

Not for public use until 09/22/2023

AdvantageGuard™ | AL, AR, AZ, CT, FL, GA, IA, IL, LA, MI,  
MO, NC, NE, NV, OK, TN TX, WI, WV



**AdvantageGuard™**  
**Fixed benefit**  
**coverage for**  
**hospital stays**



**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 Hospital 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 HI-GRI and other state variations. | Optional Benefit Rider Forms: SA-S-3020-GRI (Cancer), SA-S-3021-GRI (Outpatient Provider Administered Prescription Drug), SA-S-3022-GRI (Emergency Room and Urgent Care), SA-S-3023-GRI (Skilled Nursing Facility), SA-S-3025-GRI (Outpatient Surgical), SA-S-3024-GRI (Outpatient Major Diagnostic), SA-S-3026-GRI (Ambulance), SA-S-3027-GRI (Wellness) and other state variations.

**UnitedHealthcare®**  
Golden Rule Insurance Co.

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## Why choose us?



### Strength and experience

UnitedHealthcare provides over 26 million Americans with access to health care.<sup>1</sup> 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.<sup>2</sup> 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.

<sup>1</sup> UnitedHealth Group Annual Form 10-K for year ended 12/31/22.

<sup>2</sup> As of 12/9/22. For the latest rating, access [ambest.com](https://www.ambest.com).

This is a Hospital Indemnity Policy. THIS POLICY PROVIDES LIMITED BENEFITS. This is NOT a Medicare supplement policy nor does it fully supplement any federal Medicare health insurance or private Medicare Advantage plan. This Policy should not be considered a substitute for comprehensive health insurance coverage. 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.

# AdvantageGuard™



### 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. Medicare doesn't always pay for everything - often you have some personal responsibility to cover a copay or other costs. While an AdvantageGuard™ plan can't keep you out of the hospital, it can help offer some cash relief with fixed cash benefits.



### AdvantageGuard™ includes straightforward cash benefits<sup>1</sup> for:

- Inpatient hospital stay for sickness or injury
- Hospital observation (12 to 24 hours)
- Inpatient hospital stay for mental or nervous disorder
- Optional benefit riders available in most states<sup>2</sup> for:
  - Cancer<sup>3</sup>
  - Outpatient, provider administered, prescription drugs<sup>3</sup>
  - Emergency Room/Urgent Care visits
  - Skilled Nursing Facility confinement
  - Outpatient surgery
  - Ambulance trips
  - Wellness visits<sup>3</sup>

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



### It's also good to know:

- There is no waiting period for standard plan benefits and most optional benefits<sup>2</sup>
- Available for issue ages 60 through 90
- Plans are renewable for life as outlined in the policy



### 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 like Medicare, you'll likely have to pay some portion of your medical bill out-of-pocket. With a plan like AdvantageGuard™, you can receive fixed cash benefits for qualified medical services, like a hospital stay, to help you cover those expenses, and you can use it however you see fit.

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### 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. 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 to you in the amounts shown.

<sup>1</sup> Preexisting conditions apply. <sup>2</sup> Additional premium applies. <sup>3</sup> 30-day waiting period in most states for optional Cancer, Outpatient Provider Administered Prescription Drug, and Wellness benefit riders.

## Highlights of Benefits

With the AdvantageGuard™ Hospital Indemnity plan, a cash benefit will be paid directly to you for a qualified hospital confinement. With a wide range of confinement benefit levels and optional benefit riders, you have the flexibility to choose the coverage that best fits your needs and budget.

Benefits per person (included in policy)	Benefit Options
<b>Inpatient Hospital Confinement for Sickness or Injury</b> (includes observation period over 24 hours)	Benefit maximum and benefit amount must be chosen when applying: <ul style="list-style-type: none"><li>• Max 1 day per period of confinement<sup>1</sup>: \$50<sup>2</sup> - \$3,000 per day (in increments of \$50)</li><li>• Max 3, 4, 5, 6, 7, or 10 days per period of confinement<sup>1</sup>: \$50<sup>2</sup> - \$1,000 per day (in increments of \$50)</li></ul>
<b>Hospital Observation</b> (in lieu of Inpatient Hospital Confinement; for 12 to 24-hour period)	100% of the Inpatient Hospital Confinement benefit chosen; Max 4 days per person, per Calendar Year
<b>Inpatient Hospital Confinement for Mental or Nervous Disorder</b> (in lieu of Hospital Confinement for Sickness or Injury)	\$250 per day; Max 7 days per person, per Calendar Year

**Plans are Guaranteed Issue (no underwriting) or Simplified Issue (some medical questions), depending on the benefits chosen.** Benefit availability, amounts, periods, and limitations may vary by state. See State Variations. Benefits are subject to preexisting conditions. See page 10 for details. Calendar Year means a twelve month period beginning January 1 and ending December 31. The amount of benefits provided depends upon the plan selected, and the premium will vary with the amount of the benefits selected.

