental injury amount).

Choose how much coverage you want.

		SIMPLE MEDICAL QUESTIONS ACCIDENT PROGUARD	GUARANTEED ISSUE ACCIDENT PROGUARD GI
ACCIDENTAL INJURY DEDUCTIBLE¹ (per covered person, up to 2 per family per calendar year)	You pay:	\$250	\$250
ACCIDENTAL INJURY BENEFIT AMOUNT (per covered person, per calendar year) ²	We pay up to:	\$5,000 or \$10,000	\$5,000 or \$7,500
CRITICAL ILLNESS BENEFIT AMOUNT³ Primary Insured, per illness. Lifetime maximum is 3 times amount chosen. 3x	We pay up to:	\$10,000, \$20,000, \$30,000, or \$50,000	\$5,000 or \$7,500 (Matches Accidental Injury Amount Selected)
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFIT AMOUNT (per covered person, lifetime maximum)	We pay up to:	\$5,000 or \$10,000 (Matches Accidental Injury Amount Selected)	\$5,000 or \$7,500 (Matches Accidental Injury Amount Selected)

¹ No deductible in CA.

² An Explanation of Benefits (EOB) from other insurance will be used to determine actual charges. If an EOB is not available, covered accident charges will be paid based on Reasonable and Customary charges, as determined by us.

³ A 30-day waiting period applies for the critical illness benefit in most states. Benefits paid are based on the covered illness that is diagnosed. See page 5 for details. If a spouse and/or children are on the policy, they are covered at 50% of the primary insured critical illness benefit amount chosen. The benefit amount per covered illness will automatically be reduced by 50% at age 65 or above. Subject to Preexisting Condition limitation.





COVERED SERVICES

ACCIDENTAL INJURY

Accident ProGuard can pay covered expenses in addition to benefits received from other insurance coverage. Benefits are not based on what other coverage, like health insurance, may pay. The following services or treatments are some of those covered when they are related to an accident:

TREATMENT WITHIN 48 HOURS¹

- Burns or Lacerations
- Diagnosed Concussion
- Emergency Room Visit
- Urgent Care Center Visit

TREATMENT WITHIN 30 DAYS

- | | |
|------------------------|----------------------|
| Ambulance | Labs & X-Rays |
| Anesthesia Services | MRI, CT Scan |
| Doctor Visits | Prescriptions |
| Fractures ² | Prosthetics |
| Hospital Stay /ICU | Surgery ² |

¹ UT - treatment within 48 hours or as soon as reasonably possible.

² IN - treatment within 6 months

³ CA - no deductible



Each year, millions of people are injured and survive.

— www.cdc.org
Centers for Disease Control,
2019 WISQARS Data

Accidental Injury Example

\$10,000 Benefit Level

While riding his mountain bike at the park, Edgar gets into a serious bicycle accident and fractures his arm. An ambulance takes him to the hospital where he has surgery to repair the fracture. His total medical expenses are \$7,006.

Total benefit paid to Edgar:
(\$7,006 benefit - \$250 deductible³)

\$6,756



USE THIS MONEY
AS YOU SEE FIT

Edgar is paid this benefit regardless of the benefits paid by other insurance and he still has \$3,244 of the accident benefit left for the year. The \$10,000 benefit starts over the following year.

All reimbursements for covered services apply after a \$250 calendar-year deductible³ and then are paid up to the calendar-year maximum selected. Details and limits to coverage are listed in the policy.

The people and events depicted here are fictional and do not represent actual cases.





COVERED CONDITIONS CRITICAL ILLNESS

The lifetime maximum benefit payout is three times the selected benefit amount. A 30-day waiting period applies to all benefits in most states.¹

3x

% OF BENEFIT PAID COVERED CONDITIONS

Heart attack	100%
Stroke	100%
Invasive cancer after 90 days ²	100%
Coma	100%
Paralysis	100%
Major organ/tissue failure	100%
Third degree burns	100%
End stage renal failure	100%
Loss of hearing (deafness)	100%
Loss of speech	100%
Loss of vision (blindness)	100%
Non-invasive cancer after 90 days ²	25%
Benign brain tumor	25%

Heart Illnesses: Coronary artery bypass graft or other bypass, Angio jet clot busting, Laser/balloon angioplasty, Arthrectomy, Stent implantation, Abdominal aortic aneurysm surgery, or Open heart surgery to replace or repair one or more heart valves³ 25%

¹ IL & MO, within 30 days - \$500 maximum. MD: no waiting period

² Diagnosis 31-90 days after plan's effective date pays 10% of benefit.

UT - more than 30 days after effective date - 100%. MD: no waiting period.

³ The Heart Illnesses listing is grouped under one benefit—even if you experience more than one of the listed heart conditions it pays once.



More than 15.5 million Americans with a history of cancer were alive on January 1, 2016.

— www.cancer.org Cancer Facts and Figures 2017, American Cancer Society

Critical Illness Example

\$30,000 Benefit Level

Two years after buying Accident ProGuard, Diana experiences shortness of breath, fatigue, and fever. Testing leads to a diagnosis of leukemia, an invasive cancer. The resulting treatment and recovery time makes her temporarily unable to work. The policy she purchased helps cover her family's bills, and even helps to pay what her health insurance plan doesn't cover.

100% of benefit payment for leukemia: **\$30,000**  **USE THIS MONEY AS YOU SEE FIT**

You will only be allowed one benefit payout per covered person per policy for each of the listed conditions, and 180 days must pass between each qualifying diagnosis. If a spouse and/or children are on the policy, they are covered at 50% of the primary insured critical illness benefit.

The people and events depicted here are fictional and do not represent actual cases.





COVERED DISMEMBERMENT AD&D

The Accidental Death & Dismemberment (AD&D) benefit amount is the same amount as the selected accidental injury benefit amount, so it pays in addition to other injuries resulting from an accident subject to the lifetime maximum. The resulting dismemberment or death from an accident must take place within 30 days* of the accident. All benefits are paid to the insured or beneficiary.

% OF BENEFIT PAID

AD&D

Death resulting from an accidental injury within 30 days* of a covered accident. **100%**

Loss of:	
Two or more limbs	100%
Two or more hands or feet	100%
One Limb	50%
One hand or foot	50%
Thumb & index finger on same hand	25%

* AR, IL, MD, ME, OK, & TX: within 90 days. UT: within 180 days.



A prosthetic limb starts at \$3,000 for an arm and \$5,000 for a leg.

— www.disabled-world.com

Disabled World, Published May 2009

Updated December 2020

AD&D Example

\$5,000 Benefit Level

Jerry doesn't like to talk about that accident that caused him to lose his foot. However, he'll gladly talk about how helpful his Accident ProGuard plan was during that time. He had chosen the \$5,000 Accident benefit level. That \$5,000 and the additional \$2,500 of AD&D coverage helped him meet his hospital and rehab expenses, get a prosthetic foot, and quickly get back to work on his MBA.

50% of benefit payment for loss of foot: **\$2,500**



USE THIS MONEY
AS YOU SEE FIT

The people and events depicted here are fictional and do not represent actual cases.



Why Accident ProGuard?

Because Accident ProGuard combines accident coverage with AD&D and critical illness benefits to help prepare for the unexpected.



Other Details (all insurance plans)

This is only a general outline of the policy provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.

This brochure may be used in the following states:

Alabama	Mississippi
Alaska	Missouri
Arizona	Montana
Arkansas	Nebraska
California	Nevada
Delaware	North Carolina
DC	Ohio
Florida	Oklahoma
Georgia	Oregon
Hawaii	Rhode Island
Illinois	South Carolina
Indiana	South Dakota
Iowa	Texas
Kansas	Utah
Louisiana	West Virginia
Maine	Wisconsin
Maryland	Wyoming
Minnesota	

Basic Policy Details

State-specific differences may apply.

Exclusions and/or Limitations

No or limited benefits are payable for any loss caused by or resulting from, for, or relating to:

- Diagnosis or treatment that is not medically necessary.
- Any cerebrovascular accident (stroke).
- Any act of war; intentionally self-inflicted, bodily harm.
- 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.
- Voluntarily taking any sedative or drug, or inhalation of any gas.
- Any service or confinement related to treatment of therapy for mental disorders or substance abuse (AR drug use disorder).
- Infections of any kind regardless of how contracted.
- Operating a taxi or any other passenger transportation services for wage, compensation or profit.
- 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, guiding, or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, skydiving, bungee jumping, parakiting, racing or speed testing, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- Participation in hazardous activities.
- An injury or illness arising out of, or in the course of employment for wage or profit.
- Experimental or investigational treatment(s).
- Cosmetic treatment.
- Vocational or recreational therapy, vocational rehabilitation, outpatient speech therapy, or occupational therapy.
- Expenses incurred outside of the United States.

- Durable medical equipment.
- Expenses of a prohibited referral as required by Maryland laws and regulations (MD only).

No Coordination of Benefits for Accidents

Accident ProGuard and Accident ProGuard GI pay you benefits even if you have other medical coverage. In order to determine the claim benefit from an accident, you will need to submit an Explanation of Benefits (EOB) with your claim form. The EOB will be used to determine actual charges from the medical provider after adjustments, discounts, or allowances.

Eligibility

At time of application, the primary insured and spouse (as defined by state) must be between 18-64 years of age (renewable to age 70) and eligible children 0-25 years of age (drop off on 26th birthday) or as required by state.