<sup>1</sup> 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. <sup>2</sup> In Arkansas, minimum benefit option available to choose for Inpatient Hospital Confinement for Sickness or Injury is \$100.

Optional Benefit Riders	Benefit Rider Options
Benefits are per person. Riders are available at time of application only and apply to all persons on the policy. Additional premium applies.	
<p><b>Cancer</b> (30-day waiting period) For first diagnosis</p>	<p>\$2,500 - \$50,000 per lifetime (in increments of \$2,500) Total amount payable will not exceed chosen benefit amount. Qualifying events include:</p> <ul style="list-style-type: none"> <li>• Life-threatening cancer 100%, max one per lifetime</li> <li>• Cancer in situ 25%, max one per lifetime</li> <li>• Benign brain tumor 25%, max one per lifetime</li> <li>• Skin cancer \$500, max one per lifetime</li> </ul>
<p><b>Outpatient Provider Administered Prescription Drug<sup>1</sup></b> (30 day waiting period)</p>	<p>\$100 - \$500 per day (in increments of \$100); Max 6 days per Calendar Year and 20 days per lifetime</p>
<p><b>Emergency Room (ER)/Urgent Care (UC)</b> For sickness or injury (not contingent upon being confined to the hospital)</p>	<p>ER: \$100 - \$500 per day (in increments of \$100) UC: 50% of chosen ER benefit amount Combined max 4 days per Calendar Year</p>
<p><b>Skilled Nursing Facility</b> For confinement due to sickness or injury</p>	<p>\$100 - \$500 per day (in increments of \$100) for days 21-100 of qualified stay per period of care<sup>2</sup></p>
<p><b>Outpatient Surgical</b> For surgery performed at outpatient surgical facility due to sickness or injury</p>	<p>\$250 - \$2,500 per day (in increments of \$250), Max 2 days per Calendar Year</p>
<p><b>Outpatient Major Diagnostic<sup>3</sup></b> For diagnosis and treatment of sickness or injury</p>	<p>\$100 - \$500 per day (in increments of \$100), Max 2 days per Calendar Year</p>
<p><b>Ambulance</b> Ground or air transportation for sickness or injury resulting in inpatient hospital confinement</p>	<p>Ground: \$100 - \$500 per day<sup>4</sup> (in increments of \$100) Air: 10 times chosen Ground benefit amount Combined max 4 days per Calendar Year</p>
<p><b>Wellness<sup>5</sup></b> (30-day Waiting Period) For covered wellness exam or procedure</p>	<p>\$75 per exam/procedure, Max 1 exam/procedure per Calendar Year</p>

Benefit availability, amounts, periods, and limitations may vary by state. See State Variations. Benefits are subject to preexisting conditions. See page 10 for details. Calendar Year means a twelve month period beginning January 1 and ending December 31.

<sup>1</sup> Covered person receives prescription delivered by injection in outpatient provider setting. <sup>2</sup> Skilled nursing facility confinement must begin within 30 days of inpatient hospital confinement. Period of care begins on date covered person is confined in a skilled nursing facility and ends when covered person completes 60 consecutive days without being confined in a skilled nursing facility. No benefit is payable for days 0-20. <sup>3</sup> 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). <sup>4</sup> Benefit is payable once per day, regardless of number of trips taken on same day. <sup>5</sup> Examples of covered procedures include annual physical, immunization, vaccine, colonoscopy, and mammography. For complete list, see benefit rider with the policy.

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# UHC Member Hub and Optum Perks

Manage your AdvantageGuard™ plan with UHC Member Hub and save money on your prescriptions with Optum Perks discount card.