Misstatement of Age, Gender, or Tobacco Use

If the covered person's age, gender, or use of tobacco has been misstated on the covered person's application for coverage under the policy, benefits may be adjusted based on the premium paid to the premium that should have been paid, or any future premiums may be adjusted and past premiums may be refunded or owed to us based on the correct age, gender or tobacco status.

If a covered person's age has been misstated and we would not have issued coverage for that covered person, we may 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 or longer as required by your state.



Other Details (all insurance plans)

This is only a general outline of the policy provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.

This brochure may be used in the following states:

Alabama	Mississippi
Alaska	Missouri
Arizona	Montana
Arkansas	Nebraska
California	Nevada
Delaware	North Carolina
DC	Ohio
Florida	Oklahoma
Georgia	Oregon
Hawaii	Rhode Island
Illinois	South Carolina
Indiana	South Dakota
Iowa	Texas
Kansas	Utah
Louisiana	West Virginia
Maine	Wisconsin
Maryland	Wyoming
Minnesota	

Premium

The age, gender, and tobacco class of a covered person and type 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.

Preexisting Conditions for Critical Illness

We will not pay benefits for diagnosis of a critical illness that is due to a preexisting condition during the initial 12 consecutive months (ME and UT, 6 months) after the covered person's effective date, including any waiting period. After 12 months (ME and UT, 6 months) following a covered person's effective date, diagnosis of a critical illness that is a preexisting condition is covered unless otherwise excluded by the rider/policy.

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

- For which medical advice, diagnosis, care, treatment, or prescription medication was recommended to or received by a covered person during the 12 months (ME, NV, UT and WY within 6 months) immediately preceding the effective date the covered person became insured under the rider/policy; or
- That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months (ME, NV and UT within 6 months) immediately preceding the applicable effective date the covered person became insured under the rider/policy, except in CA, MT, NC, and WY.

Reasonable and Customary Definition

We base our Reasonable and Customary charge on the most common charge for similar professional services, medicines, or supplies within the area in which the charge is incurred.

For Wyoming Residents:

This policy does not contain comprehensive adult wellness benefits as defined by Wyoming law.

Renewability and Termination

The policy is renewable until the earliest of the following:

- The primary insured's 70th birthday or death. If the policy includes dependents, it may be continued after the primary insured's death or 70th birthday:
 - By the spouse, if a covered person
 - Otherwise, by an eligible child who is a covered person;
- Nonpayment of premiums when due subject to the Grace Period provision in the policy;
- The date we receive a request from you to terminate the policy; or
- The date there is fraud or a misrepresentation made by or with the knowledge of a covered person.

Underwriting

ProGuard plans are subject to health underwriting. ProGuard GI plans are not. If incorrect or incomplete information is provided on the application for insurance, coverage may be voided or claims denied.



Notice to Our Customers About Supplemental Insurance

- The supplemental plan discussed in this document is separate from any health insurance or Medicare Advantage coverage you may have purchased with another insurance company.
- This plan provides optional coverage for an additional premium. It is intended to supplement your health insurance and provide additional benefits for covered expenses.
- This plan is not required in order to purchase health insurance with another insurance company.
- This plan should not be used as a substitute for comprehensive health insurance coverage. It is not considered Minimum Essential Coverage.

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.

Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the Company to deny a future claim and to void your coverage as though it has never been in force. 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.



Authorization to Obtain and Disclose Health Information

I authorize Golden Rule Insurance Company's (GRIC) New Business and Medical History Review departments to obtain health information that they need to underwrite or verify my application for insurance. Any health care provider, pharmacy benefit manager, consumer-reporting agency, MIB, Inc., formerly known as Medical Information Bureau (MIB), or insurance company having any information as to a diagnosis, the treatment, or prognosis of any physical or mental conditions about my family or me is authorized to give it to GRIC's New Business and Medical History Review departments. This includes information related to substance use or abuse.

I understand any existing or future requests I have made or may make to restrict my protected health information do not and will not apply to this authorization, unless I revoke this authorization.

GRIC may release this information about my family or me to the MIB or any member company for the purposes described in GRIC's Notice of Privacy Practices.

I (we) have received GRIC's Notice of Privacy Practices.

This authorization shall remain valid for 30 months from the date below.

I (we) understand the following:

- A photocopy of this authorization is as valid as the original;
- I (we) or my (our) authorized representative may obtain a copy of this authorization by writing to GRIC;
- I (we) may request revocation of this authorization as described in GRIC's Notice of Privacy Practices;
- GRIC may condition enrollment in its health plan or eligibility for benefits on my (our) refusal to sign this authorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state privacy laws regulating health insurers.

I have retained a copy of this authorization.

052F-G-0816

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>)