## UHCMemberHub.com - connecting with your plan

With UHC Member Hub, you can manage your plan anytime including updating contact info, managing billing and submitting claims. To receive plan benefits for eligible services, go to [uhcmemberhub.com](https://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 you, so you can use the money how you need.



## Rx Discounts with Optum Perks

There's a simple way most can save 30-80%\* on prescriptions. It's called Optum Perks. Just visit [perks.optum.com/uho](https://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. This 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.

\* 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.

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 commission or attempt to commit a felony.
- A loss incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
- 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) unless expressly provided for by the policy.
- 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 nursing services (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 or semi-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

(insurance plans)

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- 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 or otherwise has any duties that require him or her to be aboard the aircraft.
- 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.
- Directly or indirectly 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.
- Any loss related to the treatment of 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 within six months of the accident or as part of a treatment plan which was prescribed by a physician and was begun within six months of the accident.
- 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.

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## 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.

### Definitions

First diagnosis means diagnosis occurs for first time in covered person's lifetime after the waiting period and while the covered person's coverage is in effect under the rider.

Outpatient Provider Administered Prescription Drug means any medicinal substance labeled "RX only" that is not self-administered or administered during an inpatient hospital confinement and is manufactured and marketed under a trademark or name by a specific drug manufacturer or that we identify as a brand name product based on available data resources that classify drugs as either brand or generic.

### Eligibility

At the time of application, the primary insured must be 60 years of age or older. Your spouse which is the person to whom you are legally married or your domestic partner (or as defined by state) is also eligible. Dependent children are not eligible.

### 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 (as defined by state), 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 31-days' 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.

## Plan 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. 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.

### 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 date we receive a request from you to terminate the policy, or any later date stated in your request.
- 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.

### Underwriting

If you provide incorrect or incomplete information on your application, your coverage may be voided or claims denied.

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## State Variations

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

### Alabama

Form HI-GRI-AL

- In the exclusion for a loss as a result of the covered person being under the influence of a controlled substance, it does not apply if it is administered on the advice of a physician.
- The Misstatement of Residence provision is revised to Change of Residence. If you have a change of residence between the application date and the policy effective date, we will apply the correct premium amount beginning on the policy effective date.

### Arkansas

Form HI-GRI-AR

- The minimum benefit option available to choose for Inpatient Hospital Confinement for Sickness or Injury is \$100.
- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$80 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- In the exclusion for loss for treatment programs for Substance Use Disorder, the treatment does not have to be court ordered.

### Arizona

Form HI-GRI-AZ

- The exclusion for services performed by a member of the covered person's immediate family does not apply.
- The exclusion for any loss sustained while the covered person is incarcerated only applies to incarceration in a state or federal prison.

### Connecticut

Form HI-GRI-CT

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- **The following optional benefit riders are not available:** Cancer, Outpatient Provider Administered Prescription Drug, Outpatient Surgical and Outpatient Major Diagnostic.
- The optional benefit rider for Wellness is replaced with Health Screening benefit rider.
- 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; or
  - 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.
- In the exclusion for covered person taking part in a riot, "riot" means any civil disorder characterized by violent public disturbance against authority, property or people.
- The exclusion for intoxication and being under the influence was revised:
  - No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a physician for the covered person.
  - Being intoxicated; defined as having a blood alcohol content which results in the Covered Person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted.
- The exclusion as a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in professional sports and a list of other activities does not apply.
- There is an exclusion for aviation.

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## State Variations (continued)

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

### Florida

Form HI-GRI-FL

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- In the Misstatement of Age provision, past premiums will not be adjusted.
- In the Premium Change provision, we will give you at least 45 days notice of any changes.

### Georgia

Form HI-GRI-GA

- In the Premium Change provision, we may change the rate table on any policy anniversary date. We will give you at least 60 days notice of any changes.

### Illinois

Form HI-GRI-IL

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- **The optional benefit riders for Cancer and Wellness are not available.**
- “Spouse” is expanded to include civil union partner.
- The exclusion for committing a felony is revised: The covered person’s commission or attempt to commit a felony or to which a contributing cause was engaging in an illegal occupation.
- The exclusion for voluntary taking of over the counter drug unless taken in accordance with the manufacturer’s recommended dosage does not apply if it is an emergency, as defined in the policy.
- The following exclusions do not apply:
  - As a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following:

- Professional or semi-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.
- In the Termination of Policy provision, termination for material misrepresentation is based on intentional material misrepresentation.

### Iowa

Form HI-GRI-IA

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion for the covered person’s commission or attempt to commit a felony only applies if charged.

### Louisiana

Form HI-GRI-LA

- The term “spouse” does not include your domestic partner.
- In the Premium Change provision, your rate 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 give you at least 45 days notice of any changes.

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## State Variations (continued)

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

### Louisiana (continued)

- The exclusion for any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply if the person is detained in a correctional facility and has not been adjudicated or convicted of a criminal offense.
- In the Termination of Policy provision, termination for material misrepresentation is based on intentional material misrepresentation.

### Michigan

Form HI-GRI-MI

- **The optional benefit rider for Wellness is not available.**
- The following exclusions do not apply:
  - Intentionally self-inflicted bodily harm.
  - The covered person taking part in a riot.
  - A loss incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
  - Engaging in illegal occupation or illegal activity.
- The exclusion for felony is revised: 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. "Willful Criminal Activity" includes, but is not limited to, any of the following: operating a vehicle while intoxicated, as defined under a state's laws; or operating a methamphetamine laboratory. Willful Criminal Activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony under a state's laws.

### Missouri

Form HI-GRI-MO

- The exclusion for intentionally self-inflicted bodily harm does not apply if the person was insane.
- The exclusion for any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply.

### Nebraska

Form HI-GRI-NE

- 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; or
  - 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
- The exclusions for racing apply to organized racing.
- The exclusion for engaging in an illegal activity does not apply, but the exclusion for engaging in an illegal occupation still applies.

### Nevada

Form HI-GRI-NV

- In the Premium Change provision, we will give you at least 60 days notice of any changes.
- The exclusion for felony was revised: the covered person's commission or attempt to commit 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.

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## State Variations (continued)

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

### Nevada (continued)

- The following exclusions do not apply:
  - A loss incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
  - Engaging in an illegal occupation or illegal activity.

### North Carolina

Form HI-GRI-NC

- The exclusion for any act of declared or undeclared war does not apply for acts of terrorism.
- The exclusion for a covered person taking part in a riot specifies an active riot.
- 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; or
  - 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.
- In the Premium Changes provision, other than rate changes due to covered person changes and/or benefit changes, rates for the 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 premium changes.
- In the Termination of Policy provision, the date there is fraud does not apply but the date there is a material misrepresentation still applies.

### Oklahoma

Form HI-GRI-OK

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The exclusion for any act of declared or undeclared war applies while serving in the military or an auxiliary unit thereto.
- The exclusions for loss incurred while intoxicated or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage do not apply. The exclusion still applies for a loss sustained while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a physician.
- The exclusion as a result of any injury sustained while descending from a non-commercial aircraft also applies if jumping out of the aircraft, and it applies to motorized or non-motorized aircraft.
- The following exclusions do not apply:
  - 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 or semi-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.

# Not for public use until 09/22/2023

## State Variations (continued)

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

### Tennessee

Form HI-GRI-TN

- The exclusion for directly or indirectly engaging in an illegal occupation or activity is revised: directly or indirectly engaging in an illegal occupation or commission or attempt to commit a felony.
- The exclusion for any loss related to performance of an abortion does not apply if the life of the mother would be endangered if the fetus were carried to term or when the fetus is not viable.
- In the Termination of Policy provision, termination on the date you are no longer a permanent resident of the United States does not apply.

### Texas

Form HI-GRI-TX

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.
- The following exclusions do not apply:
  - 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 or semi-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.
- 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 or otherwise has any duties that require him or her to be aboard the aircraft.
- Any services rendered outside of the United States, except for services rendered for emergency treatment of a covered person.
- In the Termination of Policy provision, termination on the date you are no longer a permanent resident of the United States does not apply.

### Wisconsin

Form HI-GRI-WI

- An Outline of Coverage for this state, HI-OC-GRI-WI, can be viewed at <https://stage.uhone.com/api/suppliesystem/?Filename=49835OCWI-G202309.pdf>.
- In the Premium Change provision, we will give you at least 45 days notice of any changes.

### West Virginia

Form HI-GRI-WV

- If a Hospital Confinement Benefit Period of less than 31 days is chosen, a benefit of \$50 per day is payable for the remainder of days up to 31 days for a qualified hospital confinement.



## 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/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;
4. 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.